

Protecting children: Evolving systems

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Australia is at a unique point in the development or “evolution” of statutory and support systems for protecting our children and young people from abuse and neglect.

In the 20th century, child protection systems began in the not-for-profit and advocacy sectors, with rapid expansion from the 1960s. They then evolved into state/territory statutory systems for responding to children who could not remain safely in the care of their parent(s) (Fogarty, 2008; Lamont & Bromfield, 2010; Tomison, 2001).

With the shift towards governments taking responsibility for responding to those children who have been harmed or are at serious risk of harm, a network of intersecting systems has developed to detect child maltreatment, intervene to keep children safe, and respond to their needs. However, these systems have grown beyond what anyone could have imagined back in the 1970s and early 1980s, when communities were just starting to become aware of the serious harms that some children face while supposedly in the care of their parents. Since then, there has been a growing expectation that governments—on behalf of the community—have a responsibility to intervene in private family life to protect the wellbeing of these vulnerable and damaged children.

That all sounds like a straightforward task, yes?

No one is suggesting that the actual decisions being made by frontline workers are easy. They face the difficult task of determining whether

children’s situations are serious enough to warrant the statutory child protection system swinging into action. Nor is the task of caring for and responding to these children an easy one. Providing appropriate levels of care and treating the psychological distress that children’s abusive and/or neglectful experiences have created is neither simple nor easy. But what has barely ever been a straightforward task—and what many researchers, politicians, social critics and practitioners themselves are now widely acknowledging—is that we have a juggernaut of a system to manage that has grown beyond all expectations (Scott, 2006, 2007).

Since the Australian Institute of Health and Welfare (AIHW) first started collating statistics on children coming to the attention of state/territory child protection authorities, the workload of these departments has escalated in terms of the number of concerns about child welfare that are made. Looking at patterns of notifications (reports of concerns relating to abuse/neglect of children) over the past two decades, the scale of the increase can be readily observed in Table 1, whether considering the absolute number of notifications (which reflects the initial workload, as departmental staff need to screen and potentially respond to these), or the rate of notifications per thousand children in the population.

Over the last three decades, it has remained fairly consistent that around 1 in 5 of these concerns notified to departments are substantiated (i.e., meet the threshold for a department to

Table 1 Child protection notifications in Australia, children aged 0–17 years, 1989–90 to 2009–10

Year	Notifications	Total population of children	Rate per 1,000
1989–90	42,695	4,188,795	10.4
1999–2000	107,134	4,766,920	22.5
2009–10	286,437	5,092,806	56.2

Sources: ABS (2010); AIHW (2001, 2011); WELSTAT (1991)

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intervene due to the child/young person having been harmed, or being at risk of harm from abuse/neglect). In 2009–10, the substantiation rate was 16% (or 1 in 6 notifications) (AIHW, 2011), but because the “denominator” (i.e., the number of concerns being notified) has continued to grow, the “numerator” (i.e., the number of substantiations) has grown with it.

At the “pointy end” of the system—the number of children taken into out-of-home care—there are similar levels of growth. For example, the numbers of children residing in non-parental care on the night of 30 June in each year, due to the intervention of the statutory authority, have risen sharply over the past two decades (see Table 2).

What has caused this growth in the statutory child protection system? Researchers have highlighted a number of factors, including:

- progressive introduction of mandatory reporting in all states/territories from the 1980s onwards;
- development of risk-averse cultures and the expectation/capacity to quantify risk and mitigate it;
- professionalisation of child protection work and the increased capacity of systems to be able to respond;
- expansion of the types of harm and severity of harm/risk of harm to which systems are expected to respond, particularly in relation to emotional abuse, neglect and exposure to domestic violence (together, these categories account for 63.8% of all substantiations; AIHW, 2011); and
- the expectations and responsibility for supporting vulnerable families and keeping children safe shifting from communities to governments (see Bromfield & Holzer, 2008; Higgins, 2010; Higgins & Katz, 2008).

A national framework

What is the current state of systems for protecting children in Australia?

