



Commissioner for Children and Young People
Western Australia

VULNERABILITY SPEAKER SERIES



The role of services in
assisting vulnerable children
and young people

RioTinto



#vulnerability2018
@CCYPWA



Commissioner for Children and Young People
Western Australia

VULNERABILITY SPEAKER SERIES

Welcome





Commissioner for Children and Young People
Western Australia

VULNERABILITY SPEAKER SERIES

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Senior Policy Officer, Commissioner for Children and Young People WA





Commissioner for Children and Young People
Western Australia

VULNERABILITY SPEAKER SERIES





A stable environment to go to. A physically and mentally safe environment.

14 year-old

Every kid in the state should go to school so they can get a better education and life.

16 year-old

A loving, caring family is what everyone needs.

9 year-old

WAS VULNERABLE CHILDREN AND YOUNG PEOPLE

1/3

of children are
developmentally
vulnerable
at the start of their first
year of full-time school

Over 600

young people (15 to 24 years)
presented to homelessness
agencies in 2015-16

Children with disability are

3 TIMES

more likely to experience
maltreatment than children
without disability

7%

of children and
young people are
living in
poverty

LGBTI young
people are

5 TIMES

more likely to
attempt suicide
than their peers of
a similar age

Aboriginal children and
young people are

9 times

more likely to die
by suicide than
non-Aboriginal children
and young people

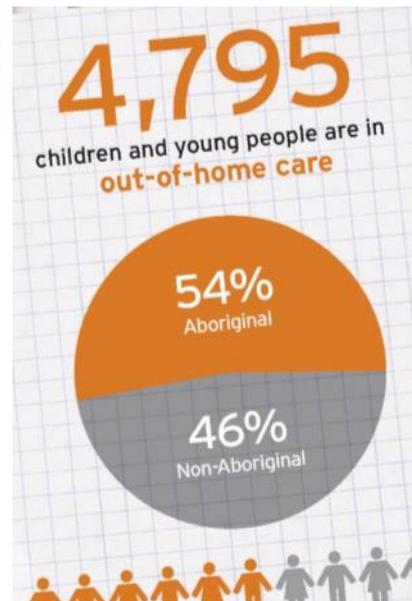
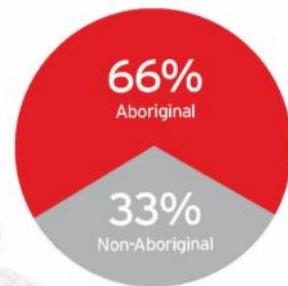
727

children and young
people are under youth
justice supervision
(community and detention)

1 IN 5

STUDENTS IS
DISENGAGED

from school
at some level



4,795

children and young people are in
out-of-home care



It's not better either way: living with our family, living with DCP, government homes....or living on the streets...it's not good anywhere.

It's like a big trap...we end up getting in trouble by the law and then we just go to prison, and we just get trapped, it's like a big circle trap. It's never going to change unless they do something about it.

17 year-old

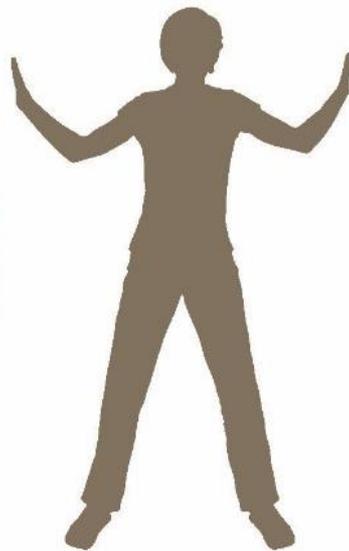
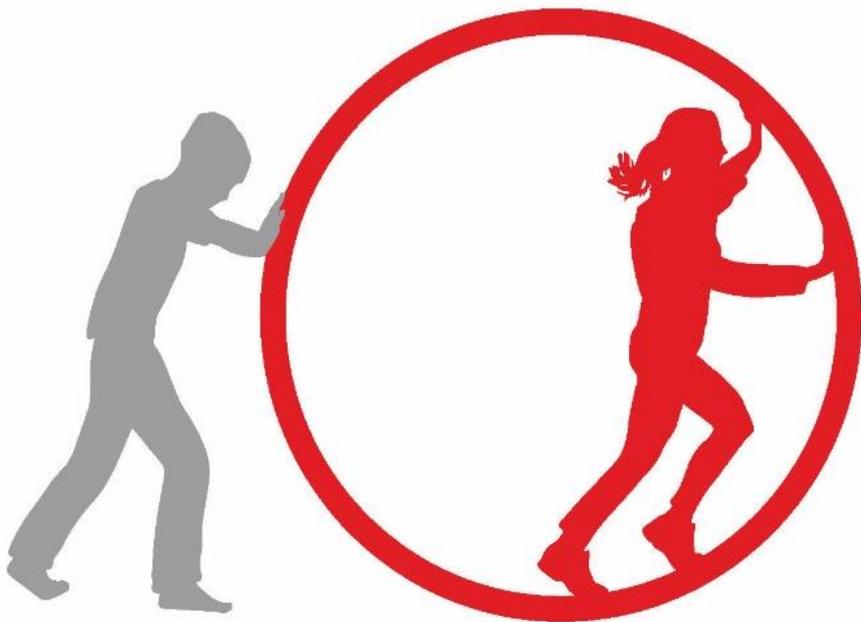


The children of [my town] are exposed to things that they should not be, such as drugs and alcohol, family abuse, sexual abuse, verbal and physical abuse. They need places where they can go and feel wanted and needed.

17 year-old



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All children and young people are expected to reach their potential. They have the opportunities to participate socially, economically and civically and make meaningful choices about their lives.

DRIVERS

ENABLERS

CONSTRAINTS

GOAL



[To have a healthy and happy life, I need] acceptance, inclusion, to be seen as a person with potential and for help to reach that potential.

12 year-old



encourage them,
even if they fail



I would include more opportunities and support for children who want to go to school but...have unsupportive families.
17 year-old

We don't have big shops, we don't get to do things people in big towns get to do.
11 year-old



They just be sleeping on the streets, with nothing. That's why they go out and steal, or that's why they just do crime in general, for survival.

17 year-old

I give up school and got in trouble, then the next thing I was hanging with the wrong kids, from that I found smoking dope first then I started doing gear [amphetamine].

17 year-old



*They seen it [criminal activity] all their life, like I did.
Their whole family has been through it for years and
years and it just gets passed on down and down.
It's pretty stuffed up.
When you see it, well you want to try it in the future.
And then you get hooked onto it.
17 year-old*



You always need someone to support you so that they can be there to encourage you when you make mistakes and things like that. It's like your parents are there to help you learn from what your mistakes would be and then how to make them better.

13 year-old



*I have ideas and dreams
but I can't do that on my
own because I don't have
that support and I don't
have the help I need right
now and it's hard.*

15 year-old

*Kids need more support.
Lots of people want to
change their life, but it's
really hard, you know?*
16 year-old





Well first of all they should build relationships, bonding with the kids. They should take an interest in what the kids like and want to do and stuff like that.

But after that they should help the kids you know, become independent people.

17 year-old





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VULNERABILITY SPEAKER SERIES

Judge Andrew Becroft

Children's Commissioner for New Zealand



“Better outcomes for NZ’s most needy under 18 year olds: what’s hot and what’s not?”



Vulnerability Speaker Series
Seminar -17 May 2018

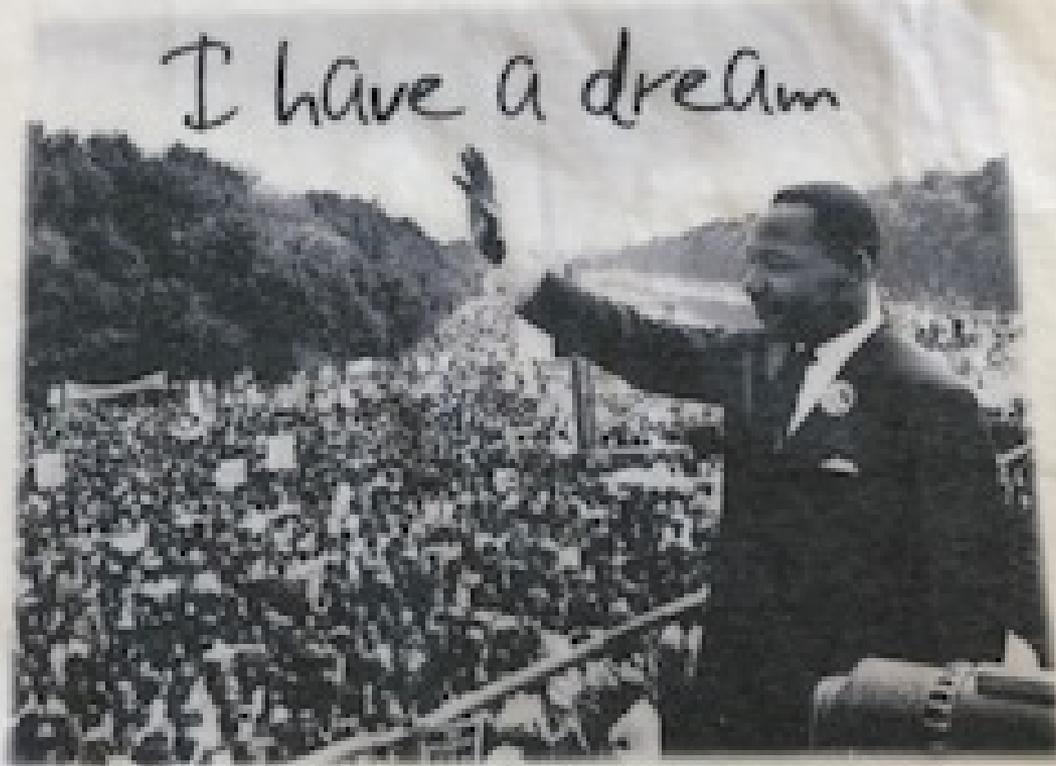
Judge Andrew Becroft
Children’s Commissioner for New Zealand
Te Kaikōmihana mō ngā Tamariki o Aotearoa



MANAAKITIA A TĀTOU TAMARIKI

Children's
Commissioner

“We need a vision ... for our country’s children”





BEHIND
THE
DREAM

THE MAKING OF
THE SPEECH
THAT TRANSFORMED
A NATION

CLARENCE B.
JONES

AND
STUART CONNELLY



Outline

- 1. Introduction and Context**
2. What's not – the starting point is understanding the impact of poverty
3. What's hot – seven encouraging signs from New Zealand
4. Conclusion



New Zealand's children (under 18 years old)



**New Zealand
has 1,123,000 children
– that's 23% of the population**

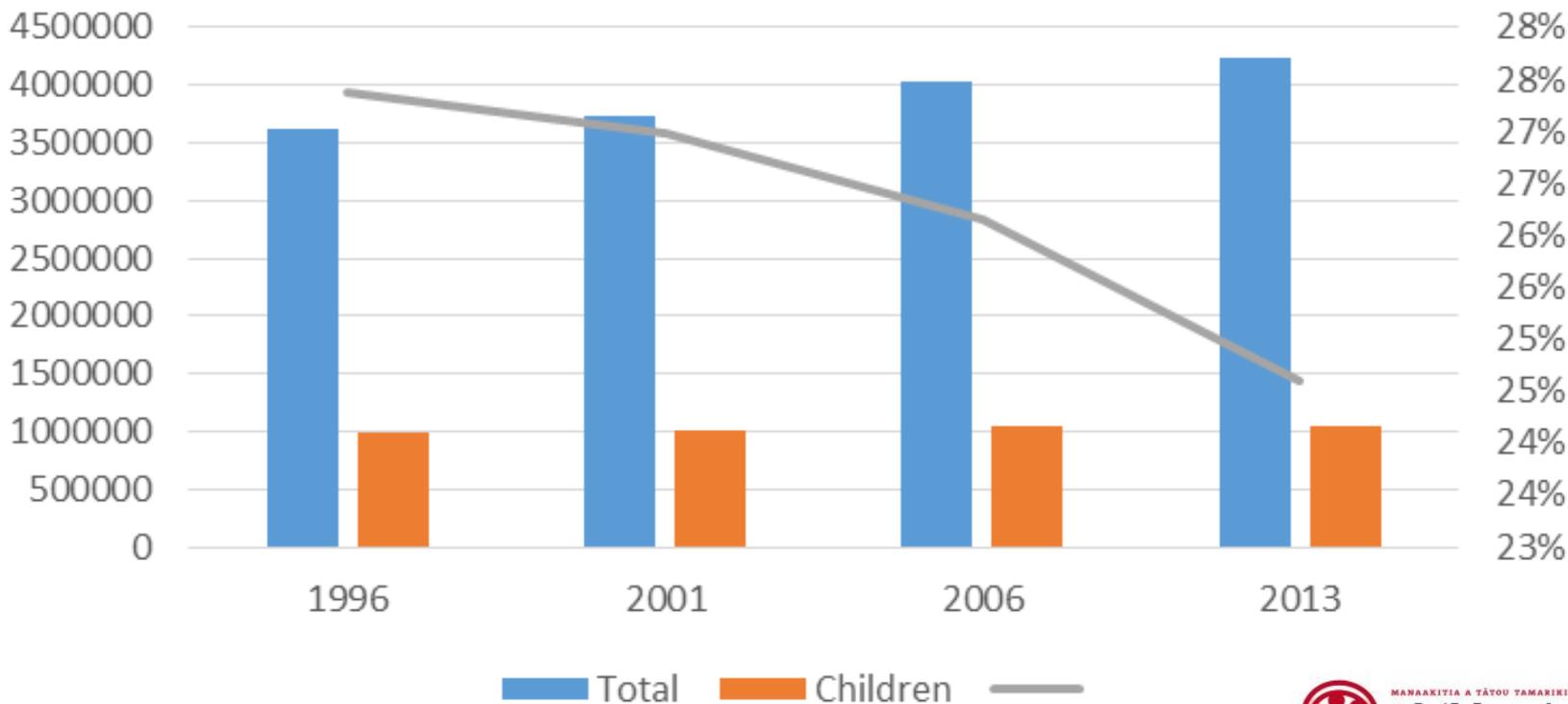


(Stats NZ estimate as at 30 June 2017)

The changing New Zealand context ...

