University of South Australia | Australian Centre for Child Protection

Australian Centre for Child Protection's

20th Birthday Symposium

#ACCP20yrs #ACCP #ChildProtection

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Opening

Australian Centre for Child Protection's 20th Birthday Symposium

University of South Australia | Australian Centre for Child Protection

9.30am - 10.45am ACDT

7.00am - 8.15am AWST

10.00am - 11.15am AEDT

Outline

- Canadian Child Welfare Systems & Context
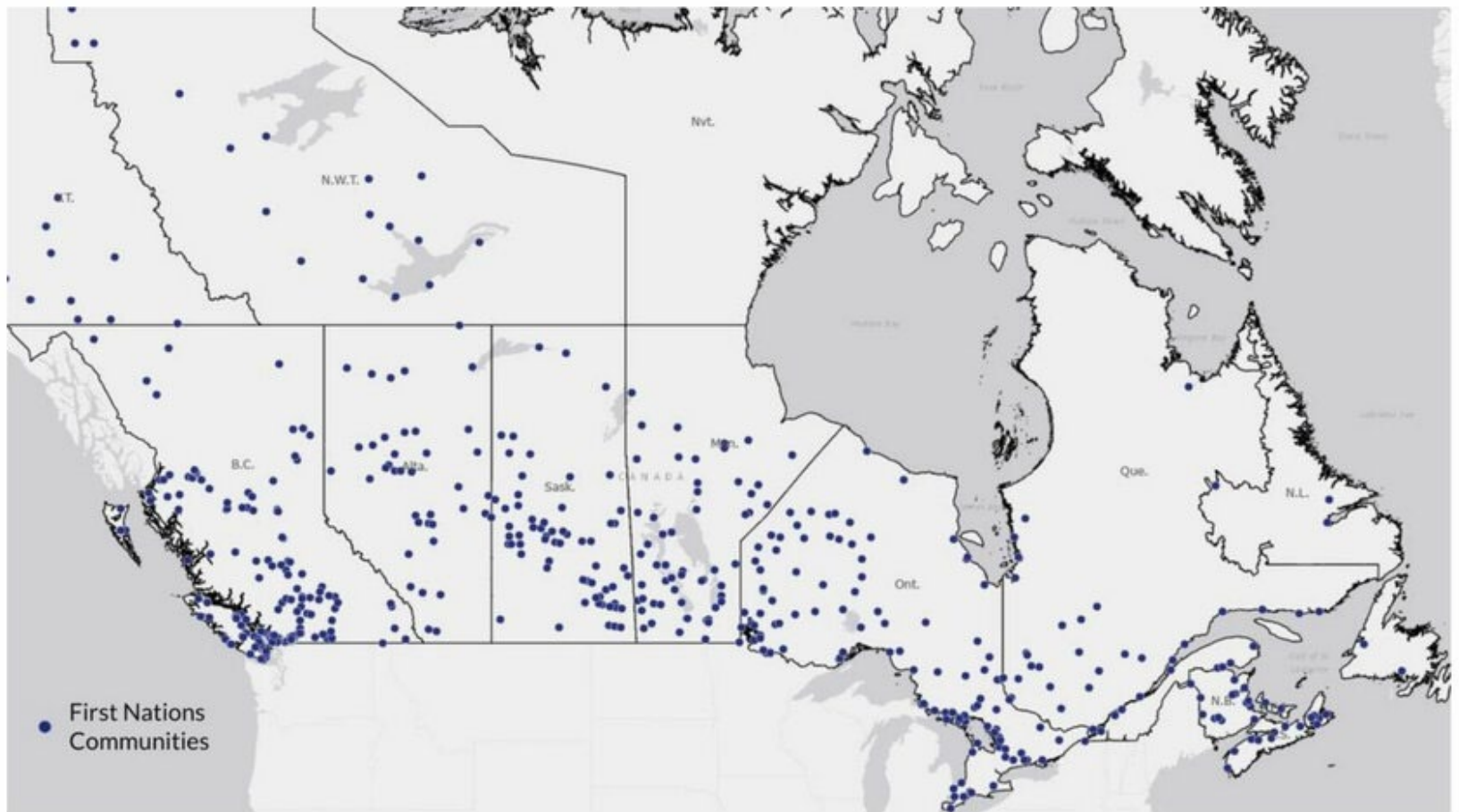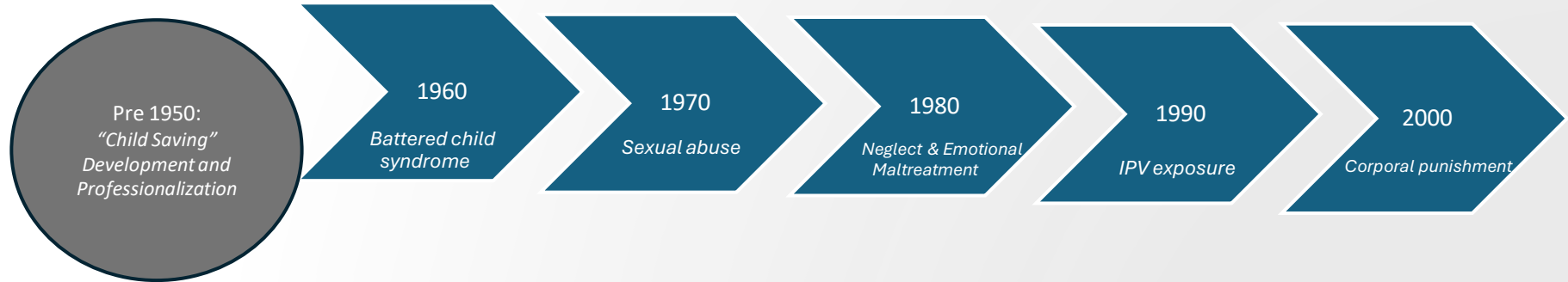- What do we know about system efficacy and justice?
- Challenging Constructs
- Time to Stop Admiring the Problem

First Nations Communities

Historical context

Pre 1950:
"Child Saving"
Development and
Professionalization

1960

Battered child syndrome

1970

Sexual abuse

1980

Neglect & Emotional Maltreatment

1990

IPV exposure

2000

Corporal punishment

What would you do?

- 10-year-old boy reports that his parents threatened to shoot him with a BB gun

- An 11-year-old boy is playing with weapon unsupervised. There are unsafe housing conditions (broken glass, flammable materials) and his 14-year-old sister was locked in garage

- Relative called to report physical altercation between father and his sister in front of 7-year-old child. Child tried to intervene and was pushed

- 10-year-old boy left in a parking lot. Bystander found him and returned him to his parents, who had not realized that the child was missing for four hours

- School called to report that siblings (age 14 and 17), were engaging with strangers on the internet who professed sexual fetishes

> "So often in child welfare, we codify the wrongdoing at the level of the parent," says **Dr. Cindy Blackstock**, who is also now a professor at McGill's School of Social Work. "And I will hold parents' feet to the fire for things they can change. But in so many of these cases, it's actually things beyond their control. This type of data allows us to push for change at those systemic levels often held within government policies and legislation."

A bitter truth: 30 years of child welfare data collection reveals deep systemic inequities, racism and harm

Posted on March 8, 2023
Categories: Alumni + Friends, Barbara Fallon, Faculty, Research

In 2007, the **First Nations Child and Family Caring Society of Canada** (the Caring Society) and the Assembly of First Nations filed a complaint under the Canadian Human Rights Act, arguing that the Government of Canada's inequitable provision of child welfare and other services to 163,000 First Nations children was discriminatory on the grounds of race and national ethnic origin.

"Since Confederation, First Nations children have been separated from their families through state action — first through residential schools, then through the Sixties Scoop, and now through contemporary child welfare," says Cindy Blackstock (PhD, 2009), Executive Director of the Caring Society, who co-led the Human Rights complaint.

The case provided clear evidence that First Nations children on reserves and in the Yukon received significantly less government funding for child welfare and public services than other children across the country. It alleged that this funding gap was contributing to unnecessary child removals and other harms, with Canada-wide data revealing how First Nations children were being removed from their homes at disproportionate rates.

"It confirmed what First Nations people have known for a long time," says Blackstock. "That their children are being removed at overrepresented rates, for structural reasons largely beyond the ability of caregivers to influence on their own."

While these families were grappling with poverty, poor housing, caregiver mental health issues, addictions, and domestic violence — "all things that flowed from Canada's abusive treatment towards First Nations children," notes Blackstock — the child welfare system was responding by taking their children away.

https://socialwork.utoronto.ca/news/a-bitter-truth-30-years-of-child-welfare-data-collection-reveals-deep-systemic-inequities-racism-and-harm/
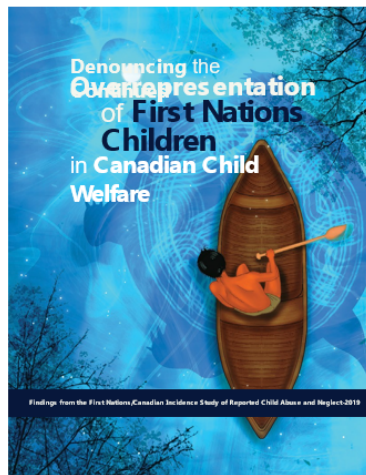
Challenges in Child Welfare

- Overinclusion
- Under-inclusion
- Capacity
- Service Orientation
- Service Delivery

FN/CIS 2019 Knowledge Dissemination Products
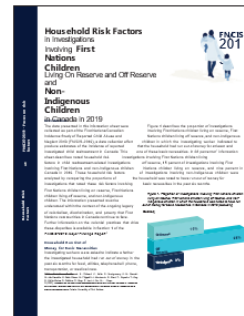
CIS 2019 **Findings**

Disparity Index by Ethno-racial Category for Investigated Children (0-15yrs) in Canada in 2019
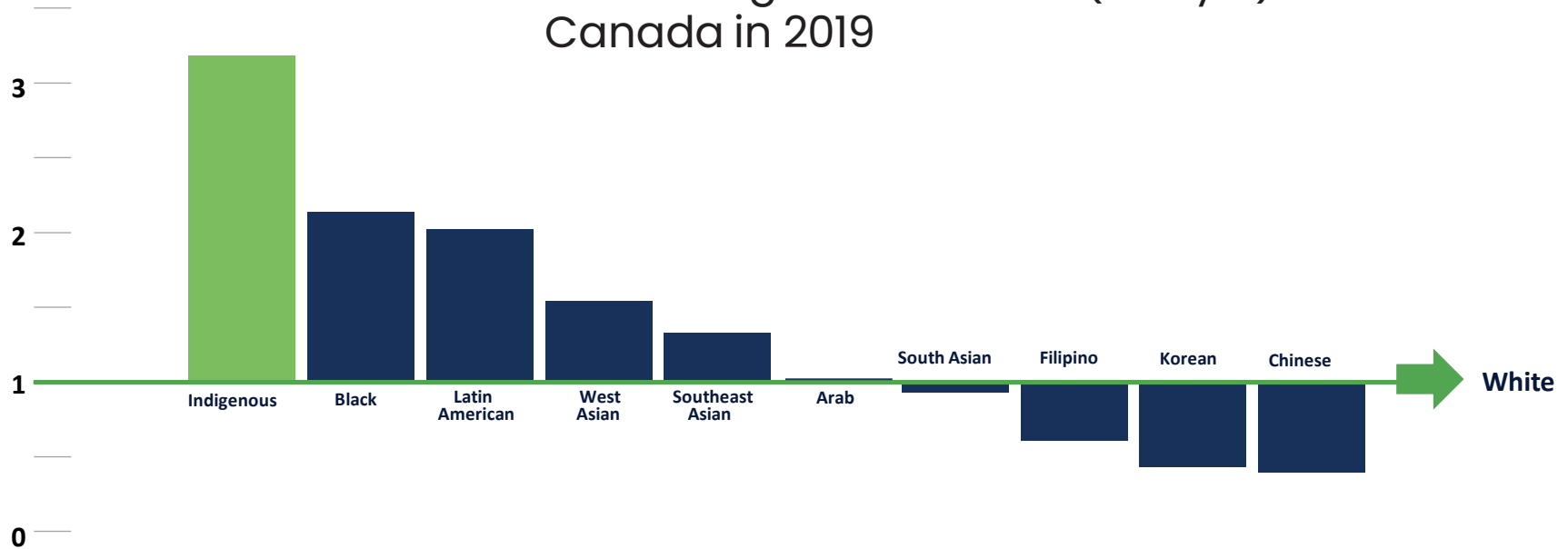
FN/CIS 2019 Findings

Overrepresentation Builds Across Service Dispositions Made During Investigation

Formal Out-of Home Care
17.2x higher

Court Application
10.5x higher

Transferred to Ongoing Services
6.6x higher

Substantiation
4.7x higher

Investigation
3.6x higher

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect-2018

Mashkiwenmi-daa Noojimowin:
Let's Have Strong Minds for the Healing

Amber Crowe, MSW, J.D. and Jeffrey Schiffer, Ph.D

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect-2018 Research Team: Sara Fallon, Emmaline Houston, Tara Black, Rachael Lefebvre, Joanne Filippelli, Nicolette Joh-nella, Nico Trocmé

Overrepresentation Builds Across the Investigation Cycle – First Nations Children in FNOIS-2023

Data are embargoed and not yet publicly available

Rate of First Nations child investigations (0-17):

Placement
14.3x
higher

Court
Application
8.3x
higher

Transferred
8.8x
higher

Investigation
4.8x
higher
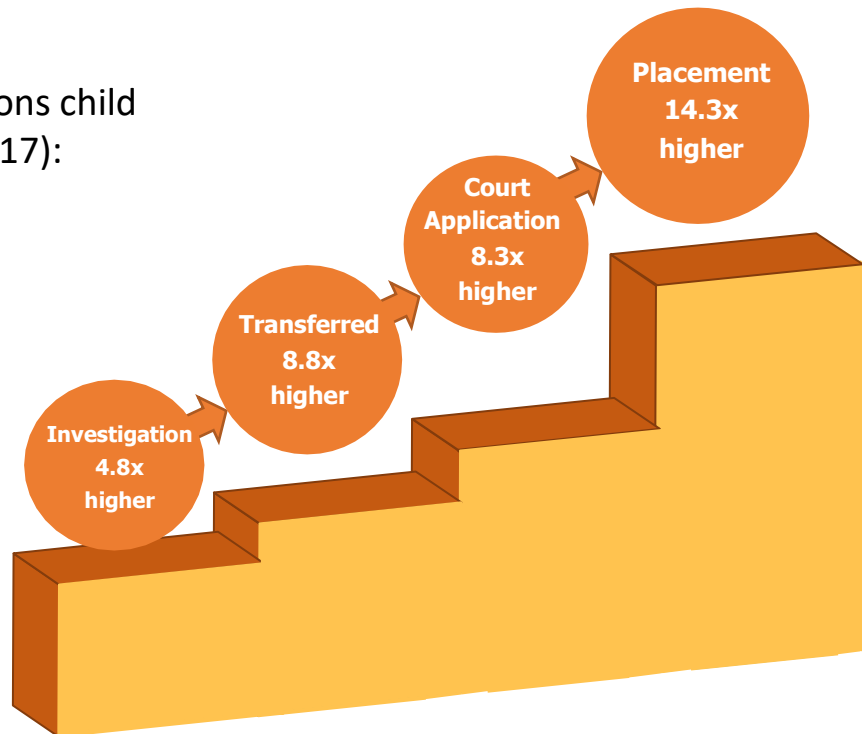
than the rate of child investigations involving non-Indigenous children (0-17)

UNDERSTANDING THE OVER-REPRESENTATION OF BLACK CHILDREN IN ONTARIO CHILD WELFARE SERVICES

By: Nicole Bonnie, MSW, RSW and Keishia Facey, MA

Research Team: Bryn King, Barbara Fallon, Nicolette Joh-Carnella, Travonne Edwards, Miya Kagan-Cassidy, Tara Black, Kineesha William, Vania Patrick-Drakes & Chizara Anucha

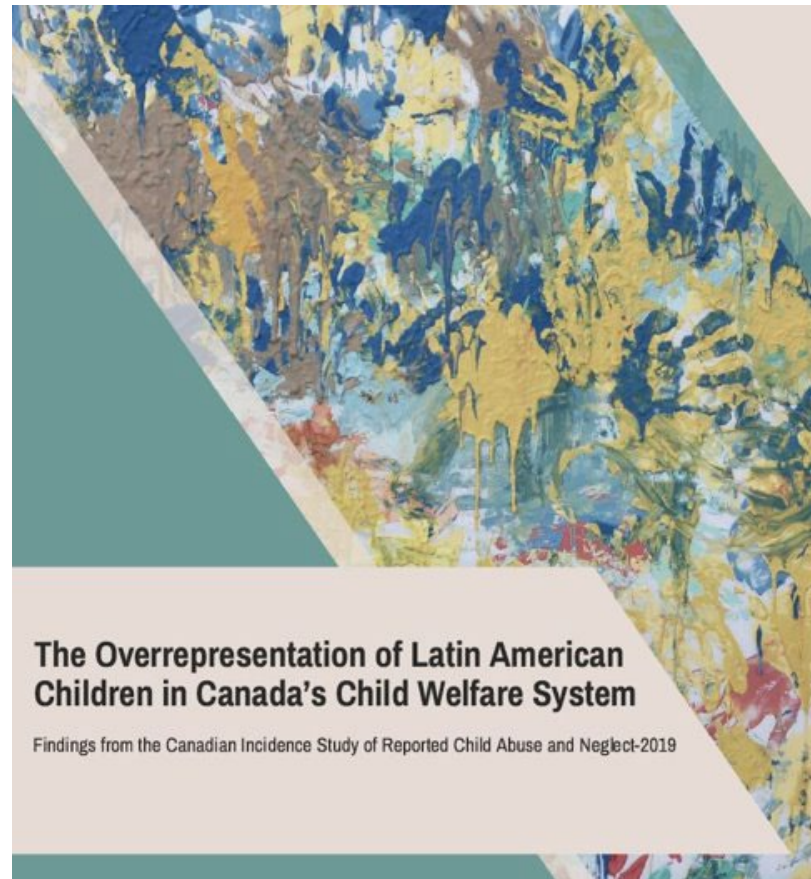ONE VISION ONE VOICE OVOV

FACTOR-INWENTASH
FACULTY OF SOCIAL WORK
UNIVERSITY OF TORONTO

The Overrepresentation of Latin American Children in Canada's Child Welfare System

Findings from the Canadian Incidence Study of Reported Child Abuse and Neglect-2019

Child Abuse & Neglect

ELSEVIER

Placement decisions and disparities among aboriginal groups:
An application of the decision making ecology through
multi-level analysis

John D. Fluke [a,*], Martin Chabot [b], Barbara Fallon [c], Bruce MacLaurin [d], Cindy Blackstock [e]

[a] Child Protection Research Center, American Humane Association, Centennial, CO, USA
[b] Centre for Research on Children and Families, McGill University, Montreal, Canada
[c] Factor-Inwentash Faculty of Social Work, University of Toronto, Ontario, Canada
[d] University of Calgary, Calgary, Canada
[e] First Nations Child and Family Caring Society, Ottawa, Canada

Exploring alternate specifications to explain agency-level effects in
placement decisions regarding aboriginal children: Further analysis
of the Canadian Incidence Study of Reported Child Abuse and
Neglect Part B

Martin Chabot [a,*], Barbara Fallon [b], Lil Tonmyr [c], Bruce MacLaurin [d],
John Fluke [e], Cindy Blackstock [f,g]

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[b] Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, Ontario, Canada M5S 1V4
[c] Public Health Agency of Canada, 200 Eglantine Driveway, A.L. 1910D, Ottawa, Ontario, Canada K1A 0K9
[d] Faculty of Social Work, University of Calgary, 2500 University Dr. NW, Calgary, Alberta, Canada T2N 1N4
[e] Child Protective Services Research Center, American Humane Association, and Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, University of Colorado, 13123 East 16th Avenue, B390 Aurora, CO 80045, USA
[f] First Nations Child and Family Caring Society of Canada, Suite 302, 251 Bank Street, Ottawa, Ontario, Canada K2P 1X3
[g] Faculty of Extension, University of Alberta, 10230 Jasper Ave, Edmonton, Alberta, Canada T5J 4P6

Child Abuse & Neglect

ELSEVIER

Placement decisions and disparities among Aboriginal children:
Further analysis of the Canadian incidence study of reported child
abuse and neglect part a: Comparisons of the 1998 and 2003 surveys

Barbara Fallon [a,*], Martin Chabot [b], John Fluke [c], Cindy Blackstock [d,e], Bruce MacLaurin [f],
Lil Tonmyr [g]

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[e] Faculty of Extension, University of Alberta, 10230 Jasper Ave, Edmonton, Alberta, T5J 4P6, Canada
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Research article

Exploring alternate specifications to explain agency-level
effects in placement decisions regarding Aboriginal children:
Further analysis of the Canadian Incidence Study of Reported
Child Abuse and Neglect Part C

CrossMark

Barbara Fallon [a,*], Martin Chabot [b], John Fluke [c], Cindy Blackstock [d,e], Vandna
Sinha [b], Kate Allan [a], Bruce MacLaurin [f]

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[b] Centre for Research on Children and Families, McGill University, Suite 106, Wilson Hall, 3506 University Street, Montreal, Quebec, Canada H3A 2A7
[c] Child Protective Services Research Center, American Humane Association, and Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, University of Colorado, 13123 East 16th Avenue, B390 Aurora, CO 80045, USA
[d] First Nations Child and Family Caring Society of Canada, Suite 302, 251 Bank Street, Ottawa, Ontario, Canada K2P 1X3
[e] Faculty of Extension, University of Alberta, 10230 Jasper Avenue, Edmonton, Alberta, Canada T5J 4P6
[f] Faculty of Social Work, University of Calgary, 2500 University Drive, NW, Calgary, Alberta, Canada T2N 1N4

First Nations children and disparities in transfers to ongoing child welfare services in Ontario following a child protection investigation

Jennifer Ma[a,*], Barbara Fallon[a], Ramona Alaggia[a], Kenn Richard[b]

[a] Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, ON M5S 1V4, Canada
[b] Native Child and Family Services of Toronto, Toronto, ON, Canada

ARTICLE INFO

ABSTRACT

First Nations children are overrepresented in the Ontario child welfare system and there are disparities across decision points in the investigation process (Ma, Fallon, & Richard, *Child Abuse & Neglect*, 90 (2019), 52–65). The current study comprises a secondary analysis of the 2013 Ontario Incidence Study of Reported Child Abuse and Neglect and focuses on the decision to provide ongoing child welfare services. Specifically, identifying the drivers of the decision to transfer a case to ongoing services, and how these factors vary between investigations involving First Nations children and investigations involving White children. Overall, the results indicate that caregiver functioning concerns were the main drivers for workers' decisions to transfer cases to ongoing services. The functioning concerns identified for First Nations children and their caregivers are a result of colonization and the legacy of the residential school system. In the current study, ethno-race was not found a predictive factor; rather, it may affect service provision through differential decision-making for specific groups of children and youth. Cases involving First Nations children were more likely to have been previously opened and re-opened for investigation sooner. It appears that First Nations families are not receiving the services necessary to prevent re-entry into the system.