Individual states/territories have responsibilities under their legislation to provide care and protection systems to assess and respond to maltreatment of children. Many, however, have argued that what has evolved is a fragmented system, with differences between states and territories, gaps and overlaps in service delivery, and inter-jurisdictional complications. The Commonwealth Government has also clearly signalled its intent to play a more active role in supporting and coordinating services, beyond what it had previously been doing (particularly in relation to child abuse prevention activities, and responding to child abuse allegations in federal family law cases).

What does a national framework offer?

As outlined by Babington (in this edition of *Family Matters*), we now have a national framework under which all Commonwealth- and state/territory-funded systems and not-for-profit agencies operate: the National Framework for Protecting Australia’s Children 2009–2020. The key action areas under the framework are to provide:

- universal supports;
- targeted secondary services (early intervention) for families in need that address the known risk factors for abuse and neglect; and
- statutory systems of investigation, support, and care, including out-of-home care (tertiary services).

The framework also recognises that some unique strategies or additional focus or support need to be provided in relation to:

- addressing the needs of Aboriginal and Torres Strait Islander children and their families; and

Table 2 Number of children on care and protection orders living in out-of-home care in Australia on 30 June, 1990, 2000 and 2010

Year	Children in out-of-home care	Total population of children	Rate per 1,000
1990	12,406	4,188,795	3.0
2000	16,923	4,766,920	3.6
2010	35,895	5,092,806	7.0

Note: While the number of children and young people *entering* care in the last five years has remained relatively stable (at just over 12,000 per year), in the total number of children *residing* in out-of-home care at any one time has grown significantly due to the increased number of children entering the care system early in their lives and staying in it for longer.

Sources: AIHW (2001, 2011); WELSTAT (1992)

- responding to the problem of child sexual abuse.

The framework was formally approved by the Council of Australian Governments in April 2009, and we are now well into the first of the three-year action plans under the framework.

What has the framework achieved?

Babington (in this edition) argues that, as yet, we do not have a clear answer as to whether the framework has improved the safety and wellbeing of children. Existing data are not able to address this sufficiently, and a formal evaluation of progress under the framework is planned for 2012. He notes the important work that has been achieved under—or around—the framework, such as:

- building broad-base support and engagement for the tasks;
- consolidating and updating knowledge about child safety and wellbeing; and
- developing a number of practice innovations.

Babington also notes the importance of appropriately resourcing and concentrating effort in a smaller number of key areas. Others have commented that one of the most important characteristics of the framework is the shift to seeing—or at least explicitly recognising—the protection of children as a public health issue; one that goes well beyond statutory systems.

As Schrapel (2010) argued:

If the framework had been limited to addressing failures in our child protection systems, it would have struggled to win broad based support and failed to deliver on a real reform agenda for protecting children and young people ... Creating environments at both a family and broader societal level, in which children are safe and supported and where risk factors which contribute to child abuse and neglect are dealt with, are essential. (p. 5)

However, he also acknowledged that “the danger is that the framework falls into the trap of focusing on what is essentially child protection system reform” (Schrapel, 2010, p. 7).

Recently, Professor Eileen Munro published a review of the systems for protecting children in the UK. Using systems theory, she argued that what has been created is “a defensive system that puts so much emphasis on procedures and recording that insufficient attention is given to developing and supporting the expertise to work effectively with children, young people and families” (Munro, 2011, p. 6). She emphasised the need for shared responsibility, with good articulation between prevention,



early intervention/support, and statutory services. Our National Framework provides Australia with just such an architecture. Now what is needed is the capacity to effectively measure the progress we are making, and a commitment to implementing robust and well-integrated actions in the forthcoming three-year plans that go beyond statutory system reform and reflect real partnerships and commitment from all stakeholders in the framework.

Without a nationally representative prevalence study of child abuse and neglect in Australia, we lack baseline data to ascertain whether the overall levels of child maltreatment are changing. We have to rely on proxy measures—either of factors known to increase the risk of child abuse (such as parental mental illness, parental substance abuse, or family violence) or of systems measures (such as notifications, referrals, or specific treatment services efficacy data).

