Toward a Public Health Approach to Child Protection: Obstacles and Opportunities

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History of Child Protection

• **First wave** – late nineteenth century “child rescue movement” for destitute and neglected children, with the State assuming a guardian role.

• **Second wave** – 1960s “battered baby syndrome” and 1980s child sexual abuse, leading to forensic models and risk assessment emphasis, with the State assuming a screening/surveillance role.

• **Third wave?** – twenty-first century public health and whole of government approach, with State assuming a ‘responsive regulation’ role?
We need to rethink policy because:

1. The prevalence and long term effects of child abuse are so serious (The Lancet 2009 Special Issue).

2. The current “cure” of removing children is harming many children (Doyle, 2007; Rubin et al 2007).

3. Demand has outstripped the capacity of child protection systems.
Child rescue can hurt children

In the US Rubin, O’Reilly, Luan & Localio (2007) followed 729 children for first 18 months in foster care and found a high level of placement instability. This was strongly associated with a child’s behavioural problems at 18 months, regardless of the level of behavioural problems on entering care. The risk of iatrogenic emotional abuse is thus very significant in placing children.
Child rescue can hurt children

Data linkage study of 45,000 Illinois child protection cases. Compared children at similar risk level where some were placed in foster care and others remained at home. School aged children on margin of placement had lower adult arrest rates, lower teen pregnancy rates and better employment when remaining at home.

Doyle, National Bureau of Economic Research, 2007
Unsustainable systems – SA study

• All babies born in South Australia in 1991, 1998 and 2002 were tracked (Hirte et al 2008)
• 22.5% (one in 4.5 children) of the 1991 cohort had been notified to child protection authorities by age 16 (one in two Aboriginal children!)
• 5.6% of 1991 cohort (1 in 4 of the notifications) were ‘substantiated’.
• The trend for 1998 and 2002 cohorts is even more dramatic
Figure 20: Cumulative percentage of children with a notification for children born in 1991, 1998 and 2002
Number of children aged 0-17 years in out-of-home care, nationally, 30 June 1998 to 30 June 2008
Who are these families?

There is now compelling evidence that families whose children are involved with statutory child protection services have multiple and complex needs, and that the level of complexity increases across the spectrum from referral to placement in out of home care.
New South Wales

The most common issues known in relation to reports to child protection services in 2005-06:

- Domestic violence 32.0%
- Drug and alcohol 20.4%
- Drug issues only 11.6%
- Alcohol issues only 10.3%

(DoCS, 2007)
Victoria

In 2000-01 substantiated cases of child maltreatment (mostly neglect and emotional abuse):

- Domestic violence 52%
- Illicit drug Abuse 33%
- Alcohol abuse 31%
- Psychiatric Disability 19%

(sums to more than 100% due to many parents having more than one characteristic)
South Australia

In a sample of 99 children first entering care in 2006, parental substance dependence was known in 75 cases, and these cases also had much higher incidence of:

- Mental health problems (65.3%)
- Domestic violence (69.3%)
- Homelessness (28%)

(Jeffreys, Hirte, Rogers & Wilson, 2009)
Where to from here?
Figure 3: Responsive Regulation Model of Prevention and Intervention in Child Abuse and Neglect (modified from the Allen Consulting Group, 2003 based on the model by Ayres and Braithwaite, 1992).46
Public Health Approaches (Baum 2002)

• Require knowledge of the prevalence (actual extent) of a condition not just incidence (eg number of reported cases).

• Require measurement of changes over time on the basis of prevalence measures or proxy measures.

• Depend on epidemiology as a core discipline and good data linkage systems.
A public health approach requires knowledge of:

- Classification, diagnosis, prevalence and incidence
- Aetiological research – risk and protective factors, causal mechanisms, and outcomes
- Intervention and evaluation research – what works for whom in what settings
- Effectiveness of implementation and dissemination efforts
Supervisory Neglect

Fatalities and injuries to young children (eg ingestions, burns, drowning) successfully addressed in 1960s-1990s by an integrated population based approach:

- Legislation to reduce exposure to risk (labelling of poisons, inflammable nightwear, pool fences)
- New technologies to reduce risk (eg tamper-proof medications, plugs in electric sockets)
- Social marketing to change caregiving norms
Building on this …

Use hospital admission data for 0-1 years re ingestions, burns and falls – breakdown to areas and implement localised ‘keep our kids safe’ campaign

– Primary eg local papers, schools
– Secondary eg GPs, health visitors
– Tertiary eg case based intervention
Child sexual abuse (Smallbone, Marshall & Wortley, 2008)

• Defining child sexual abuse and identifying prevalence (retrospective surveys)

