

RETHINKING CHILD PROTECTION SYSTEM DESIGN ASSUMPTIONS FOR FAMILIES WITH MULTIPLE & COMPLEX NEEDS

PROFESSOR LEAH BROMFIELD

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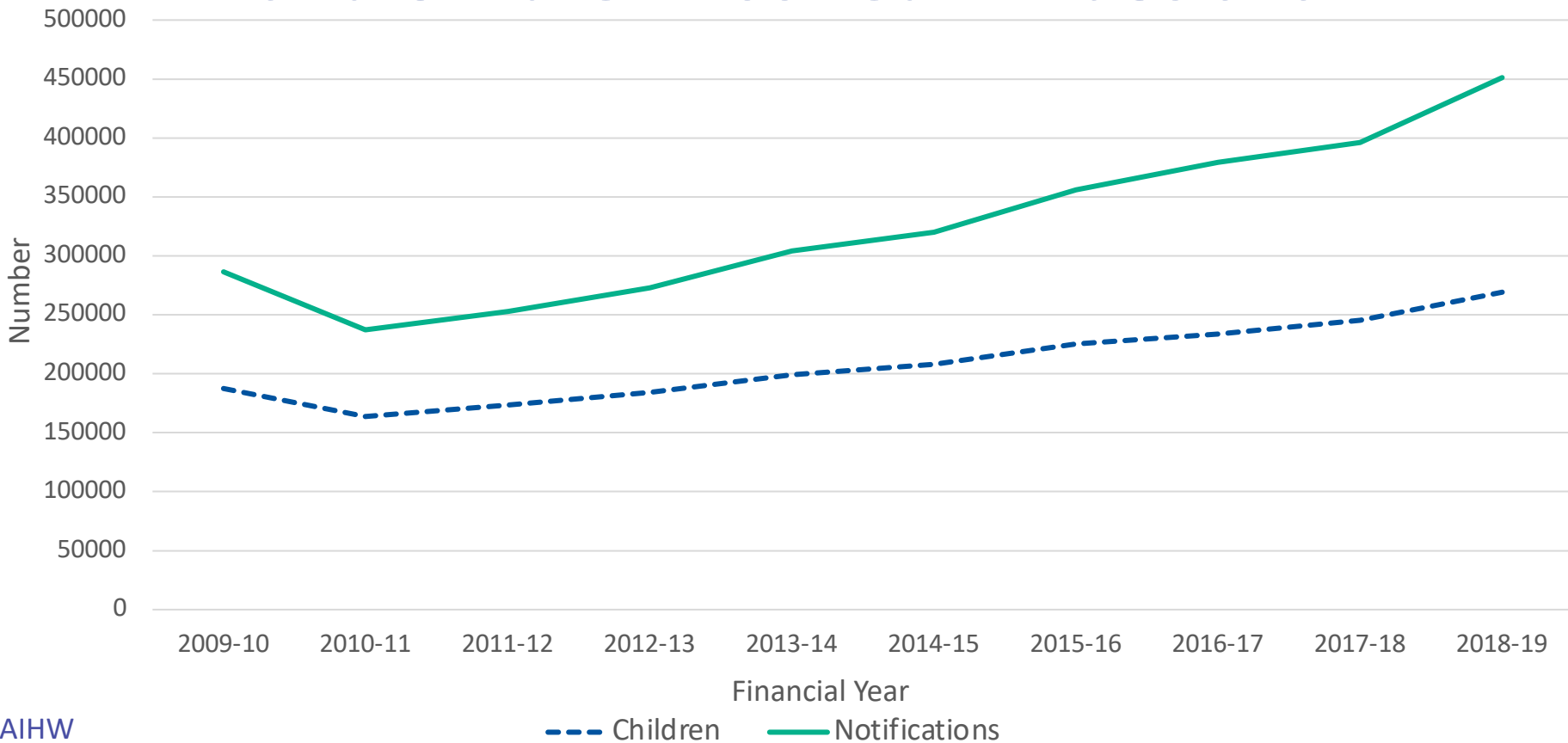