1. Children in total population

NZ Census data 1996-2013

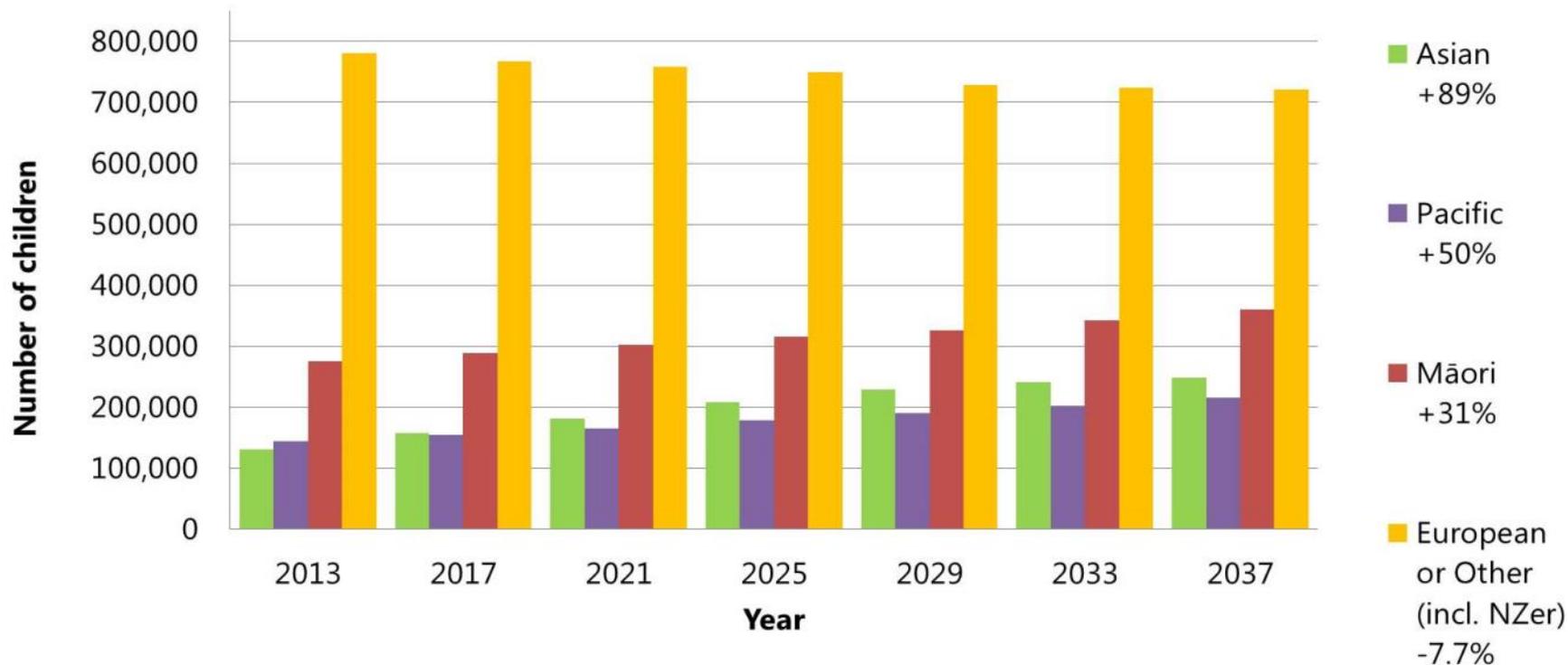


The changing New Zealand context ...

2. Changes in Child Ethnicity

(can choose more than one ethnicity)

From
2013-2037





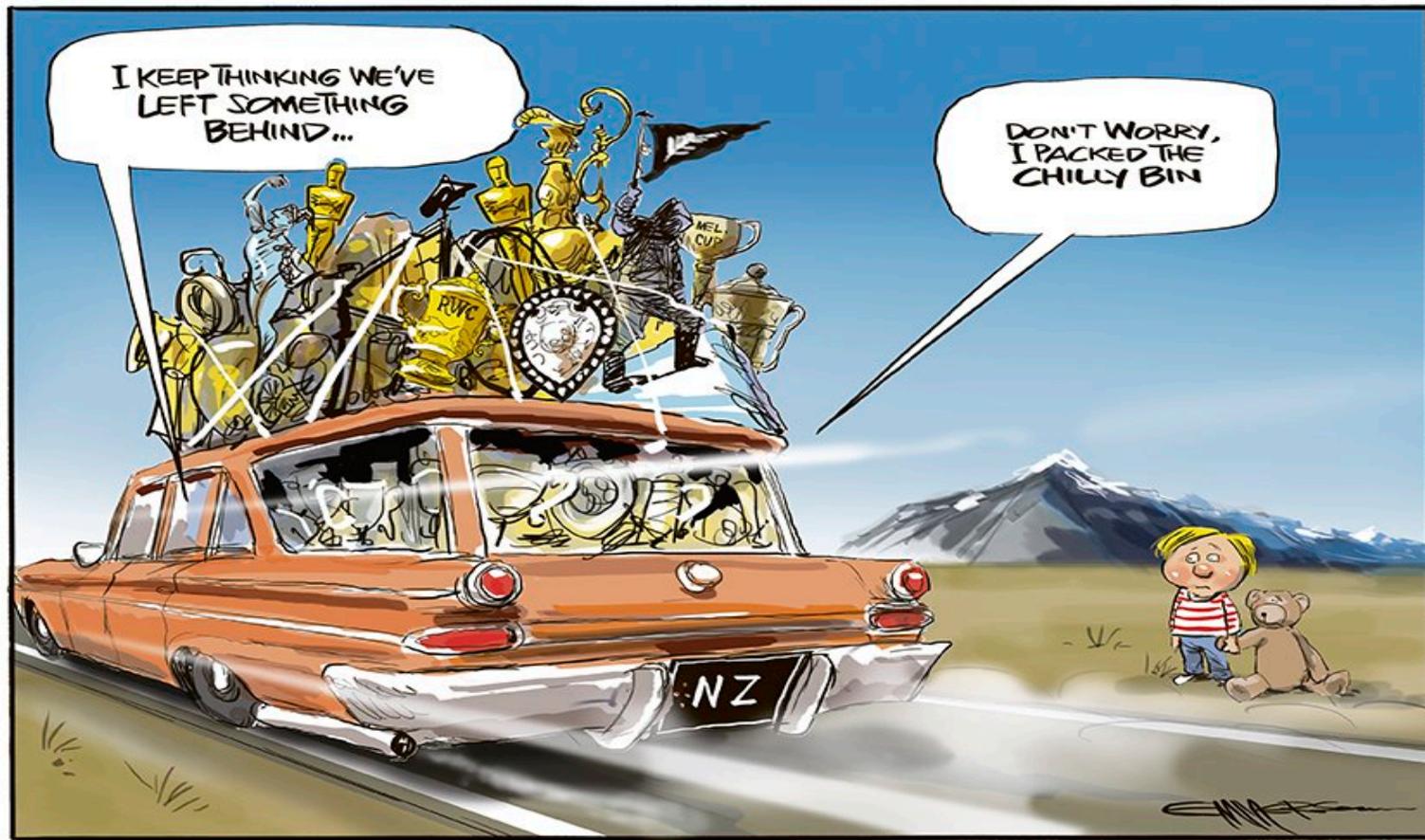
Aotearoa/NZ's children... an overview

70 20 10



Who's being left behind???

WE ARE BETTER THAN THIS





Outline

1. Introduction and Context
- 2. What's not – the starting point is understanding the impact of poverty**

All roads lead back to “child poverty?”



Who is most affected by poverty in NZ?

Age	% of individuals in low-income households* 2016
Children 0-17 years	26%
18-24 years	24%
25-44 years	19%
45-64 years	17%
65+ years	14%
Overall	20%

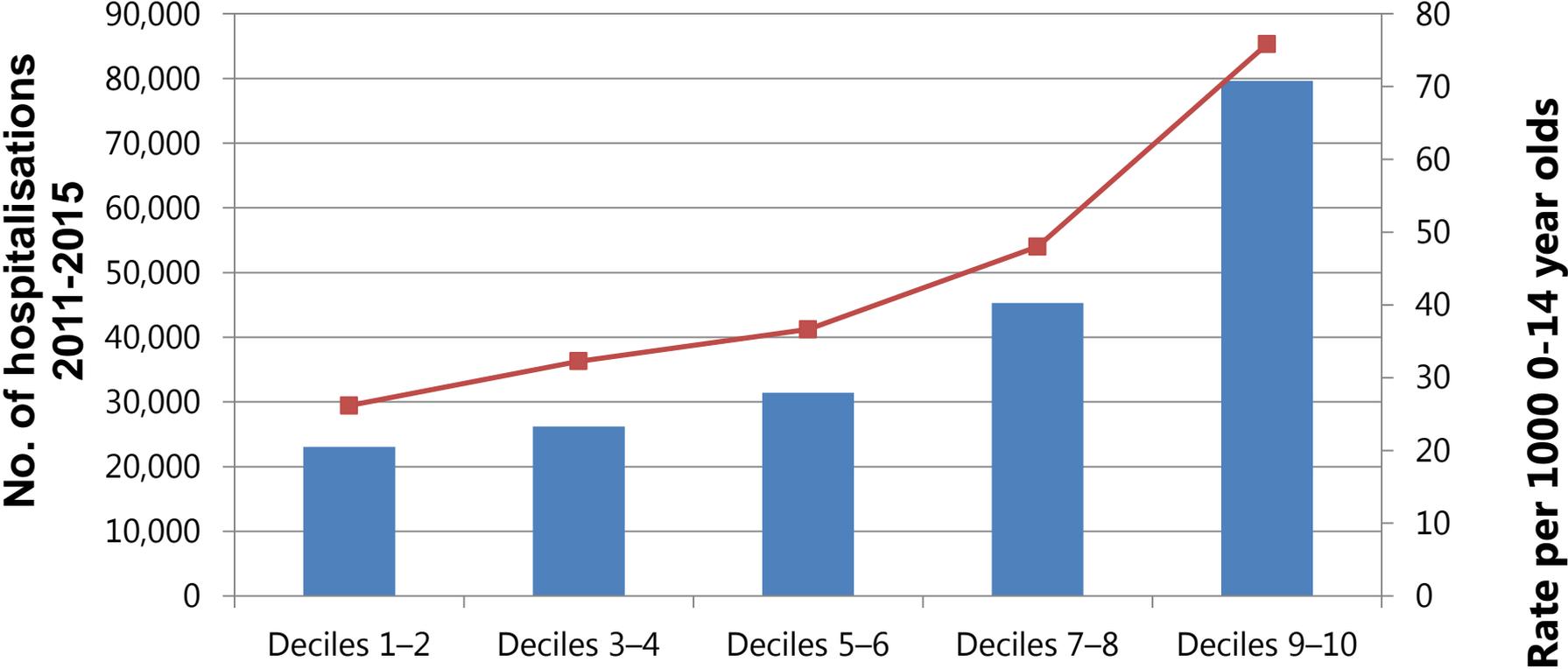
*Using the 60% of median “relative” (not anchored) threshold after housing costs

Source: *Household incomes in New Zealand: Trends in indicators of inequality and hardship 1982 to 2016*, MSD, 2017, p130

Does child “poverty” CAUSE “adverse life outcomes”?



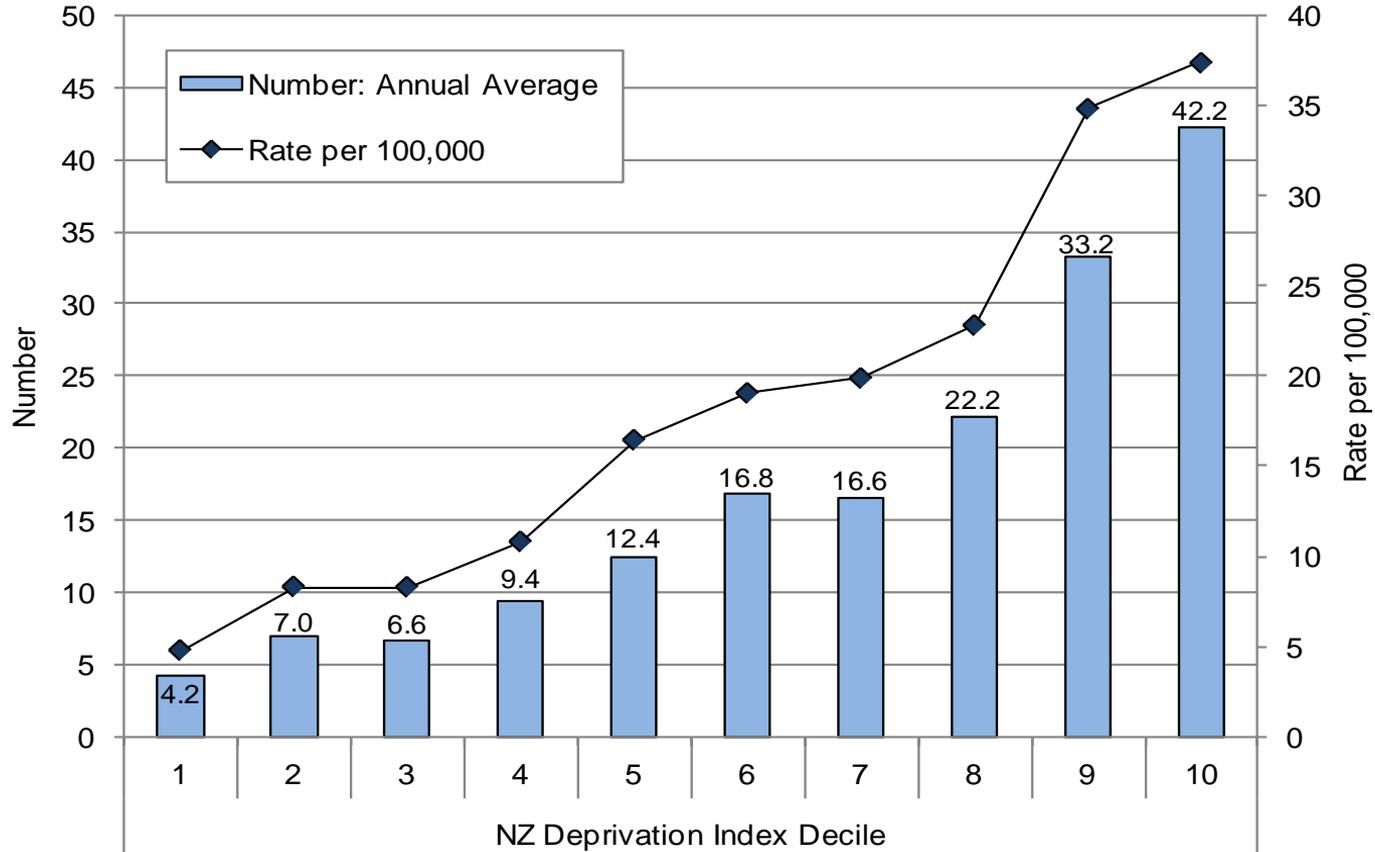
Hospitalisation of children for illness & accidental injury



(Source: 2016 Child Poverty Monitor)

