EARLY INTERVENTION RESEARCH DIRECTORATE

Summary Report of Research Findings
March 2019

Background

This summary report describes findings from the research, reviews and consultations undertaken by the South Australian Government's Early Intervention Research Directorate (EIRD) from its establishment until now.

The evidence within this report has directly informed the State Government's strategy to design a new Child and Family Intensive Support System, which is part of the government's broader child protection reforms.

This work examines current efforts and best practice in a service system to prevent and reduce child abuse and neglect (via services delivered by both government and non-government service providers) alongside mapping the need for such services in South Australia.

EIRD was established in line with recommendations in the 2016 Child Protection Systems Royal Commission Report, *The Life They Deserve* (from Justice Nyland), with objectives including:

- establishing research partnerships, reviewing the service system and identifying evidence-based service models to support decision making about funding
- preparing a Prevention and Early Intervention Strategy for the South Australian Government which identifies service models that have proved effective or show promise in promoting the health, safety and wellbeing of children in South Australia

This report references findings from researchers who were commissioned by EIRD to provide insights to assist government decision making, including the University of Adelaide (BetterStart), University of South Australia (Australian Centre for Child Protection and Positive Futures teams), and Telethon Kids Institute.[1]

EIRD also worked closely with the Department of the Premier and Cabinet's Office for Data Analytics as part of the Vulnerable Children's Project.[2]

The following methodologies were used:

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[1] Specifically, EIRD worked with the following researchers and their teams: Professor John Lynch, BetterStart Child Health and Development Research Group, University of Adelaide; Professor Fiona Arney, Professor Leah Bromfield, Australian Centre for Child Protection, and Associate Professor Alwin Chong, Positive Futures Research Collaboration, University of South Australia; Associate Professor Sally Brinkman, Telethon Kids Institute.

[2] The Vulnerable Children's Project, led by the Office for Data Analytics, is developing integrated operational child protection data with data from other government agencies in order to provide a comprehensive view of vulnerable children and their environment to assist child protection practitioners' decision making, inform system analysis and make policy decisions.

1. Detailed reviews of case files relating to notifications to the child protection system (made in 2014), focussing on three specific areas identified in *The Life They Deserve*:
   - Unborn child concerns
   - Families with repeat notifications to child protection, with a focus on children living in Western Adelaide
   - Over-representation of Aboriginal children and young people, with a comparison of Aboriginal and non-Aboriginal children living in Western Adelaide
2. Analysis of current government data to better understand risk in populations, contact with government services, systems and processes, and gaps in current data collection
3. Analysis of multiple publicly available datasets to understand geographical profiles across the state
4. High level mapping of referral pathways for current State Government funded services with a primary or secondary objective of child abuse and/or neglect prevention, or a purpose of addressing key risk factors of abuse and/or neglect within the family context (eg domestic and family violence services and housing and homelessness services)
5. Desktop reviews of most of the current State Government funded services with the above objectives or purposes
6. Forums, workshops and ongoing consultation with government and non-government service providers

Research was underpinned by an Aboriginal Research Engagement and Communication Strategy, driven by the Aboriginal Leadership Group of representatives from various agencies and organisations who provided advice on research interpretation.

NOTE: The term Aboriginal as used in this paper refers to all First Nations peoples across Australia

The problem

In South Australia, the rate of notifications to the child protection system[3] has increased over time. Of children born in 1991, one in seven had a notification to child protection by age ten. In comparison, for an average birth cohort of children born from 1999 to 2005, this figure rose to one in four.

In 2017/18, more than 35,000 South Australian children from over 20,000 families were reported, representing a 30% increase since 2013/14.

The increase in notifications likely reflects changing societal attitudes to reporting concerns and indicates that the problem is more common than previously understood. The figures are however consistent with similar figures in other states of Australia and countries including New Zealand, the United States and the United Kingdom.

The overall increase in concern clearly translates into a higher demand for both government and non-government services, requiring the service system response to be contemporary and effective.

It is important to note that, while not a perfect measure, the research shows that a child protection notification is a good indicator of child and family's need for service intervention.

Further, there is variability in reporting rates across various communities and regions highlighting differing challenges and needs.