Some have argued that prevalence data are critical to knowing whether we are moving in the right direction over time (Dunne, Purdie, Cook, Boyle, & Najman, 2003). In particular, the massive under-reporting of child sexual abuse to statutory authorities, when compared to international prevalence data or small-scale retrospective studies here in Australia, suggest that there is particular value in assessing on a population-basis the true extent of child abuse and neglect, and its changes over time. However, others have argued that, given the considerable costs associated with such a study and the competing need for funding for services on the ground, it would be counterproductive to divert money away from addressing the problems that we know exist. Perhaps there is some middle ground: with universities increasingly aiming to conduct applied, policy-relevant research, the opportunities are ripe for a consortium to coordinate such a study—even if it needs to commence on a small scale. Better use can also be made of existing administrative

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data, through ongoing monitoring, analysis and linkage between different datasets.

Gaps

Under the National Framework, actions are being taken at a range of levels by community agencies, state/territory and Australian Government departments, each of which operates under different legislative frameworks, with different organisational mandates and with a different professional/disciplinary focus. One of the challenges that Australia faces is to reach agreement (between organisations, sectors and jurisdictions) about how best to measure achievements under the framework, and to monitor the safety of children and young people.

Children whose parents have separated and cannot reach agreement in relation to their children's living arrangements and who are at risk of or have experienced child maltreatment are a particularly vulnerable group that our systems find particularly hard to deal with. State/territory child protection services are responsible for investigating matters only where parents have failed in their duty to care for and protect children. And, as mentioned previously, there is an ever-increasing number of reports of child welfare concerns. Yet, when separating parents bring their private family law matters to the family court system, both claim that they are a good and caring parent.

Peel and Croucher (in this edition) highlight the limitations of the current federal family law system, with no investigatory powers to ascertain and make appropriate judgements regarding the best interests of children, particularly when there may not be sufficient grounds for a state/territory to intervene, or even for the matter to reach the threshold for investigation. They conclude that “the most practical and achievable solution to jurisdictional fragmentation was to enhance the ability of existing courts to deal with matters outside their core jurisdiction—to develop ‘corresponding’ jurisdictions” (p. 24). Currently, in order to bridge (or narrow) the gap, a specialised interagency model of coordination, such as the Family Court's Magellan case management model (see Higgins, 2007), is an example of how innovative solutions are needed for this complex jurisdictional problem under Australia's constitutional arrangements. Under the principle of “corresponding jurisprudence”, Peel and Croucher argue for addressing the “jurisdictional gaps” by expanding the jurisdiction of family and children's courts; and addressing the “investigating gap” by enhancing information sharing and requiring child protection agencies to provide investigation services to family courts in cases involving children's safety, and to support parents with child protection concerns who are litigating in family courts.

Addressing the needs of vulnerable families and young people involves more than merely identifying the particular ways in which they are vulnerable and providing a service to meet that need. Many families experience multiple problems (Bromfield, Lamont, Parker, & Horsfall, 2010), so a challenge is to provide services in a coordinated way, such that families are not expected to be the experts in negotiating service systems and to “pick and choose” the services that they particularly need (Stewart, Lohar, & Higgins, 2011). Instead, there is a growing body of evidence to suggest that provision of family services in a coordinated way is more effective. McArthur and Thomson (in this edition) provide an example of an evaluation of one such service coordination model, based in the ACT. Services must and do evolve in response to new demands; and the recognition of the complexity of families calls for simplifying the ways in which services can be “wrapped around” families. According to McArthur and Thomson, two key aspects of the program stood out for families: the coordination of services, and the availability of discretionary “brokerage” funds.