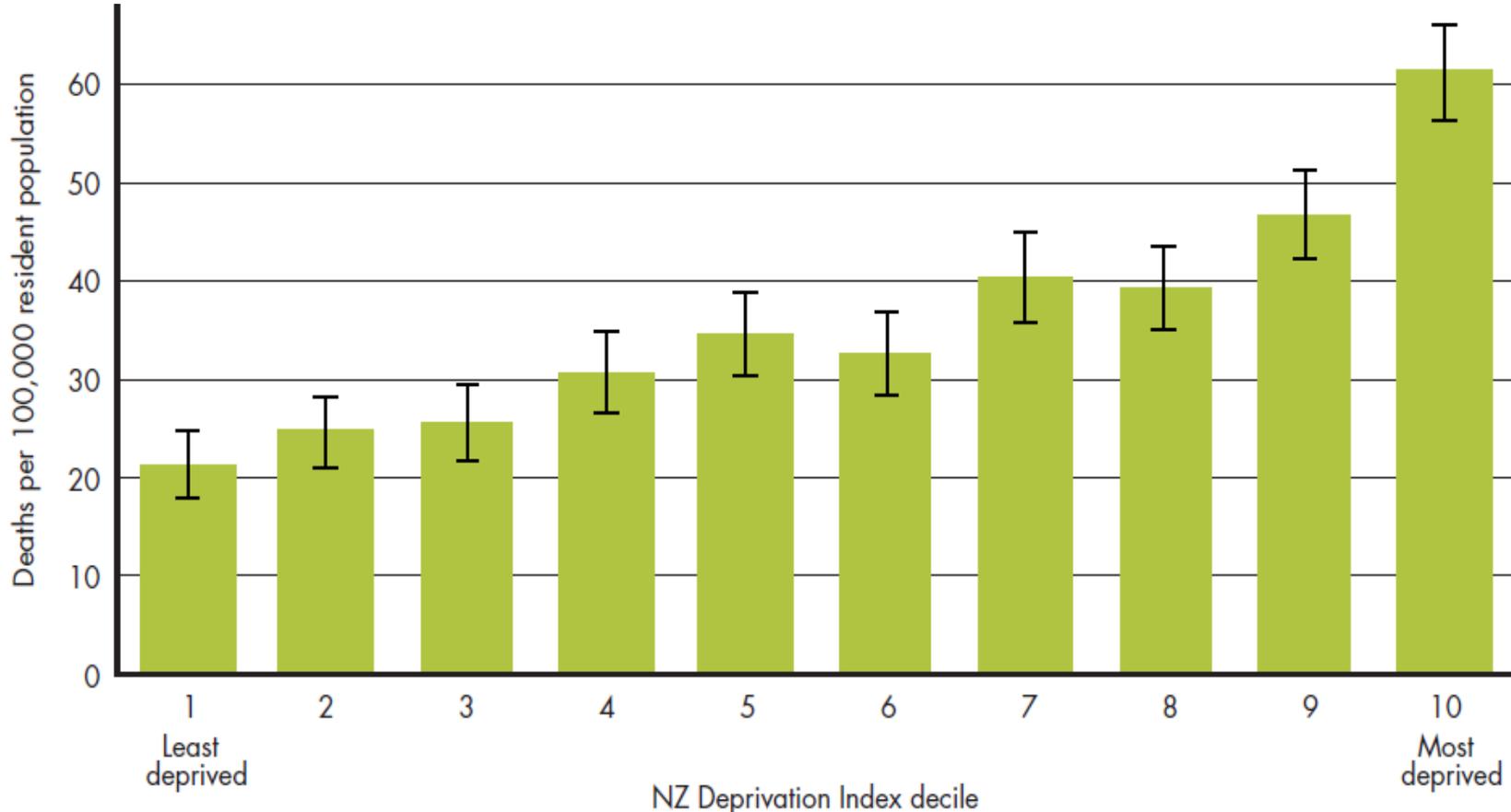
Hospital admissions for injuries arising from assault, neglect or maltreatment of children 0–14 years

NZ Deprivation Index Decile, 2006–2010



Child and youth mortality is related to poverty

Mortality rates in children and young people aged 28 days to 24 years by NZ Deprivation Index decile



Graph kindly provided by Health Quality & Safety Commissioner (HQSC)



Childhood poverty is related to mental health problems

- living in poor neighbourhoods
- poor nutrition
- inadequate housing
- adverse events (trauma, accident, illness, disability, delayed development)
- poor educational outcomes

all put children at higher risk of poor mental health

2017, *Child Poverty and Mental Health: A literature review*, CPAG and New Zealand Psychological Society.



**LET THE LORD
JUDGE THE
CRIMINAL**

Tupac Shakur...“I wonder if Heaven got a Ghetto”

...It ain't a secret don't conceal the fact
The penitentiary's packed and it's filled with blacks
I wake up in the morning and I ask myself
Is life worth living, should I blast myself
I'm tired of being poor and even worse I'm black
My stomach hurts so I'm lookin' for a purse to snatch
Cops give a damn about a negro
Pull a trigger, kill a n*gga, he's a hero
Mo' n*gga, mo' n*gga, mo' n*ggas
I'd rather be dead than a po' n*gga
Let the Lord judge the criminals
If I die, I wonder if Heaven got a ghetto...



What's hot?

- 1. Children's voices affecting policy and legislation**
 - Child Impact Assessments**

1. Hearing children and young people's voices and being truly child-centred...fad or foundation?



Kids want us to listen to them

“Just talk to us, don’t see us as too hard.”

(Student in alternative education, Samoan)

“Try and get our tiny voice heard ... we have a right to be listened to on issues that affect us...” *(Secondary student, British)*

“Let us have a voice about things we care about (mental health) etc”

(Secondary student, NZ European)

“I am a library, quiet but filled with knowledge - it’s dumb [that I’m not asked].” *(Student in alternative education unit)*

The United Nations Convention on the Rights of the Child



MANAKIITIA A TĀTOU TAMAKI

Children's
Commissioner



Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.





Child centred practice: what it isn't!

- ✘ Decisions about children only made by adults, without seeking the child's view/perspective
- ✘ Always agreeing with the child and doing what the child wants
- ✘ Always “extracting” a view from the child, not respecting their wish *not* to express a view
- ✘ “Isolating” the child from the context of the child's whanau/family, hapu, iwi (tribe)/wider family group



Child centred practice: what it is!

- ✓ Child's best interests - first and paramount! (s4A OT Act)
- ✓ Genuinely hearing/listening to children
- ✓ Encouraging and assisting children to share their story/their views; respecting their wish to not share their voices
- ✓ Taking children's views into account and reporting back to them
- ✓ Understanding children in the context of their communities and culture, and for indigenous Māori children in the context of colonisation and systemic and unconscious bias

Being child centred is non-negotiable





Foundation : s5(1)(a) Oranga Tamariki Act 1989

Principles to be applied in exercise of powers under this Act

(1) Any court that, or person who, exercises any power under this Act must be guided by the following principles:

- (a) a child or young person must be encouraged and assisted, wherever practicable, to participate in and express their views about any proceeding, process, or decision affecting them, and their views should be taken into account:



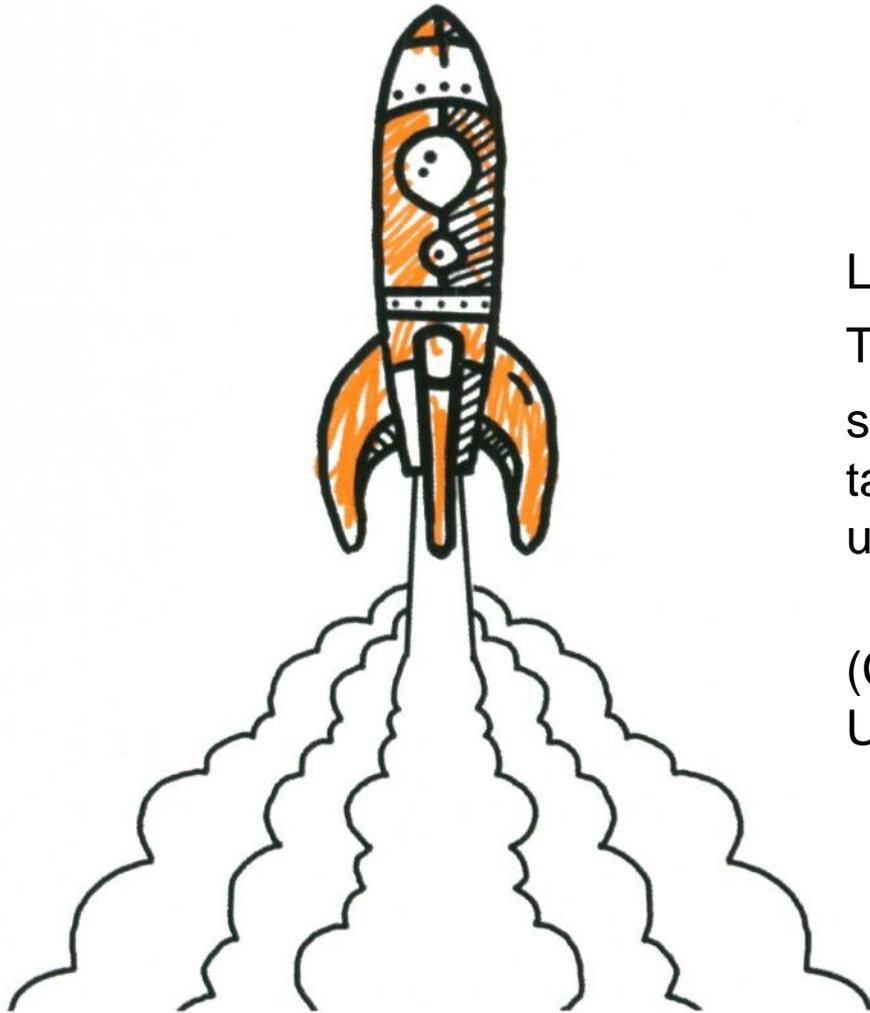
Some positive new additions to the legislation

Section 11 amended (Child's or young person's participation and views) In respect of all decisions under the Act...

- (1) (aa)** except where section 10 (relating to proceedings) applies, the child or young person must be given reasonable assistance to understand the reasons for the proceedings or process, the options available to the decision-maker, and how these options could affect them:
- (2) (d)** any views that the child or young person expresses (either directly or through a representative) must be taken into account; and
- (e)** any written decision must set out the child's or young person's views and, if those views were not followed, include the reasons for not doing so; and
- (f)** the decision, the reasons for it, and how it will affect them must be explained to the child or young person.

The best of Australia/NZ relationships?





Like...

The launching of a rocket:

small disruptions that occur shortly after take-off can have very large effects on the ultimate trajectory.

(Centre on the Developing Child, Harvard University, 2010)



What's hot?

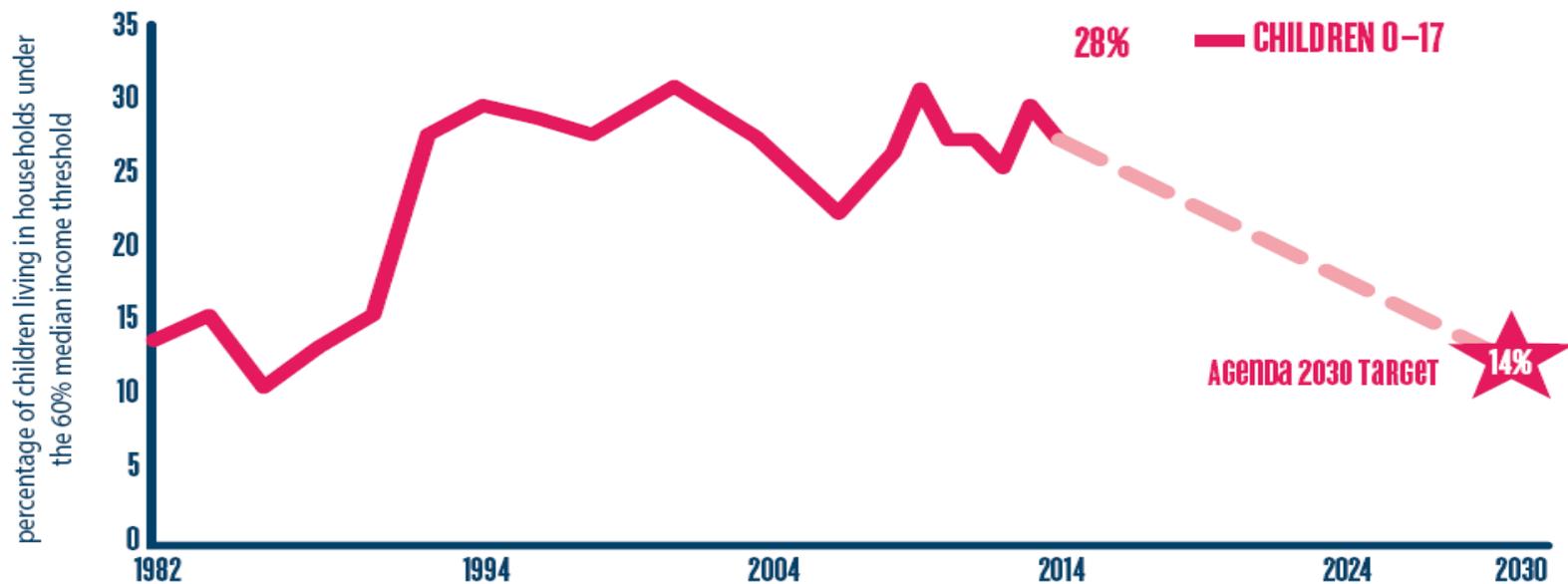
1. Children's voices affecting policy and legislation
 - Child Impact Assessments
2. **Child Poverty Reduction Bill**

NEW ZEALAND SIGNED UP TO THE UN'S 'AGENDA 2030' SUSTAINABLE DEVELOPMENT GOALS. ONE OF THE GOALS IS:

"By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions."

HALVING CHILD POVERTY WOULD SEE RATES RETURN TO LEVELS SEEN IN THE **1980S**

HALVING POVERTY BY 2030 – CHILDREN IN LOW INCOME HOUSEHOLDS





What's hot?

1. Children's voices affecting policy and legislation
 - Child Impact Assessments
2. Child Poverty Reduction Bill
3. **Government Child Wellbeing Strategy**

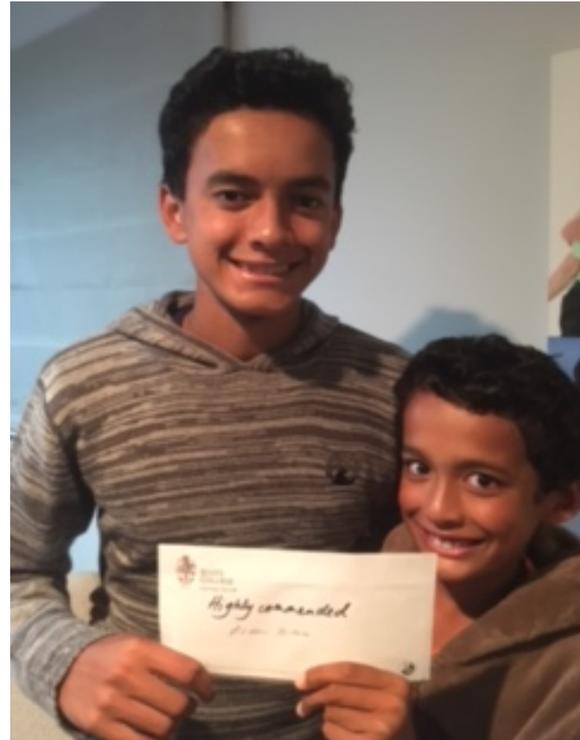


What's hot?