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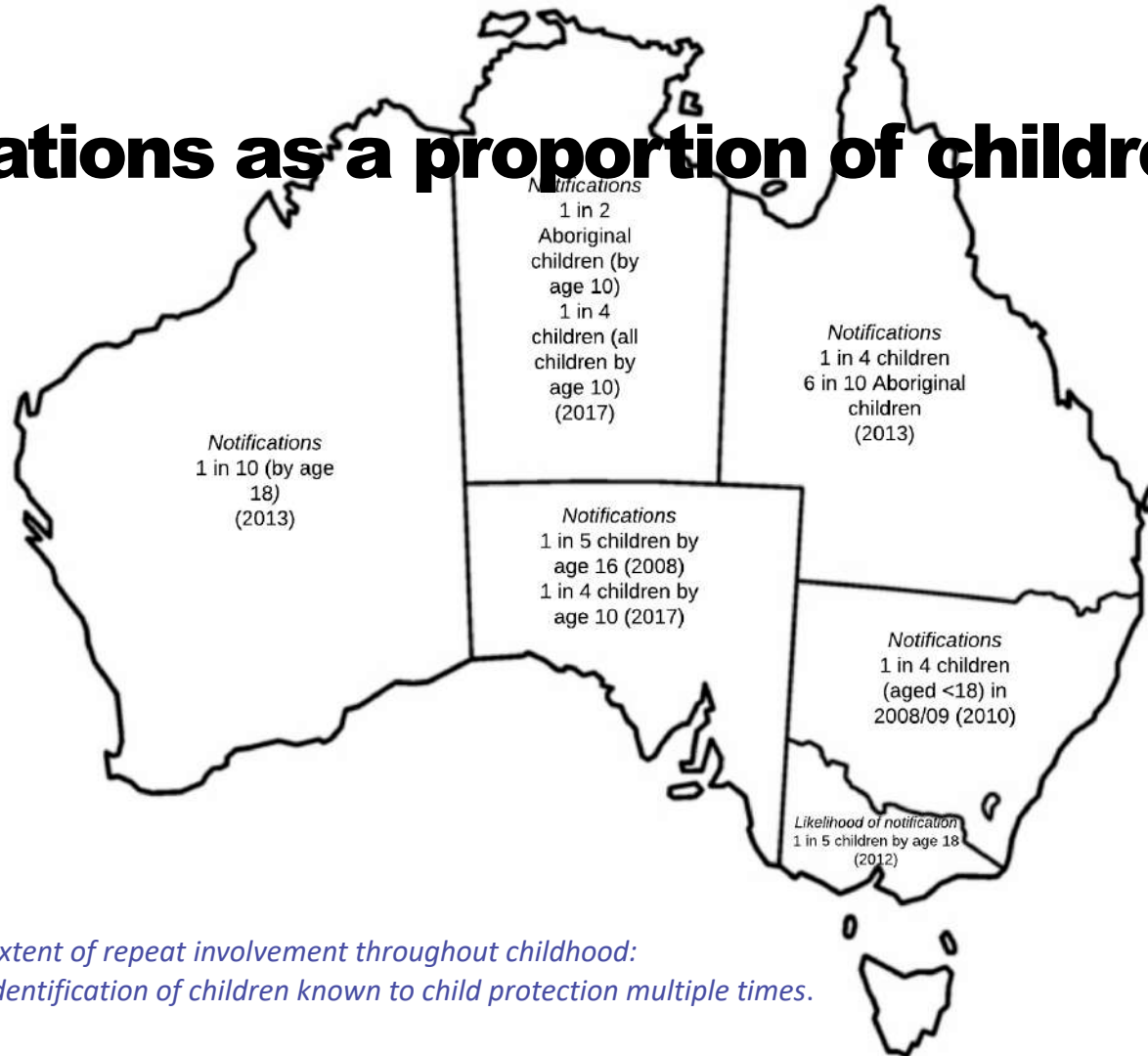
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Increasing trend in number of notifications and children notified in Australia