The number of children in out-of-home[4] care (OOHC) is increasing faster than population growth. Since 2010/2011, the number of children in OOHC has increased 43% to 9.5 children per 1,000 in 2016/17.[5]

The evidence indicates that, perhaps contrary to assumption, a child's degree of life complexity does not necessarily begin low and then build. Rather, many children are born into family units that already have multiple and complex needs and interventions required to address that reality.

The majority (85%) of families notified to child protection in a sample from western Adelaide in 2014 had multiple complexities recorded on their case notes. These included domestic and family violence (75%), parental substance abuse (58%) and mental health concerns (51%).

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[3] In South Australia a person in the community or any professionals who are mandated reporters *Children and Young People (Safety) Act 2017* can make a 'notification' if they believe a child is unsafe, being harmed or neglected

[4] 'out-of-home care' refers to a situation where a child/ren have been formally placed in the care of a person other than their usual parent or guardian because of care or safety concerns

[5] Australian Institute of Health and Welfare 2018. Child protection Australia 2016–17. Child welfare series no. 68. Cat. no. CWS 63. Canberra: AIHW. This increase in OOHC numbers may not be a result of a larger proportion of the total child population entering OOHC but in the timing and length children enter care.

Evidence shows children are often also re-notified to child protection services. Of children born in South Australia between 1999-2009, 76.2% who were notified before age two were re-notified by the time they were five years old.

It is clear from the evidence that intervening in response to early family risk factors is critical if we are to create a sustainable solution for this escalating problem. Statutory responses such as investigations and OOHC are necessary at times to keep children safe, but do not negate the urgent need for preventative interventions to reduce the numbers of children transitioning to more serious levels of child protection contact.

More than a third of the children notified to child protection in 2017/18 had been notified to child protection in the previous five years but did not receive a statutory response (noting that they may have received non-statutory services but the data did not record this). At a child safety level, a statutory response may not have been warranted but these notifications present an opportunity to intervene with intensive supports and a whole of family focus.

The evidence also shows that the complexity families are dealing with requires an integrated systems approach, including connection with other community and adult services. For example, of children born from 1999 to 2013 and with contact with the child protection system before age 10, 56.9% were also known to the SA Housing Authority (with 39.8% known to the housing authority before child protection).

The current service system

There are many government and non-government service providers in contact with South Australian families whose children are at risk of child abuse and neglect, however these services are not all specifically designed for the primary purpose of keeping children safe from maltreatment (eg universal health and education programs).

Some services are directly targeted at reducing child abuse and neglect with intensive supports (targeted services), while others have a related function in providing support to address factors that indicate future family risk.

Service system continuum

Universal	Targeted – Vulnerable	Targeted – High-Risk/ Maltreating	Statutory
Services for all families	Services for families who are meeting their children's needs, but are vulnerable to future problems	Specialised, trauma-informed services for families with children born into complexity whose needs are not being met	Statutory responses for families who cannot or will not meet their children's needs

As part of its research, EIRD conducted desktop reviews of services delivered by government and non-government agencies that had a primary or secondary purpose of reducing child abuse and neglect or were focussed on key risk factors (including targeted and universal services).

The service profiles included:

- Family support programs delivered in non-government organisational settings
- Case management and case coordination services
- Intensive family support programs with strong professional or clinical components
- Multi-disciplinary service hubs
- Services working with families known to have contact with the statutory system, such as targeted intervention services and family preservation services[6].

Precise service delivery models, the type of worker and therapeutic components varied across services. For example, supports included parenting skills development, practical life support and advocacy, assessment and referral, peer mentoring, therapeutic support or counselling and service coordination.