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2. Child Poverty Reduction Bill
3. Government Child Wellbeing Strategy
4. **Better outcomes for indigenous Maori children**



4. Better outcomes for Māori/indigenous children



An inescapable and fundamental challenge

Disparity between Māori and NZ European child wellbeing rates



**Child/youth policy
and practice affects
Māori
and non-Māori
equally – yeah right!**

Comparison of selected measures of wellbeing between Māori and New Zealand European children

Targeting the root causes of inequity and improving outcomes for Māori children across the board will transform the New Zealand landscape for children and come closer to achieving the full implementation of the United Nations Convention on the Rights of the Child. (Submission to the Committee on the Rights of the Child, Geneva, 2016)

Education:

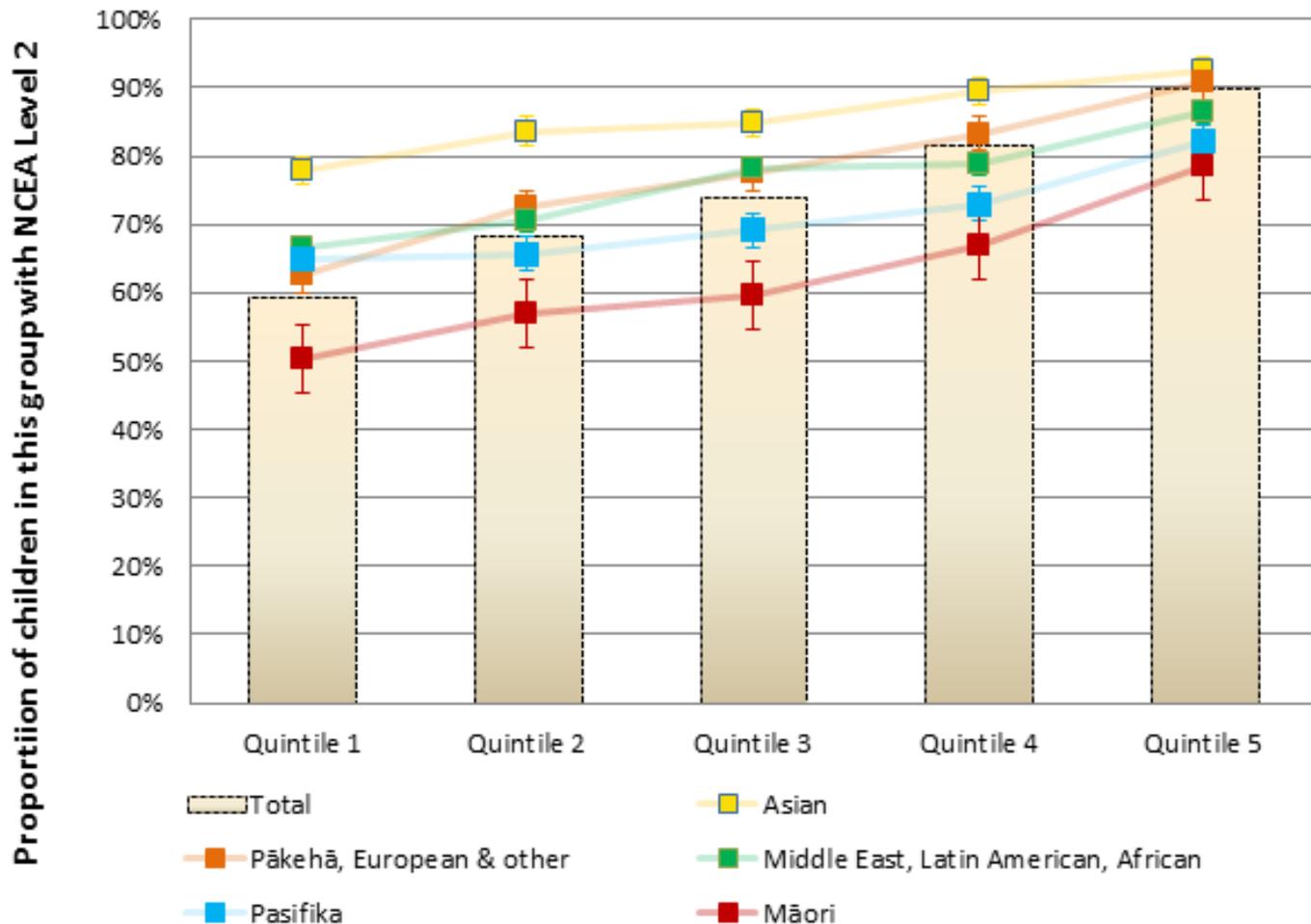
	Māori	NZ European (unless specified as non-Māori or total NZ population)
18 year olds with NCEA L2 or above (2014)	67.1%	85.1%
Children in State care with NCEA Level2 or above	15%	25%
Early Childhood Education participation	92.3%	98.2%

Health:	Māori	NZ European (unless specified as non-Māori or total NZ population)
Current smokers (aged 15 above, 2013-14)	40.6%	15.2%
Life expectancy at birth	Women: 77.1 yrs Men: 73 yrs	Women: 83.9 yrs Men: 80.3 yrs
Youth suicide (15-24 years)	48.0 per 100,000	17.3 per 100,000 (non-Māori)
Meningococcal infection (per 100,000. 2013)	All ages: 3.4 <1 year: 32.3 1-4 years: 15.7	All ages: 1.5 (total NZ pop.) <1 year: 18.4 1-4 years: 5.2
Rheumatic fever (all ages, per 100,000. 2012-2014)	13.3	4.2 (non-Māori)
Sudden Unexpected Death in Infants (per 1,000 deaths. 2010-2012)	1.8	0.4 (non-Māori)

Living standards:	Māori	NZ European (unless specified as non-Māori or total NZ population)
Child poverty (0-17years, below 60% median household income, after housing costs, 2014)	33%	16%
Child material hardship (0-17years, 2014)	24%	8%
Children in crowded housing (2014)	25%	5%
Unemployment (all ages, 2014)	12.1%	4.4%
Not in Education, Employment or training (NEET) rate (15-24 years, 2015)	20.9%	9.4%
Youth justice (number and percentage of children aged 10-16 charged in court, 2014/15)	1,152 (59%)	489 (24%)

The
“tramline
gap”
faced by
tamariki
Māori

NCEA Level 2 achievement of school leavers, 2016





The new legislation... an improvement?

- Hapu (sub-tribe) and iwi (tribe) involvement in danger of evaporating?
- Essentially the same foundation & content as 1989 Act, but stronger and with a clearer focus on dealing with Māori children, young people and their whānau/hapu/iwi
- Addition of the 3 “pou” (central poles) – guiding principles expressed as universal for all children
 - Mana tamaiti (child’s inherent dignity and self worth)
 - Whakapapa (genealogy/family tree)
 - Whanaungatanga (kinship obligations)
- New duties on the CE to recognise and provide a practical commitment to the principles of the Treaty of Waitangi (s7AA)



The new legislation...

New duties on CE Oranga Tamariki...

- Develop policies and practices to reduce Māori disparity by setting measurable outcomes for Māori children and young people
- Policies and practices have regard to the three “pou”
- Develop strategic partnership with iwi and Māori organisations to encourage innovation and improve outcomes for Māori children, providing opportunities to delegate functions to iwi
- Iwi and Māori organisations may invite CE to enter into strategic partnerships
- CE has duty to respond and report
- Must report each year publically as to steps taken

Replacement 13(2)(g) in OT Act 1989/CYP Wellbeing Act 1989

(i) if a child or young person is removed..., decisions about placement should—

(i)...

(ii) address the needs of the child or young person; and

(iii) be guided by the following:

- (A) ***preference should be given*** to placing the child or young person ***with a member of the child's or young person's wider family, whānau, hapū, iwi,*** or family group who is able to meet their needs, including for a safe, stable, and loving home:
- (B) it is desirable for a child or young person to live with a family, or if that is not possible, in a family-like setting:
- (C) the importance of mana tamaiti (tamariki), whakapapa, and whanaungatanga should be recognised and promoted:
- (D) where practicable, a child or young person should be placed with the child's or young person's siblings:
- (E) a child or young person should be placed where the child or young person can develop a sense of belonging and attachment:



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4. Better outcomes for indigenous Maori children
5. Incorporating the UN Children's convention into legislation



Child centred?

New s5(1)(b) Oranga Tamariki Act 1989. Services guided by-

...

- (i) The child's or young person's rights (including those rights set out in UNCROC and the United Nations Convention on the Rights of Persons with Disabilities) must be respected and upheld, and the child or young person must be-
 - (a) treated with dignity and respect at all times;
 - (b) protected from harm:

- (ii) The **impact of harm** on the child or young person and the **steps** to be taken to **enable their recovery** should be addressed:



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6. Understanding neuro-developmental disorders

6. Neuro-development – identify and act earlier in child's life

Neurodevelopmental disorder	Reported prevalence rates amongst young people in the general population	Reported prevalence rates amongst young people in custody
Learning disabilities	2 - 4%	23 - 32%
Dyslexia	10%	43 - 57%
Communication disorders	5 - 7%	60 - 90%
Attention deficit hyperactive disorder	1.7 - 9%	12%
Autistic spectrum disorder	0.6 - 1.2%	15%
Traumatic brain injury	24 - 31.6%	65.1 - 72.1%
Epilepsy	0.45 - 1%	0.7 - 0.8%
Foetal alcohol syndrome	0.1 - 5%	10.9 - 11.7%

Source: 2012 Report by the Children's Commissioner for England

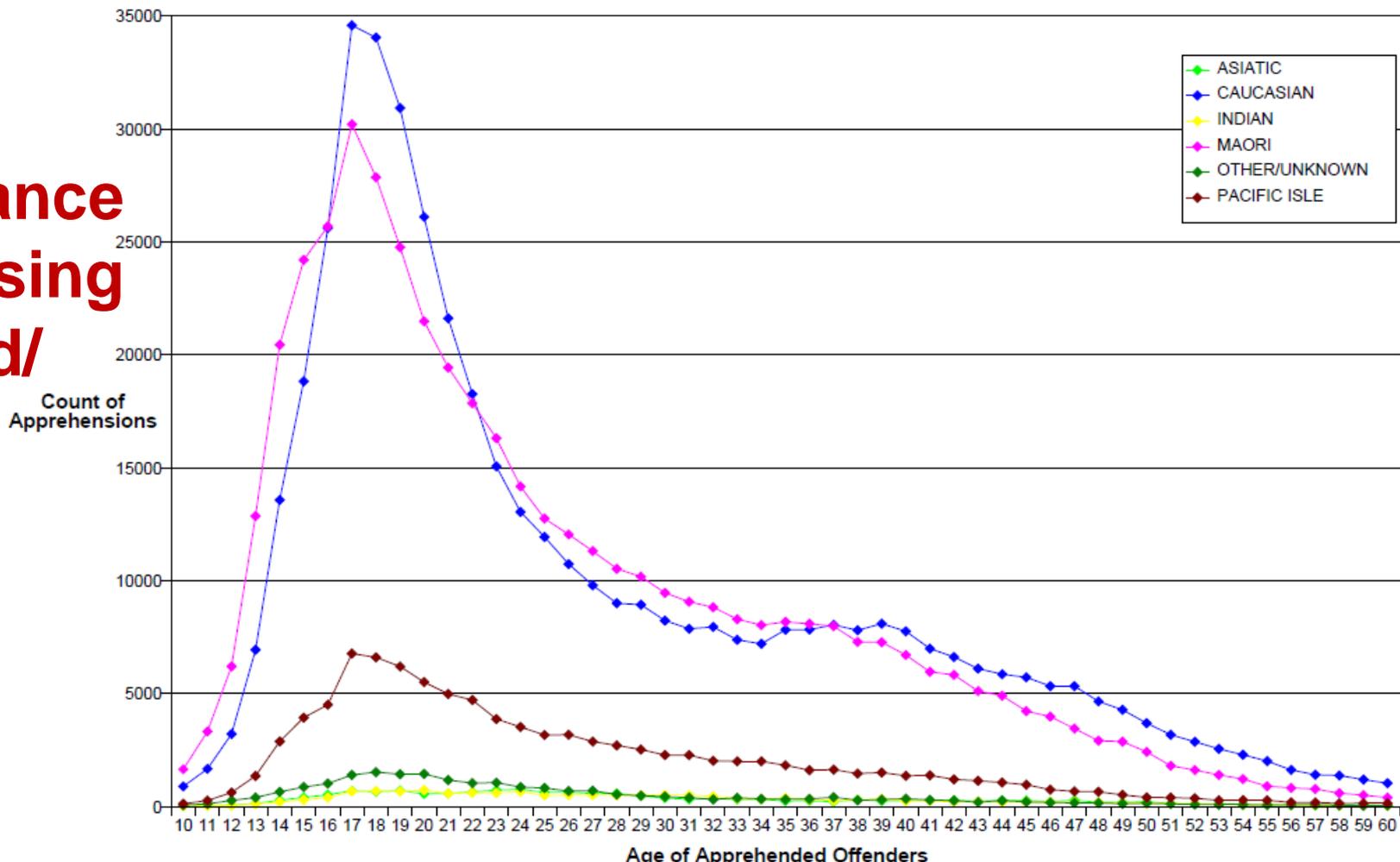


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7. **Youth Justice principles endure...**

Apprehensions of Offenders by Ethnicity and Year of Age, Calendar Years 2007 - 2011

7. The pivotal importance of focusing on child/youth





Care and protection and youth justice (indeed criminal justice) are related

79%

of young people in the YJ system notified to CYF for Care & Protection issues

83%

of prison inmates aged under 20 (ie; in our adult prison system) who have a Care & Protection record with CYF