Notifications as a proportion of children



Octoman, O. (2019). *The extent of repeat involvement throughout childhood: Characteristics and early identification of children known to child protection multiple times.* Phd Thesis, UniSA.

40

Royal Commissions & Independent Inquiries into Child Protection over a decade



Child Protection Systems Royal Commission Report

Volume 1: Summary and Report

August 2016

The life they
deserve



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Australian child protection systems design assumptions



- Risk is incremental
- As risk increases size of affected population decreases
- Reports need screening to find genuine cases in need of CP
- Insufficient prevention services for vulnerable families

Return to first principles

WHO Public Health Approach to Violence Prevention

1. Defining the problem
2. Identifying causes, risk factors & optimal intervention points
3. Designing and testing interventions
4. Increasing the scale of effective interventions

Case file review 1: Unborn child reports

- Aim: Explore pregnancy as earliest point of intervention
- Population: 647 Unborn Child Concerns received in 2014
- 20% Random sample: 131 Unborn Child Concern reports coded

Group 1

28 first time
parents with
abuse history
(21% of
sample)

Group 2

86 parents with
children known
to child
protection
(66% of
sample)

Other families

17 other
families
(13% of
sample)

Infants being conceived into families with multiple & complex problems

- Intimate partner violence (current or previous):
 - Total sample – 70%;
 - First time parents typology – 46%;
 - Parents with children known to CP – 78%
- Parental use of alcohol or other drugs (current or previous):
 - Total sample – 63%;
 - First time parents typology – 57%;
 - Parents with children known to CP – 69%



Case file review 2: Repeat involvement

- Aimed to answer - who was being reported, how often, and what were people reporting about?
- Population: 1,619 children reported within a metropolitan CPS region Jul-Dec 2016
- 20% Random sample: 324 children from 280 families

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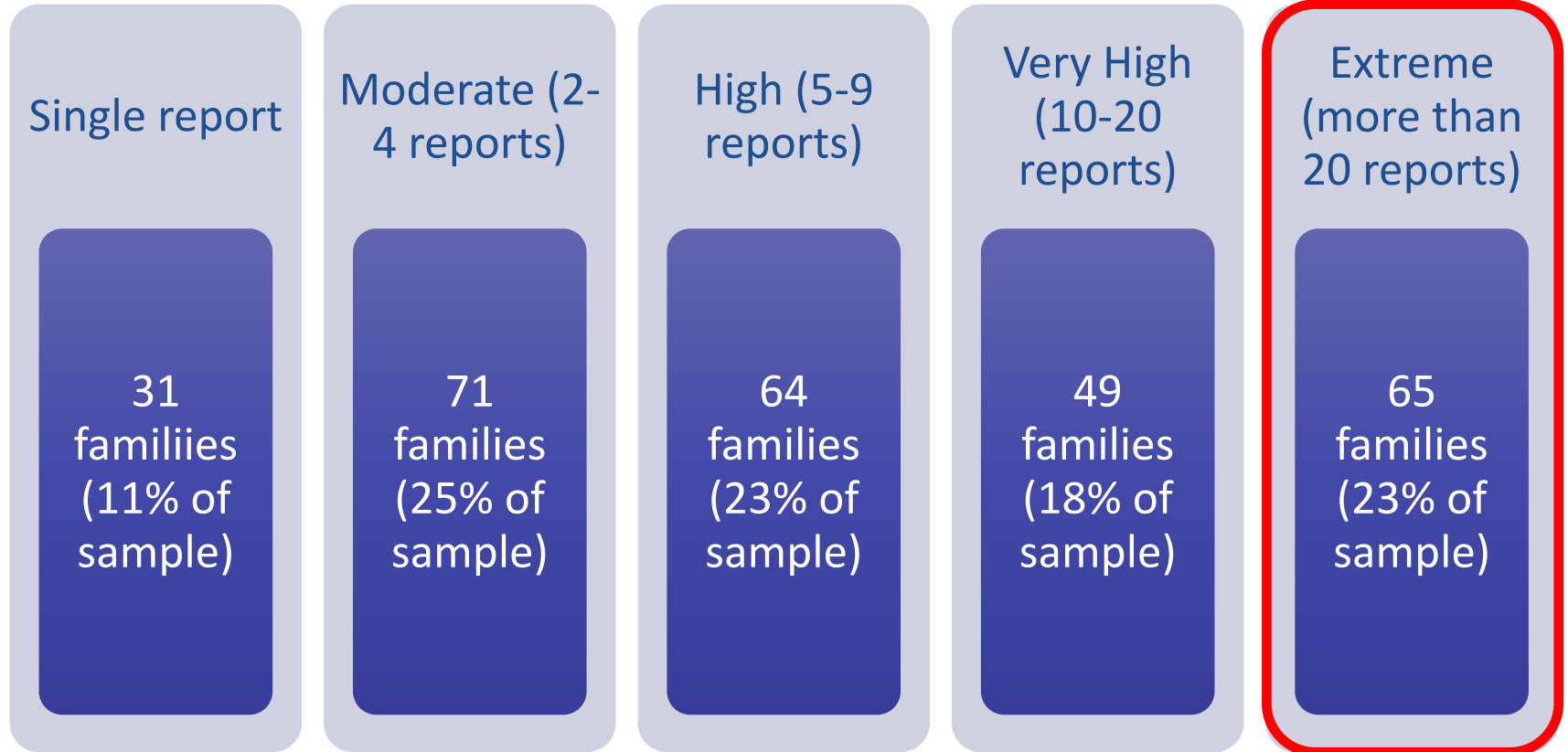
Extent of repeat involvement with CP