The overrepresentation of First Nations children in the Ontario child welfare system: A call for systemic change

Ashley Quinn[a], Barbara Fallon[a], Nicolette Joh-Carnella[a,*], Marie Saint-Girons[b]

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[b] Centre for Research on Children and Families, McGill University, Suite 106, Wilson Hall, 3506 University Street, Montreal, Quebec H3A 2A7, Canada

ARTICLE INFO

ABSTRACT

First Nations children are overrepresented in the Canadian child welfare system as a result of generations of colonial practices that have systematically separated First Nations children from their families. In recent years in Ontario and Canada, changes to policies and practice guidelines have been aimed at ameliorating outcomes for First Nations children and families involved with the child welfare system. Given the significant changes made to policy and practice between the 2013 and 2018 cycles of the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS), this paper examines if the disparities in child welfare service dispositions persisted for First Nations children between study cycles. Secondary analyses of the OIS-2013 and OIS-2018 were conducted. Descriptive information on investigations involving First Nations children in Ontario in 2018 is presented along with two logistic regressions predicting placement in 2013 and 2018. When controlling for child, caregiver, household, and investigation characteristics, investigations involving First Nations children were approximately two times as likely to result in an out-of-home placement compared to investigations involving White children in both 2013 and 2018. Despite significant policy and practice changes that were implemented in the intervening five years between study cycles, the disparity in placement rates documented in Ontario in 2013 remained in 2018. Systemic re-structuring of Ontario child welfare is required to address this overrepresentation, and the existing forensic investigation model needs to be replaced with a more supportive, community-based, and prevention-focused model.

Dual Mandate of Child Welfare

- The dual mandate of child welfare to **address acute safety risks** and **long-term well-being** is recognized in legislation

- According to the *Child, Youth, and Family Services Act*, 2017: "The paramount purpose of this Act is to promote the **best interests**, **protection** and **well-being** of children."
(CYFSA, 2017, SO 2017, c. 14, Sched. 1, Part I, 1(1))

  - This takes into consideration: the child's physical, spiritual, mental and developmental needs of the child; their race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, sex, sexual orientation, gender identity, and gender expression; and that First Nations, Inuit, and Métis peoples are entitled to provide their own services, and all services to First Nations, Inuit, and Métis children in a manner that recognizes their cultures, heritages, traditions, connection to their communities, and concept of extended family. These are in addition to other child-oriented considerations. (*CYFSA, 1(2).)*

Total Incidence of Urgent Protection and Chronic Need Investigations in Ontario 1993-2023

Rate Per 1,000 Children
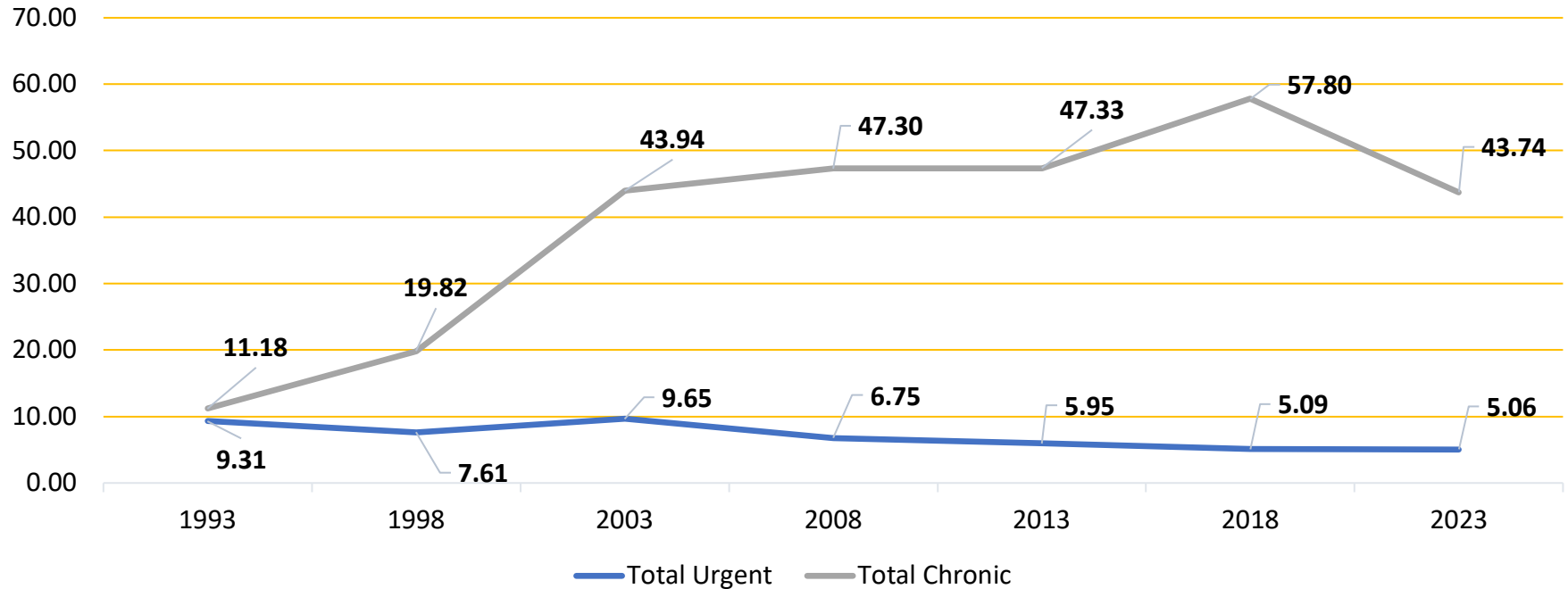
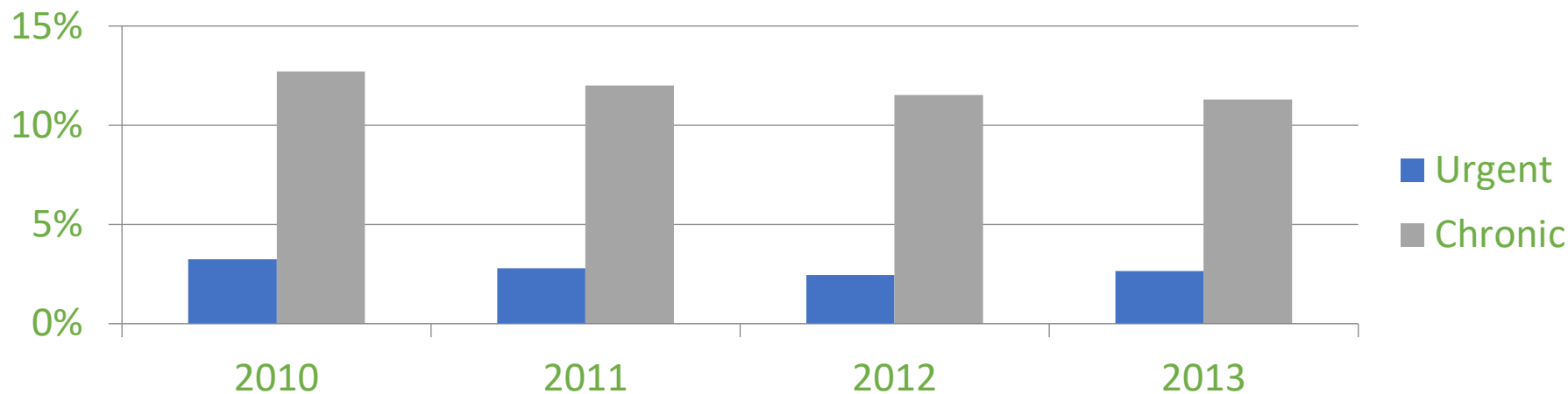# Recurrence of Child Protection Concerns for Cases Closed at Investigation - 7 Agencies (OCANDS)

The more we change the more we stay the same: Canadian child welfare systems' response to child well-being

Barbara Fallon [a], Nicolette Joh-Carnella [a,*], Emmaline Houston [a], Eliza Livingston [a], Nico Trocmé [b]

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ARTICLE INFO

ABSTRACT

Background: Child welfare services in Canada are guided by a dual mandate: to protect children from imminent harm and to promote their optimal development and well-being. To understand how child welfare systems respond to this dual mandate, Trocmé et al. (2014) developed a taxonomy to classify child welfare investigations as either being related to urgent protection or chronic needs.
Objective: To extend Trocmé et al.'s (2014) analysis using data from the Canadian Incidence Study of Reported Child Abuse and Neglect 2019 (CIS-2019).
Participants and setting: The CIS-2019 employs a file review methodology to collect information on child maltreatment-related investigations conducted in Canada in 2019. The study's unweighted sample included 41,948 investigations involving children aged 0–15 years.
Methods: Secondary analyses of the CIS-2019 were conducted including frequency counts and bivariate analyses.
Results: Ninety percent of investigations conducted in Canada in 2019 were focused on concerns related to chronic needs. Most investigations (90.9 % of urgent protection investigations and 98.3 % of chronic needs investigations) did not involve physical harm to the child. Urgent protection investigations were less likely to have been previously investigated and more likely to be substantiated, involve a child welfare court application, or involve a placement in out-of-home care.
Conclusions: Most child welfare investigations in Canada continue to be focused on chronic needs. Yet, the investigation response seems designed to respond to urgent protection concerns. A truly differential model is needed to appropriately respond to the dual mandate of Canadian child welfare services and better serve children and families.

Urgent Protection *versus* Chronic Need: Clarifying the Dual Mandate of Child Welfare Services across Canada

Nico Trocmé [1], Alicia Kyte [2,†,*], Vandna Sinha [1,†] and Barbara Fallon [3]

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[†] These authors contributed equally to this work.

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Abstract: This study analyzed data from the 1998, 2003 and 2008 Canadian Incidence Study of reported child abuse and neglect (CIS) and compared the profile of children who were reported for an urgent protection investigation *versus* any other investigation or assessment. As a proportion of all investigations, urgent protection cases have dropped from 28% of all investigations in 1998, to 19% in 2003, to 15% in 2008. Results from the CIS-2008 analysis revealed that 7% of cases involved neglect of a child under four, 4% of cases involved sexual abuse, 2% of cases involved physical abuse of a child under four and 1% of cases involved children who had sustained severe enough physical harm that medical treatment was required. The other 85% of cases of investigated maltreatment involved situations where concerns appear to focus less on immediate safety and more on the long-term effects of a range of family related problems. These findings underscore the importance of considering the dual mandate of child welfare mandates across Canada: intervening to assure the urgent protection and safety of the child *versus* intervening to promote the development and well-being of the child.

Substantiated child maltreatment investigations involving physical harm in Canada, excluding Quebec, in 1998, 2008, and 2019
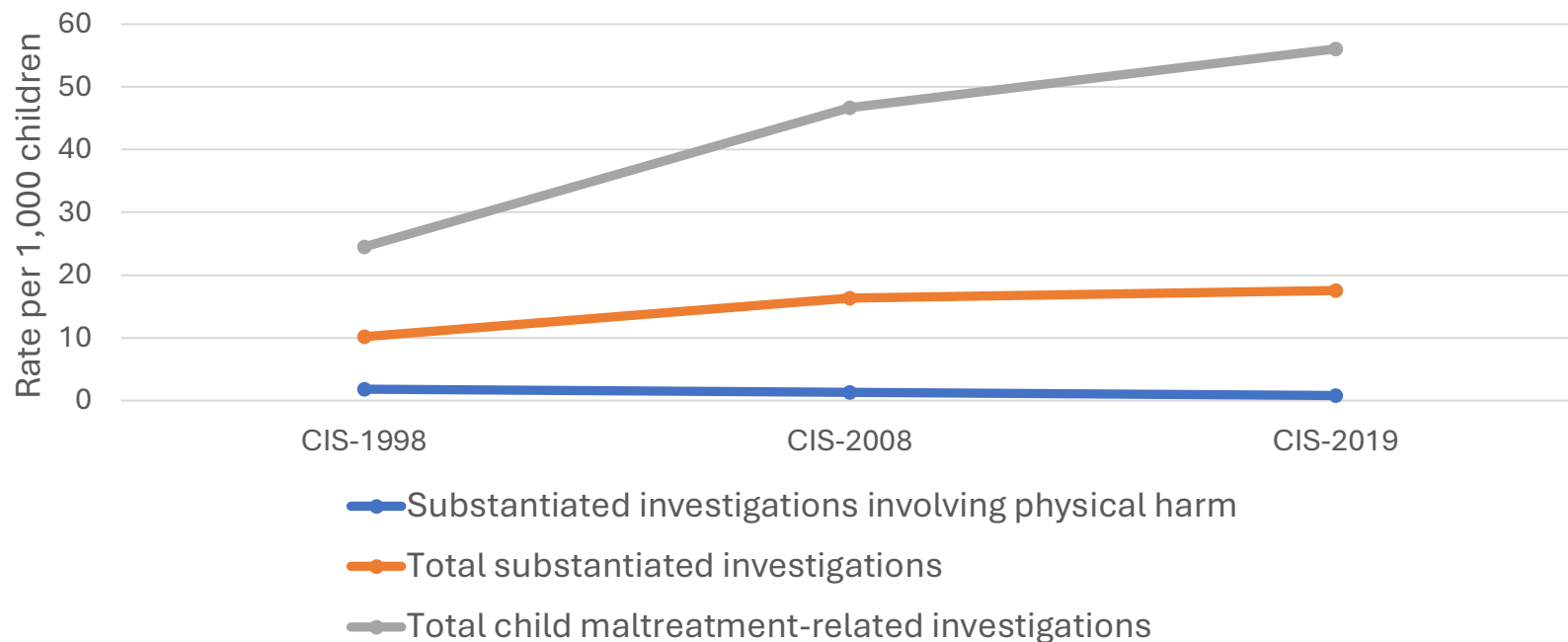
Type of physical harm and requirement of medical treatment in substantiated child maltreatment investigations involving physical harm in Canada, excluding Quebec, in 1998, 2008, and 2019

| | CIS-1998 | | | CIS-2008 | | | CIS-2019 | | |
	#	Rate per 1,000	%	#	Rate per 1,000	%	#	Rate per 1,000	%
Bruises, cuts, and scrapes	6,134	1.27	70%	4,138	0.89	67%	2,960	0.62	78%
Burns/scalds	458	0.09	5%	135	0.03	2%	141	0.03	4%
Broken bones	176	0.04	2%	155	0.03	3%	-	-	-
Head trauma	390	0.08	4%	314	0.07	5%	102	0.02	3%
Fatal	0	0.00	0%	-	-	-	-	-	-
Other health condition	2,172	0.45	25%	1,736	0.37	28%	574	0.12	15%
Medical treatment required	2,139	0.44	24%	2,162	0.46	35%	1,147	0.24	30%
Total substantiated investigations involving physical harm	**8,736**	**1.81**	**100%**	**6,147**	**1.32**	**100%**	**3,799**	**0.79**	**100%**

Based on a sample of 366 substantiated investigations in 1998, 440 substantiated investigations in 2008, and 213 substantiated investigations in 2019 involving physical harm to the investigated child.

- Estimate was < 100 investigations.
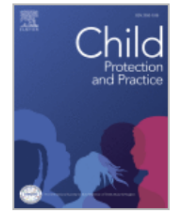
Distinguishing profiles of adversity among child protection investigations in Ontario, Canada: A latent class analysis

Rachael Lefebvre [a] , Barbara Fallon [a], John Fluke [b], Nico Trocmé [c], Tara Black [a], Tonino Esposito [d], David W. Rothwell [e]

Latent Class Analysis: OIS-2018

Class	Case closed, no referral	Case closed, referral	Ongoing services	Placement made	Percent
Class 1 - Low Adversity			1		52%
Class 2 - Caregiver MH, Social Isolation & IPV			2		15%
Class 3 - Child Functioning				4	12%
Class 4 - Caregiver Substance Abuse, MH & IPV				7	8%
Class 5 - Child Functioning & Caregiver Health Adversities				6	5%
Class 6 - Economic Hardship				2	4%
Class 7 - Complex Caregiver Adversities & Economic Hardship				18	3%
Class 8 - Pervasive Economic Hardship				14	2%

Legend: ■ Case closed, no referral □ Case closed, referral ■ Ongoing services ■ Placement made

Poor Fit Between Needs and Child Welfare Services

- Most child welfare investigations continue to be focused on chronic needs, yet the investigation response is designed to respond to urgent protection needs

- Not well-suited to respond to families' needs, well-being and development

- The existing mandate to investigate broadly and the lack of an alternative support system means that the child welfare systems remain the outlet through which these families are continually funneled

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Thank you!

barbara.fallon@utoronto.ca

Reports available on the Canadian Child Welfare Research Portal:
https://cwrp.ca/

RETHINKING CHILD PROTECTION IN AUSTRALIA

PROFESSOR LEAH BROMFIELD

Australian Centre for Child Protection
20th Birthday Symposium

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UNRELENTING DEMAND

THE AGE

Child abuse: thousands of calls for help go unanswered

Vic Budget Commitments
- 2011-2012 $19m 47 new CP practitioners
- 2012-13 $19m 42 new CP practitioners
- 2020-21 $106.7m over 4yrs 239 new CP pracs

Multiple Inquiries across Australia have repeatedly highlighted failures in child protection systems

Improving the lives of vulnerable children.

Growing them strong, together
Promoting the Safety and Wellbeing of the Northern Territory's Children

Queensland Child Protection Commission of Inquiry

Taking Responsibility:
A Roadmap for Queensland Child Protection

June 2013

Report of the Protecting Victoria's Vul...
Volume 1

2012

...s Royal Commission Report

fe they eserve

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Increasing trend in number of notifications and children notified in Australia, 2006-2023

Source: AIHW

Notifications — Children in notifications
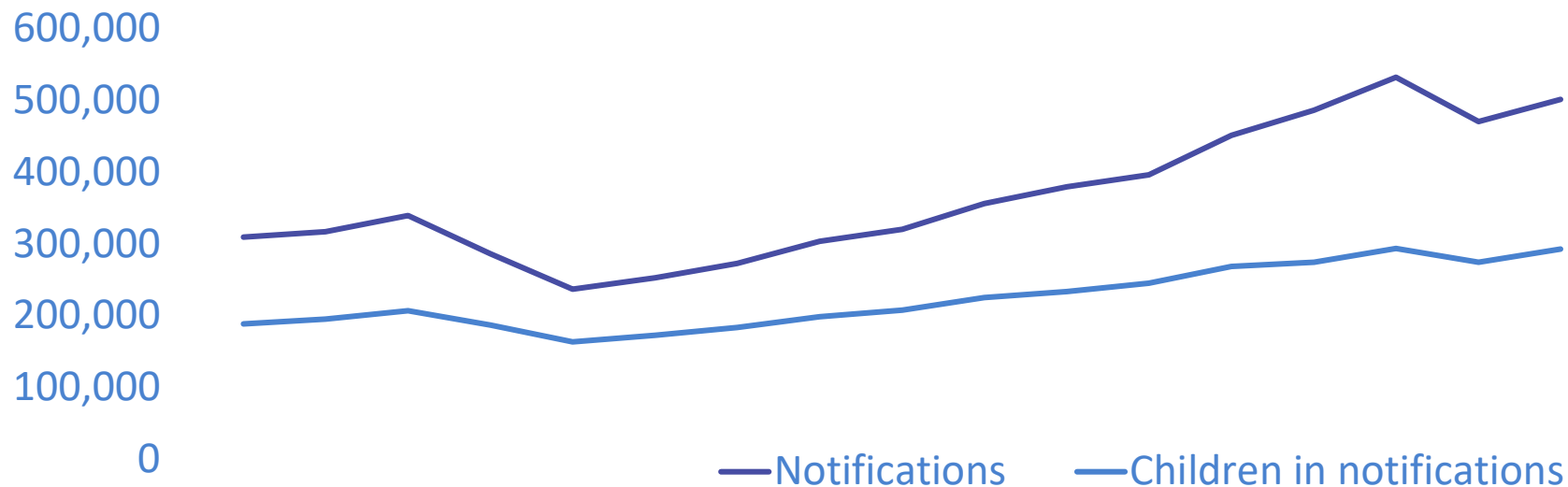
Over-representation of Aboriginal and Torres Strait Islander children in OOHC

- 5.7 x more likely than non-Indigenous children to be reported

- 10.5 x more likely than non-Indigenous children to be in OOHC

- Population of First Nations children in care projected to increase by 39% over the next 10 years

Source: Family Matters 2023

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Why haven't our attempts at reform resulted in sustained reductions in child protection involvement?

A changing world

The Guardian

Australia's housing crisis to worsen with 'significant shortfall in supply', Labor's expert council says

THE AUSTRALIAN

Cost-of-living crunch pushes the middle class into hardship

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Revealed: 18 dark tales as meth scourge turns on Qld mums

Improving the lives of vulnerable children.