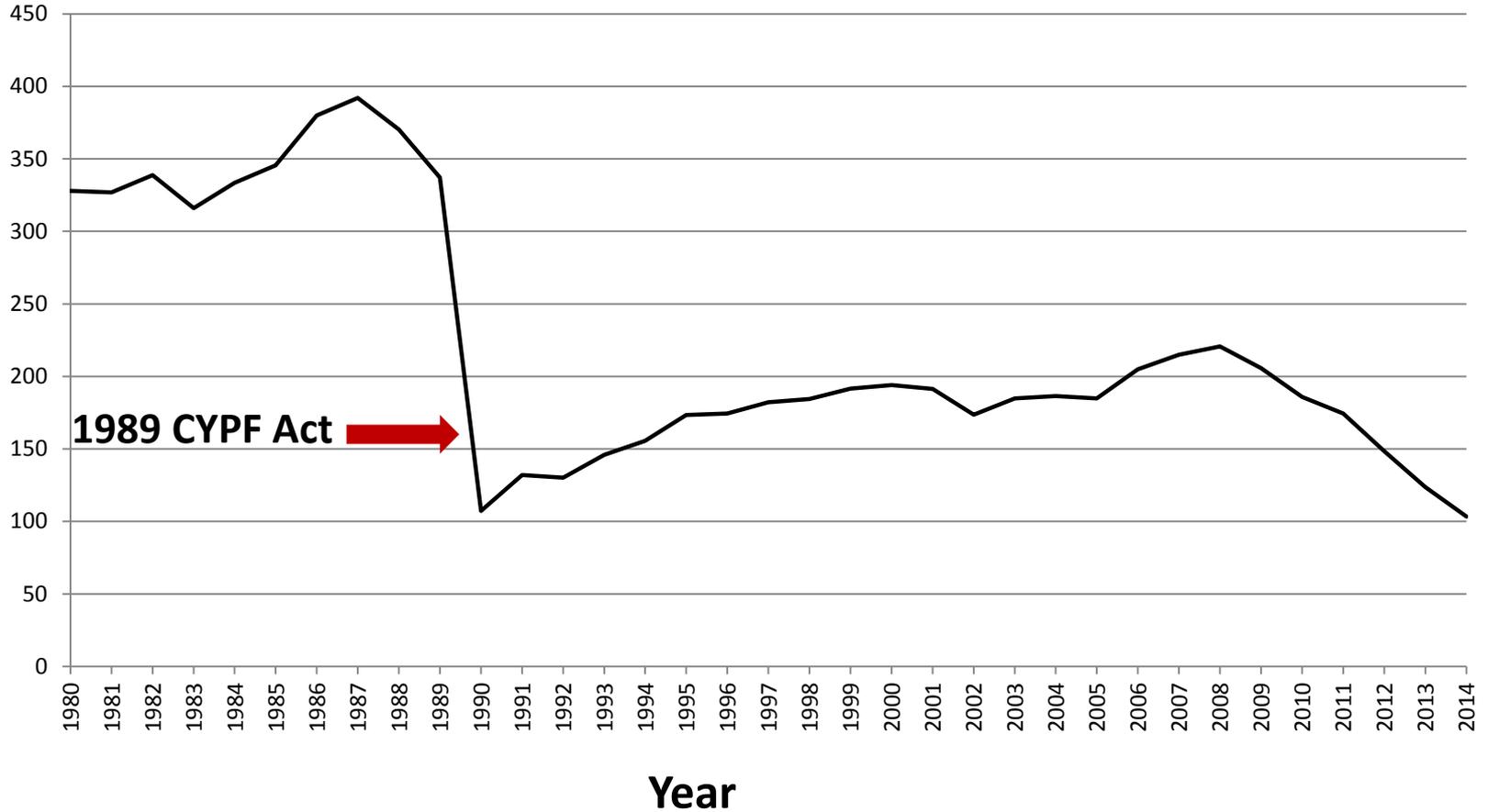
91%

Research carried out in Australia where the progress of young people in the youth justice system was followed for 7 years. 91% who were subject to a YJ order as well as a care order..... had graduated to adult offending and 67% had spent at least one term in prison

&67%

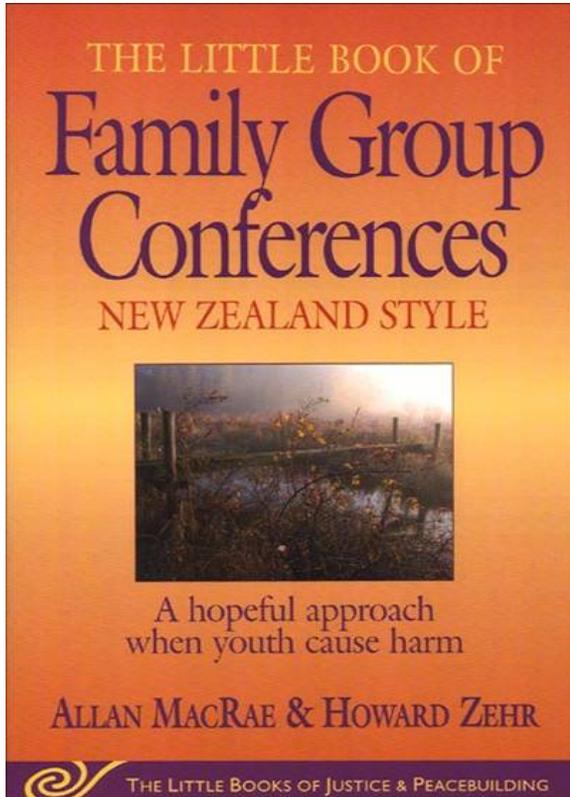
Rate per 10,000 population of 14-16 year olds, appearing in the NZ Youth Court

Rate per 10,000 14 to 16 year olds

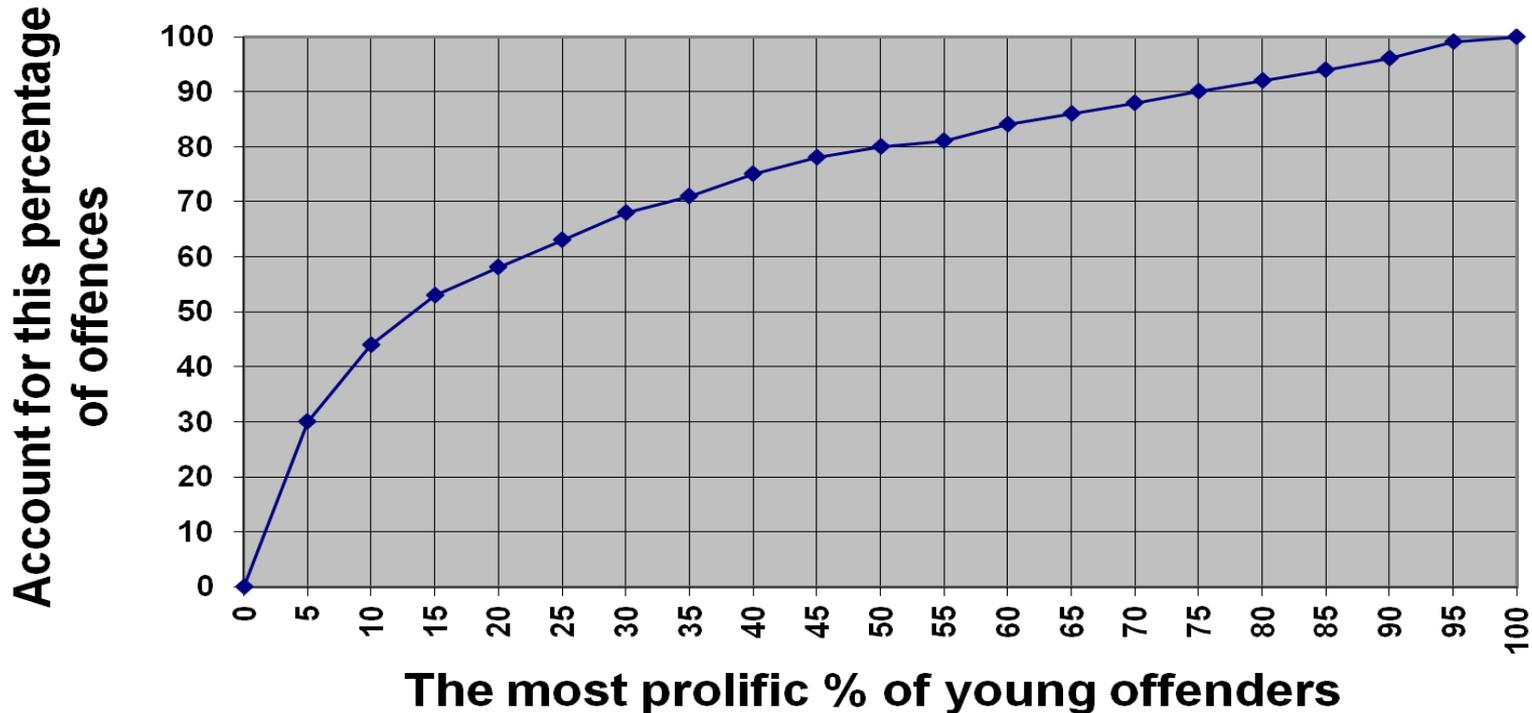




Family Group Conferences



FGCs focus on the most serious/ prolific 20% of juvenile offenders...these offenders cause the most damage and are very influential



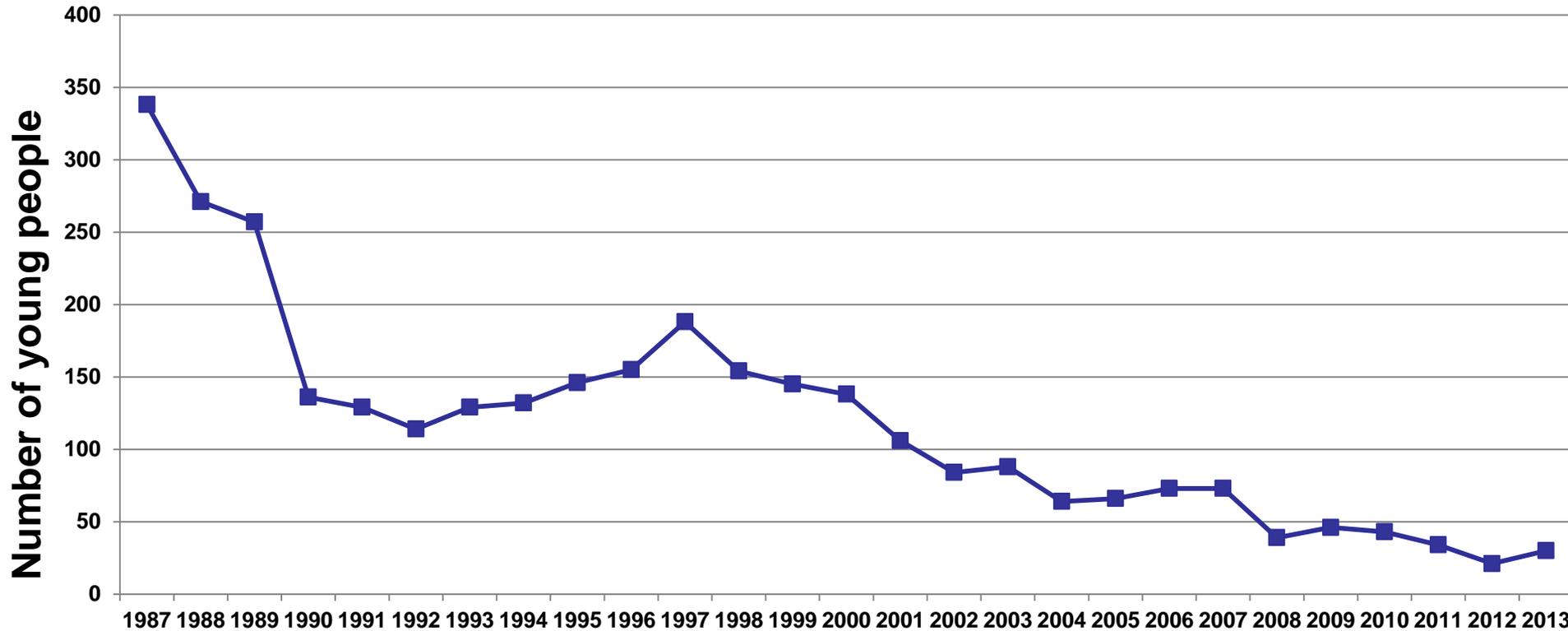
Custodial sentences relied upon as a genuine last resort

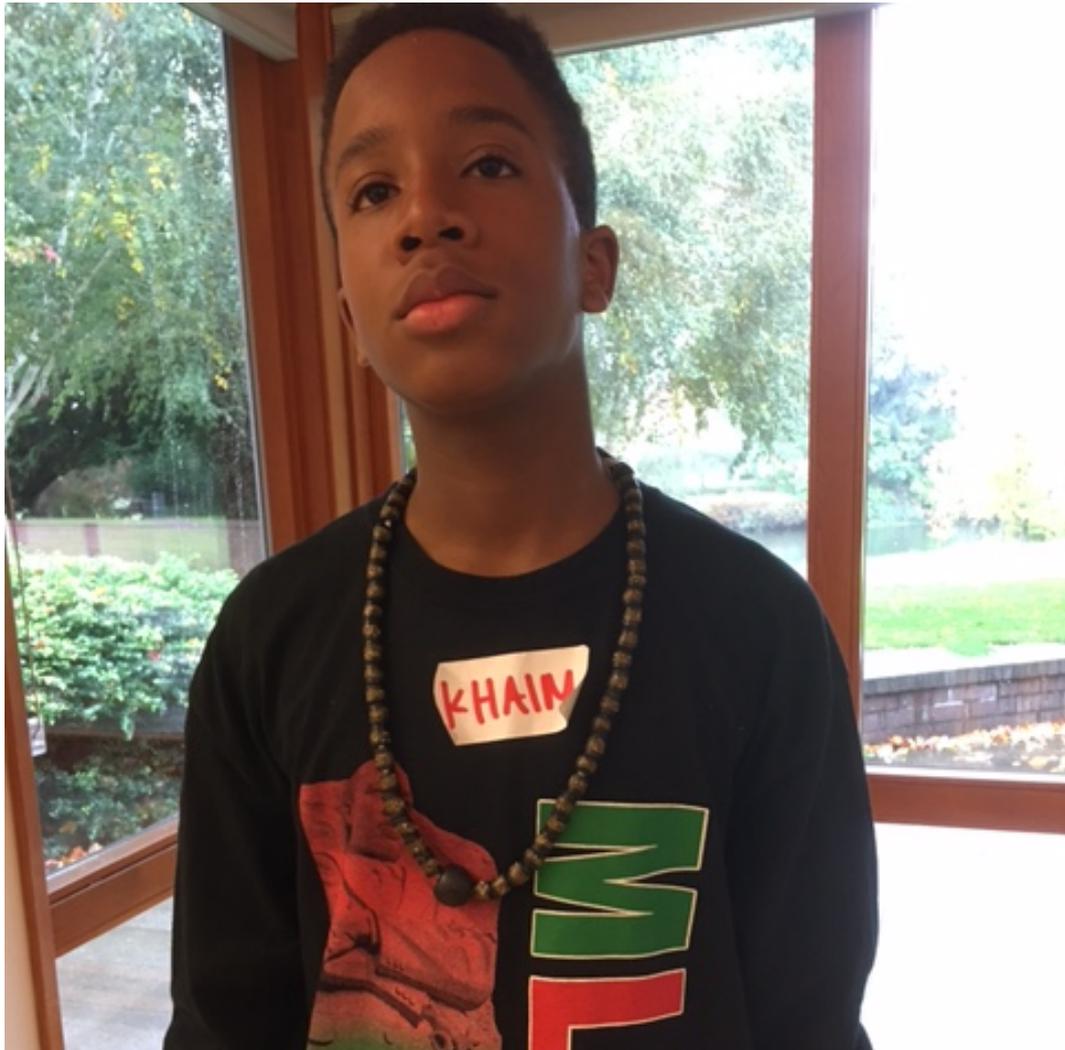


The New Paradigm (Key Features).