Another opportunity for service delivery coordination is the response to young people



who are transitioning from out-of-home care services to independent living. This is a critical time for young people for whom the state has had statutory responsibility for their care and wellbeing. These young people now need to be self-reliant, but without many of the supports and progressive transfer of responsibilities (and support in that transition phase) that most parents would undertake with young people as they move to further education, training or employment. Support with finance, decision-making, consolidating living skills, relationship skills, and maintaining emotional wellbeing are all important factors for these young people who were removed from the care of their parents, but for whom the state's *in loco parentis* role changes, but is not absent. Mendes, Johnson and Moslehuddin (in this edition) highlight that:

Those young people who felt adequately prepared tended to have received ongoing support from foster carers or other supportive adults. They were more likely to have had a stable placement, to have been gradually introduced to independent living skills, to have been actively involved in the preparation planning, and to have left care at a later age. These young people were more likely to travel a smooth pathway into ongoing housing. (p. 69)

This suggests the importance of the coordination of services to ensure that these young people enter their independent adult lives with the best possible start. In particular, better coordination is needed between (a) services focused on child protection; (b) adult-focused services (such as drug/alcohol, mental health, or domestic violence); and (c) general community supports (Scott, 2007).

Cashmore (in this edition) provides a disturbing clarion call: that many of the young people that we bring into the statutory child protection system are also the same young people that we deal with in the juvenile justice system. The “care” system and “justice” system—operating from different philosophical and judicial principles—have an opportunity to better integrate their work with these vulnerable and troubled young people. As a community, we care enough to remove them from the harms of their parents. But it is worth questioning whether we care enough to see the ways in which the trauma they have experienced may be playing out in their lives through engagement in antisocial and violent behaviours (maybe even the very same types of behaviours exhibited by their parents from which we tried, in the first place, to protect them by taking them into out-of-home care for their own good).



Seeing the connection between experiencing maltreatment and getting caught up in a pattern of antisocial behaviours raises the question: How do we best understand, from both a theoretical and clinical perspective, the ways in which trauma impacts on the biology of the brain, and the behaviours of children and young people who have experienced childhood trauma? Cashmore (in this edition) argues for the need for more early intervention and support for maltreated adolescents and to consider the role of therapeutic or problem-solving courts as a better means of addressing their needs. The challenge is: Can we allow a system to evolve that integrates both the care and the justice needs and/or responses of this highly vulnerable cohort of young people?

Mechanisms

An effective system for protecting children is more than just providing protective interventions when our best attempts at prevention fail. It is also about a comprehensive system of responses to “treat” children and young people—to care for them and provide therapeutic responses throughout the rest of their childhood to try and ameliorate any harms that have been caused by their parents or other unsafe environments. But to do so requires a comprehensive understanding of the ways in which childhood trauma has its impact. The new “brain science” has gained momentum, providing a useful way of conceptualising the physical ways in which external events translate themselves onto the emotional and behavioural responses of young people. Delima and Vimpani (in this edition) not only summarise the link between childhood trauma and neurobiology, but use this to argue that the long-term brain damage associated with maltreatment can be prevented

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with accurate and early neuropsychometric assessment and interventions. They argue that the negative behaviours that bring young people to the attention of the juvenile justice (as demonstrated by Cashmore, this edition) can be addressed if widespread screening of children and young people who have experienced maltreatment allows us to better target appropriate neuropsychometric interventions.

Similarly, Bendall, Jackson, Hulbert, and McGorry (in this edition) show how childhood trauma is linked to psychosis. They show another specific consequence of maltreatment—psychotic disorders—and summarise a convincing body of evidence to demonstrate the link between childhood trauma and psychosis. They review the evidence that shows that cognitive-behavioural therapy is effective for treating post-traumatic stress disorder; however, we are still awaiting data to examine the effectiveness of this therapy to treat psychosis in young people.

Future directions

Protecting children is a collective, community responsibility. It is much more than a statutory system for intervening to remove children at risk of serious harm, or impose obligations on parents to address issues to ensure children can be safely cared for in their own home. It does mean continuing to “evolve” our systems (for prevention, detection and responding to the harms); to understand the ways in which trauma affects young people’s brains, behaviour and life choices; and to undertake the ongoing obligations of a civil and just society to respond to the needs of young people, wherever they are in our sometimes poorly integrated “systems”.

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