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Cyber safety and the virtual world

Mind the Gap

Parental awareness of children's exposure to risks online
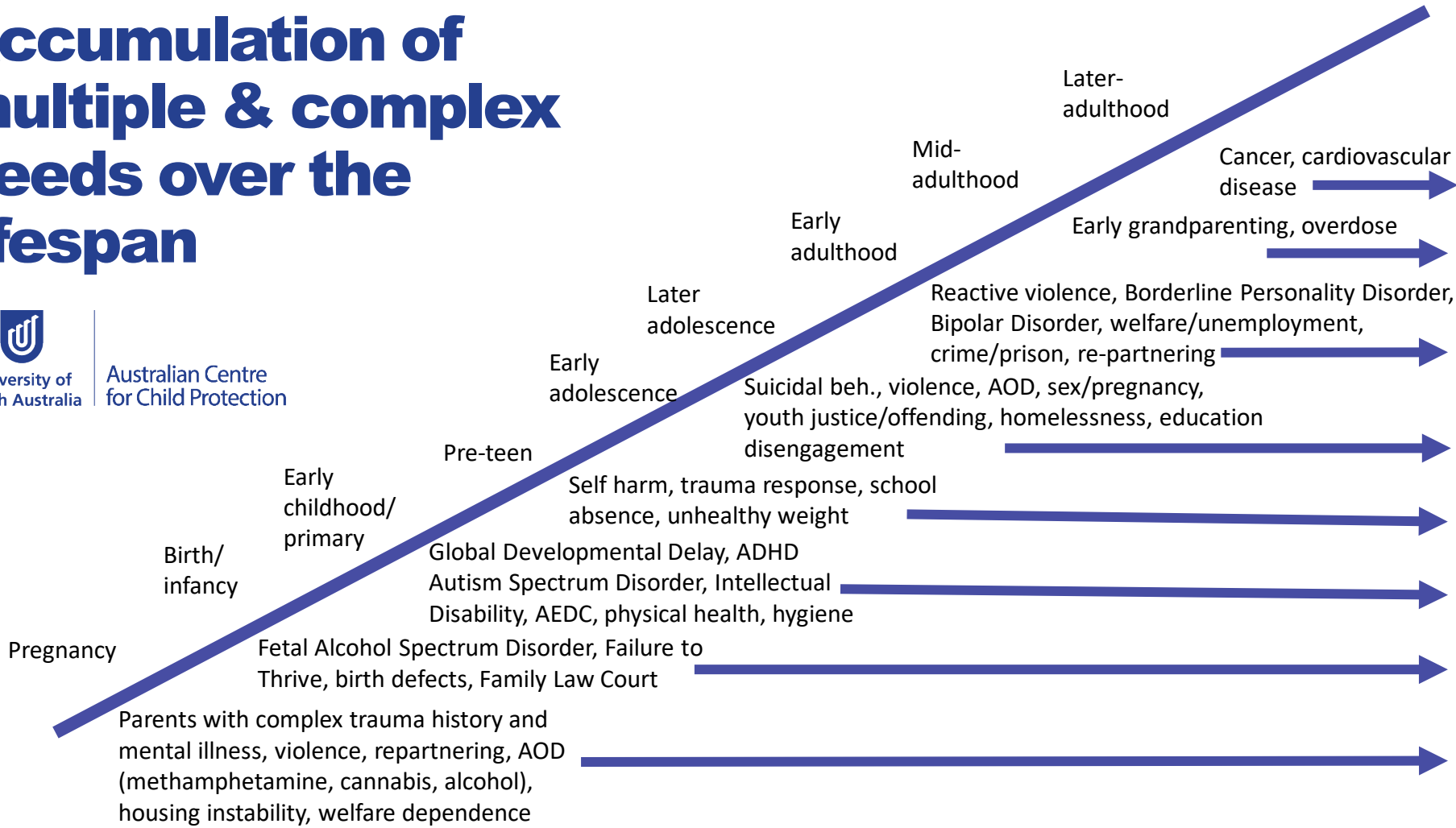
Aussie Kids Online | February 2022

eSafetyCommissioner
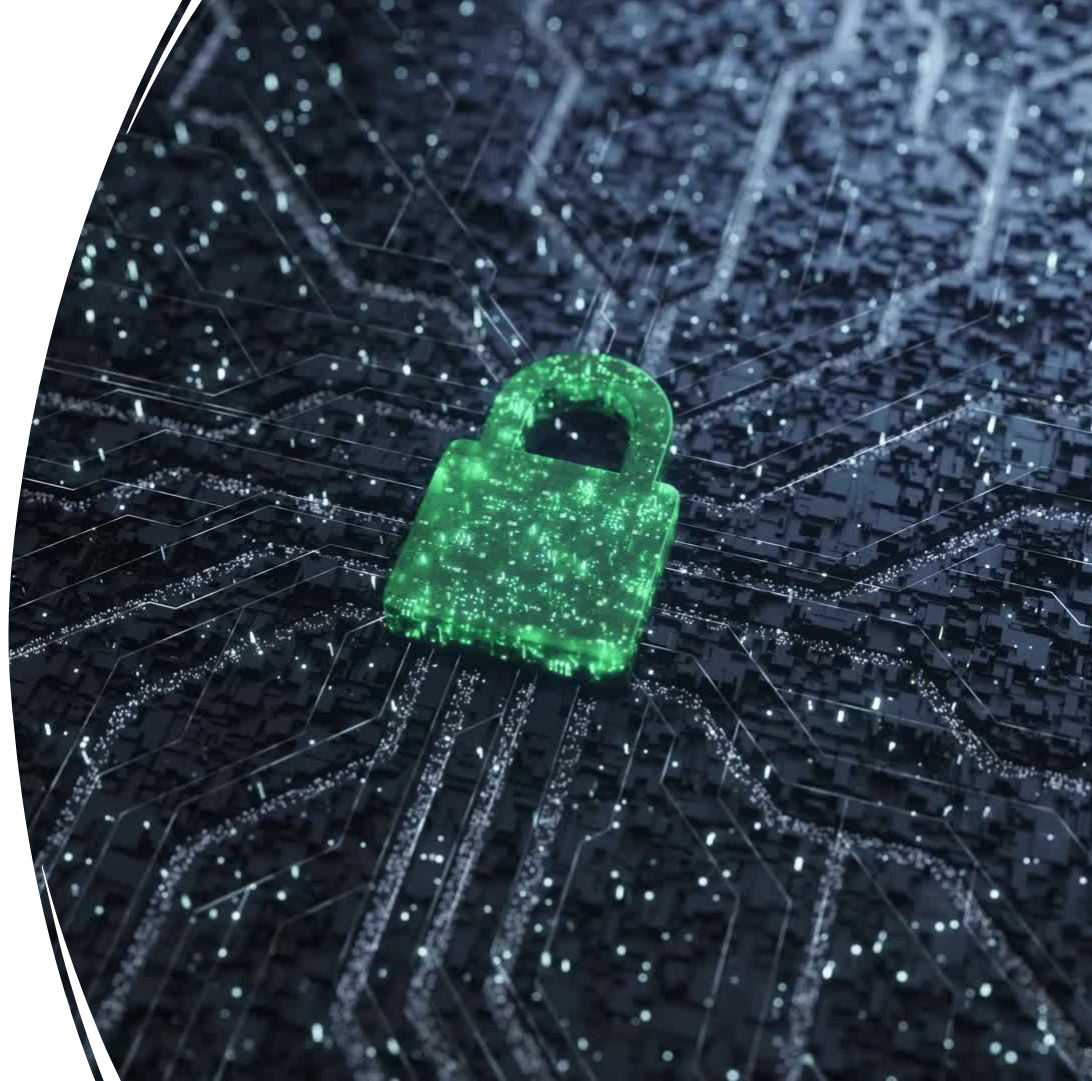
1 in 5 Australians have experienced partner violence or abuse since age 15

Personal Safety Survey
ABS (2023)

Accumulation of multiple & complex needs over the lifespan

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Later-adulthood

Mid-adulthood

Cancer, cardiovascular disease

Early adulthood

Early grandparenting, overdose

Later adolescence

Reactive violence, Borderline Personality Disorder, Bipolar Disorder, welfare/unemployment, crime/prison, re-partnering

Early adolescence

Suicidal beh., violence, AOD, sex/pregnancy, youth justice/offending, homelessness, education disengagement

Pre-teen

Self harm, trauma response, school absence, unhealthy weight

Early childhood/ primary

Global Developmental Delay, ADHD Autism Spectrum Disorder, Intellectual Disability, AEDC, physical health, hygiene

Birth/ infancy

Fetal Alcohol Spectrum Disorder, Failure to Thrive, birth defects, Family Law Court

Pregnancy

Parents with complex trauma history and mental illness, violence, repartnering, AOD (methamphetamine, cannabis, alcohol), housing instability, welfare dependence

60%

A pyramid divided into three sections: Tertiary (top), Secondary (middle), and Primary (bottom).
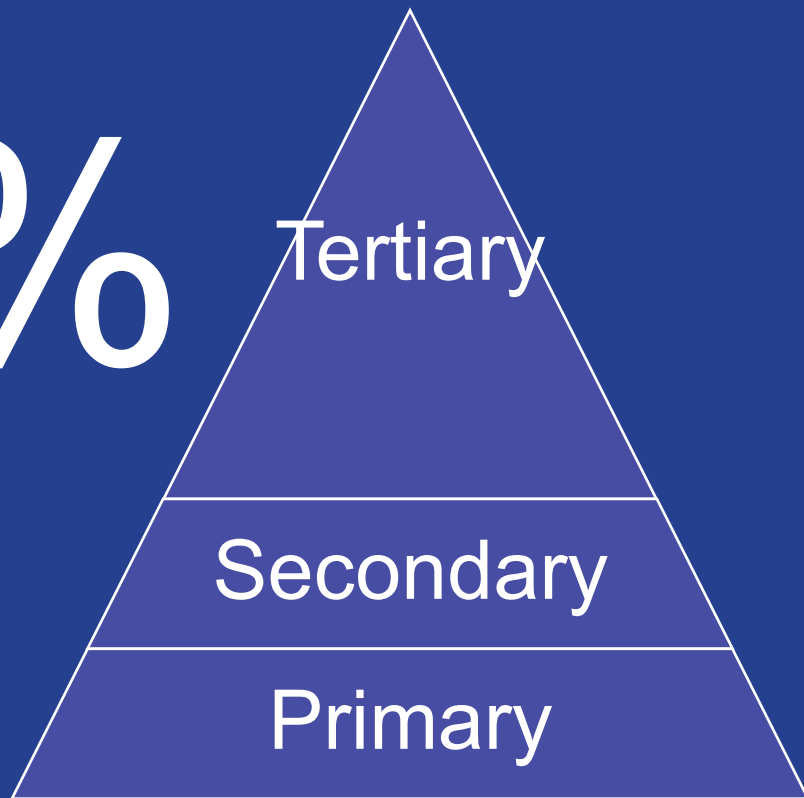
What was our system designed for?

- 1960s discovery of battered child syndrome catalysed medico-legal response to child abuse and neglect

- Grafted onto existing historical welfare system for OOHC – tools of colonization and sites of institutional abuse

- Originally designed for low incidence, high severity problem of multiple one fractures (severe and intentional harm)

- Establishment of statutory system of reporting, investigation and removal - residual (not public health) response

- Definitions of abuse and neglect expanded over time, reporting expectations changed correspondingly

BY DESIGN

Growing international recognition of the need for radical redesign of the approach to statutory child protection

The 'Promise', Scotland, "When reading The Promise, do not look for the place, role and purpose of the current features of the 'care system.'

US, Abolition movement, eg "Abolition or Reform: Confronting the Symbiotic Relationship between "Child Welfare" and the Carceral State"

South Australia, Minister Hildyard, tasked Expert Group to create a vision for a 20 year vision for a transformed child protection system

Premier Andrews, in relation to Yoorrook, said the system was "not properly designed"

Improving the lives of vulnerable children.

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Rethinking the public health approach

Primary
No identified risk of CAN

Secondary
Vulnerability for CAN identified

Tertiary
Child abuse and neglect has occurred (est. 60%)

Support and Protection

OOHC

Willing & Able

Able with Support

Unable or Intentional

Statutory Services
eg, Police, Family Court, Forensic Medical, Child Protection

Targeted Services
eg, Allied health, disability, housing & homelessness, family support etc

Universal Services
eg, Primary health, Education, Helplines, Social Marketing

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RETHINKING THE ROLE AND FUNCTIONS OF STATUTORY CHILD PROTECTION

United Nations Declaration on the Rights of Indigenous Peoples

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**Australian Centre
for Child Protection's
20th Birthday Symposium**

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Break

10.45am - 11.00am ACDT

8.15am - 8.30am AWST

11.15am - 11.30am AEDT

#ACCP20yrs #ACCP #ChildProtection

linkedin.com/ACCPUniSA | facebook.com/ACCPUniSA | twitter.com/ACCPUniSA

Preventing infant removals: Shining a light on the reality and collaborating towards a better future

Prof Melissa O'Donnell, Renée Usher, Prof Rhonda Marriott, Samantha Burrow, Renna Gayde and Dr Jacynta Krakouer

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Perinatal Child Protection Involvement

- Globally there has been an increasing focus on child protection involvement in the perinatal period (pregnancy-1 yr).

- In Australia we are seeing increasing number of families being reported during pregnancy and infancy.

Prenatal notifications (rate) - Australia AIHW data
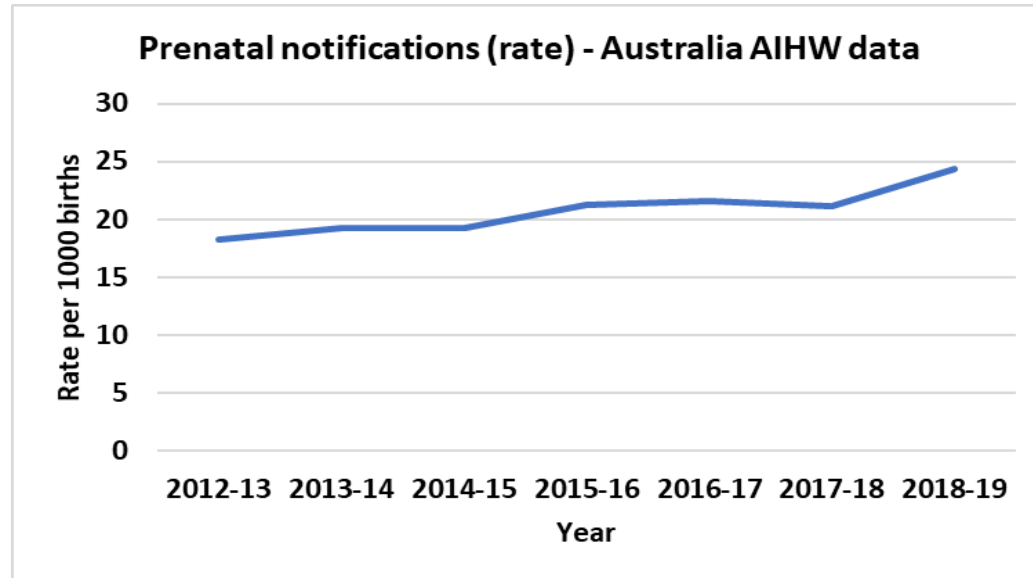
Aboriginal and non-Aboriginal children admitted to out-of-home care: 2021-2022

Age group	<1yr	1-4yrs	5-9yrs	10-14yrs	15-17yrs
Aboriginal	41,3	11,7	8,6	10,4	10,6
Non-Aboriginal	4	1,2	0,9	1	1
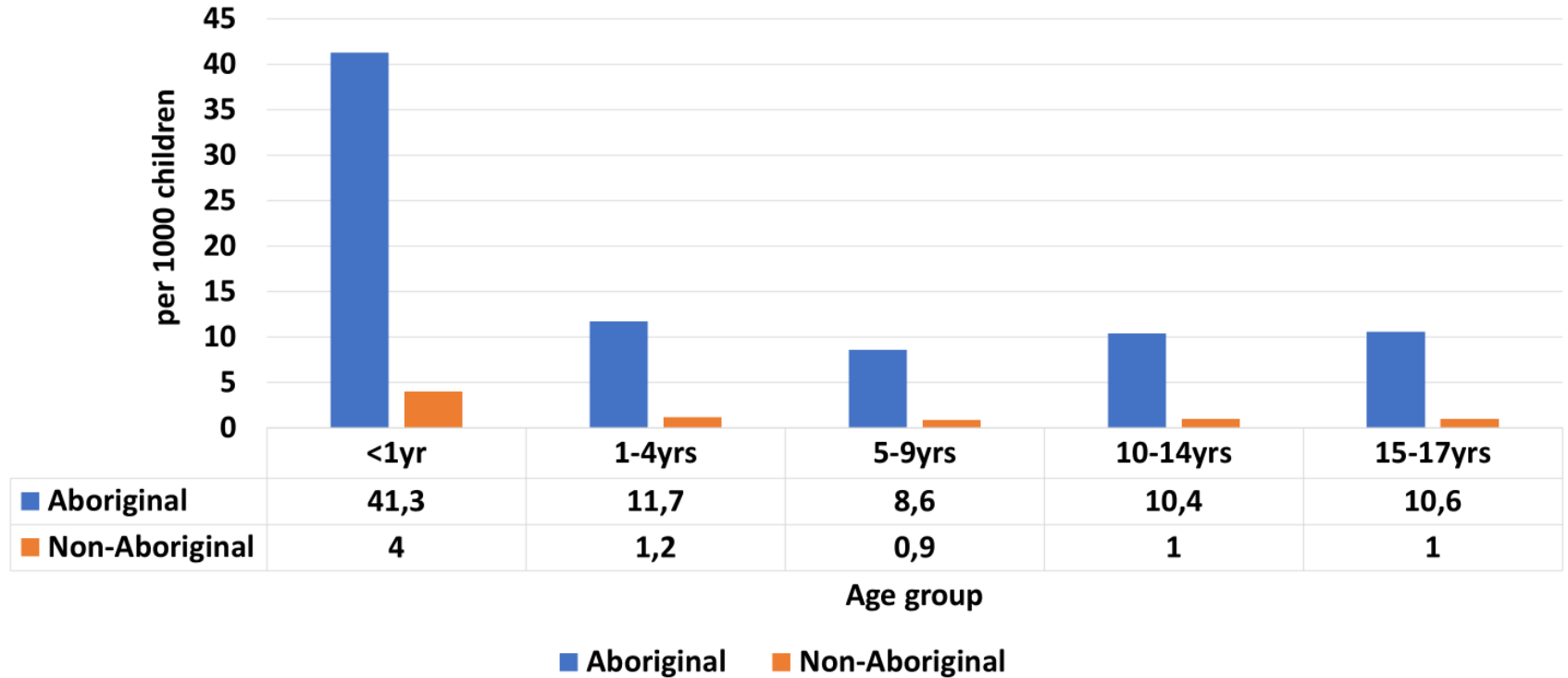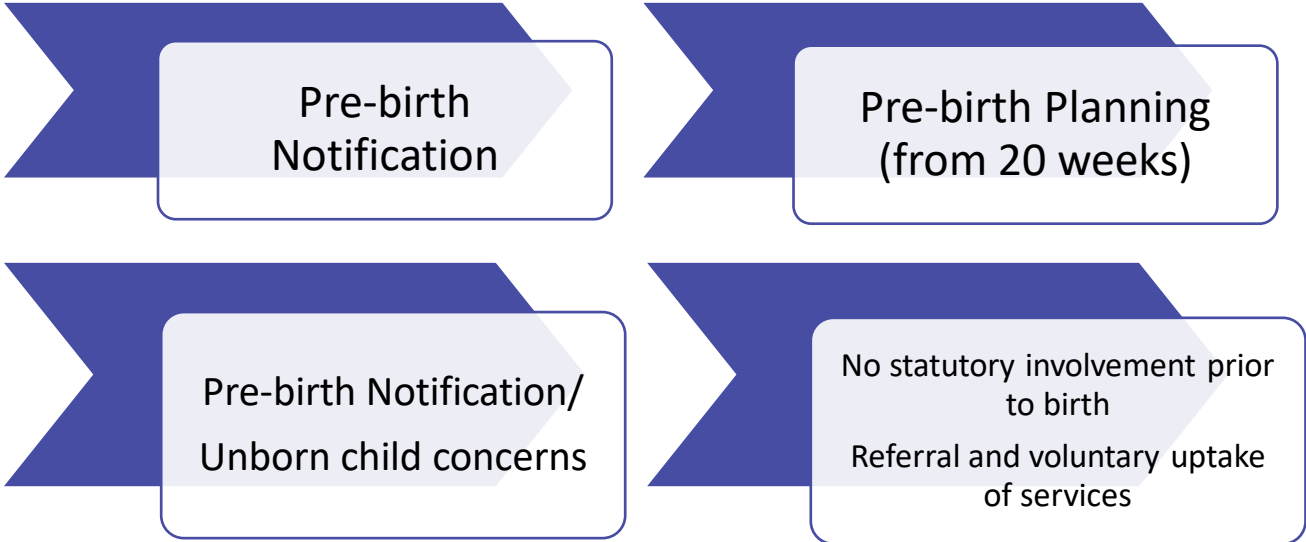
• National data 2022-22 (AIHW 2023)

Australia – Variability in perinatal involvement in child protection

Prenatal notifications – focus on earlier intervention, developmental vulnerability of infants, potential harm during pregnancy of substance use and domestic violence.

Jurisdictional differences:

Pre-birth Notification

Pre-birth Planning (from 20 weeks)

Pre-birth Notification/ Unborn child concerns

No statutory involvement prior to birth

Referral and voluntary uptake of services

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Media – Impact on mothers

Baby removals trigger whistleblower to tell of 'inhumane' practices and mothers' trauma

Stateline / Exclusive by Stephanie Richards

Pregnancy and Childbirth

ABC NEWS

Thu 11 Apr 2024

First Nations mothers' trauma of baby removals heard in inquiry, calls to change process

By Stephanie Richards   Indigenous Policy

ABC NEWS

Mon 18 Mar 2024

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New Zealand rocked by Māori protests on child removals and use of sacred land

Jacinda Ardern criticised for absence during protests over removal of Māori children and construction on sacred land at Ihumātao

▲ Protesters gather at Ihumātao as they stand to fight a proposed Fletcher Building housing development in Auckland, New Zealand. Photograph: Phil Walter/Getty Images

Māori leaders are staging two major protests in New Zealand, straining relations with the Labour coalition government and drawing accusations that Jacinda Ardern - who is visiting the remote Pacific territory of Tokelau - is a "part-time prime minister".