40%
of children
re-reported within
6 months

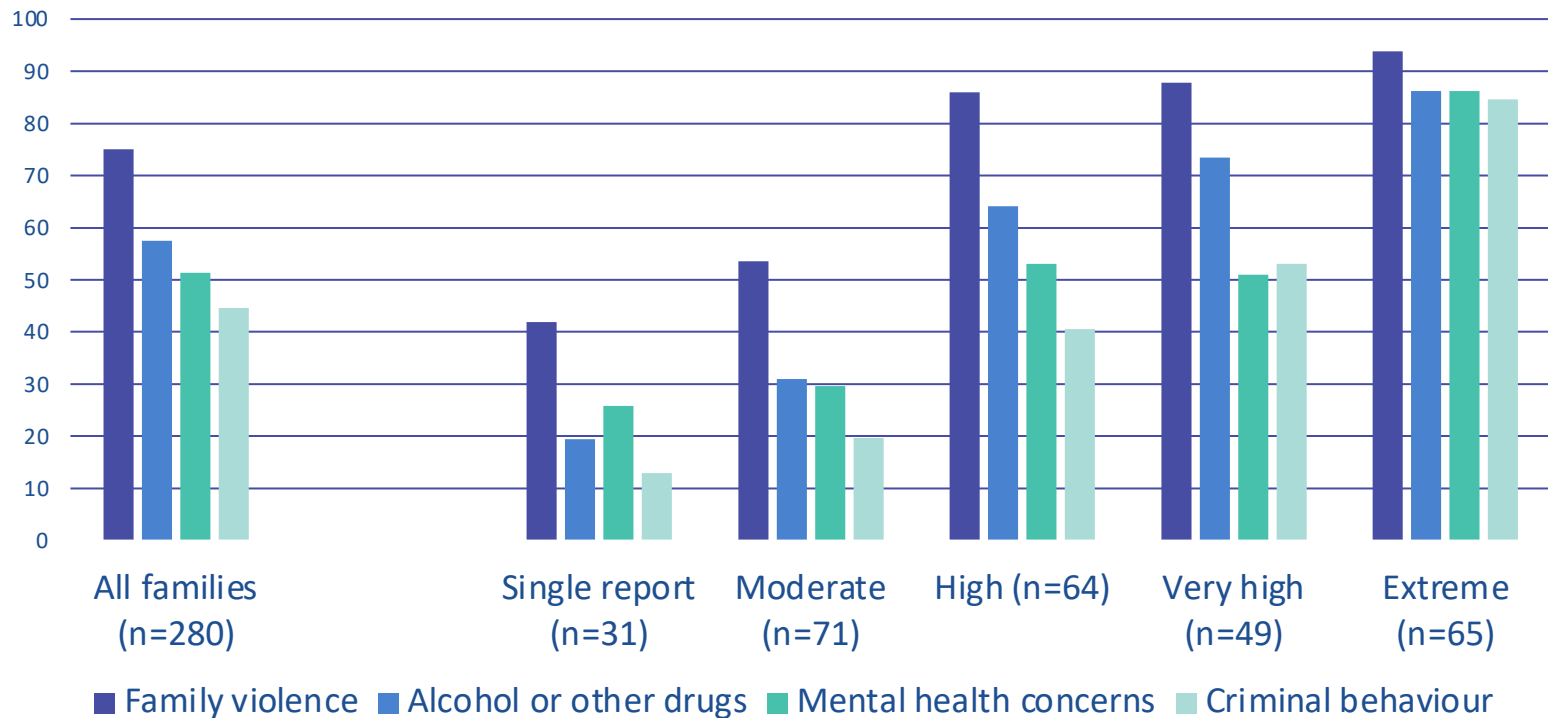
87%
of children
re-reported within
8 years