The reviews found that service providers are generally delivering what the State Government has contracted them to do however there are gaps and deficiencies in the current service system. These findings have been discussed in consultations with service providers. The following issues have been identified:

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[6] This list is not mutually exclusive, with some services performing a number of these service components

- Difficulty collaborating at service system level due to contracting limitations and competitive commissioning processes
- Service capacity issues, particularly needing to provide services to families with increasing complexity when not originally funded to do so (noting some contracts are up to nine years old)
- The need for service and workforce development underpinned by trauma-informed practice and improved cultural competency
- Opportunity to improve data collection and sharing, facilitated by common screening and referral processes, to increase service efficiency and support the development of meaningful outcome measures
- Families are frequently being re-referred through "referral loops" indicating a greater need for joined up service delivery and investing in therapeutic services as referral outcomes
- Currently, service provision is often required to be child-safety-incident based rather than working with a child in a family context over time
- Considerable opportunities for improved connection with related adult services (such as domestic violence, drug and alcohol and mental health) when working towards child safety in a family context

Service delivery themes

The following themes emerged in both the research and the sector consultation as being crucial to address in the service system.

A family view

While the service system must have child safety at its core, focussing on the child's wider family and its patterns over time allows for a fuller picture of risk, cumulative harm and intervention opportunity.

In the six years to June 2018, there were close to 95,000 individual children notified to child protection. It is estimated that this represents somewhere between 58,000 and 67,000 families, or somewhere between 10% and 15% of South Australian families per year.

The case file reviews identified that family characteristics (such as domestic and family violence, adult and child mental health concerns, drug and alcohol abuse) were a better indicator that a child would be renotified than the characteristics of the individual child protection notification itself.

Further, taking into consideration the exposures or reports of older siblings, or parents with their own child protection history, may provide a better understanding of the child's exposure to cumulative harm. In New South Wales, data suggests a third of children reported in 2014/15 had one or more parents that had child protection contact in their own childhood.

A system which works holistically with the family presents an opportunity to intervene earlier and reduce child abuse and neglect notifications.

Complexity

The research program identified that families being notified to child protection are experiencing high levels of additional complex issues. Of families in western Adelaide notified to child protection in 2014, 85% were experiencing at least two additional complex factors. These included domestic and family violence, parental alcohol/other drug misuse, criminal behaviour, mental or physical illness, disability, homelessness or family law and custody disputes. Children in these families were experiencing mental health concerns, significant behavioural problems, alcohol/other drug use, criminal behaviour, chronic physical health conditions, physical disability, intellectual disability and/or significant learning delays.

To effectively reduce notifications, the service system must be able to address these multiple and complex needs.

Cumulative Harm

Consideration of cumulative harm demands that we understand the child's complete history of exposure to risks and protective factors.

Incident based systems, as are adopted in child protection systems across Australia, focus on recording what is known to have happened and focus on triaging a response to that incident. While these systems are critical for a child's immediate safety, they may not detect key warning signs of escalating risk.

These incident based systems may miss opportunities to recognise and respond to concerns such as reports of domestic and family violence that are not considered chronic or severe, increasing squalor in the home, adolescent self-harming, suicidal ideation and attempts. If these issues are reported in isolation, they are less likely to trigger a statutory investigative response but, cumulatively, indicate higher risk.

For example, when case notes were examined for the primary harm type recorded in a child protection notification in western Adelaide in 2014, exposure to domestic and family violence was identified as the primary harm type in only 7% of cases. However, when examining risk factors at the family level over an eight year period, domestic and family violence was reported in 75% of families.

Trauma

Many families experience complex trauma, that is, prolonged or repeated trauma which may be due to events such as violence, sexual assault, childhood abuse, neglect, housing stress and homelessness. Many Aboriginal families have ongoing intergenerational trauma related to forced removal and subsequent issues.

Children notified to the child protection system are frequently displaying complex trauma responses such as child and adolescent self-harming, suicidal ideation and

suicide attempts. Overcoming these difficulties is particularly challenging while a young person is pregnant, parenting or the subject of a child protection intervention.

Domestic and Family Violence

The research program showed that preventing and responding to domestic and family violence must be a central pillar of any early intervention and prevention approach to reducing child abuse and neglect.

The case file reviews showed that domestic and family violence was identified in 75% of families reported to child protection in western Adelaide in 2014 when looking at eight years of historical data. In unborn child concerns reported in 2014, 70% of cases involved domestic violence. A thematic analysis of this violence identified multiple different types of violence.

Priority Populations

EIRD's research and sector consultation has identified four population groups which are recommended as focus areas in the service system. These are populations that have risk factors correlated with high rates of interaction with the child protection system including out-of-home care, and/or have the greatest likelihood of disrupting intergenerational patterns of abuse and neglect.