On Tuesday, hundreds of activists marched on parliament house in Wellington, as well as other New Zealand cities, calling for an overhaul of the government's child welfare agency, Oranga Tamariki [Ministry for Children], amid a series of controversial cases in which Māori children and newborns were taken into state care.

Baby uplifts: Distressing new videos emerge showing newborns being uplifted

6 Sep, 2019 11:45am   ⏱ 5 minutes to read

1:09 / 2:24

Oranga Tamariki Child uplift from Auckland Hospital. Video

NZ Herald
By: **Bernard Orsman** and **Anna Leask**

New videos have emerged of newborn babies being uplifted by police under orders of Oranga Tamariki in Auckland.

In one case two family members were arrested for obstruction as they tried to block police from taking a newborn.

Family is Culture: Independent Review of Aboriginal Children and Young People in Out-of-Home Care in NSW (Davis, 2019)

Holding on to Our Future: Inquiry into the removal and placement of Aboriginal children in South Australia (Lawrie, 2024)

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Research Report

Parents with disability and their experiences of child protection systems

UTS Law
Jumbunna Institute of Indigenous Education and Research, Research Unit, UTS

Western Sydney University

Mothers with Intellectual Disability:

Discriminatory attitudes and systemic failures to provide cultural and disability safety.

Enormous power imbalance between parents and child protection departments.

Entrenched structural biases appear to deepen as parents with disability are propelled through the system

Parents with disability and their children's' rights are serially violated. These include - rights to be supported to safely remain legally together as a family, to be treated with dignity, respect and without discrimination - rights to be informed, be heard and participate in child protection proceedings.
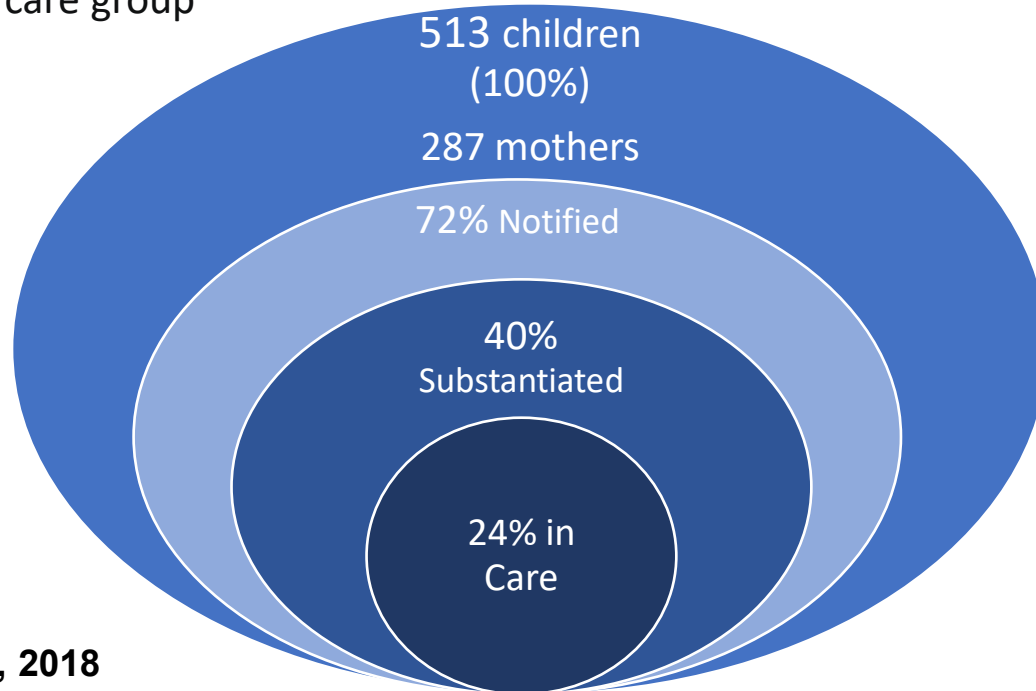
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Libesman, Gray, Chandler, Briskman, Didi, Avery (2023).

Young mothers who have been in care

- Pregnancy (client system data)
  - ➢ 28% of the Care group females had a baby (that could be identified through child protection records).

- Children of care group

513 children (100%)

287 mothers

72% Notified

40% Substantiated

24% in Care

Lima, Maclean, O'Donnell, 2018

Perinatal Child Protection Research

Overall aim is to increase our knowledge about the nature, extent and impact of perinatal child protection processes and support.

– determine the incidence and trends of prenatal and postnatal notifications and removals of infants into out-of-home care

– Examine the processes, practices and planning undertaken pre-birth.

Study aspects

ORIGINAL ARTICLE | 🔒 Open Access | (cc) (i)
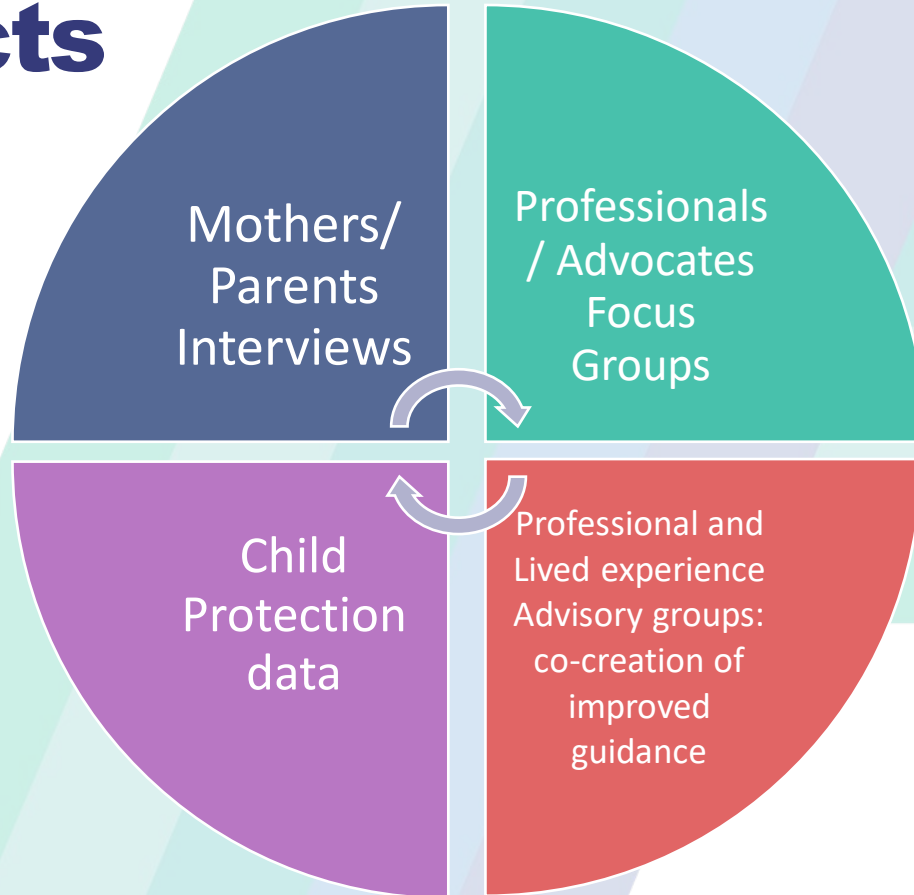
Parents' experiences with child protection during pregnancy and post-birth

Sebastian Trew ✉, Stephanie Taplin, Melissa O'Donnell, Rhonda Marriott, Karen Broadhurst

☰ SECTIONS   📄 PDF   🔧 TOOLS   ⬚ SHARE

Abstract

Limited research has directly sought the input of parents involved in the child protection system during pregnancy and with their infants. As the focus of these policies and practices, parents have a unique and important insight not available to others, so it is vital to obtain their input. As part of a larger Australian study, qualitative interviews were undertaken with 13 parents asking about their views and experiences. Parents predominantly became involved with child protection services during pregnancy through a prenatal report. Parents who previously had their newborn removed from their care described it as sudden and unexpected, leaving them distressed and unsupported post-removal, with a growing list of requirements for them to see their baby or for restoration to be considered. Domestic violence was a particular issue of concern for some mothers who expressed distress that their partners, perpetrators of violence, were allowed access to their infant with fewer requirements than for them. Improvements recommended by
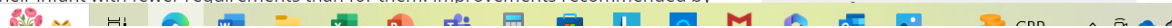
Parent Interviews – NSW and WA

COMPLETED

- 13 interviews with parents
- Mother (n=11), Fathers (n=2)
- Aboriginal (4 parents)
- 8 parents had their infant removed from their care
- 6 parents were working towards reunification
- 5 parents were caring for their baby under a safety plan.

Published:

Child and Family Social Work

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Parents highlighted

- Sudden, unexpected removals

- Inconsistent information

- Distressed and unsupported post removal

- Increasing requirements

- Feeling of powerlessness

- Domestic violence and contact

Perinatal involvement - summary

Parents were most likely to be supported from agencies outside the Department – family advocates, non-government support workers, social work staff in hospitals, health care workers, family support organisations, legal organisations.

Parents reported lack of consultation and negotiation regarding pre-birth plans (egs – asking mothers to provide a pre-birth plan with no support to develop one, lack of referral to support services, historical rather than current concerns being raised)

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Suggestions for improvement

- Greater transparency and clarity about child protection perinatal processes.

- Greater transparency about decisions of the removal of a child prior to birth.

- Greater focus on prevention efforts to support families to address safety and wellbeing concerns during pregnancy and following birth.

- Need to assess current situation with an opportunity to demonstrate capacity and change.

- Child protection staff - display greater empathy and concern for parent's emotional wellbeing and the impact of child protection processes on families, especially removal processes (trauma-informed practice).

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Suggestions for improvements

- Improvements in casework to collaboratively work in partnership with parents to develop and implement safety and wellbeing plans.

- Improved practice when working with families and mothers experiencing family and domestic violence - partnering with mothers who have experienced violence to address their concerns regarding perpetrators access to children and greater focus on perpetrator accountability.

- Families experiencing homelessness require support to secure stable housing, particularly:
  - mothers escaping domestic violence
  - those who lack family support,
  - have been in out-of-home care,
  - transitioning from prison.
- This includes options for supported placements for pregnant mothers and mothers with infants.

Opportunities
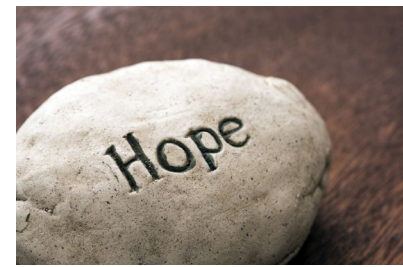
- Use of independent facilitators (WA) at pre-birth meetings was supported and viewed as playing an important role:
    - ensuring that all parties had a voice at the meeting,
    - ensuring accountability in the decisions made at meetings,
    - enabling issues to be raised by mothers in a supportive way

- Aboriginal Family Led Decision Making/Family Group Conferencing – to develop safety and support plans or decisions about child placement

- Multidisciplinary work – in interviews where good outcomes observed Child Protection worked in partnership with mothers, extended family, support/health workers and advocates to develop and implement safety and wellbeing plans.

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Systematic Review

Parents' experiences of perinatal child protection processes: A systematic review and thematic synthesis informed by a socio-ecological approach

Samantha Burrow [a] ⚲ ✉, Lisa Wood [c] ✉, Colleen Fisher [a] ✉, Renée Usher [b] ✉,
Renna Gayde [d] ✉, Melissa O'Donnell [a] [b] ✉

[a] School of Population and Global Health, The University of Western Australia, M431, 35 Stirling Hwy, Crawley 6009, Western Australia, Australia
[b] Australian Centre for Child Protection, University of South Australia, Western Australian Office, City West, Lotteries House, 2 Delhi Street, West Perth 6005, Western Australia, Australia
[c] Institute for Health Research, The University of Notre Dame, PO Box 1225, Fremantle 6959, Western Australia, Australia
[d] Curtin School of Population Health, Curtin University, GPO Box U1987, Perth 6845, Western Australia, Australia

24 Articles included. Highlights:

- Parents' experiences of perinatal child protection processes are very similar.
- Addressing poverty and trauma, redressing power imbalances, and mitigating the impact of perinatal child protection processes is critical.
- Shifts at institutional, policy, and societal levels are needed to: prioritise prevention and early intervention; enable relational practice and cross-sector collaboration.
- Centring parents' voices in efforts to improve practice and policy are needed.

Organisation Focus Groups

15 Organisations involved in focus groups

- Advocacy Organisations
- Community Health Services
- Hospital services
- Aboriginal community-controlled organisations
- Legal Services
- Homelessness services
- Family and domestic violence services
- Disability Services

Departmental processes and practices

Caseworker variability in practice

- Punitive vs Supportive approach
- Judgement of situations
- Requirements of pre-birth/safety plans

Assumptions made about mother based on prior history not current evidence.

Developing relationships are key with families

- Challenge in Dept is high turnover of caseworkers, no time to build relationship and reliance on historical case notes

Departmental processes and practices

Collaborative and partnership approach with mothers/families, acknowledging trauma is needed

Concerns regarding pre-birth planning process in terms of organisation and timing – minimal or delayed planning

Delayed meetings result in late referrals to services (often Dept only referral pathway to some services).

Lack of ability for many families to provide evidence of their progress – often reliant on NGO's and advocates/lawyers otherwise only Dept perspectives.

More realistic expectations and requirements taking into account family circumstances (collaborative planning).

Departmental processes and practices

- Independent facilitators (WA) – positive feedback. Hold everyone accountable (including department), let everyone have a voice at meetings.

- Concern by mothers/families and some agencies - if you ask for help from the dept then you are proving their concerns (egs food vouchers, transport).

- Discussion with families about outcome of decision before birth.

- Normalising trauma responses - parental emotional outbursts and leaving situations that upset them.

- Complaints process – accessible

Health and Disability

- Hospital based social workers – families and agencies have spoken positively about the efforts of staff to plan and support families.

- Specialist services are viewed as important (WANDAS, mental health, teen pregnancy).

- Parenting capacity assessment process needs review.

- Protocol to allow parents to demonstrate capacity to parent.

- If removal to occur – time with baby in hospital, involved in placement decision and contact visits prior to removal.

- DDWA Recommendation/Action: That the government in collaboration with disability support organisations and parents with lived experience develop a clearly articulated support pathway for parents with intellectual disability.

Homelessness and Housing

Issue raised across every organisation

Lack of accommodation options – massive barrier. Eg's - forcing women to choose between homelessness and staying in DV relationships

Supported accommodation options needed for pregnant mothers/families and infants/children.

Multidisciplinary issues and FDV

- Long term intensive support is required (funding required) – often complex and intergenerational trauma, need longer sustained support.

- Diversify referral pathways to services – family referral, NGO and Health referrals outside of Dept.

- Issues of perpetrator accountability – onus on mothers to ensure safety.

- Promising practice with agencies speaking highly of the training Safe and Together. Focus on perpetrators pattern of behaviour and partnering with mothers.

Multidisciplinary issues and FDV

- Concerns of fathers who use violence having access to children despite being jailed/VRO for serious FDV.

- Ensuring that fathers who use violence are held accountable and put obligations on fathers - that his behaviour is a parenting choice.

- Refuge and/or VRO requirements – if you don't comply than you are not demonstrating safety.

- Outreach programs are very important for mothers/parents.

- Lawyers and support workers working as a collaborative team.

Conclusions and ways forward

- Both parents and service providers highlight concerns regarding child protection processes pre-birth - however they have sound suggestions for improving processes.

- Importance of including the voices of parents to improve understanding of the impact of CP policies and practices and direct improvements.

- Importance of the collaboration between families and service providers including child protection.

- Co-design work underway with service providers and lived experience families.

- Main takeaway: Clearly articulated support pathways are needed for mothers/families which cross government responsibilities and services.

Acknowledgements

- Thank you to the mothers who bravely shared their experiences many stating that improved processes will enable others to have better experiences and to access greater support.

- The agencies who have been involved and support this work

- Stan Perron Charitable Foundation

- Australian Research Council

Acknowledgement of Country
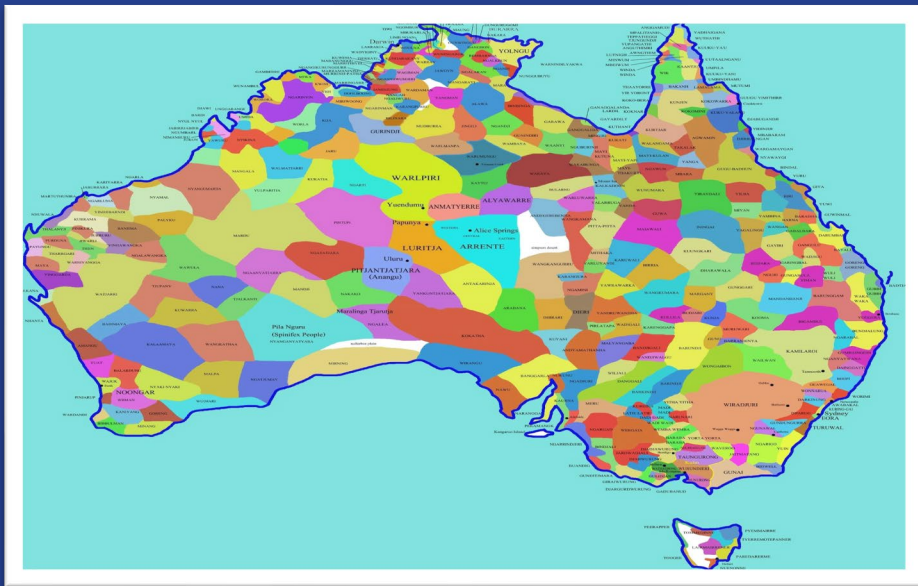
The SAFeST Start Coalition

We are an Aboriginal and Torres Strait Islander-led advocacy and research group.

Our goal is to **S**upport **A**boriginal and Torres Strait Islander **F**amili**e**s to **S**tay **T**ogether from the **Start**.

We work towards collaborative systems and practice that are
- Rights-based
- Holistic
- Trauma-informed
- Culturally safe

We are concerned about the rising number of Aboriginal and Torres Strait Islander newborns being removed from their families and placed into out-of-home-care.

SAFeST START is the sixth work stream of the MRFF-funded *Replanting the Birthing Trees* project.
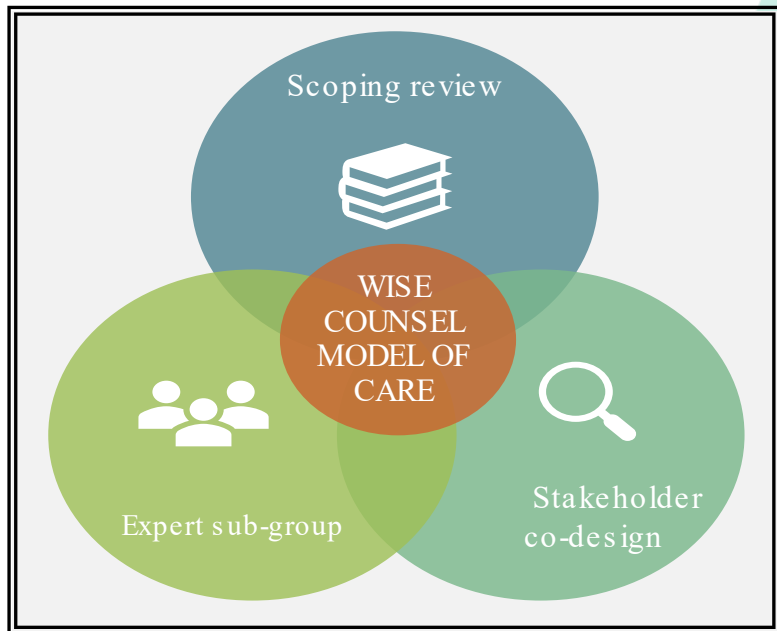
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Why support is needed

- 2,212 reports for Aboriginal and Torres Strait Islander babies aged <1 in 2022-23 (AIHW, Child protection Australia 2024).

- Overrepresentation: Aboriginal and Torres Strait Islander children involved in CPS at disproportionate rates.

- Continuities between historical and contemporary child protection practices.

- Complex trauma intersects with child protection involvement in the perinatal period.

- Aboriginal and Torres Strait Islander families may require holistic support to stay together from the start.

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What is the Wise Counsel model of care?

Scoping review

WISE COUNSEL MODEL OF CARE

Expert sub-group

Stakeholder co-design

For Aboriginal and Torres Strait Islander parents and families experiencing highly complex needs during the perinatal period

Reframe support as a therapeutic model of care rather than 'risk management'

Keep care in the health and wellbeing space

Clinical expertise, social support expertise, community expertise and Eldership

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Wise Counsel Mission

- **Vision:** To create a safe, self-determining space to provide meaningful, family-centered, trauma-informed support to Aboriginal and Torres Strait Islander parents and families at risk of child protection involvement during pregnancy and post-birth.

- **Purpose:** To generate solutions and provide nurturing support to Aboriginal and Torres Strait Islander parents and families, which aim to enable babies and children grow up safe and thriving, and where possible, prevent child protection from removing an Aboriginal and/or Torres Strait Islander baby at birth.

- **How:** By drawing on the collective wisdom of a Wise Counsel of wellbeing champions selected by the family to support the parent(s) and family during pregnancy and post-birth.

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Wise Counsel Values

- Valuing the **wisdom of Aboriginal and Torres Strait Islander people.**

- **Shared power** in decision-making and planning.

- **Strengths-based, family-centered, place-based and tailored** approach.

- **Indigenous self-determination** at the fore.