~90%
of families
re-reported for
different matters
within 8 years

Extent of repeat involvement

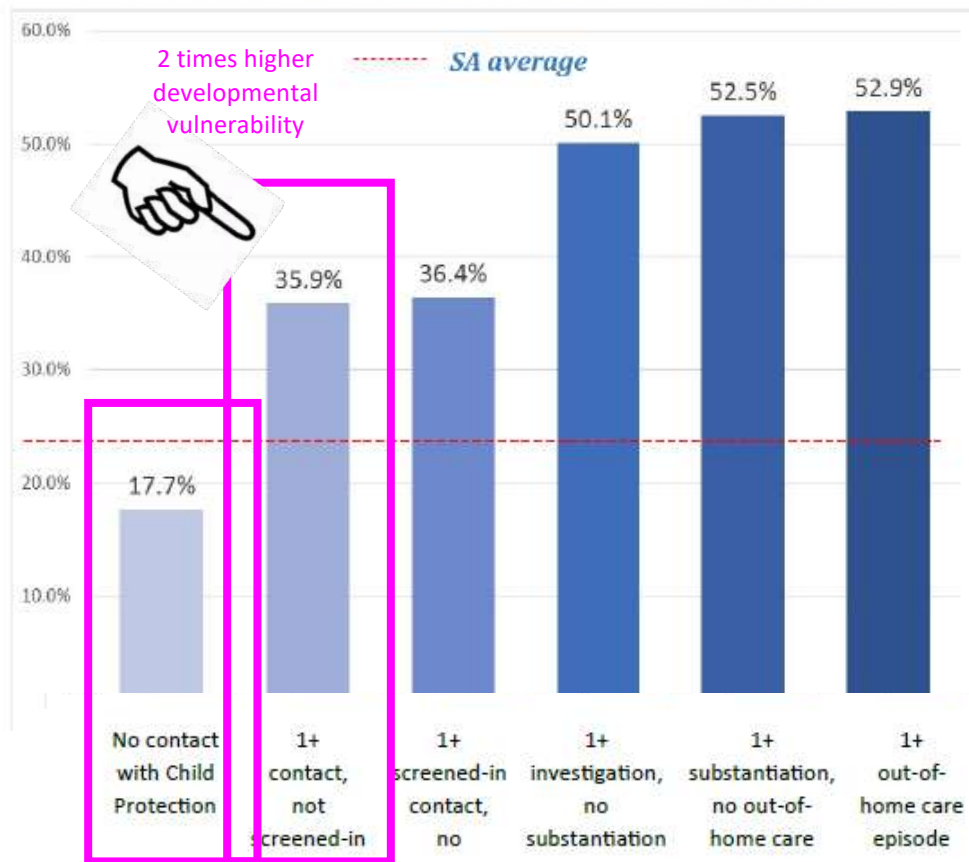


Familial characteristics (%)



Vulnerability on the Australian Early Development Census and child protection system contact by age 5 2009, 2012, 2015 (n=~54,000)

% children vulnerable on one or more domains of the AEDC at age ~5



Families with extreme involvement

- 20+ reports
- Parent under 20 at first pregnancy
- Multiple children (Mean = 7)
- Multiple repartnering (3+)
- IPV, AOD, MH issues, Crim behav, homeless
- Child and adolescent mental health
- Youth justice involvement
- Children's risk factors mirror adult risk factors