Young parents

The research identified young mothers aged under 20 at the time of their first birth or first pregnancy, and young fathers under 25, as a group with particularly high interaction with the child protection system.

It is important to contextualise the rates of births to young parents in South Australia as most births are not to young parents. In 2013, only 3.2% of all births in South Australia (624 births) were to mothers aged under 20, and 87% of those were the first child for that mother (544 births).

The research identified that information about young fathers has been a critical data gap. However, of young mothers who had at least one child notified to child protection, 35% of their children had a father aged under 20, and 45% had a father aged 20 to 24.

The research demonstrated the interaction that young parents have with the child protection system is significant due to the following factors:

- more than 80% of families with high levels of involvement with the child protection system included a parent aged under 20 during the pregnancy for their first-born child
- six percent of mothers aged under 20 at their first birth go on to give birth to 57% of children who have an episode of out-of-home care.
    - These 6% of mothers contributed to over a third of the total population of children notified to child protection; and
    - 68% had their own experiences in child protection, with 23% having their own experiences of out-of-home care

Aligning service system responses to working with this group at an early stage has the potential to disrupt intergenerational patterns of abuse and neglect and improve outcomes for not just the first born but also future children born to these parents.

Adolescents with complex trauma histories

The research showed that, by working with adolescents with complex trauma histories, there is potential to disrupt intergenerational patterns of child abuse and neglect as these adolescents are at risk of becoming parents of children in the child protection system. There is opportunity to address their trauma and support respectful parental relationships prior to children being born.

In 2017/18, nearly two thirds of children notified to the child protection system were aged 8-18. Not all were known to child protection as young children, in fact, only just under one third had been notified in the previous five years.

Looking at all mothers aged under 20 who gave birth in 2011 and who had their own history of child protection contact, 66.3% of those children went on to have contact with the child protection system before age five (ie up until 2016). These children were nearly twice as likely to have contact with the child protection system than children born to mothers under 20 who had no child protection contact as children.

Future research will examine connections between child protection concerns and adolescents who are under guardianship, have contact with youth justice, undertake flexible learning outcomes and/or are accessing homelessness services.

Aboriginal families with multiple and complex needs

The research found that Aboriginal children:

- were over-represented in every level of the child protection system
- were more likely to progress to more serious levels of the system
- comprise approximately one-third of all children in out-of-home care
- experienced more of the risk factors for child abuse and neglect due to socio-economic disadvantage

Aboriginal over-representation in the child protection system is linked to factors including the intergenerational trauma of forced removal and the subsequent negative impacts on mental health, substance misuse, wellbeing, parenting practices, economic participation, cultural connection and identity.

Best practice (as described in the research) along with sector consultation advises that cultural governance is essential in determining the most appropriate service, program and community responses for Aboriginal children and their families. Support in the context of family, community, culture and lived experience is critical.

Designs for service provision must be culturally safe and inclusive, focus on interrupting cycles of intergenerational harm, and be developed by those who will be most affected by the intervention – Aboriginal children, families and communities.

Aboriginal practice wisdom advises that the service sector in South Australia needs to become more confident regarding Aboriginal parenting considerations and acknowledge that, to date, the system has been designed around Euro-centric parenting practices.

Families of infants at risk

Research tells us that trauma within the first 1,000 days of life (from conception to age two) can significantly affect an infant's development, both neurologically and in connected bodily systems[7].

EIRD's research identified significant intervention potential given that young infants at risk are known to the health system via antenatal and postnatal care. Analysis of administrative data showed health professionals made 40% of reports to child protection for children under one (children born 1999-2013).

Evidence also suggested that, where an Unborn Child Concern (UCC) was raised, these infants were likely to enter the child protection system very soon after they were born. Of children born in South Australia from 2010 to 2016, 3,486 had at least one UCC. Of these:

- 80% went on to have contact with child protection between birth and age one
- 18.1% had at least one out-of-home care placement before age one
- 50% had a notification in the first month after birth

Taking an intergenerational family view, families with a UCC have often had previous interaction with the child protection system. Case file reviews indicated that, in UCCs made in 2014, 21% of parents were first time parents who themselves were known to child protection as children, and 66% already had other children known to the child protection system.