- **Culturally safe and trauma-informed.**

- Aboriginal and Torres Strait Islander babies, children, families and communities have a **right to their cultures.**
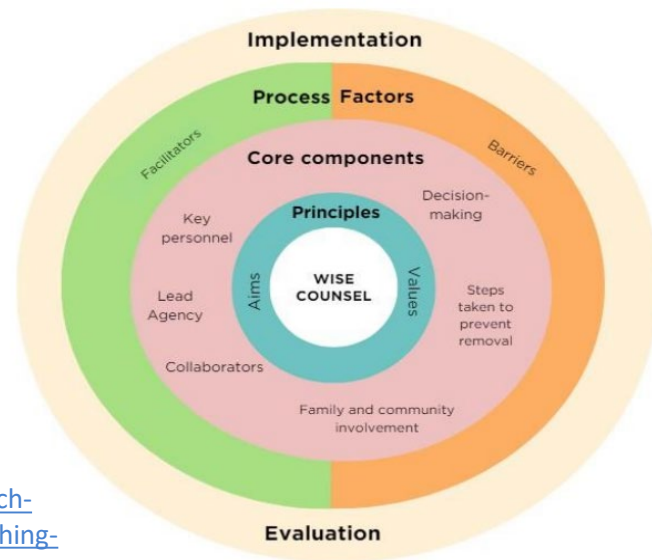
- **Culture is healing.**

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Co-design workshop aims

– This workshop was one of a series of co-design workshops for the *Replanting the Birthing Trees* project. It was the first workshop exclusively dedicated to discussing a Wise Counsel model.

– The aims of the workshop were to:

  • Share and discuss what is already known about integrated models of care for women, and families who are at risk of child protection involvement in the perinatal period,

  • Refine the aims, objectives, and core components of a Wise Counsel model,

  • To identify barriers and anticipated challenges, as well as facilitators and enablers; and finally,

  • To discuss practical implementation and evaluation of the model.

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The Wise Counsel co-design workshop

Session (1)	Refining the Wise Counsel Principles, Aims and Values
Session (2)	Refining the Wise Counsel Core Components. Poster station (1): Key Personnel Poster station (2a): Lead Agency (2b): Collaborators Poster station(3a): Decision-making (3b): Family and community involvement Poster station (4): Steps taken to prevent removal
Session (3)	Applying a Wise Counsel to a Scenario
Session (4)	Barriers and Anticipated Challenges (Process Factors)
Session (5)	Facilitators and Enablers (Process Factors)
Session (6)	Implementation and Evaluation (Process Factors)

Wise Counsel co-design workshop report available at:
https://mspgh.unimelb.edu.au/centres-institutes/onemda/research-group/indigenous-health-equity-unit/research/replanting-the-birthing-trees/publications-and-resources/community-workshops

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Lessons from the co-design process

- The co-design workshop raised more questions than answers.

- Complexity must be taken into account, and cannot be easily responded to.

- Conducting ethical Aboriginal and Torres Strait Islander research means listening, and adapting, to community needs and aspirations.

- Good research answers the questions that it can – but poses new questions when it can't.

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Thank you

Dr Jacynta Krakouer
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Australian Centre for Child Protection, UniSA Justice &
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Acknowledgement of Country

I live and work on Gnaala Karla and Whadjuk Nyungar Boodja and pay my deepest respect to elders past and present. I recognise all First Nations people across the land, skies and waterways for their continual custodianship and connection to Country and Culture.

Lived experience in research

ACCP Strategic Plan

- Advisory groups
- Lived Experience advocates
- Participants

Benefits

- Higher quality of research
- Specialised impact/outcomes for targeted populations
- Empowering and provides hope for change

Organisational Focus Groups and Co-design – Stage 1

- 14 Perth-based government & non-government organisations
  - Health, maternity, legal, family violence, homelessness, disability, & Aboriginal Community Controlled Organisations

- Mix of 18 interviews & focus groups (1-12 participants in each)

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Organisational Focus Groups and Co-design – Stage 2

Departmental child protection processes and practices

Health and disability

Multidisciplinary issues and FDSV

Housing and homelessness

Focus groups:
4 to address each area, additional focus group with lawyers

Co-design outcomes:

- Collaboratively developed leading practice principles, a practice framework and for guidance to improve perinatal practice and evidence-base knowledge

- Our co-design process identified the need for:

  - Clearly articulated support pathways for mothers facing adversity during pregnancy

  - Stepped levels of case management support for mothers based on individual needs

  - Empowerment of families through a partnered approach

  - Identified a range of system issues impacting on perinatal processes and support pathways
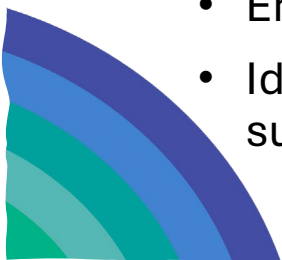
Principles for care co-ordination and support pathways:

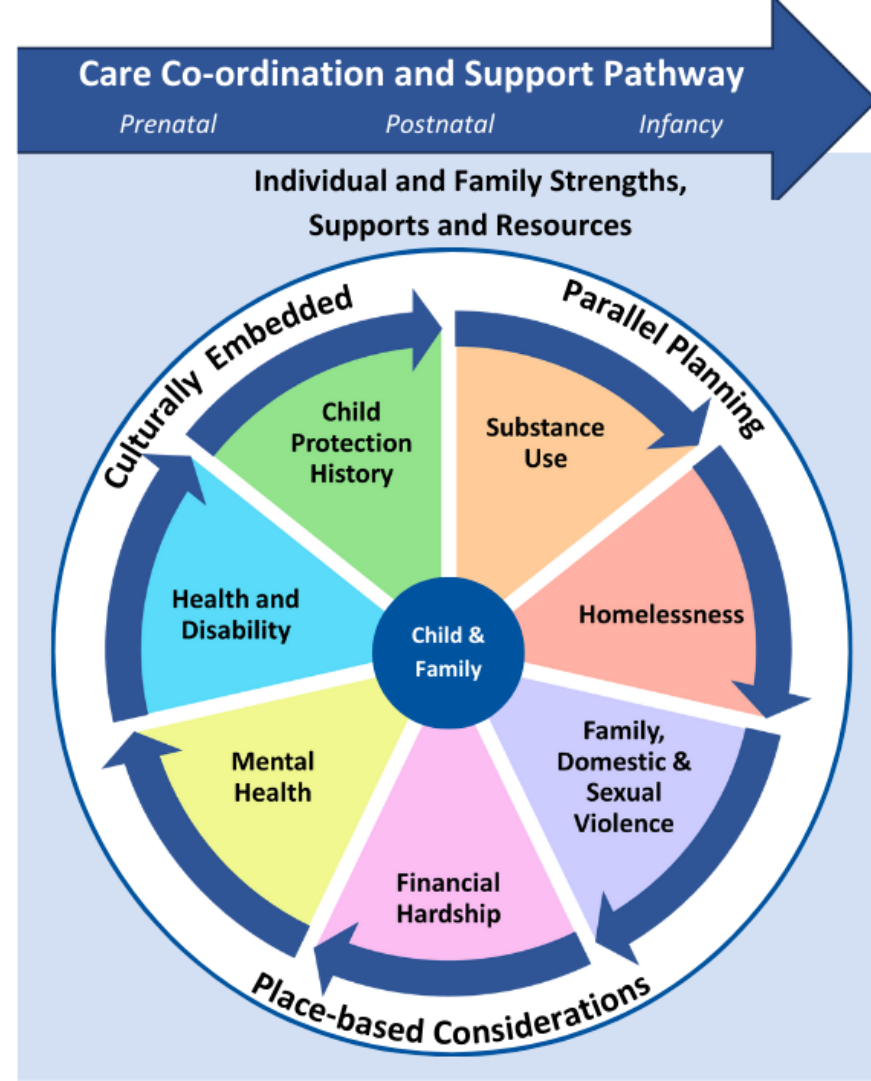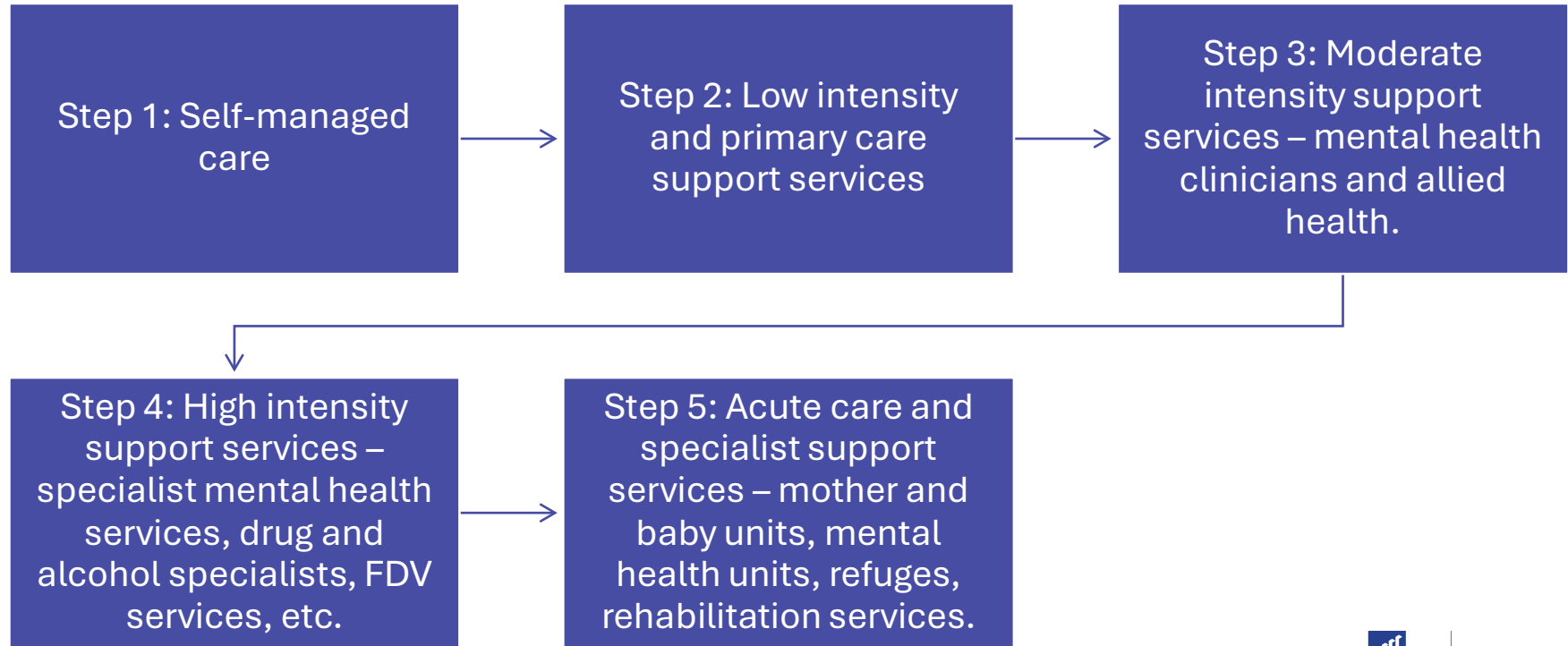|	
Individualised	• Each family is unique and have varied strengths, resources and challenges
Inclusive	• Caters for the specific needs of families – Aboriginal & Torres Strait Islander; CALD; disability; etc
Respectful and transparent relationships	• Essential to build respectful, open, and transparent relationships with families
Empowering families through a partnered and responsive approach	• Families are empowered to implement changes through supportive working partnerships
Place-based approach	• Considers the community context to identify access to local resources, supports and services

Family interviews – Stage 3

- Discussed organisational findings with families

- Sought verification of the proposed model

- Engaged lived experience advocate throughout whole Co-design process

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Service Provision – levels of stepped care

Step 1: Self-managed care

Step 2: Low intensity and primary care support services

Step 3: Moderate intensity support services – mental health clinicians and allied health.

Step 4: High intensity support services – specialist mental health services, drug and alcohol specialists, FDV services, etc.

Step 5: Acute care and specialist support services – mother and baby units, mental health units, refuges, rehabilitation services.

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Going Forward

This draft model needs to be **further actualised** with the organisations and services to ensure that it is comprehensive but flexible to guide care co-ordination and practice.

An **evaluation of the implementation** of a care coordination and support pathways program for families facing adversity, or involved in child protection, is required to investigate the impact on practice and family outcomes.

Involve **lived experience advisors in the ongoing development, implementation and evaluation** of care co-ordination and support pathways for families facing adversity or involved in child protection during pregnancy.

Acknowledgements

- Thankyou to the mothers who bravely shared their experiences, many stating that improved processes will enable others to have better experiences and to access greater support.

- The organisations who are working so tirelessly with families.

  - Stan Perron Charitable Foundation

Aboriginal Children Pathways Through the Child Protection System

What we know: Over-representation of Aboriginal children involved in child protection.

AIM

1) Determine the longitudinal child protection pathways including notifications, substantiations and OOHC placements for Aboriginal children entering care between infancy and age 10 years;

2) Quantify the characteristics of children in relation to different child protection pathways; and

3) Investigate the age of entry to care and the placement types.

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Sample and Key Findings

Used WA linked administrative data on 15,815 Aboriginal children born alive between 2000-2006 and follow children to the age 10 years old.

- 59% children did not have any contact with the child protection system
- 41% had at least one notification, substantiation, or an OOHC placement
- 9% had at least one OOHC placement.

OOHC group

- Those placed in care earlier spend longer in care.
- Average time 5 years.
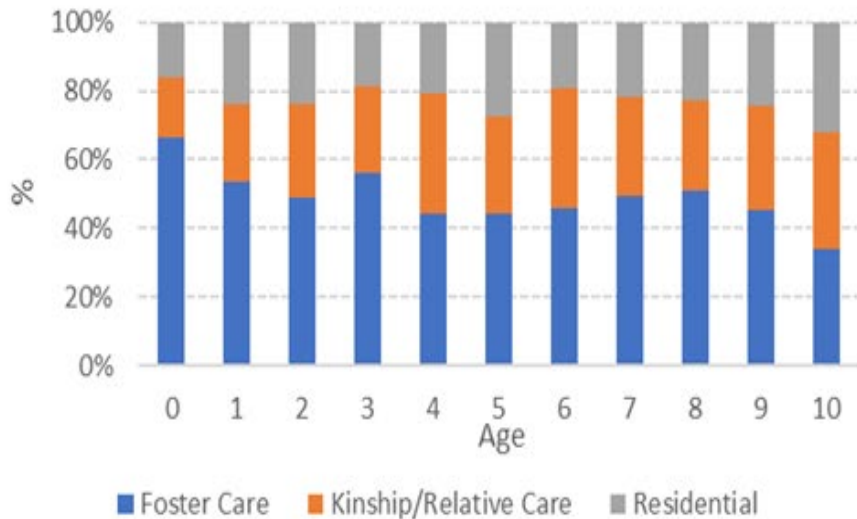- 19% were reunified with their families at the end of follow up

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Age at first notification for children's highest level of child protection involvement

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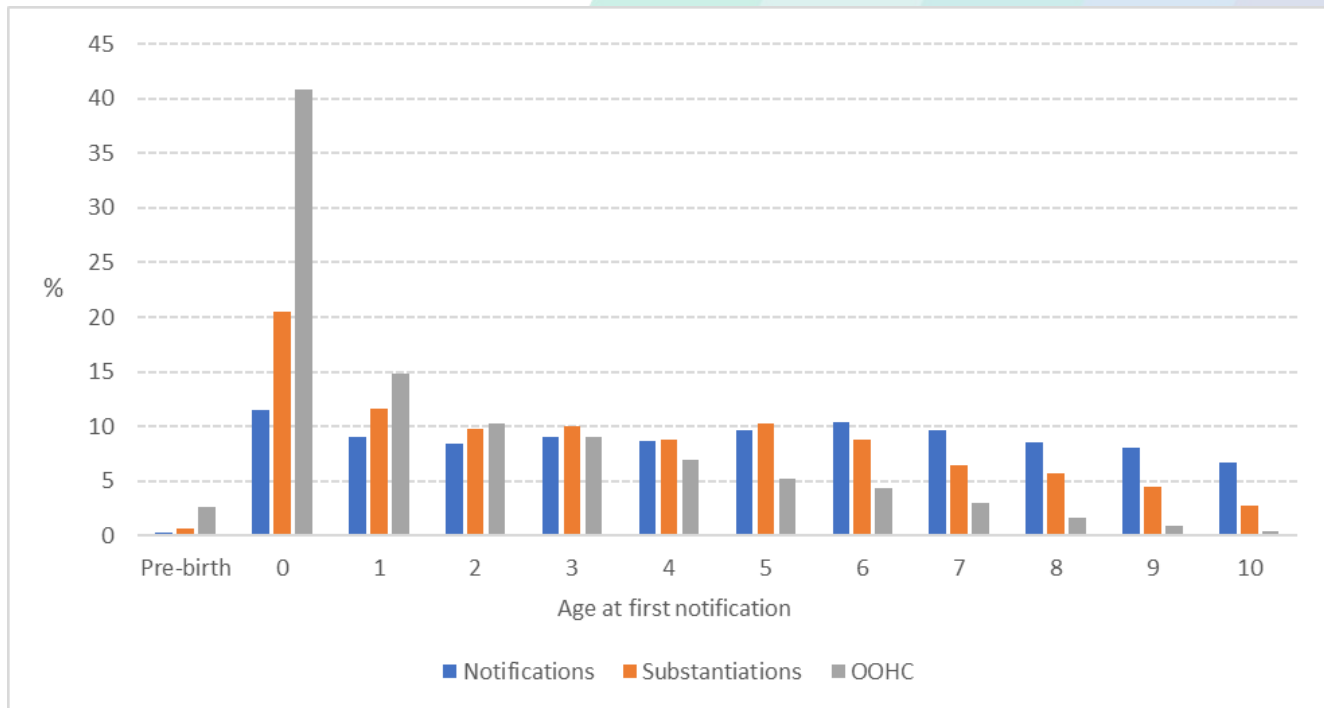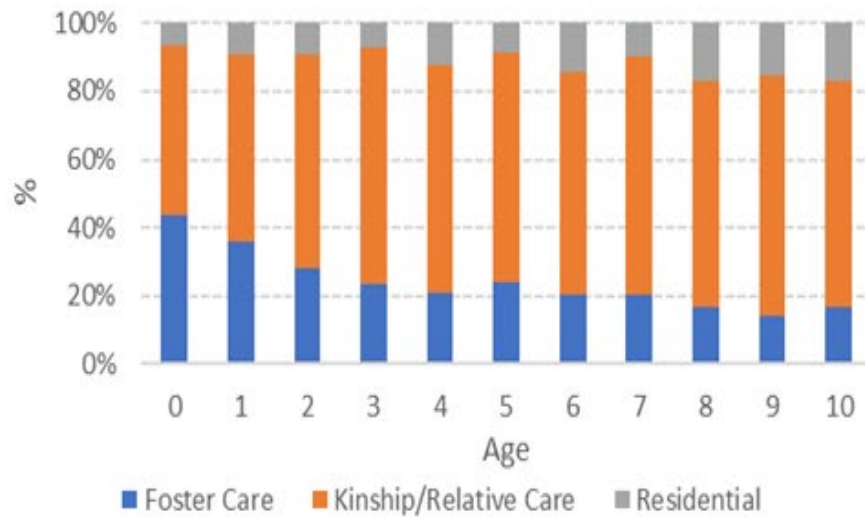
Placement type (PT) at first placement and predominant

*Predominant : PT in which spent the longest time in care

Conclusions

- Infancy stands out as a key point of system involvement where early intervention and family support strategies may be effective with community-led supportive care, for mothers in particular.

- Findings raise questions as to why kinship carers are not being predominantly utilised for the first placement of children and reflects the need for improved cultural planning.

- Findings highlight the urgency to address the overrepresentation of Aboriginal children in care. Strategies need to be Aboriginal-led and address the drivers of vulnerability for families.

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Acknowledgements

I-CaRe WA Study

TELETHON KIDS INSTITUTE

THE UNIVERSITY OF MELBOURNE

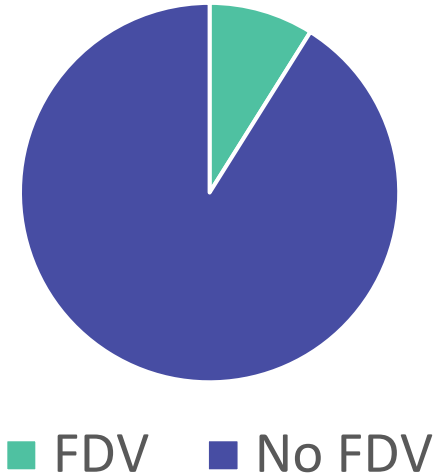University of South Australia | Australian Centre for Child Protection

Aim

– To compare family and domestic violence (FDV) in fixed field and narrative level data for the same child protection cases

Method

- Fixed field data: unit record (report-level) child protection data
- Narrative data: child protection intake reports
- Discrete metropolitan region, July to Dec 2016
- 20% random sample
- 493 reports
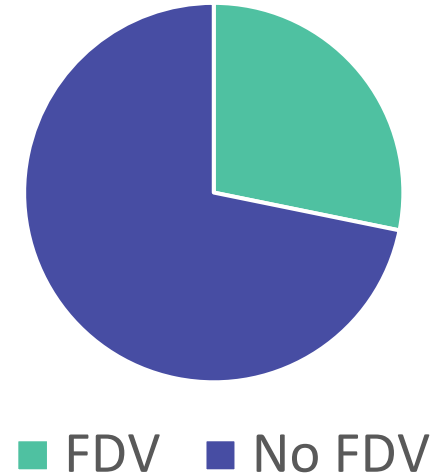
Thank You!

Octoman, O., Cox, S., Arney, F., Chong, A., & Tucker, E. (2023). Narrative and fixed field data: Are we underestimating the risk of family and domestic violence? *Child Abuse Review, 32*(4), e2811. doi: https://onlinelibrary.wiley.com/doi/full/10.1002/car.2811

Scan here for full paper

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Question

To what extent are individual children and their families reported to child protection?