**1 in 4
families
reported to
CP**

Child Protection Screening outcomes for extremely involved families



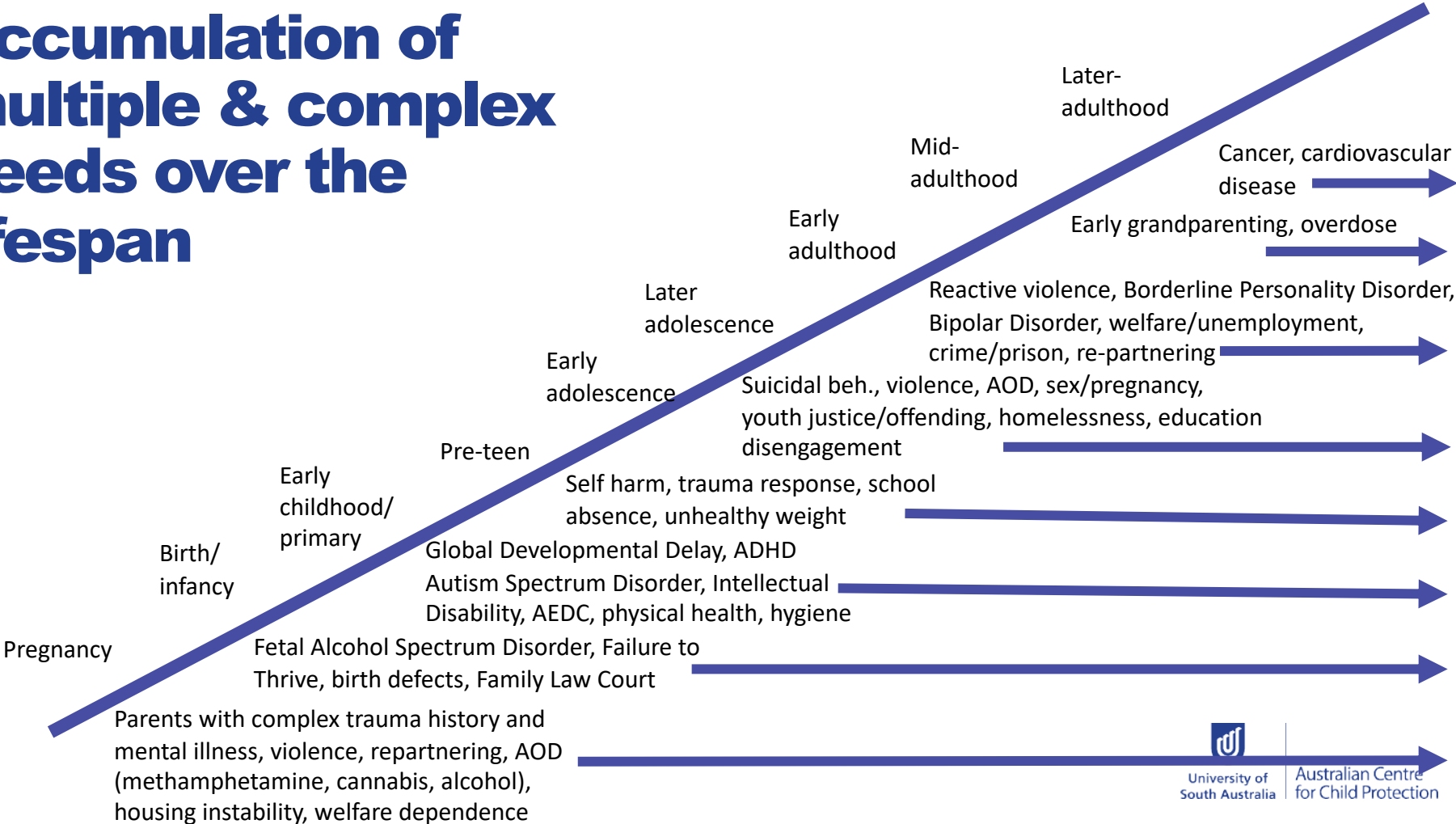
More likely to be the subject of a:

- screened out concern (NOC) (28% of NOC)
- report on unborn children (43% of UCC)
- concern about an adolescent at risk (50% of AAR)
- extrafamilial matter (57% of EXF)
- screened in child protection matter (47% of CP matters)