• An integrated theory
  – Biological foundations
  – Developmental influences
  – Ecosystemic factors
  – Situational factors

• Targets for intervention: offenders, victims, situations, communities
A public health approach does not mean

- “going soft” on abuse
- making children responsible for behaviour change or prevention
- focussing solely on primary prevention or health promotion
- that child protection is the health authority’s job
- that we can’t act until we have complete understanding
Underlying social determinants

Need to target strategies to reduce risk factors and enhance protective factors

– Poverty (risk)
– Parental substance misuse (risk)
– Mental illness (risk)
– Parent-child attachment (protective)
– Spacing between births (protective)
– Social capital and social support (protective)
Example of reducing a risk factor

Parental alcohol abuse is very prevalent - 13.2% of Australian children live in households with at least one binge drinking adult (Dawe et al 2008), and it is a major contributory factors in all forms of child abuse and neglect, with over 50% of children entering State care having at least one parent with an alcohol problem (Jeffreys et al 2009).
Parental alcohol abuse

*Primary prevention*

- volumetric taxing, periodic steep price increases, advertising bans, social marketing campaigns, reduced availability of high alcohol products

*Secondary Prevention*

- Ante-natal screening/referral, GP intervention

*Tertiary Prevention*

- Specialist treatment, under court order if necessary where there are child protection concerns (eg special drug courts).
Example of Strengthening a Protective Factor

Parent attachment to a child is a strong protective factor in relation to child abuse and neglect, and motivates parents to protect and care for children. A child’s capacity for attachment is central to good peer relations and moral development. Attachment is governed by complex bio-psycho-social mechanisms.
Intervening to enhance parent-child attachment

Primary Prevention
• Promote breastfeeding; use ultrasound consultations purposively; paid parental leave; reduce disruptions to attachment.

Secondary Prevention
• Attachment based intervention with ‘at risk’ parent-infant dyads (eg nurse home visiting)

Tertiary Prevention
• Specialised therapy for attachment disorders
Families at risk of violence
Disability
Targetted children’s services
Homelessness services
Drug and alcohol services
Mental Health Issues
Children in need of placement

Universal Prevention for all Children/Families
Targeted Prevention and Intervention for Vulnerable Families

Child Protection Intervention
Service System Reform Strategies

1. Build capacity within both ‘child’ and ‘adult’ sectors for child and family sensitive practice.
2. Build bridges between sectors.
3. Enhance organisational culture and climate.
Building Capacity to “think child, think family in all services and sectors

1. Broadening universal child-focussed services so that they are family centred
   eg. Health visitor services, early childhood education and care services, primary schools

2. Broadening targetted adult-focussed services so they are family centred
   eg Drug and alcohol, corrections, family violence, mental health, disability, homelessness, refugee services etc
Factors to Consider

Policy Context

Organisational Setting

Individual Practitioner
Obstacles and Opportunities

Obstacle: ‘Whole of Government’ approach is required and this is difficult

Opportunity: Potential for “Joined up” place based initiatives in some domains under Social Inclusion agenda, and interrelated policies eg National Framework for Protecting Australia’s Children, Homelessness White Paper, Violence against Women and Children
Obstacles and Opportunities

**Obstacle:** Vested Interests eg liquor industry and governments dependent on alcohol revenue to population based measures such as volumetric taxing, advertising bans

**Opportunity:** Possible coalition of health, criminal justice and child welfare interest groups, and emergence of shift in public attitudes to alcohol abuse
Media sensationalism

**Obstacle:** negative publicity and politicisation of child protection typically drive policies in wrong direction, increased netwidening and exacerbate recruitment and retention

**Opportunity:** Wood Commission of Inquiry illustrates that a turning point may be possible; extreme demand pressures have potential to propel reform
Obstacles and Opportunities

**Obstacle:** Knowledge deficits to underpin population based approaches

**Opportunity:** improved opportunities for data linkage to illuminate common causal pathways of a range of costly social problems; improved cost effectiveness data on interventions to support government priority setting in funding
“Maltreatment is one of the biggest paediatric public-health challenges, yet any research activity is dwarfed by work on more established childhood ills” (Editorial 2003, 443)
... and sustaining our hope that change is possible
References


Department of Community Services (2007), Annual Statistical Report 2005-06

Department of Human Services (2002), An Integrated Strategy for Child Protection and Placement Services, Melbourne: Community Care Division


Graycar, A. (2006) Public Policy: Core Business and By-Products, Public Administration Today, July-September, pp.6-1
References (continued)


Useful websites

www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk.aspx for Think Family initiative and literature review

www.ag.gov/cca for Protecting Children is Everyone’s Business, National Framework for Protecting Australia’s Children

www.aihw.gov.au for annual reports on Australian child protection systems’ data