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Method

Population
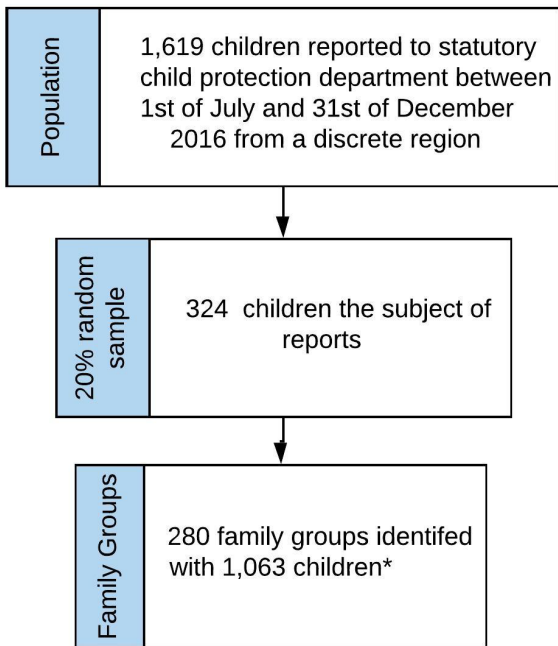
1,619 children reported to statutory child protection department between 1st of July and 31st of December 2016 from a discrete region

20% random sample

324 children the subject of reports

Family Groups

280 family groups identifed with 1,063 children*

*The number of children within families is approximate as there were a small number of duplicate ID numbers for children, and some children will have siblings who were not recorded in the electronic case management system

- Unit record administrative data for all children in the families
- Casefile data, capturing relationship information and the most recent report for each child in the family
- Examined extent of reporting to child protection for index children (6-month, lifetime) and families (lifetime)
- Aboriginal Leadership Group chaired by A/Prof Alwin Chong

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Repeat involvement with Child Protection

40%
of <u>children</u>
re-reported within
6 months
(range 1 to 7)

83%
of <u>children</u>
re-reported over
their lifetime
(range 1 to 51)

86%
of <u>families</u>
re-reported for
different matters
over lifetime
(range 1 to 126)

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Extent of involvement with Child Protection

Number of Unique Reports	Number of families	Proportion of the Sample
1	39	13.9
2 − 4	70	25.0
5 − 9	53	18.9
10 − 20	46	16.4
More than 20	72	25.7

Thank you

Octoman, O., Arney, F., Chong, A., O'Donnell, M., Meiksans, J., Hawkes, M., Ward, F. & Taylor, C. (2022).Tailoring service and system design for families known to child protection: A rapid exploratory analysis of the characteristics of families. Child Abuse Review, 31(5), 1-8. doi: https://doi.org/10.1002/car.2762

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Background

- In 2023, the number of children in out-of-home care (OoHC) was 45,300 increased from 43,100 in 2017

- Aboriginal young people are over-represented (43%)

- Young people face unplanned and accelerated transitions

- Withdrawal of support is associated with poor outcomes

- There is limited population-level evidence for care leavers.

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Navigating Through Life Study

Study 1

- **Linked Administrative Data**
  - Western Australia (population)
  - Victoria (OoHC cohort)

Study 2

- **Mixed Methods Longitudinal Study**
  – 121 care experienced young people followed every 6 months over 4 waves
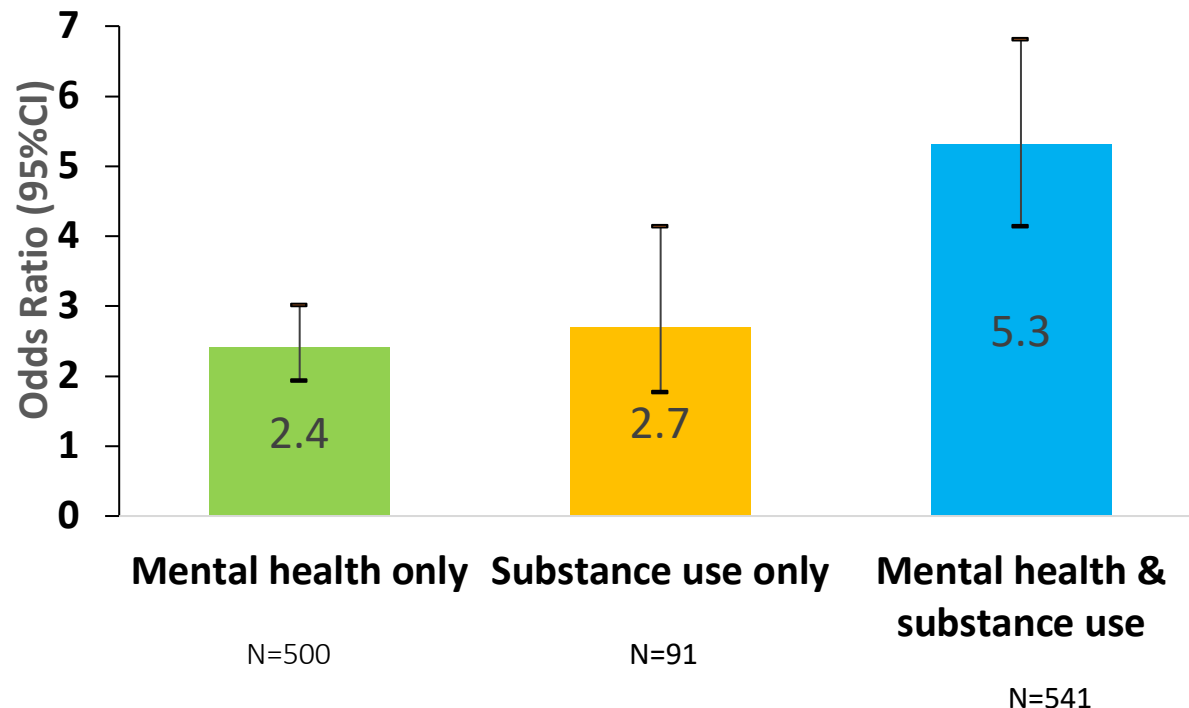
Study 3

- **Place Based Aboriginal Study**

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Predictors of homelessness

Vic OoHC Cohort: Homeless or Unstable housing (N=1,111 (62%)

WA OoHC Cohort: Public housing tenants (N=4,020 (61%)

Odds Ratio (95%CI)

- Mental health only — 2.4 — N=500
- Substance use only — 2.7 — N=91
- Mental health & substance use — 5.3 — N=541

REF: No Mental Health
Adjusted for placement type, age of leaving care, indigenous status, abuse and maltreatment, involvement with the community justice, history of alcohol and drug abuse and history of public housing tenant

Trajectories of Homelessness
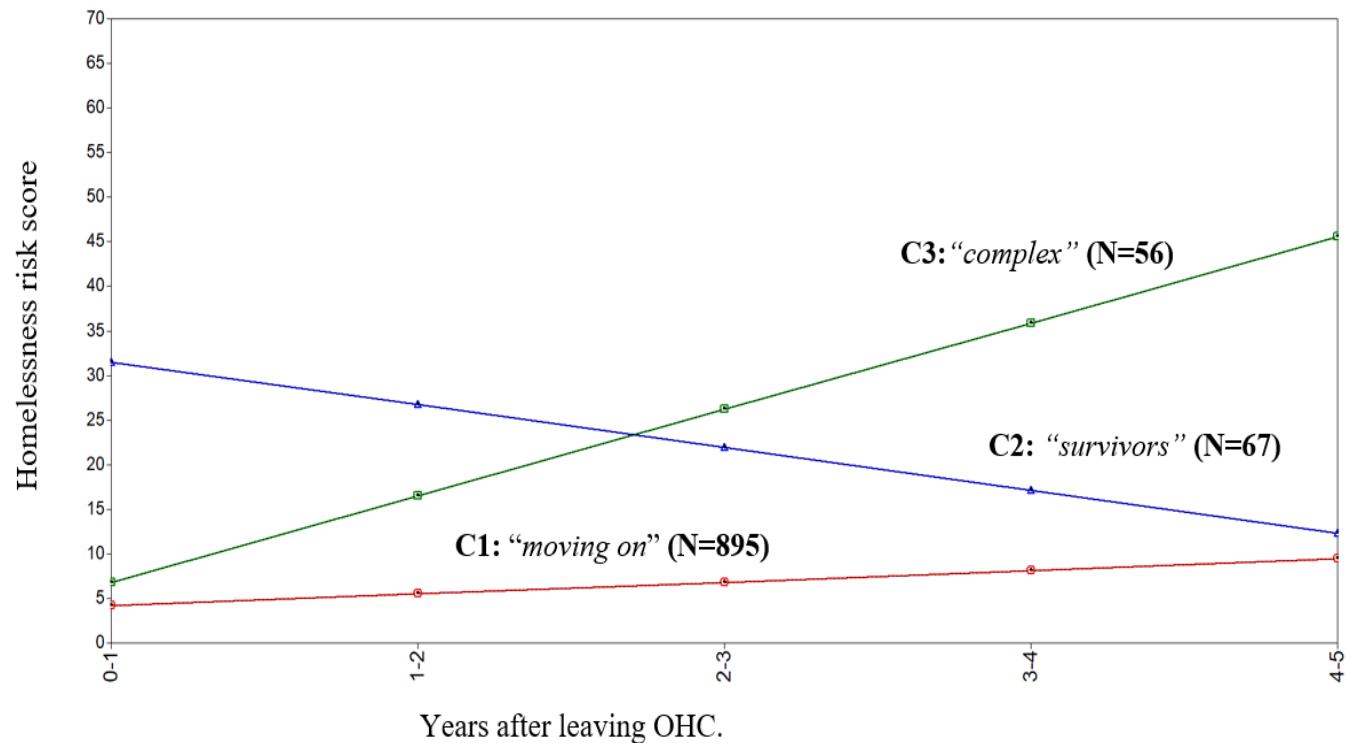
References

- Chikwava, F., Cordier, R., Ferrante, A., O'Donnell, M., Speyer, R., Parsons, L. (2021). Research using population-based administrative data integrated with longitudinal survey data in Child Protection Settings. A Systematic Review. *PloS One,* doi: https://doi.org/10.1371/journal.pone.0249088

- Chikwava, F., O'Donnell, M., Ferrante, A., Pakpahan, E., Cordier, R. (2022). Patterns of homelessness and housing instability and the relationship with mental health disorders among young people transitioning from out-of-home care: Retrospective cohort study using linked administrative data. *PloS One*, doi: https://doi.org/10.1371/journal.pone.0274196

- Chikwava, F., Cordier, R., Ferrante, A., O'Donnell, M., Pakpahan, E. (2024). Trajectories of homelessness and association with mental health and substance use disorders among young people transitioning from out-of-home care in Australia. *Child Abuse & Neglect*, doi: https://doi.org/10.1016/j.chiabu.2024.106643

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Australian Centre for Child Protection's 20th Birthday Symposium

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Break

12.45pm - 1.15pm ACDT

10.15am - 10.45am AWST

1.15pm - 1.45pm AEDT

#ACCP20yrs #ACCP #ChildProtection

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Centre for
Child Protection
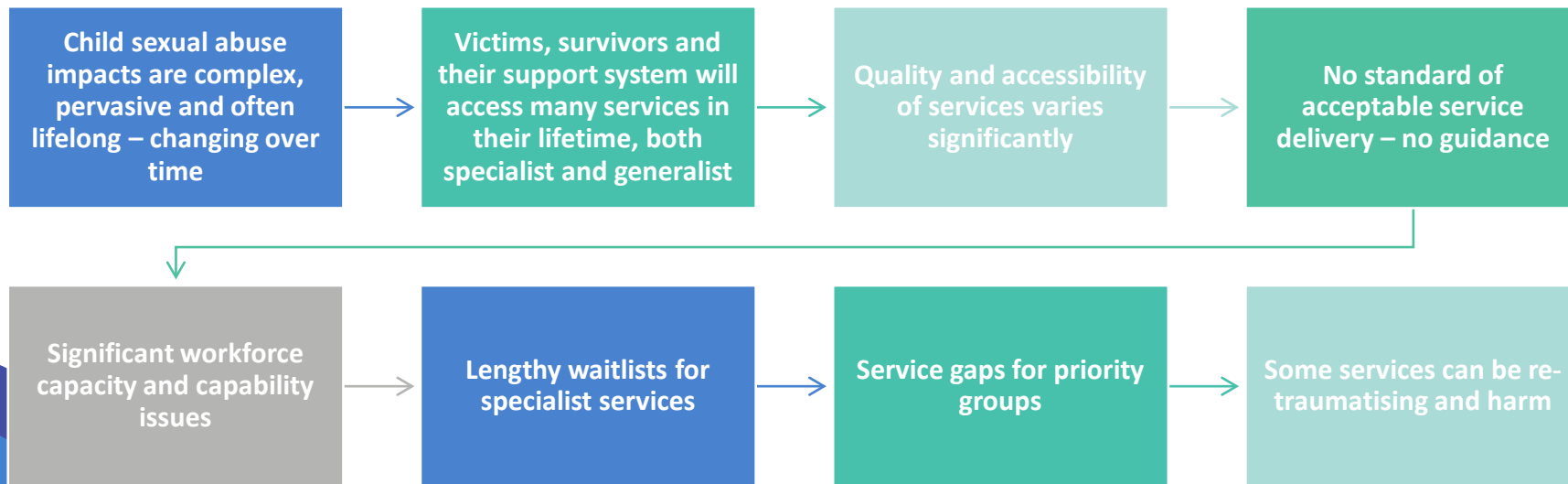
Enhancing Practice

1.15pm - 2.30pm ACDT

10.45am - 12.00pm AWST

1.45pm - 3.00pm AEDT

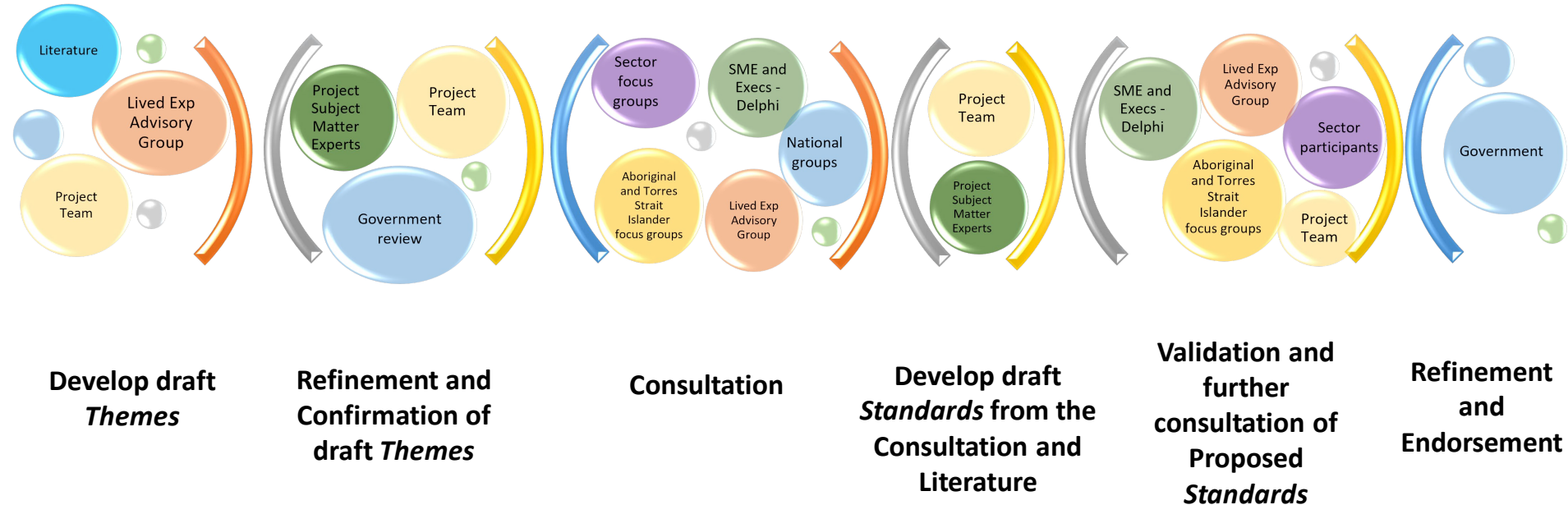# Australia's Minimum Practice Standards for Services Responding to Child Sexual Abuse

Amanda Paton

Deputy Director, Practice

University of
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Why we needed minimum standards?

Child sexual abuse impacts are complex, pervasive and often lifelong – changing over time

→ Victims, survivors and their support system will access many services in their lifetime, both specialist and generalist

→ Quality and accessibility of services varies significantly

→ No standard of acceptable service delivery – no guidance

Significant workforce capacity and capability issues

→ Lengthy waitlists for specialist services

→ Service gaps for priority groups

→ Some services can be re-traumatising and harm

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Creating the Minimum Practice Standards

The Standards have been created via extensive consultation, research, surveys and reviews through an iterative process.

Develop draft *Themes*

Refinement and Confirmation of draft *Themes*

Consultation

Develop draft *Standards* from the Consultation and Literature

Validation and further consultation of Proposed *Standards*

Refinement and Endorsement

The minimum practice standards

The six standards are underpinned by three core values, and detail the minimum expectations for safe and effective service provision

Elements of the Standards

Each Standard has three key elements expressing their intent and practical application

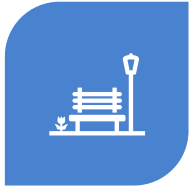**Standard Definition** provides the intent of the Standard and how compliance with the Standard demonstrates the provision of safe, effective services.

Values Statements provide details of how each Core Value is connected and demonstrated as part of the Standard.

Standard Indicators guide organisations regarding the types of qualities or characteristics that will be evident if they display the Standard.

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Implementation guidance

The Standards are accompanied by an Implementation guide designed to provide guidance on what the Standards look like in practice and how to assess implementation and track progress.

- Expresses the Standards in terms of what they look like across different levels
  - Clients' experience and awareness
  - Organisational and service activities
  - Policies, procedures and documentation
 - Staff/ management/ board knowledge and practice

- Three-point competency scale

WORKING TOWARDS → MEETING → EXCEEDING

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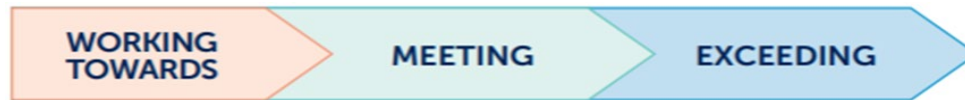
Service users experience and awareness

A SAFE AND WELCOMING SPACE, WHERE YOU FEEL LIKE YOU BELONG

CHOICE OF WORKERS, TYPE OF SERVICE, FORMAT ETC
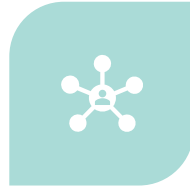
A WORKER WHO IS EMPATHIC AND UNDERSTANDS YOU – CAN EXPLAIN WHAT THE SERVICE IS, WHAT AND WHY A PARTICULAR RESPONSE WILL HELP YOU

CLEAR AND TRANSPARENT INFORMATION ABOUT CONSENT, PRIVACY AND CONFIDENTIALITY, HOW YOU CAN ACCESS YOUR FILES, PROVIDE FEEDBACK ETC

ORGANISATIONS ENGAGE WITH EACH OTHER EFFECTIVELY TO SUPPORT YOU

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Organisational and service activities

– Relevant accreditation (e.g. child safe, trauma informed model)

– Partnerships with other agencies and services (e.g. ACCO's); access to consultation for speciality areas

– Regular staff training and access to supervision

– Multiple and accessible environments; regular safety and audit checks

– Follow cultural recognition and practices

– Engage with family, supports and other support services

– Quality management system; HR; professional development; records management systems

– Engagement of lived experience views in organisational matters/ governance

– Staff safety mechanisms

– Supervisors with higher level training and expertise

– Transparent management and board structures

– Historical recognition and reparation of past harms

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Policy and procedures

Informed consent processes, document management, sharing of information, document retention processes	Intake, assessment, case planning and review processes	Risk management
Environmental checks, safety audits etc	Code of conduct and child safe policy – including reporting mechanisms	Board governance, strategic plans and business continuity plans – evidence of regular reviews

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Workers demonstrated knowledge

Cultural safety

Dynamics and impacts of child sexual abuse; trauma informed practices; intersectionality

How to work with a range of communities (e.g. vulnerable older adults, those with an intellectual or physical disability, LGBTQIA+ etc)

How to support victims, survivors and their supporters to make informed choices

The model of service delivery and how to explain this in an accessible way

Barriers to engagement and how they can support individuals to engage

How, when and why an individual may need specialist supports

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Final thoughts on implementation

- Standards are currently voluntary
- Some standards are easier to implement than others
- Service system has many gaps and disparity between agencies and jurisdictions
- Services require additional funding and workforce capacity to implement
- Workforce attraction, retention and sustainability are complicating issues
- Sustainable workforce development required
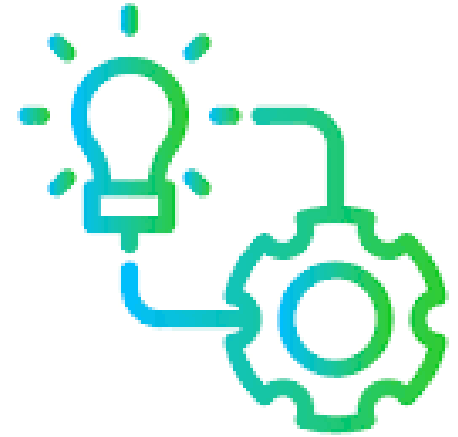
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Agenda

- Capacity versus need
- Challenges faced by the workforce
- ACCP approach
- Our offerings
- The Graduate Certificate in Childhood Trauma
- Overall outcomes