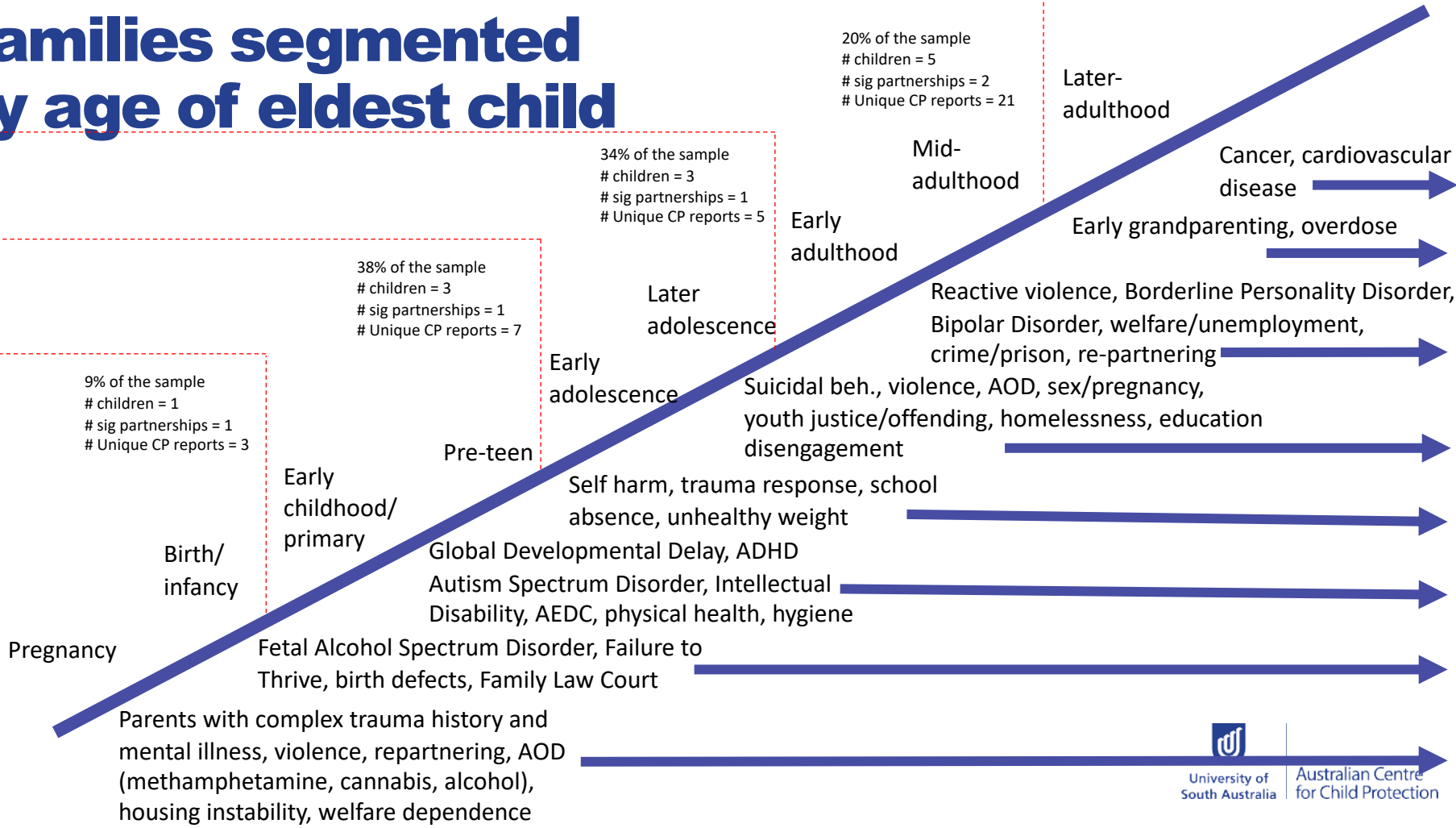
Population level case conceptualisation

- Aim: Examine needs of majority pattern(s) of families
 - What were the characteristics and needs of families reported to child protection?
 - Were there critical windows for intervention?
 - Which sub-groups were contributing to the greatest demand?
- Method: Sub-set of families from CFR2. A priori inclusion criteria. Created individual case summaries in a set format from all recorded reports for family (>12,000 reports): current orders (police, family law), current concerns, recent concerns, historical concerns. Case conceptualization for each family group

Accumulation of multiple & complex needs over the lifespan



Families segmented by age of eldest child



Voluntary Family Support Services

Reduce Child
Maltreatment

Enhance Family
Functioning

Reduce Parental Risk
Factors

Assessment

Case
Management

Counselling

Parenting skills
development

Brokerage

Referral

Families with a range of risks including parenting deficits, parental mental illness, domestic violence, AOD misuse, unemployment, social isolation, housing instability.
Referrals from child protection



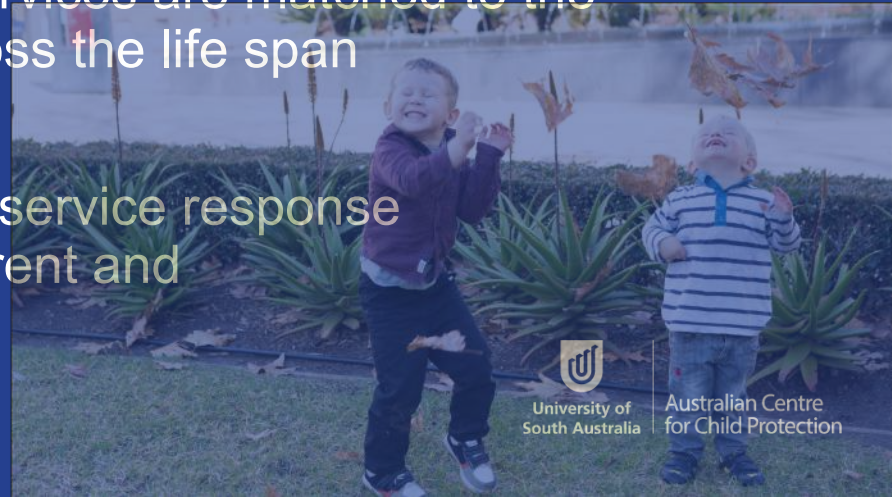
Re-thinking our assumptions

- Reporters reliably identifying families with most complex needs
- Families with multi complex needs largest population known to CP
- Intergenerational not incremental risk – born into complexity
- Insufficient services designed for families with multiple & complex needs
- CP screening misses optimal intervention pts
- Exponential growth in need