Reduced Custodial Responses/Institutionalisation

Number of young offenders who were sentenced to corrective training or imprisonment, 1987 to 2013





The small picture
and the big
picture.

The
“**micro**”
and the
“**macro**”
challenge

*“If I cannot do great things,
I can do small things, in a great way.”*

- Rev. Dr. Martin Luther King, Jr.



Spelman College®
A Choice to Change the World

"Power at its best is Love
implementing the demands
of Justice. Justice at its
best is Power correcting
everything that stands against
Love."

Dr. Martin Luther King Jr.
August 16, 1967

Conclusion:

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NZ*

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Children's CommNZ

Children's Commissioner's
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Morning tea break

Today is IDAHOBIT Day (International Day Against Homophobia, Biphobia, Intersexism and Transphobia)

Australian statistics

75%

of LGBTIQ youth
experience some form
of discrimination

24.4%

of Lesbian, Gay, Bisexual
people experience
depression

COMPARED TO

6.8%

of the general
population who
experience depression



Commissioner for Children and Young People
Western Australia

Commissioner Colin Pettit





What children and young people say needs to be done better

1. Improve education and training for workers
2. Build relationships with young people
3. Change systems
4. Provide more support for families
5. Have expectations of young people and create opportunities to build a sense of hope for their future



Commissioner for Children and Young People
Western Australia

VULNERABILITY SPEAKER SERIES

Professor Leah Bromfield

Co-Director at the Australian Centre for Child Protection, University of South Australia



Effective Strategies to Prevent and Address Child Abuse & Neglect

WA Commissioner for Children and Young
People

Vulnerability Speaker Series

17th May 2018

Professor Leah Bromfield



University of
South Australia

Australian Centre
for Child Protection



Australian Centre for Child Protection Improving the lives of vulnerable children



Co-Directors: Prof Fiona Arney,
Prof Leah Bromfield,
Deputy Director A/Prof Tim Moore



ACCP and Positive Futures Research
Team

Burden of Disease and Child Abuse and Neglect

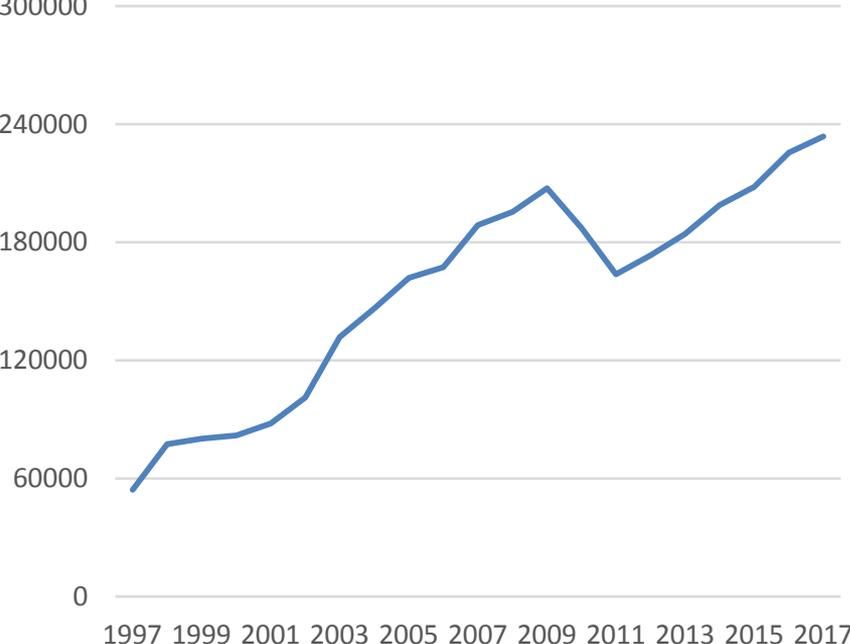
Rank	Males	Per cent of		Females	DALYs
		DALYs	total		
1	Ischaemic heart disease	151,107	11.1	Anxiety & depression	126,464
2	Type 2 diabetes	71,176	5.2	Ischaemic heart disease	112,390
3	Anxiety & depression	65,321	4.8	Stroke	65,166
4	Lung cancer	55,028	4.0	Type 2 diabetes	61,763
5	Stroke	53,296	3.9	Dementia	60,747
6	COPD	49,201	3.6	Breast cancer	60,520
7	Adult-onset hearing loss	42,653	3.1	Childhood maltreatment	55,881
8	Suicide & self-inflicted injuries	38,717	2.8	COPD	37,550
9	Prostate cancer	36,547	2.7	Lung cancer	33,876
10	Childhood maltreatment	35,876	2.5	Asthma	33,828
11	Colorectal cancer	34,643	2.5	Colorectal cancer	28,962
12	Dementia	33,653	2.5	Adult-onset hearing loss	22,200
13	Road traffic accidents	31,028	2.3	Osteoarthritis	20,083
14	Asthma	29,271	2.1	Personality disorders	16,339
15	Alcohol abuse	27,225	2.0	Migraine	15,875
16	Personality disorders	16,248	1.2	Back pain	15,188

Table: Leading causes of burden (DALYs) by sex, Australia, 2003

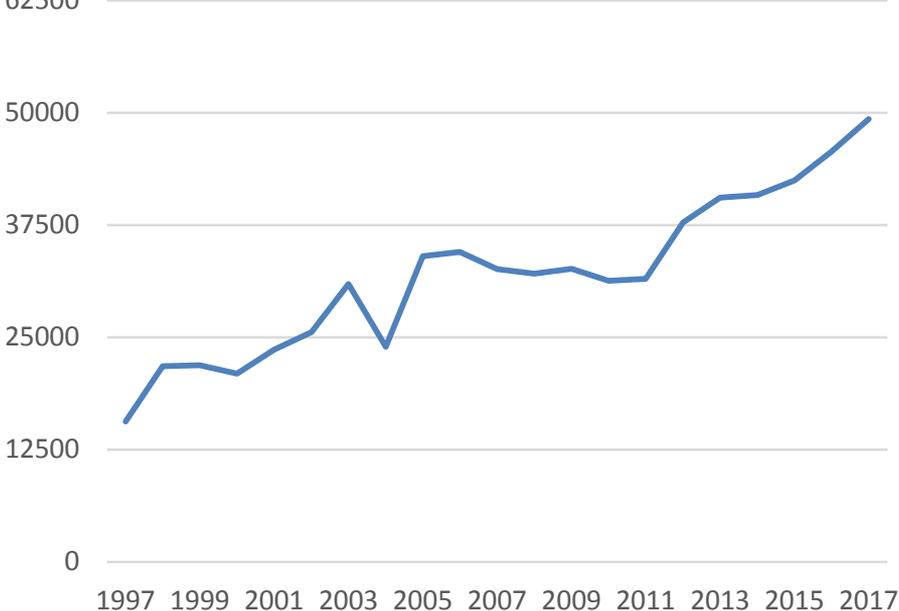
AIHW, 2007, p.39: Moore et al., 2015

AIHW Child Protection Data

Number of Children Subject to Notifications



Number of Children Subject to Substantiations





South Australian Early Intervention Research Directorate

- Department of Premier & Cabinet led
- Cross-agency governance committee of CE
- External Expert Consortia
 - Prof Arney, Prof Bromfield (Child Protection)
 - Prof Brinkman (Early Childhood)
 - Prof Lynch (Epidemiology)
 - A/Prof Chong (Aboriginal Health)





South Australian Children Reported to Child Protection by age 10



1/4

Desktop Evaluations

Lead investigator:
Professor Leah Bromfield



Desktop Evaluations

- What was the state's child abuse prevention investment?
- Was SA investing in the right things, for the right people?





Desktop Evaluations

**Program
Model &
Logic
Assessment**

**Cultural
Competence
Assessment**

**Evidence
Matching**

**Overall
Assessment**





Assessment Methodology: Program Model/Theory Assessment

- Assessment
 - Target Group (the WHO)
 - Activities (the WHAT, WHEN and HOW)
 - Outcomes, Aims and Objectives (the WHY)
 - Program Reach (the WHERE)
 - Workforce (qualifications, training and development)
 - Inputs and resources (referral, location and funding)





Assessment Methodology: Program Model/Theory Assessment

- Evidence Reviews:
 - Evaluations of similar program types/components
- For effective programs, identify:
 - Aims/Objectives
 - Target Group
 - Activities - program components and approaches
 - Intensity and duration of service provision
 - Minimum workforce qualifications and training
- Comparative assessment:
 - SA program components matched to evidence-based program components





Programs with a child abuse prevention objective *N* = 222

- Direct child abuse prevention investment substantially smaller than had been assumed

48%





Evidence Matching Findings

- High risk/ maltreating families
 - System distinction
 - Need the same types of interventions
- Effective interventions
 - Highly prescribed, intensive and require a highly qualified and/or training workforce however, given the high complexity of family presentations these program still have relatively low success rate



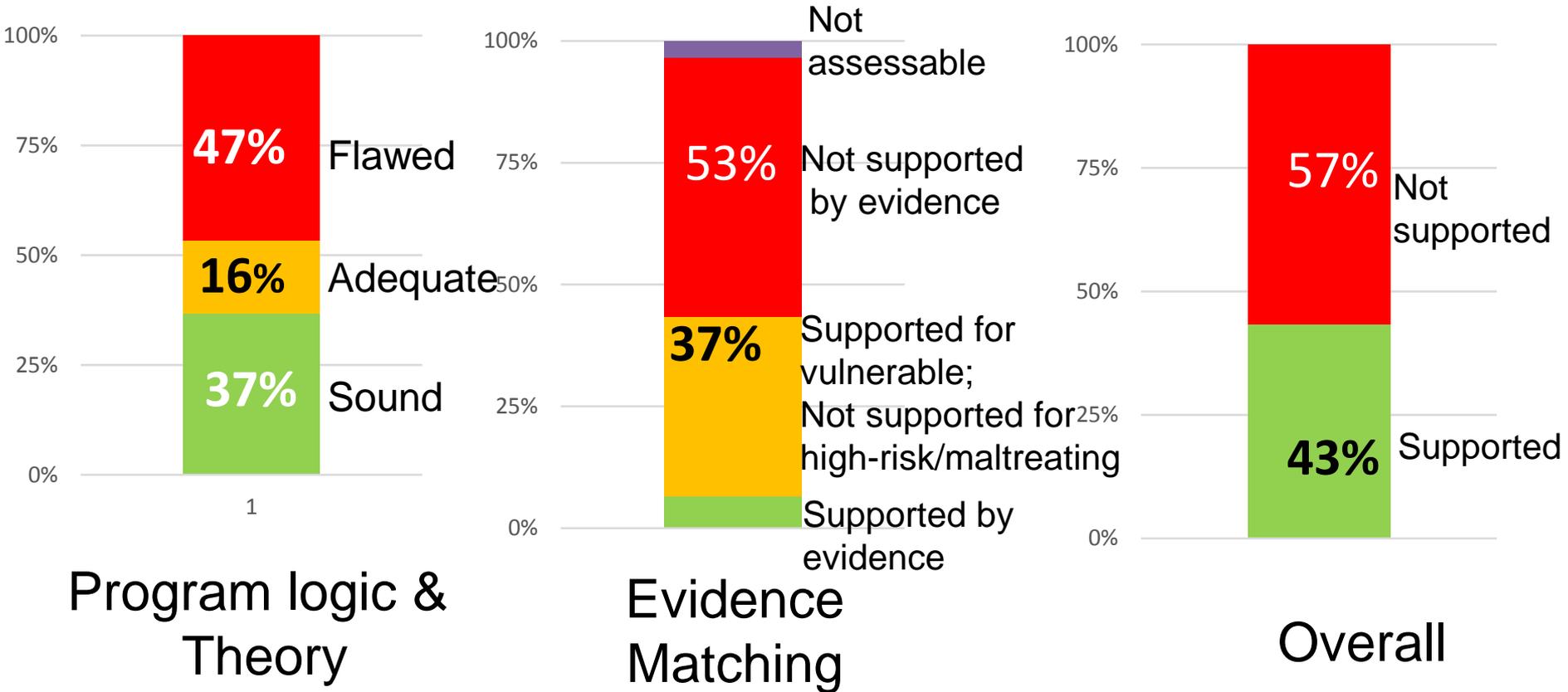


Evidence Matching Findings

- Vulnerable families
- Higher numbers of effective interventions
- Greater flexibility in intervention design and workforce
- Evidence consistently reported importance of a well developed and aligned program theory and logic

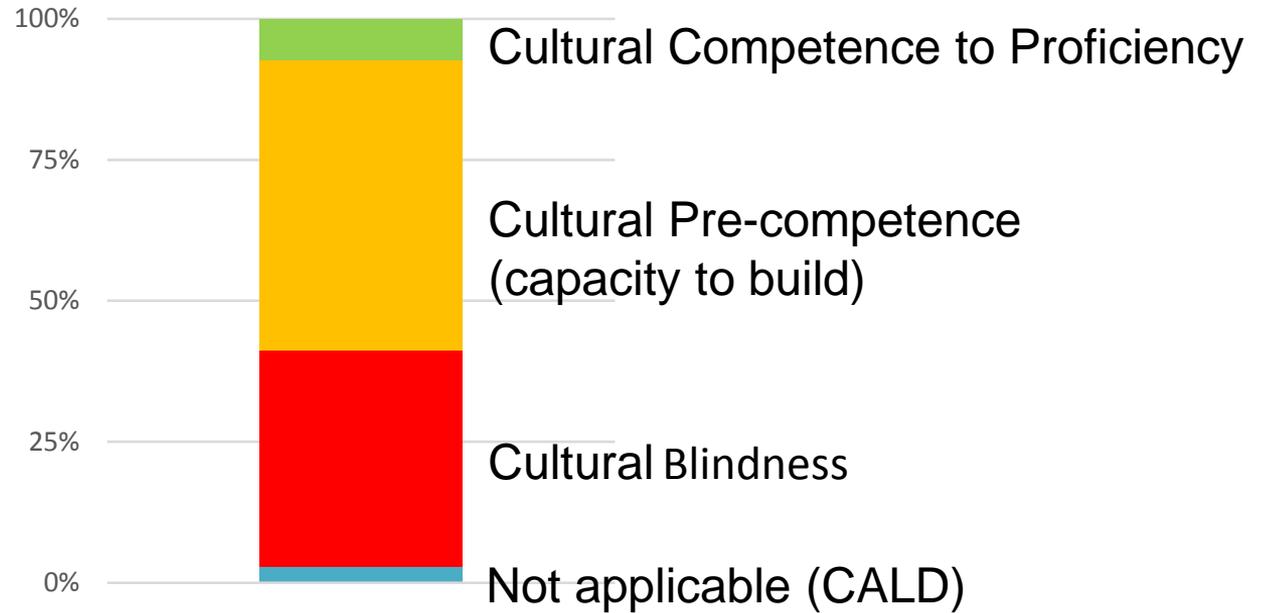


Desktop Evaluation Findings





Desktop Evaluation Findings *Cultural Competence Assessments*





Key Messages

- Majority of programs not supported as meeting a minimum standard on all three dimensions
- Doing something ineffective is more harmful than doing nothing





Key Messages

- Service providers and service funders need to demand clearly defined approaches within program components
- Urgent need for cultural competence and workforce capacity building - greater efficiency in cross-state/cross-agency approach
- Optimally, should invest in R&D to develop more effective programs for high risk / maltreating families in Australian context



Case File Reviews

Lead Investigator:
Prof Fiona Arney



University of
South Australia

Australian Centre
for Child Protection



Populations with greatest involvement

- Children reported as infants
- Children repeatedly re-reported
- Aboriginal and Torres Strait Islander Children

Octoman et al, Australian Centre for Child Protection
University of Adelaide, BetterStart: Child Health
and Development Research Group





Case File Reviews

- Study 1: Pregnancy and the first 1000 days of life ✓
- Study 2: Children with repeat involvement in the child protection system ✓
- Study 3: Aboriginal over-representation in the child protection system





We Wanted to Know...