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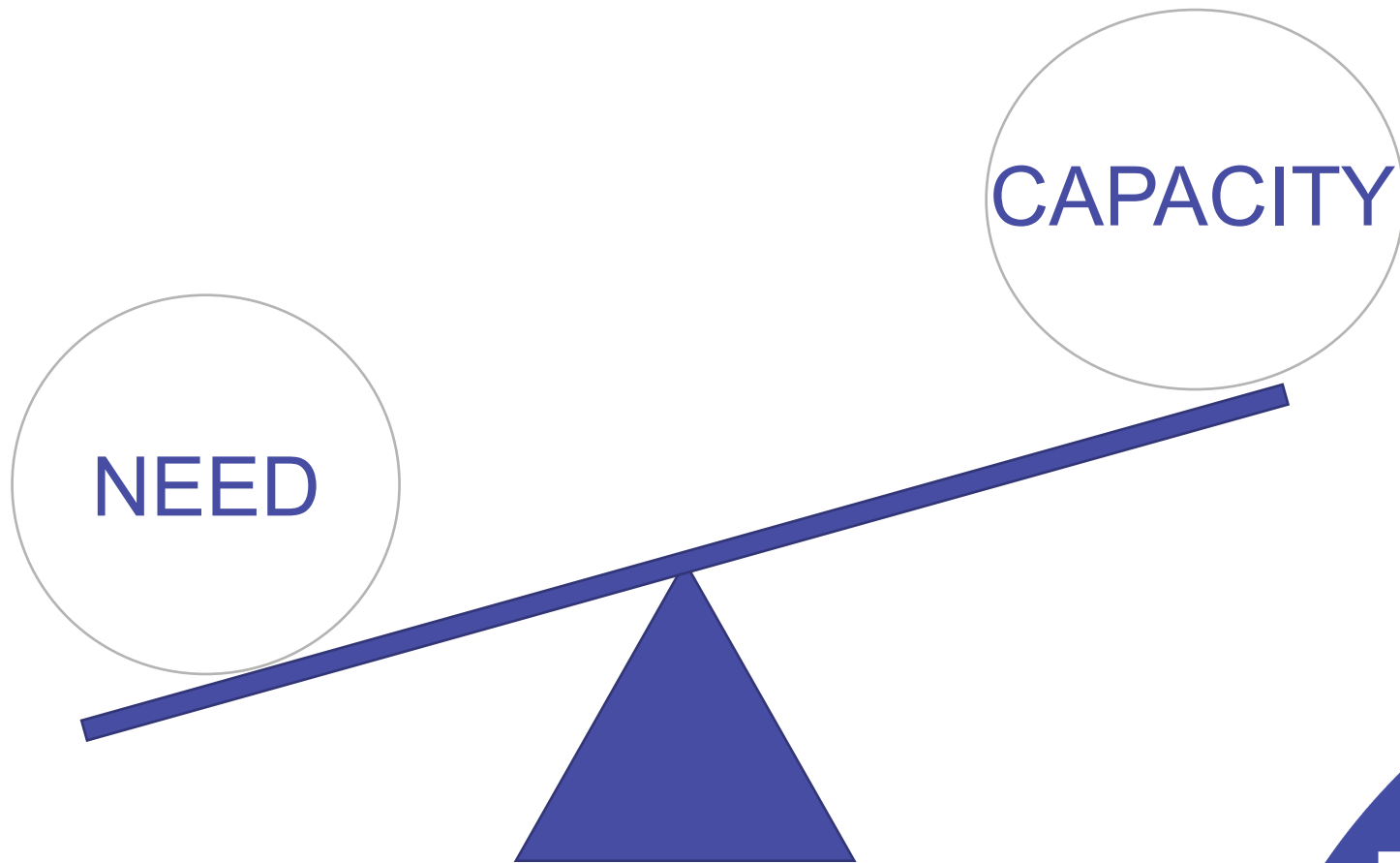
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Capacity building challenges

Reduced outcomes for children

- Geographic isolation
- Poor access to PD
- Trauma informed knowledge and practice lacking
- Under resourcing
- High stress, burnout and turnover

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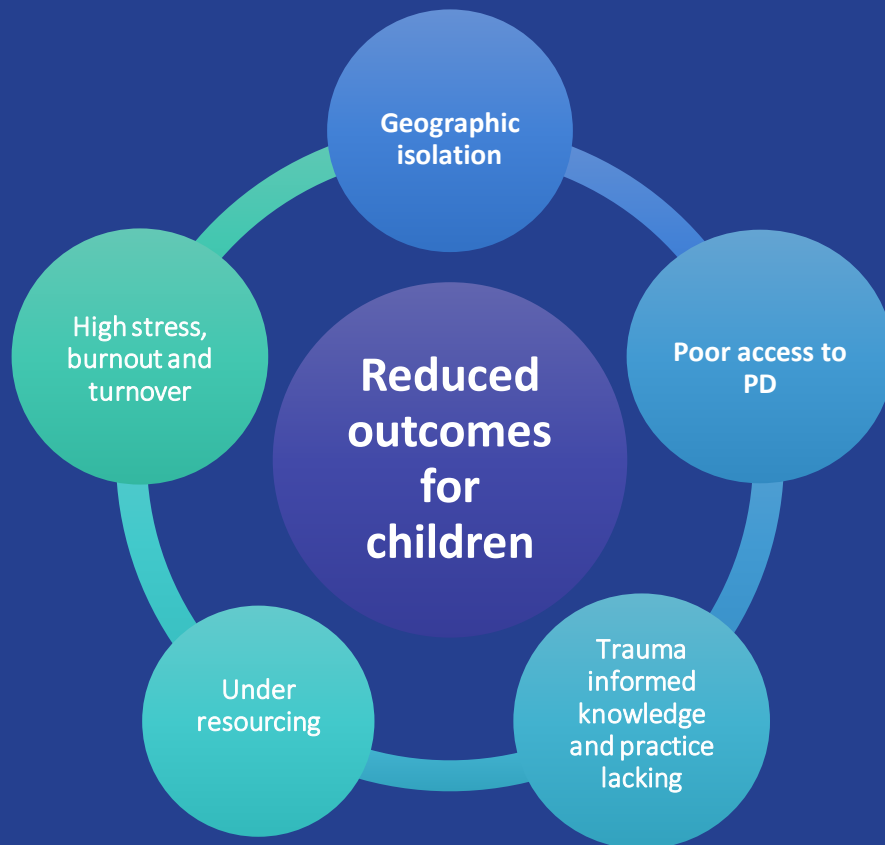
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ACCP approach

University accredited

Development combined clinical, research, cultural and specialised teaching and practice expertise

World class 24/7 online learning platform

Low cost/no cost options - with support for cohorts from philanthropy and gov
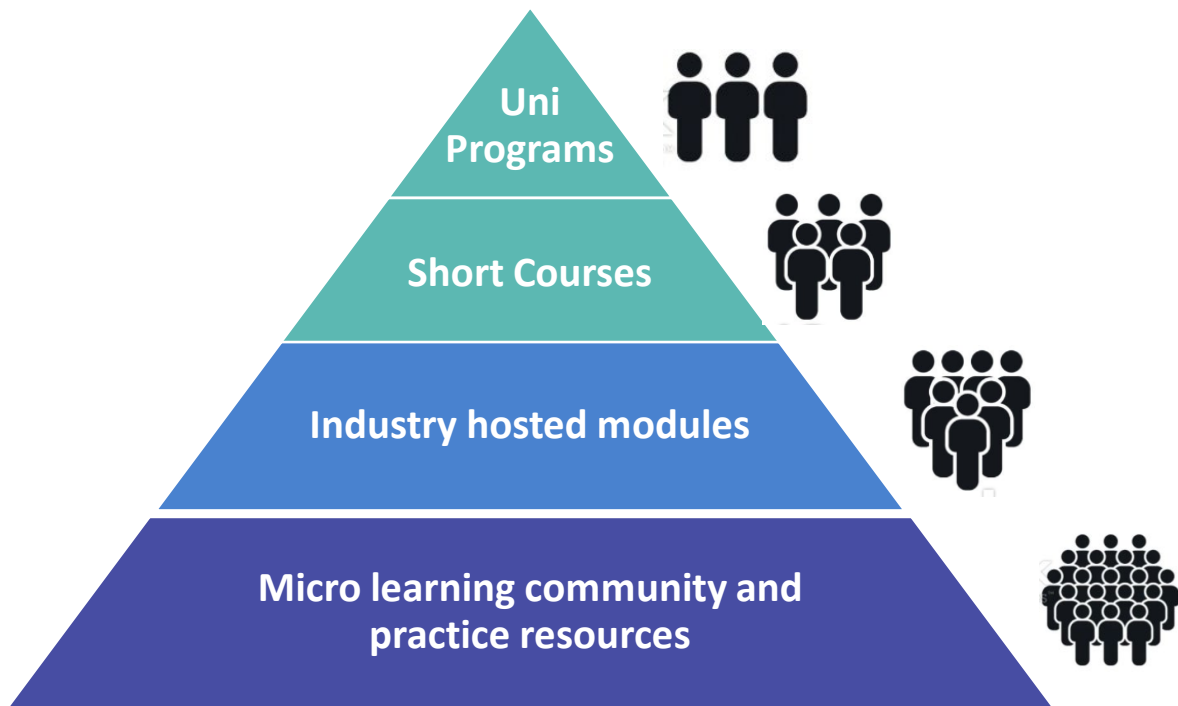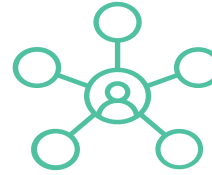
Graduate Certificate in Childhood Trauma

Asynchronous and synchronous learning

Child Protection and related workforce

10 weeks, 10-15 hours per week

5 Communities of Practice Workshops

Varied Authentic Assessment formats

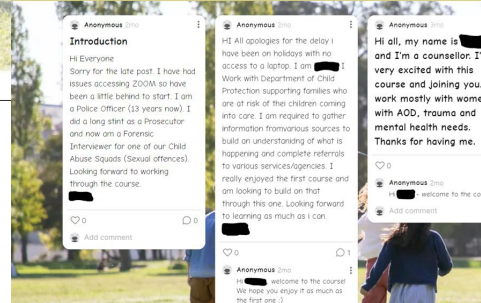Improving the lives of vulnerable children.

Research Practice Teaching

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Engaging online content

Watch: Amanda and Sian discuss the impact of HSB sanctions on young people (9.08 mins)

Case Study Characters

Course Workbook and Community of Practice

Professional Certificate in Responding to Childhood Trauma

Bringing the Assessment session to a close

Powered by Panopto

Introduce yourself - Assessing CHT course 2022 (1)
Tell us a bit about yourself and get to know your fellow students

Community of Practice

A LEARNING DOMAIN

A COMMUNITY OF PEOPLE

A FOCUS ON PRACTICE

Provide connection

Share knowledge and skills

Translate knowledge into practice

Improve wellbeing

Authentic Assessment

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Overall Outcomes

Increased access to PD

Consolidated Learning

Affirmed & Supported

Empowered & Invigorated

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Context

Placement dynamic and structure

Time

Carer role

Understanding and responding to HSB

Support, resources and previous training

Beliefs and values

Lived experience

Emotional experience

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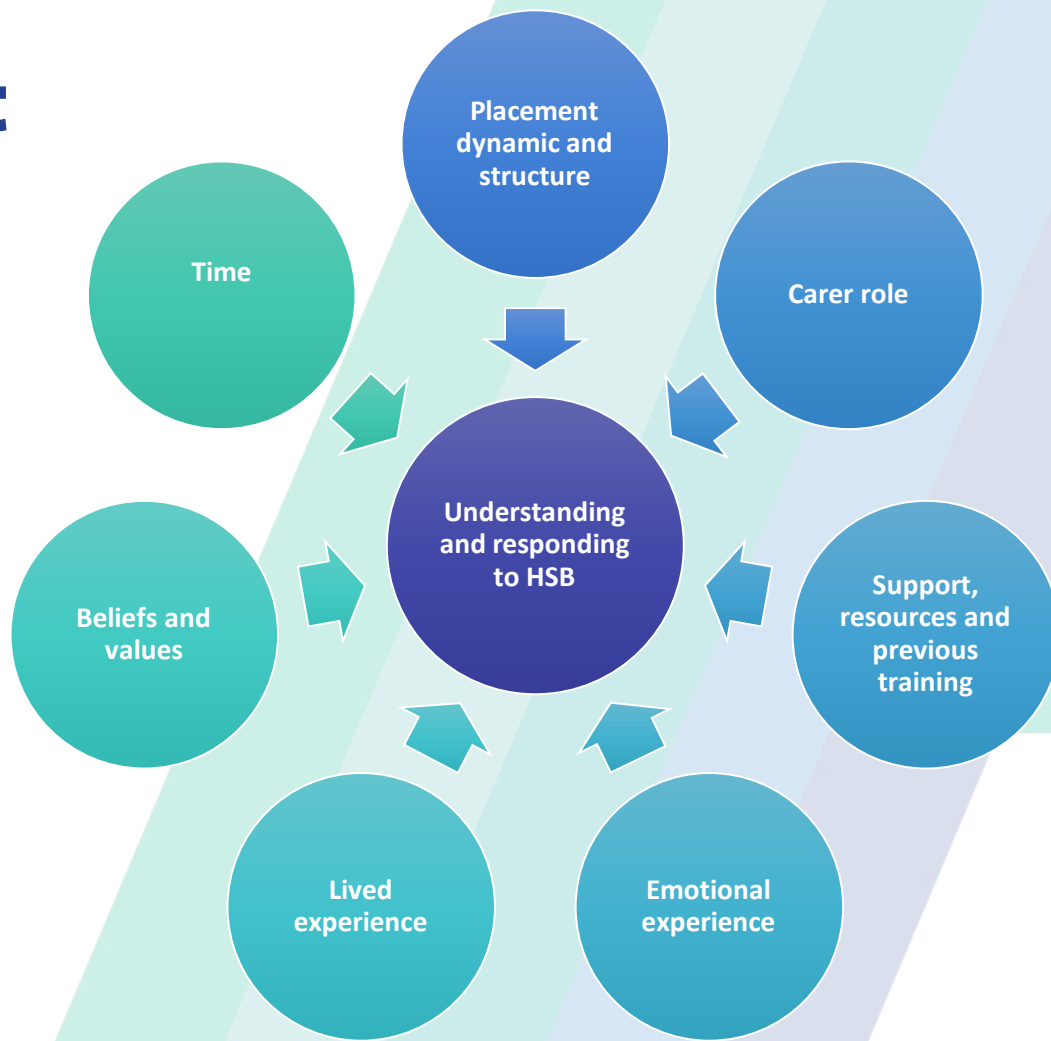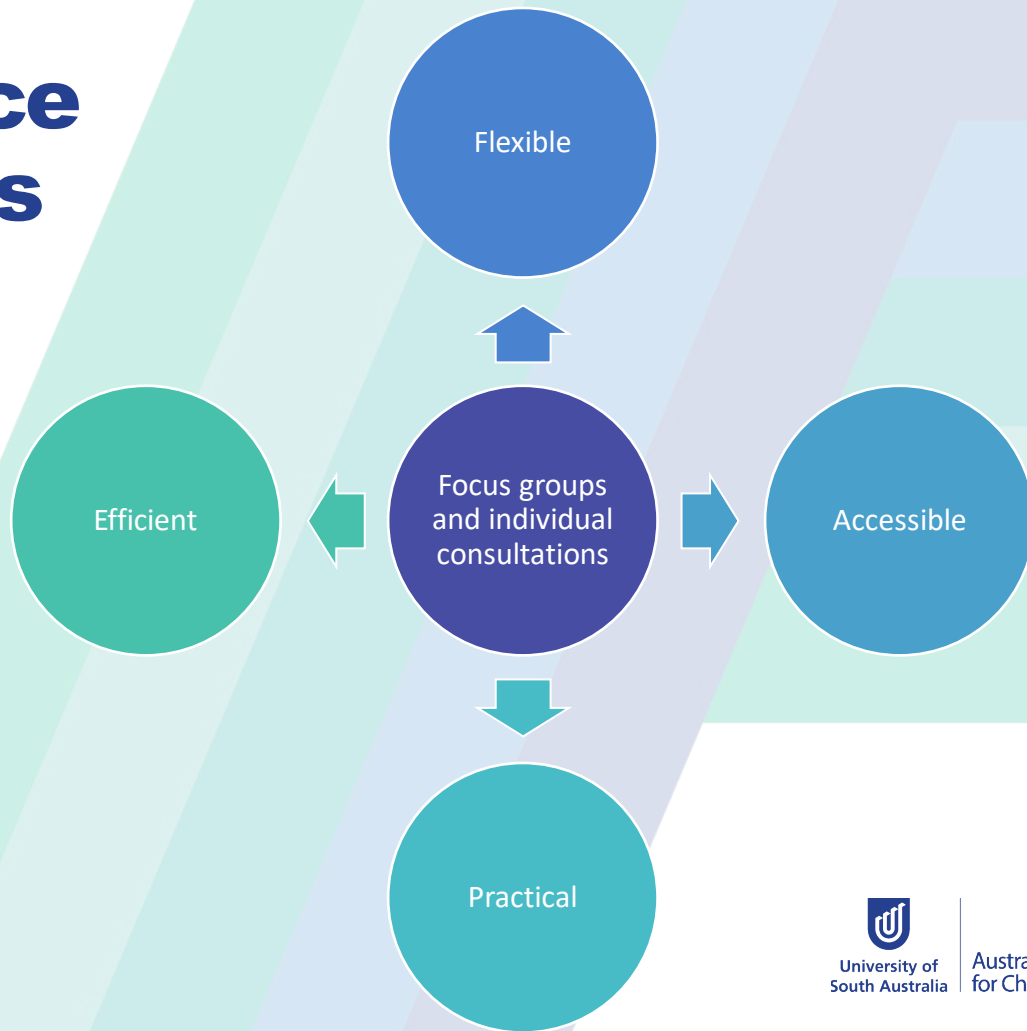
Approach

- Tailoring content and resources to unique carer needs
- Separated training and resources
- Platform navigation
- Practice team specialists
- Alignment with contemporary research and practice

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Application

Understanding Harmful Sexual Behaviour

Understanding Developmentally Appropriate Sexual Development

Learn More

Ages and Stages of Typical Sexual Development

Learn More

What are Harmful Sexual Behaviours and Why Do They Develop?

Learn More

Understanding Harmful Sexual Behaviour on a Continuum

Learn More

How to Talk About Harmful Sexual Behaviour

Learn More

Impacts of Harmful Sexual Behaviour on the child and carer

Learn More

Preventing Harmful Sexual Behaviour

House Rules

Learn More

Protective Behaviours

Learn More

Respectful Relationships

Learn More

Sex, Sexting, and the Law

Learn More

Coercion and Consent

Learn More

Cyber Safety

Learn More

Pornography

Learn More

Responding to Harmful Sexual Behaviour

Managing a Disclosure of HSB

Learn More

Managing an Incident of HSB

Learn More

Recording and Reporting a disclosure or incident of HSB

Learn More

Self-care, relaxation and support for Carers and Children

Learn More

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Application

What Does Consent Sound Like?

What Consent Sounds Like	What Coercion Sounds like
"Is it okay if I give you a hug?"	"If you liked me you would do it."
"Are you okay with kissing?"	"If you really cared about me, you would do it."
"Would you like me to touch you there?"	"If you trusted me, you would do it."
"Can I check if you still want to do this?"	"It's no big deal, everyone else is doing it"
"Are you still enjoying doing this?"	"What's wrong with you?"
"Do you want me to stop?"	"you're such a baby."
"Are you comfortable with me putting my arm around you?"	"You're so frigid."
"Is it alright if I share this photo of us online?"	"If you don't do it I'm going to.....".
"Can we talk about boundaries and what we both want in our relationship?"	"You'll regret not doing this."
"Can I tell my friends about what you told me?"	"You're making such a big deal out of this"
"Do you feel ready to take our relationship to the next level?"	"This is what girlfriends and boyfriends are supposed to do."
"Do you feel ready to have sex with me?"	"Have a drink, it will relax you."
"Are you still ok with this or have you changed your mind?"	"Well she didn't say no, she was silent so I took that as a yes"
	Come on please, I love you

Download what consent sounds like.pdf
3.5 MB

Understanding Harmful Sexual Behaviour

In Australia, the National Office for Child Safety in consultation with the National Clinical Reference Group (NCRG), developed the following working definition of HSB:

'Harmful sexual behaviours (HSB) are:

1. sexual behaviours displayed by children and young people that fall outside what may be considered developmentally expected or socially appropriate,

2. may cause harm to themselves or others,

3. and occur either face to face and/or via technology.

When these behaviours involve others they may include

4. a lack of consent, reciprocity and mutuality,

5. and may involve the use of coercion, force, or misuse of power'.

(Attorney-General's Department (2023). National Strategy to Prevent and Respond to Child Sexual Abuse. (2021–2030): First Annual Report. 2023. Canberra.)

Understanding the Terminology

Reciprocity	Mutuality	Consent
Click image to enlarge	Click image to enlarge	Click image to enlarge

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HOME SAFETY IDEAS

Public and Private Areas	Private Behaviours In Private Areas
Establish clearly defined 'public' and 'private' areas of the house. Use pictures to visually display public and private areas for younger children.	Private behaviours must take place in a private room of the house. Private behaviours include dressing/undressing, washing, showering, bathing, toileting, touching or exposing private body parts.
Technology In Public Areas	**Routines**
Computers, phones and tablets should be used in public areas. Establish time limits on use of technology and internet access.	Establish a clear routine for morning, bedtime, bathtime and shower time.
Reduce Rough Play	**Bathroom/Toilet Door Closed When in Use**
Reduce or eliminate rough play where possible.	Establish a rule that the bathroom and toilet door must be closed when in use by a child, young person or adult. It should be kept open at all other times when not in use.
Private Areas To Be Used Alone	**Younger Children Can Ask An Adult For Help**
One person in the bathroom/toilet at a time. All children and adults must use the bathroom and toilet separately.	Younger children can ask a safe adult for help in the toilet/bathroom if needed.

RESPONDING to an incident of HARMFUL SEXUAL BEHAVIOUR

SELF REGULATE
Stop and take a breath. Before you react, take a moment to regulate yourself so you can think more clearly.

STOP THE BEHAVIOUR
Use verbal instruction to stop the behaviour. Speak in a calm, clear voice. Ask the child to stop what they are doing.

SAY WHAT YOU ARE OBSERVING
In objective language clearly state what you are observing and ask the child to stop. "Please stop touching your penis in the lounge room."

STATE WHY IT IS NOT SAFE & THE EXPECTED BEHAVIOUR
Explain why the behaviour is not safe. State the behaviour you want to see from the child. "It is not safe to touch your private parts in a public place"

SEPERATE & REDIRECT
Redirect the child to a neutral activity. If multiple children were involved, redirect each child to a separate, neutral activity.