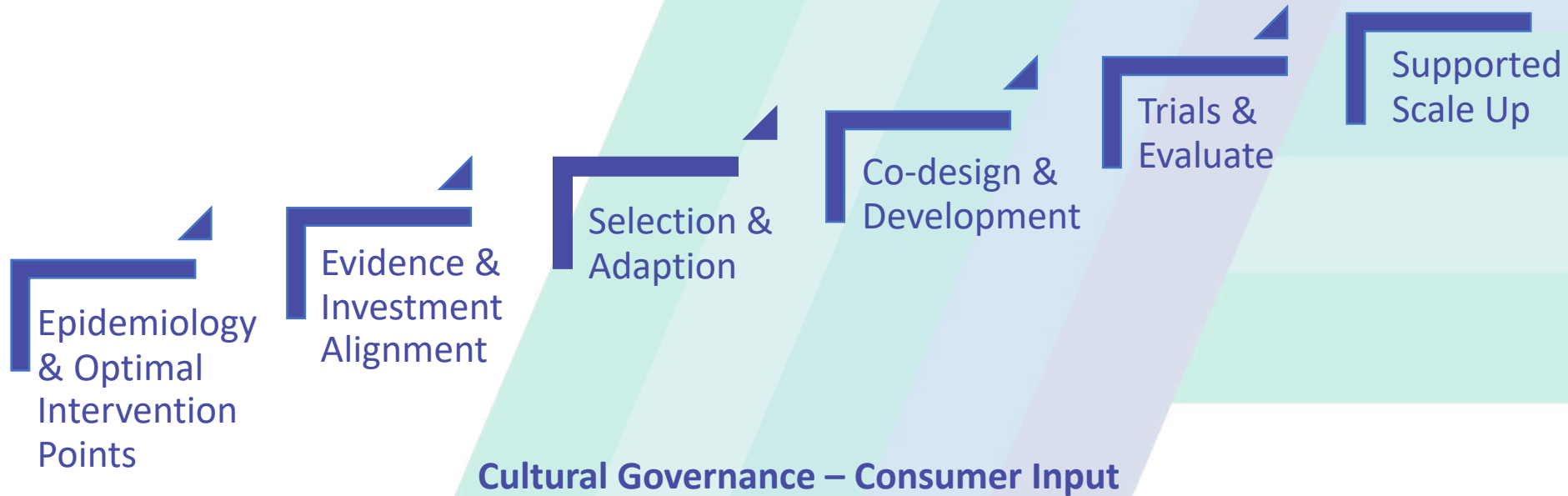


Implications

- Urgent need to change our systems and services to better respond to families with multiple & complex needs
- Need to provide support & development to practitioners responding to complexity
- Child & family centred systems and services are matched to the characteristics of family members across the life span
- One size does not fit all
- Need to focus on systems design and service response for priority cohorts who are driving current and inter-generational demand



ACCP's Centre for Disease Control Approach to the Epidemic of Unmet Need



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Priority cohorts for the reduction of current demand

- Reactive, severe violence perpetrators with trauma-related childhood brain injury
- Tertiary therapeutic and statutory intervention for large families with extreme child protection involvement (20+ reports) including children aged over 10 years
- Tertiary therapeutic and statutory intervention for young families with multiple and complex needs (oldest child <10 years)
- Aboriginal and Torres Strait Islander children and their families

Priority cohorts for inter-generational prevention

- Therapeutic treatment for children under 10 with trauma histories to prevent problems becoming entrenched and escalating during adolescence
- Therapeutic intervention for adolescents at risk (including early parenting prevention)
- Intervention for first time parents with trauma histories and multiple and complex needs (particularly those under 20 years of age)
- Aboriginal and Torres Strait Islander children and their families

A collective challenge
to re-imagine how we
provide services to
families with multiple
and complex needs



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Thank you

PROFESSOR LEAH BROMFIELD

Co-Director

Australian Centre for Child Protection

University of South Australia

childprotection@unisa.edu.au