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[7] See www.first1000daysaustralia.org.au

Informing the future system

The EIRD research program and sector consultation identified the following key elements of effective intensive intervention models:

- child-centred, family-focussed approach
- targeted to families with complex needs and complex trauma histories
- designed to reduce child abuse and neglect
- correct target population with a strong understanding of their needs
- strong evidence-based service models with clear theory of change
- ability to assess capacity of parents to change behaviour
- intensity, duration, location and type of contact aligned with need
- designed by service providers, clients and researchers
- strong clinical governance
- high quality evaluations
- qualified and prepared workforce
- culturally appropriate

Workforce

Analysis revealed that, across the sector broadly, there are improvements which can be attained in terms of the workforce being better qualified, trained or equipped to provide:

- intensive and therapeutic approaches, especially working with complexity
- trauma aware services, trauma-informed therapeutic practice and culturally competent practice
- clinical governance, especially in terms of clinical/disciplinary supervision of intensive support programs

Service providers have also strongly voiced workforce challenges associated with stress, disempowerment, risk aversity and general workforce attraction and retention particularly in rural and remote areas.

Referral pathways

The system mapping process revealed:
- internal referrals were common, especially in rural/remote areas (meaning clients being referred to different programs within the same provider organisation)
- there were referral loops (meaning people being referred from one program to another program without receiving an actual service intervention)
- overlap, repetition and inefficiency (for service providers and service users) in the referral process

Service providers have consistently voiced the same concerns.

It was observed that the fact current service models are not consistently aligned with the complexity of the work was frequently why the circular referral process was occurring.

Data and tools

Both the research and consultation with the sector highlighted the importance of considering:

- improved data capture and sharing within and between services to enable better planning, assessment and understanding of the issues facing families
- a common set of screening tools for understanding a family's risk or collection of baseline information to appropriately and efficiently:
  - refer to services
  - reduce duplication of effort
  - ensure consistent practice
  - understand service demand
  - inform service design
  - enable the comparison of outcomes across the system

Outcomes, monitoring and reporting

The research program also identified opportunities to improve system reporting. Currently, there is no overarching system to allow vision of who gets what services, when and where, or assess whether these services were effective.

Across Australia, historic public data reporting has largely focused on child protection system processes (eg numbers of notifications, number of substantiations) which limits the opportunity to undertake deeper analysis to inform policy and planning.

Several fundamental principles of a reporting and monitoring system were identified through the research. Designing a data system that adheres to these principles would enable the service system to effectively monitor demand for services and to continually evaluate service provision.

These principles are:

- monitoring of service need should be family-focused and aim to understand patterns of risk factors in the community
- data collection and reporting should be focused on outcomes that reflect the levels of child abuse and neglect in the community and also indicate whether child abuse and neglect has been prevented or reduced in families engaged with the service system

- evaluating the effectiveness of services should focus on the therapeutic content of the service
- outcome measures of the effectiveness of family services should be cognisant of not producing perverse outcomes or behaviours, for example, sole reliance on re-notification outcome measures may discourage reporting by caseworkers providing services
- outcome measures should include a broad range of service use measures and long-term measures of child safety and wellbeing

Sector consultation supported the development of robust outcome measures that were not based on service process elements but rather on real outcomes for children and families.

Commissioning for services

The evidence suggests that, as families' needs have become more complex over the years, government service contracting has not consistently responded to the change.

This is a complex problem, but the research shows opportunity to improve in the following areas:

- more consolidated contracting arrangements, as service providers are currently contracted across numerous government agencies, sometimes in quite small amounts and with multiple different contracts
- better support for the adoption of evidence-based services
- addressing critical information gaps including:
    o alignment with the needs of the client group or program objective
    o specifying approaches or components of a required service
    o data collection on demographics, presenting risk factors and program outcomes
    o referrals out to external service providers, in conflict with funding agreements

Closing remarks

The findings in this report have directly informed the South Australian Government's strategy to reform its system of intensive supports for families at risk of child abuse and neglect.

This research summary is designed to be read in conjunction with the new Child and Family Intensive Support System strategy.