INCREASED SUPERVISION
Keep line of sight supervision on the child who displayed the behaviour until you seek further guidance on safety planning.

SUPPORT AND CHECK IN
Check in individually with each child. Ask for their perspective on what happened. Provide support and comfort. Check for injuries.

SAFEGUARDING PROCEDURES
Record & report the incident as required by your organisational safeguarding procedures.

SELF-CARE, SUPPORT & SELF COMPASSION
Acknowledge your feelings and support yourself through the incident with acts of kindness, self-care & Self-compassion.

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Next steps

- Launch resources on an accessible platform

- Dissemination to carers

- Coincide with 1 hour course on Understanding HSB for WA Child Protection workforce

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What is international child abduction?

Removal of child from country of habitual residence by parent without permission of a court or the other parent

- Taking parent is usually primary carer, often fleeing violence or other difficult situation

Proceedings are governed by *Hague Convention on the Civil Aspects of International Child Abduction*

- Abduction is generally considered to be against children's best interests

- Convention requires court to make an order that children be returned forthwith, subject to very limited exceptions

- Proceedings are summary: generally no inquiry into the rights and best interests of individual children

What does it mean to enhance practice in Family Law (from a child protection perspective?)

– Children are listened to
  – The methods by which children's views are heard enable meaningful participation

– Children's rights are respected (UNCRC)
  – Including their right to protection and their right to express their views

– Children are not ordered into situations of danger

My research aims to refocus a child abduction inquiry away from the actions of parents and toward the *rights and interests* of the child

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My research

- M Fernando and N Ross, 'Stifled Voices: Hearing Children's Objections in Hague Child Abduction Convention Cases in Australia' (2018) 32 *International Journal of Law, Policy and the Family* 93-108

- M Fernando, 'Children's Objections in Hague Child Abduction Convention Proceedings in Australia and the "Strength of Feeling" Requirement' (2022) 30 *International Journal of Children's Rights* 729-754

- M Fernando and J Mant, 'Hearing Children's Objections in Hague Child Abduction Proceedings in England and Wales, Australia, and the USA' (2023) 12(4) *Laws* 69-80

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My activities

– Submission to Australian Government on proposed amendments to the *Family Law Act 1975* (2023)

– Submission to the Senate Committee on Legal and Constitutional Affairs on strengthening children's rights and participation (2023)

– Gave evidence to the Senate Committee on Legal and Constitutional Affairs on proposed amendments and the child's voice (2023)

– Presented to Family Law Council on enhancing the voices of children in family law (2023)

– Presented at the Hague Forum on Family Violence and Grave Risk of Harm in International Child Abduction (2024)

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Legislative reform

Family Law Amendment Act 2023 made a number of changes to how courts make decisions for children.

In relation to international child abduction:

1. Repeal of provision that allowed appointment of Independent Children's Lawyers only in 'exceptional circumstances'

2. Repeal of provision that stated children's objections to being returned to their home country must not be taken into account 'unless the objection imports a strength of feeling beyond the mere expression of a preference or of ordinary wishes' (based on my research and advocacy)

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Next steps

– Investigate capabilities, barriers and capacity building to enable Independent Children's Lawyers to properly represent the views and interests of children

– Study of cases to determine whether changes to child abduction laws have made a difference to how children's voices are heard

– Changing judicial attitudes to listening to children
  – Examples of judges writing judgments or letters to children, meeting with children

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Panel Discussion with Amanda Paton, Emily Russell, Amber Alexander & Dr Michelle Fernando

Questions that drove this research

–Do we all agree on what Complex Trauma Means?

–Are we all talking about the same thing?

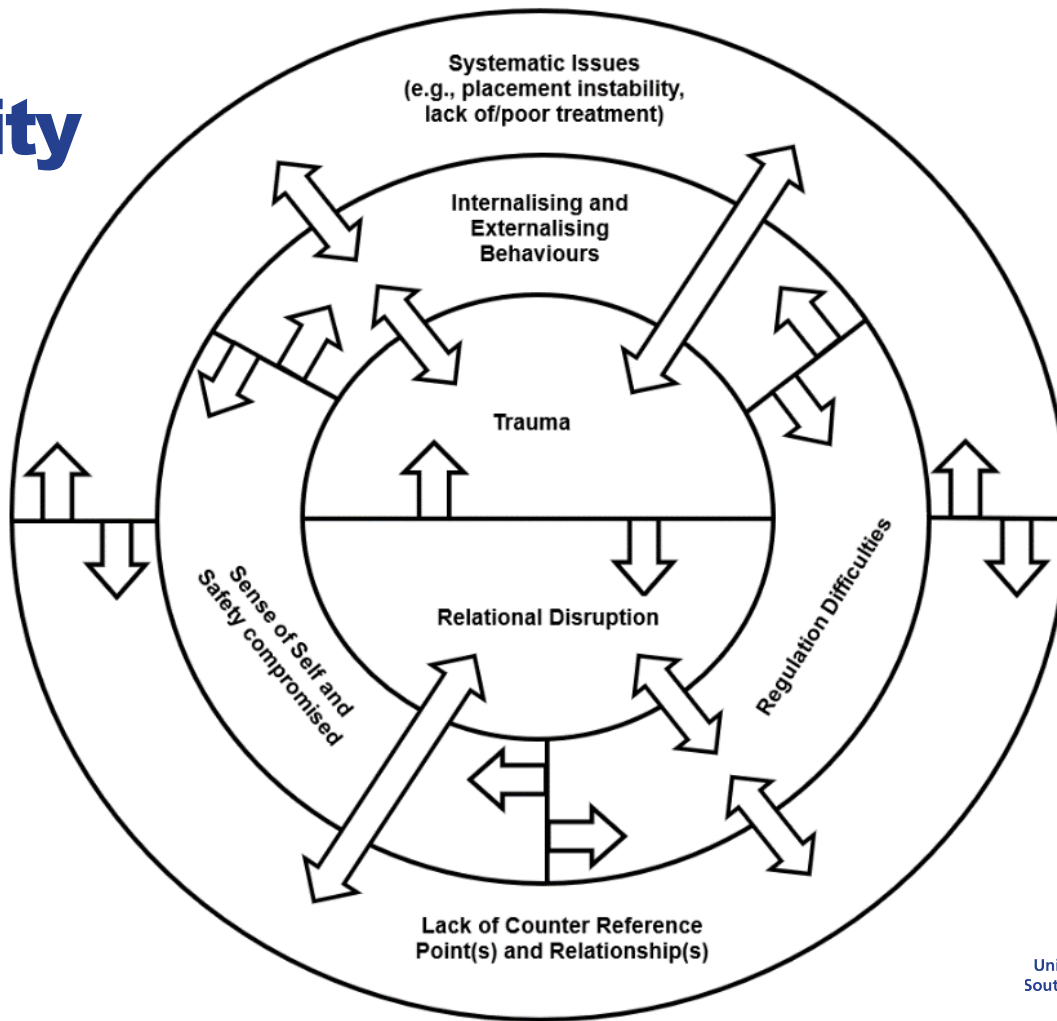University of South Australia | Australian Centre for Child Protection
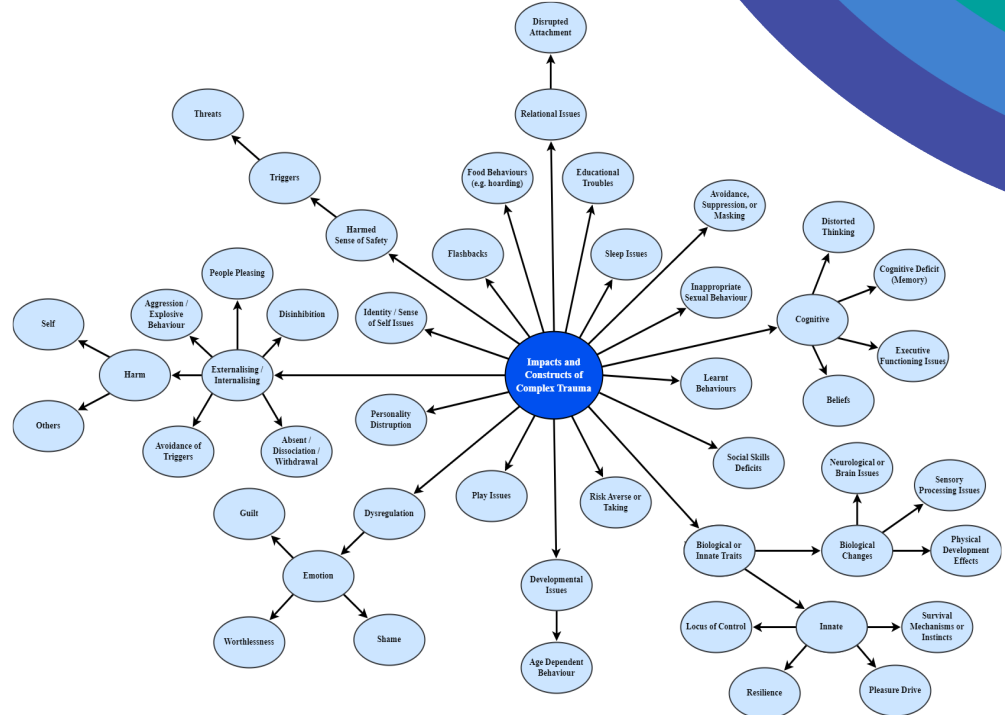
Methods

–Group interviews

–Participants:
      10 professionals

–Semi-structured

–Follow up
   Member-checking survey

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Non-Linearity of Impacts

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A Rapid Evidence Assessment of Evaluations of Residential Therapeutic Care Models 2013-2023

Danielle Perfect

Dr Eden Thain

Professor Leah Bromfield

Amanda Paton

Kelly Winslade

Sian Burgees

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We conducted a Rapid Evidence Assessment to assess the current state (quality and kind) of evidence for therapeutic residential care models.

i)   The Sanctuary Model®

ii) Children and Residential Experiences (CARE)

iii) The Life Model of Residential Care for trauma-affected children and young people

iv) The Teaching Family Model

v)   Emotional Warmth Model of Professional Childcare

vi) Trauma-informed Care

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While there is theoretical evidence for the importance of therapeutic responses to children in care, there is limited research into the evaluation of therapeutic residential care models. As such, clear recommendations for best practice remain difficult to establish.

Thank you

For more information, email:
danielle.perfect@unisa.edu.au

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Human-centered service delivery

The key to interdisciplinary practice

Dr Sarah Seekamp

University of South Australia | Australian Centre for Child Protection

Interprofessional collaboration with and for families

Benefits

Families: coordinated support for complex issues

Practitioners: enhanced assessment and access to resources

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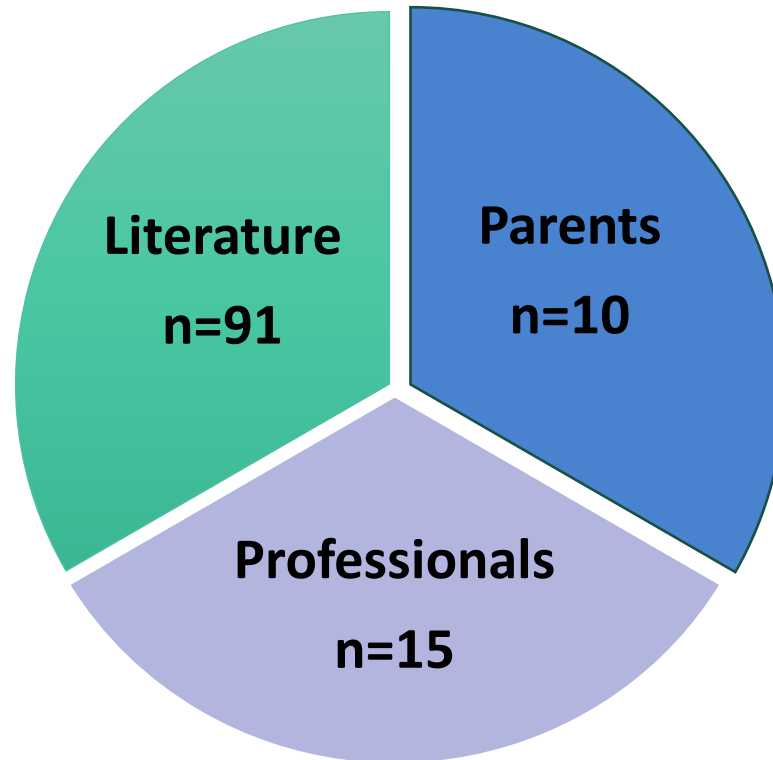for Child Protection

Research Aim

Explore collaborative practice between the range of professionals involved in supporting families known to child protection as well as between these professionals and parents.

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Research Approach: Multi-dimensional evidence-based practice

Findings- *Human-focused service delivery*

- Practitioner - family relationships

- Tailored approaches to support

- Lead case management

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Practitioner-family relationships

"the person she [mother] lent on all the way through this journey was the case worker in our team. We tried to refer her to mental health, but she disengaged from them and would come back. So, then my staff member and myself needed support and advice [from mental health] of what to do to support her until she was ready for a referral."

(Family support manager)

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A tailored approach

"I think there is a family having four different plans from different agencies. And the family is just,… What am I supposed to do? How many hoops do I have to jump through?" (Professional)

"Instead of asking us what we need or want, they've been telling us what we need and what we have to do." (Parent)

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Lead case management

–Partnership with families

–Drive collaboration and tailoring of response

–Hold services accountable to family friendly practice

–High risk tolerance

Lead case management

"…you need good leadership. You need good commitment to keeping teams on track and holding everybody accountable to the intervention that has been planned with the family." (Professional)

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Recommendations for practice & research

- A shared commitment across services to practitioner-family relationships

- Systems that support flexible services responses

- Lead case management warrants attention and further exploration

References

– Seekamp, S., Ey, L. A., Wright, S., Herbert, J., & Tsiros, M. D. (2022). Service delivery goals and underlying interprofessional practices: a scoping review to support interprofessional collaboration in the field of child protection. *Children and Youth Services Review*. https://doi.org/10.1016/j.childyouth.2022.106680

– Seekamp, S., Ey, L. A., & Tsiros, M. D. (2023). Partnering with families known to child protection in an interprofessional context. *Child Abuse and Neglect*. https://doi.org/10.1016/j.chiabu.2023.106426

– Seekamp, S., University of South Australia. UniSA Justice and Society., & University of South Australia. UniSA Justice and Society. (2024). *Exploring collaborative practice and shared goals for families known to child protection*. Thesis (PhD(Psychology))--University of South Australia, 2024.

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Thank you

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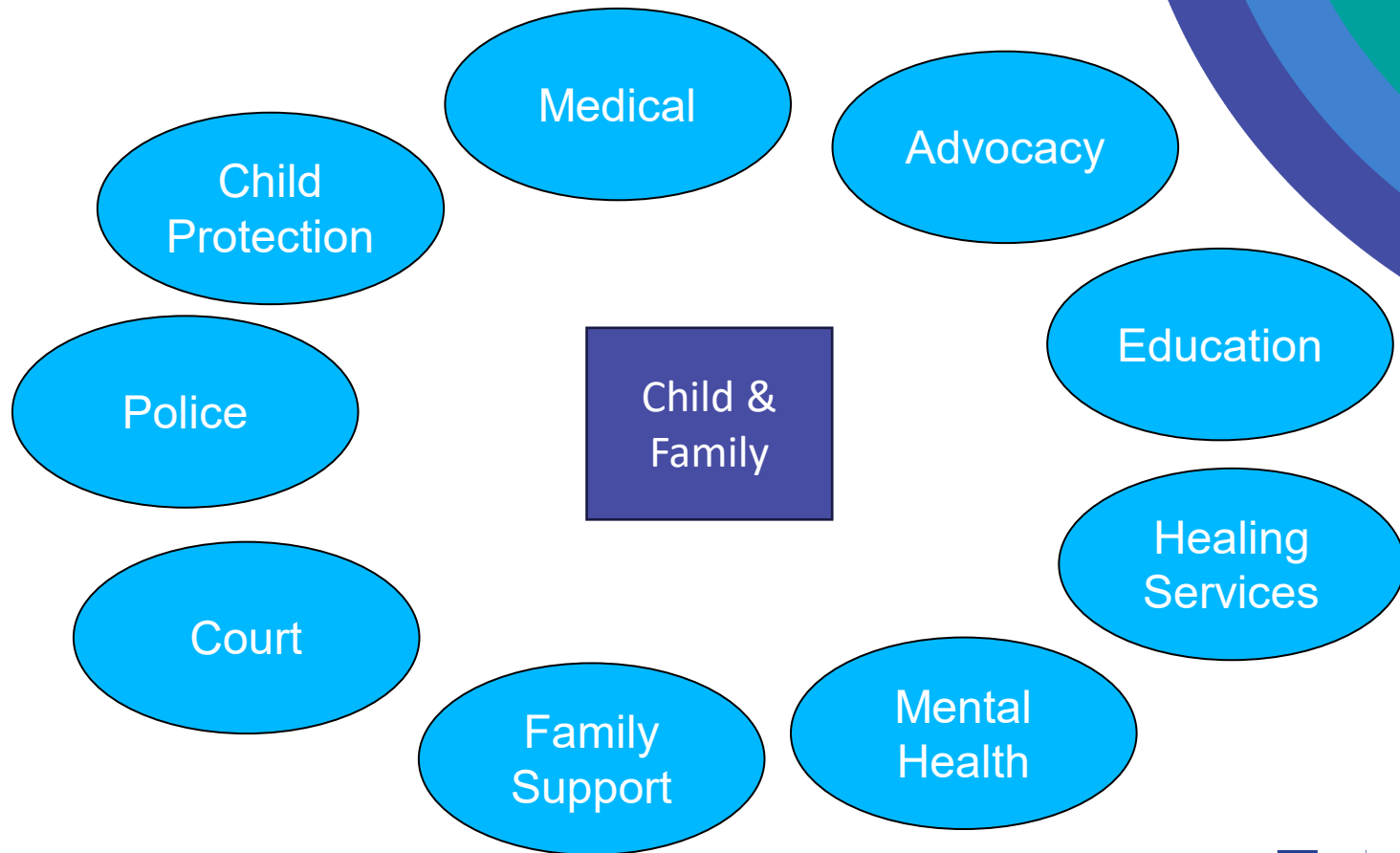
Standards

01. Multidisciplinary Team Standard

02. Diversity, Equity and Access of Services Standard

03. Forensic Interview Standard

04. Victim Support and Advocacy Standard

05. Medical Evaluation Standard

06. Mental Health Standard

07. Case Review and Coordination Standard

08. Case Tracking Standard

09. Organizational Capacity Standard

10. Child Safety and Protection Standard

CAC Survey

CoE Report

Survey of US CAC Directors
- Small number of highly resourced urban centres with in-house services and co-location of agencies.
- Most are in small communities (<300 cases), operate more as a shared office and interview facility.

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International Context

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Australian Context
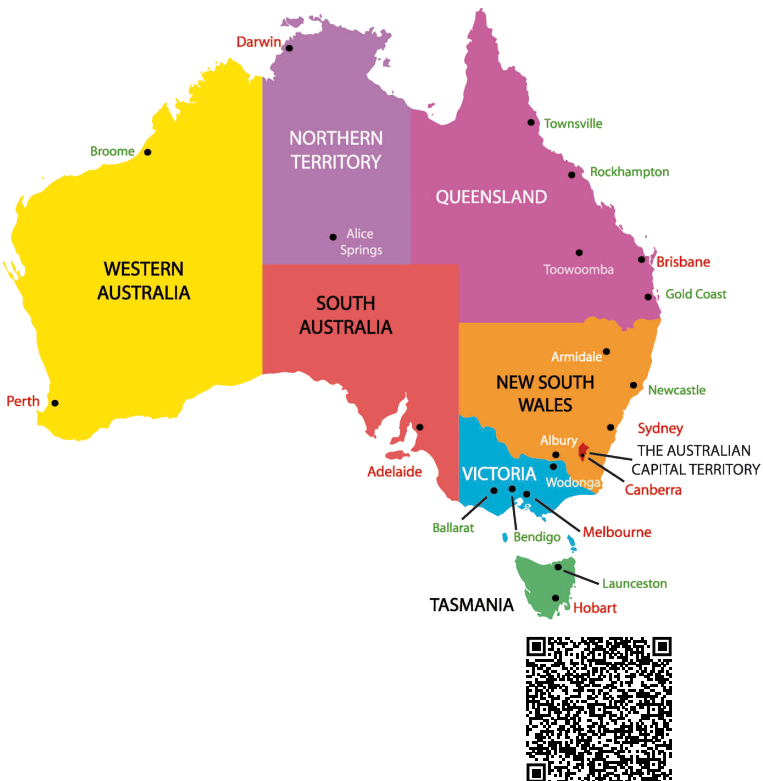
- MIST (WA): Three Sites
- MDCs (Vic): Seven Sites
- JCPRP – Formerly JIRT (NSW): State-wide (22 sites)
- South Australia State Interagency Response: State-wide
- Child Abuse Taskforce (NT): State-wide (2 sites)
- Suspected Abuse & Neglect Teams (Qld) (30 sites)
- ARCH (Tas) (1 site)

National Comparison

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MIST Evaluation

Key Differences:
- Co-Location;
- Earlier involvement of investigating officer, interviewer and CPFS worker;
- Involvement of the Advocate at the point of interview;
- Localised response;
- Advocate and therapeutic service follow-up on cases;

MIST Evaluation

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MIST Evaluation

– Support and therapy take-up
– Service satisfaction
– Timeliness

– Disclosure, POI Interview, Arrest, Charges
– Assessment, CP Action

MIST Evaluation

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Evidence for MDT Responses

(1) CJ Focused Evidence Base
(2) Caregiver Satisfaction
(3) Limited Research on Child and Family Outcomes;
(4) Some evidence of increased referral & receipt of services

Comparison to conditions very different in previous studies to evaluation context.

MDT Evidence Review

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Conclusion

- Match MDT mechanisms to clear and specific inter-agency issues
- Addressing the harms of abuse and preventing revictimization should be a focus (rather than the justice system)
- Opportunities to incorporate cultural knowledge and context into case responses
- Clear multi-agency standards would at least highlight the aspiration for system responses

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