- What were people worried about when they call child protection about each of these children?
- What were the characteristics of children and their families who were reported? Did they fall into groups or 'typologies'?
- What insights could this give us about more nuanced targeting of interventions?

Case File Review 1: Unborn Child Reports

Group 1

28 1st time parents with abuse history (21%)

Group 2

86 parents with chn known to CP (66%)

Other Families

17 other families (13%)

- Intimate partner violence:
- Total sample – 70%
- 1st time parents – 46%
- Parents of chn known to CP – 78%
- Parental use of AOD:
- Total sample – 63%
- 1st time parents – 57%
- Parents of chn known to CP – 69%



**Could Typology 2
(parents with chn
known to CP) be
Typology 1 (1st
time parents with
trauma histories)
but after
subsequent
births?**



Case File Review 2: Repeat Involvement

Children in our random sample

Identify the types of concerns raised about children

Examine the extent of repeat involvement in a sample of children reported to child protection

Coded the allegation/concern narrative for all reports recorded for children in the random sample between 1st of July and 31st of December 2016

Analysed administrative data to identify the proportion of children reported to child protection two or more times over 6 months and over 8 years

Family

Identify patterns of repeat involvement for children and their families

Identify the types of concerns raised

Determine the risk factors and outcomes associated with repeat child protection involvement

Genograms were created to represent family relationships

Coded the most recent report narrative for each child including details of previous concerns reported to child protection

Analysed administrative data for families to identify patterns of repeat involvement with child protection over an 8 year period

Case File Review 2: Repeat Involvement

- 40% of children subject of a 2nd report to CP within 6 months (range from 1 to 7).
- 87% of children subject of a 2nd report within 8 years (range from 1 to 49).
- ~90% of families some level of re-reporting for different matters over 8 years (range from 1 to 118).

Case File Review 2: Repeat Involvement

Single Report
31 families (11%)

Moderate Reports (2-4)
71 families (25%)

High Reports (5-9)
64 families (23%)

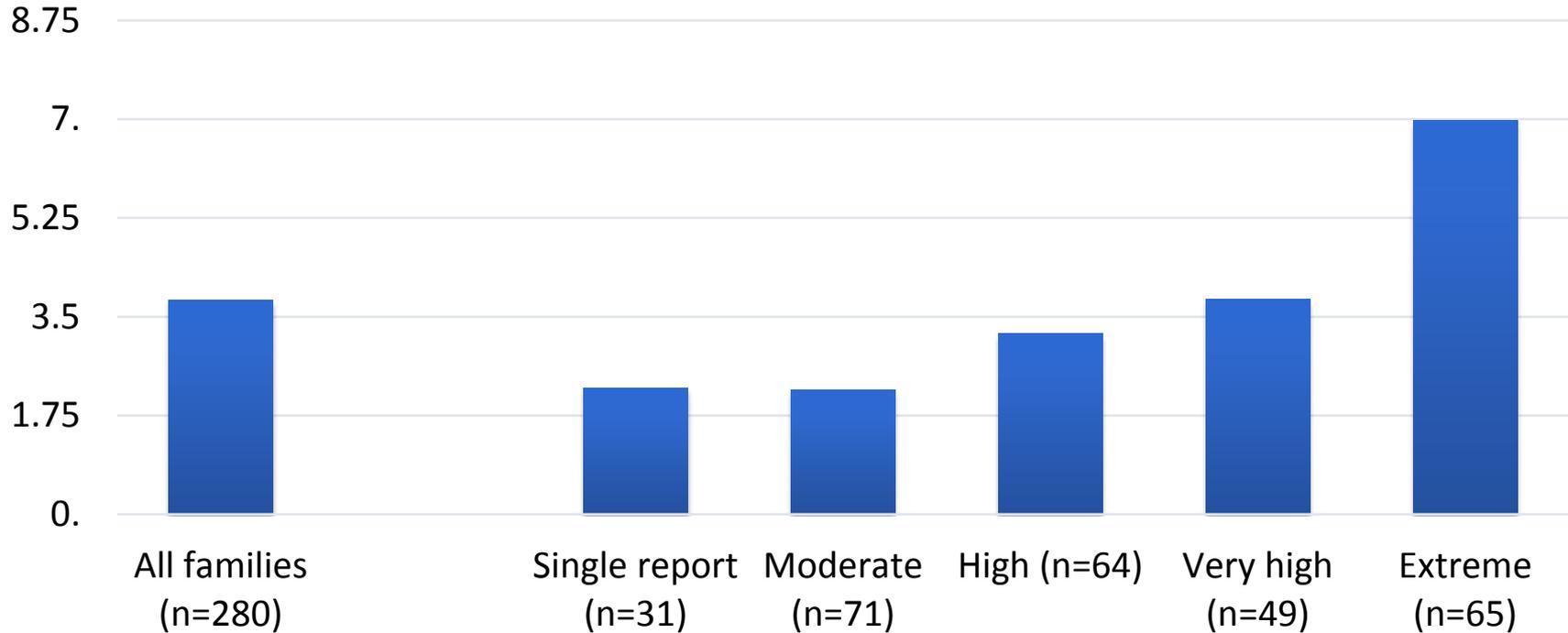
Very High Reports (10-20)
49 families (18%)

Extreme Reports (>20)
65 families (23%)

Sample
n=324 chn
n=280 families

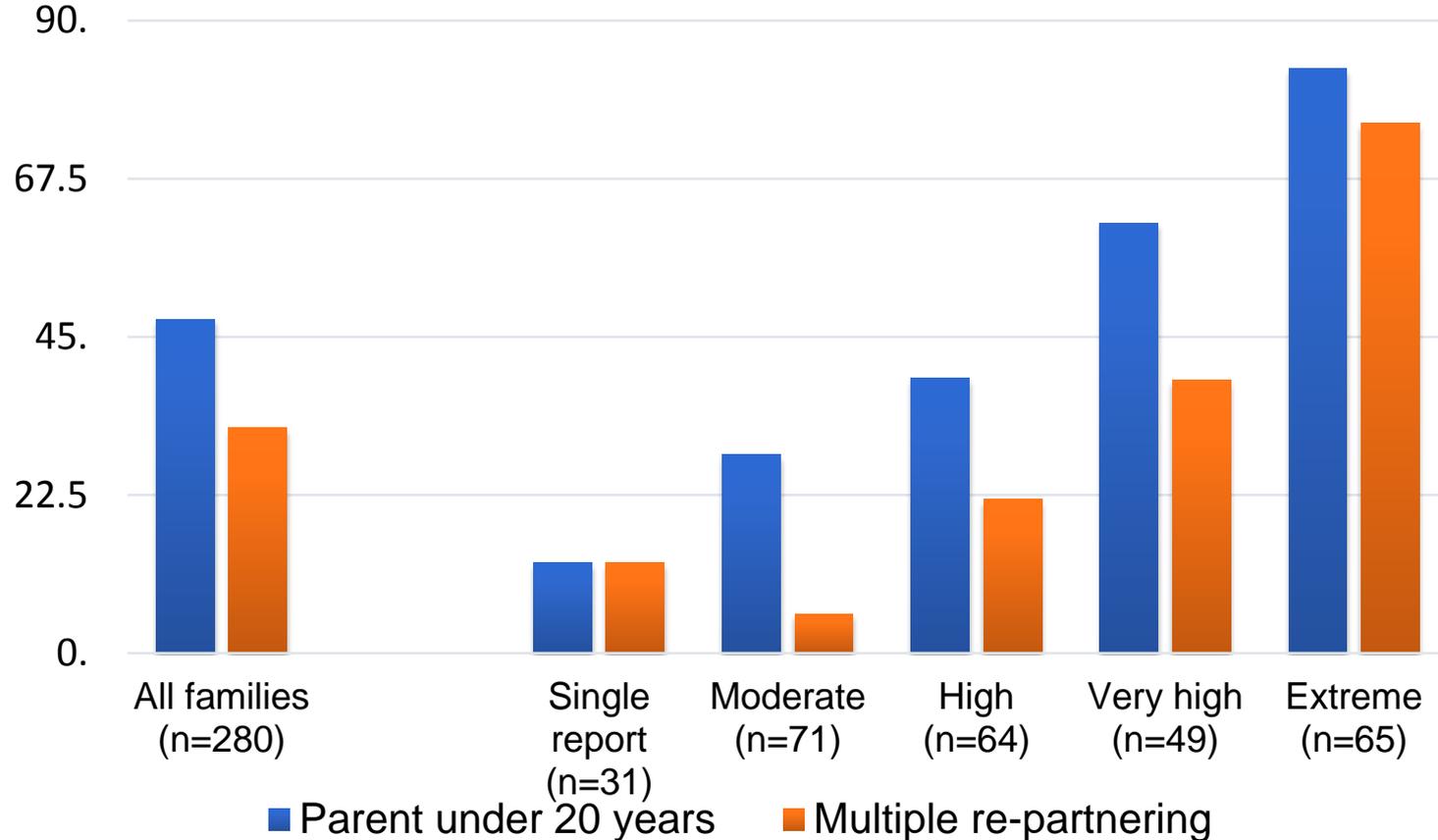
Family Characteristics

Average number of children in the family



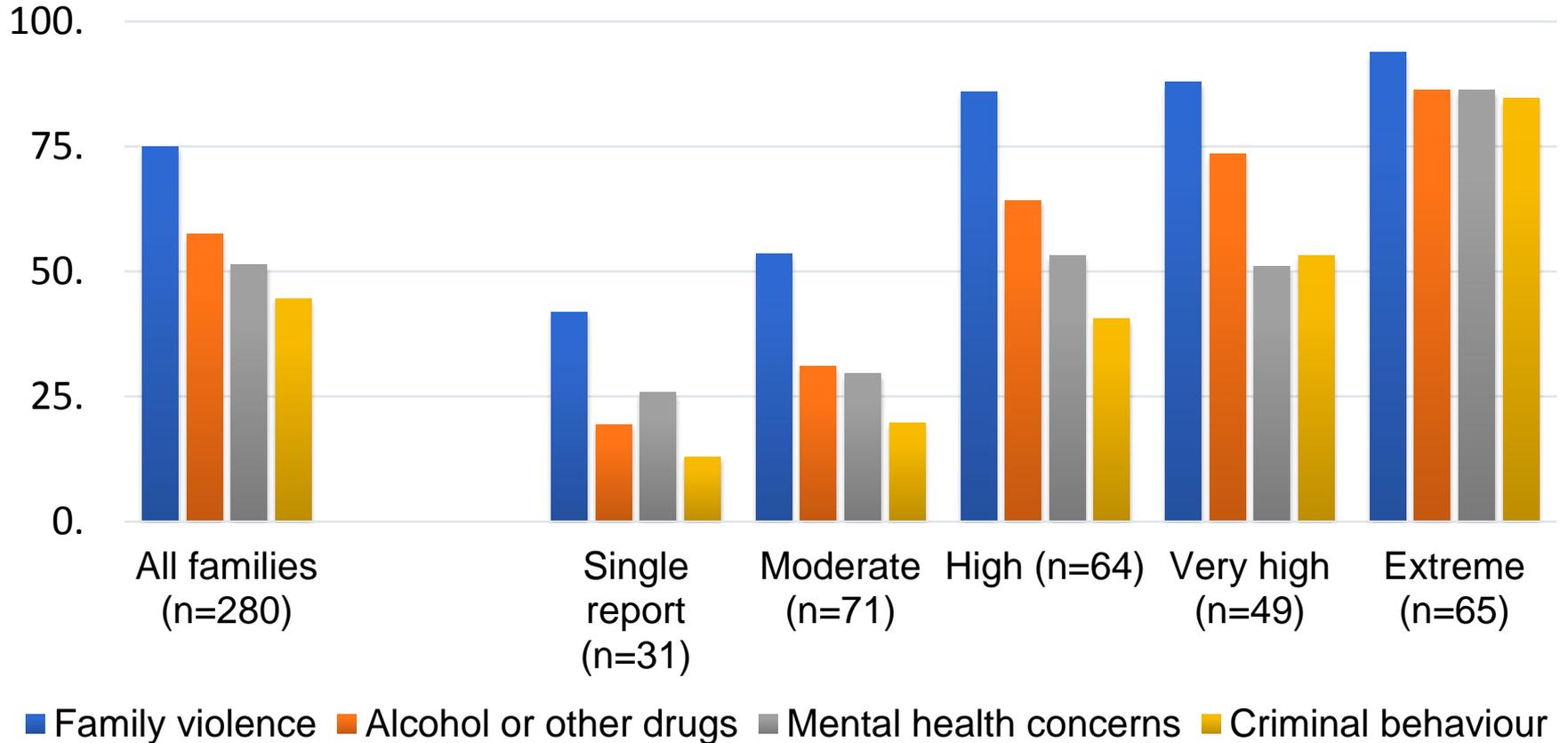
Family Characteristics

Parent under 20 years during first pregnancy and multiple re-partnering



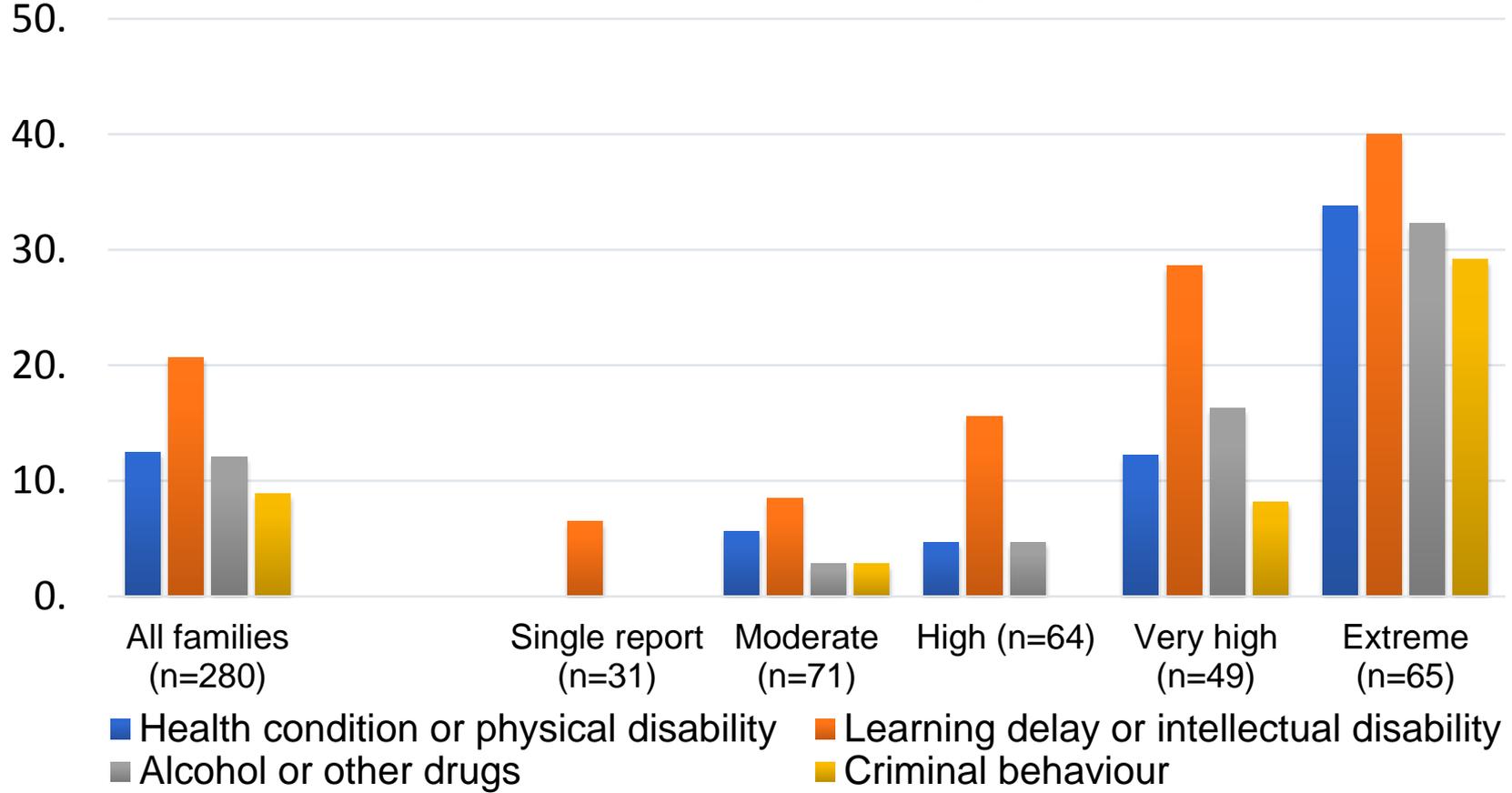
Family Characteristics

Parental risk factors for repeatedly involved families



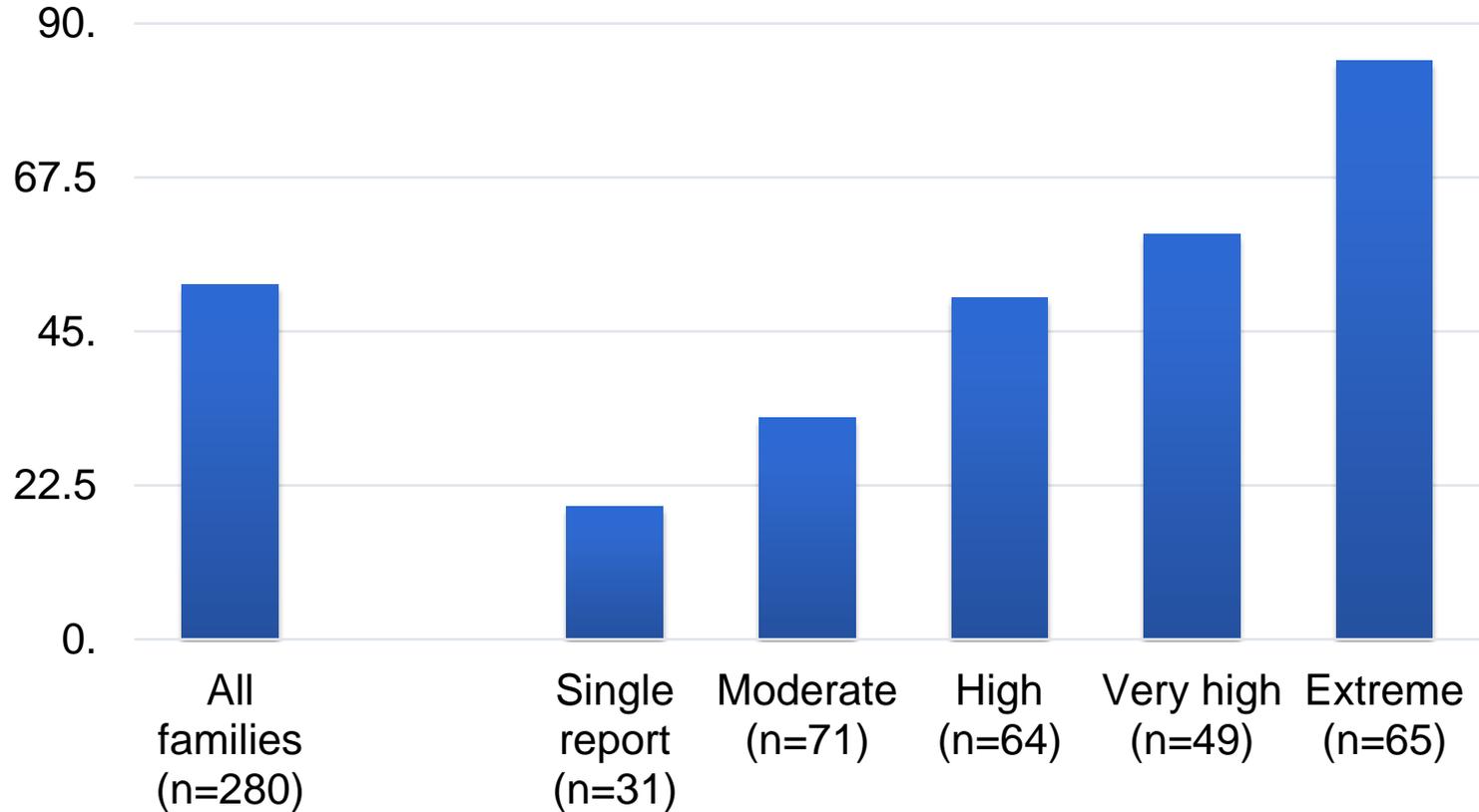
Factors Identified at the Child Level

Outcomes of child trauma or factors conveying vulnerability for children



Factors Identified at the Child Level

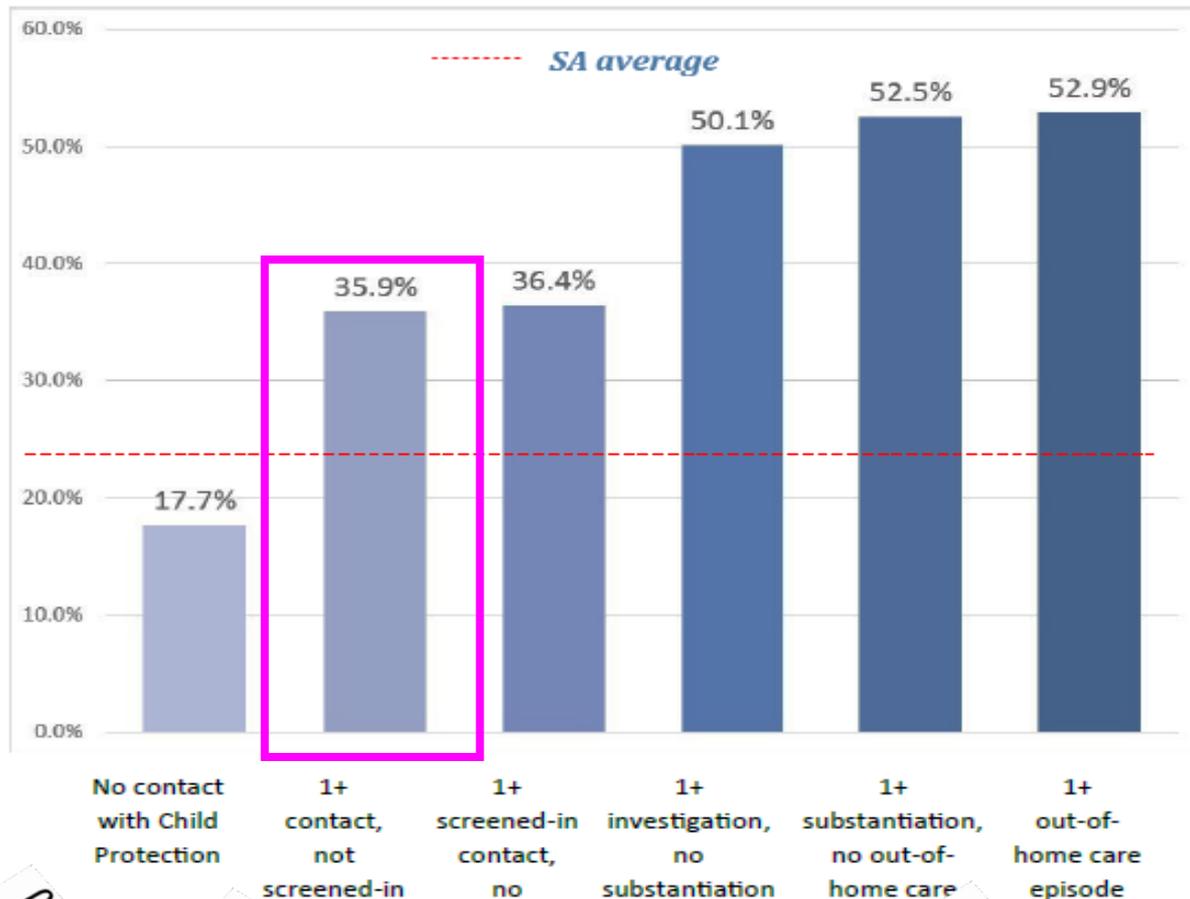
Child and adolescent mental health or behavioural problem



Vulnerability on the AEDC and CP

University of Adelaide
BetterStart: Child Health and Development Research Group

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





Conclusions

- Families with higher involvement had correspondingly higher levels of risk factors and adverse child outcomes
- Population data supports CFR data
- Reporters accurately identifying children and families of greatest concern





Conclusions

- Repeat involvement is very high and is associated with poor outcomes
- Almost all families had repeat involvement
- 1 in 4 families had a pattern of extreme involvement
- Families with high levels of repeat involvement families share many characteristics: helps to target early intervention and prevention





Implications

- CFR1 and 2 demonstrates importance of young / first time parents
- If don't prevent escalation in this group, trajectory is for multiple children and extreme involvement
- Prevention potential is huge
 - Reduce pregnancy rates for teens with maltreatment/trauma history
 - Interventions for young parents with trauma histories
 - Must also be designed to respond to DFV, AOD
 - Delaying birth of subsequent chn for 1st time adolescent parent





Implications

- Families with multiple children, chronically involved with CP
 - High quality, intensive (not extended) intervention for parents
 - Designed for clients experiencing DFV, AOD, MH
 - Culturally competent
- Inter-generational trauma and abuse
 - Focus on chn in extreme involvement families
 - Interventions to reduce adverse child outcomes
 - Cycles of violence - Prevent their becoming future generation of parents involved with CP





Implications

- Reforming child protection triage and assessment
 - Limitations of an incident-based system in identifying and responding to cumulative risk and harm
 - Incident-based systems exacerbate repeat involvement: key warning signs of escalating risk and harm are less likely to trigger a statutory investigative response
 - Allocates families to Intervention based on incident not familial characteristics





Key Messages

- Reporters calling child protection call centres are reliable
- 1 in 4 really is 1 in 4
- Child Protection is a story of chronic involvement
 - Not just for children, but for families
 - Inter-generational/ complex trauma
- Current CP screening and triage grows rather than reduces the problem
- Our current early intervention and prevention efforts are based on the wrong assumptions





*“Where there is no vision,
there is no hope”*



Commissioner for Children and Young People
Western Australia

Professor Leah Bromfield

Co-Director

Australian Centre for Child Protection

University of South Australia

Leah.Bromfield@unisa.edu.au



University of
South Australia

Australian Centre
for Child Protection



Commissioner for Children and Young People
Western Australia

VULNERABILITY SPEAKER SERIES

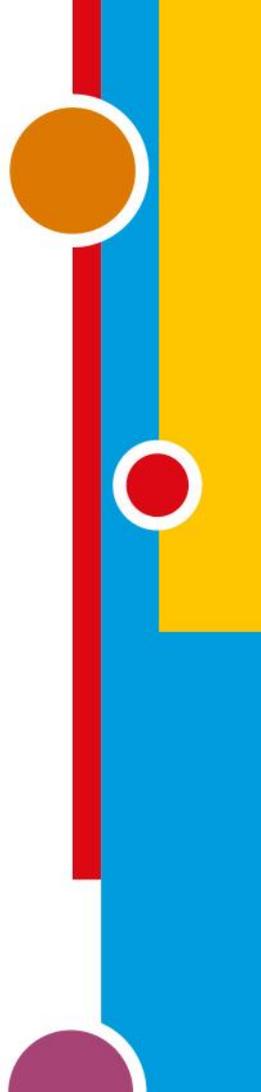
Questions





Thank you to Principal Partner

RioTinto





Next Vulnerability Speaker Series seminar:
Improving wellbeing outcomes for Aboriginal children
24 August 2018. Book through ccyp.wa.gov.au

Other Commissioner's events:

Harmful sexual behaviours seminar

12 June 2018. Book through ccyp.wa.gov.au

Contact



info@ccyp.wa.gov.au



[@CCYPWA](https://twitter.com/CCYPWA)