

Policy Position: Public Health Model for Australian Child Protection Systems

Purpose

This policy provides the Benevolent Society's public position on the need to develop and fund a public health model approach to child wellbeing and safety to drive better outcomes for children and their families early. The policy recognises the national and international support for the public health model and supports further research, analysis and investment to deliver reform to Australian systems so that families get the right support at the right time to prevent neglect and abuse occurring.

Key Messages

The Benevolent Society supports and is advocating for the development and funding of a public health approach to child wellbeing and safety across all jurisdictions in Australia.

The Benevolent Society believes that:

- The best way to keep children safe is to prevent child abuse and neglect from happening in the first place. A public health model approach will drive system reform to address the drivers of maltreatment and so that families get the right support at the right time to prevent neglect and abuse occurring.
- Australia needs to move from seeing 'protecting children' merely as a response to abuse and neglect to one of promoting the safety and wellbeing of children and young people in their families and communities.
- Australia's current response to children and families experiencing complex challenges occurs too late, resulting in families not receiving the support they need to ensure the wellbeing and safety of their children. Governments need to ensure that families have the resources they need to provide a protective environment for their children.
- All Australian Governments must deliver on their commitment to a public health approach for child wellbeing and safety that addresses the underlying factors that contribute to child abuse and neglect and intervenes early to prevent children and young people from entering the child protection system.

Issue

The best way to protect children is to prevent child abuse and neglect from happening in the first place.ⁱ

- The public health model approach to child protection is defined and includes:
 - Primary services that target whole communities to build public resources and affect the social factors that contribute to child maltreatment.
 - Secondary services that target families where there is a higher risk of child maltreatment, including services to address poverty, housing insecurity, mental health problems, domestic and family violence, and drug and alcohol misuse.ⁱⁱ
 - Tertiary services, such as out-of-home-care and therapeutic services that target families where child abuse or neglect is believed to have occurred.ⁱⁱⁱ
- Whilst a public health model is widely recognised as the preferred approach to protecting children, Australian governments have not implemented this approach.
- Currently, child protection interventions are triggered after harm has occurred and resources are skewed to the tertiary or crisis end of the system. A public health model addresses the underlying

factors that contribute to child abuse and neglect in order to achieve a population-level reduction in the prevalence of child maltreatment.^{iv}

- The National Framework for Protecting Australia’s Children (2009-2020) is premised on a public health model objective and has been adopted by all Australian Governments. However, the balance of activity under the Plan across all jurisdictions has continued to occur at the tertiary level of child protection systems.^v
- Only 16.6% of total child protection expenditure nationally is invested in early intervention and prevention.^{vi} The failure to adequately resource early intervention and prevention services results in the failure to prevent harm and increases the number of children and young people entering the out-of-home-care system.
- Despite evidence of the strong association between poverty and social exclusion and children’s chances of experiencing child abuse or neglect,^{vii} current systems and budgets continue to fail to offer a comprehensive response to the risk factors, focusing resources instead at the tertiary end of the system with limited resources available for early intervention and prevention services.
- Significant research, system and financial modelling is needed to create impetus for the development and transition to a public health model approach to child protection services.
- Any commitment to implement a public health model will require significant investment and realignment of budgets at a time when all governments are continually looking to reduce spending and appear fiscally responsible. A public health model will initially require additional upfront investment for a sustained period for early intervention and family support services, on top of funding allocated for children and families currently receiving tertiary services.^{viii}
- Whilst shifting resources from the tertiary end toward early intervention is the long term public health goal, sufficient support must remain with those children already in the system and continue to support them throughout their lives.^{ix}
- Delivery of this complex policy and system reform will require political leadership and cooperation from state, territory and national governments. Whilst the Council of Australian Governments provides the mechanism for cooperation, its ability to deliver significant change is not guaranteed, as evidenced by the outcomes to date of the National Framework.

What the Benevolent Society is doing

- The Benevolent Society has a long history of supporting families and communities to care safely for their children and of advocating for policy reform that supports families. We provide services across the continuum from universal early years’ programs, community building and parenting programs to prevent children entering the out-of-home care system, and intensive family and other support services to strengthen families, support improved parenting ability and assist family reunification.
- The Benevolent Society’s Resilience Practice Framework works within a public health continuum drawing on 42 evidence-informed practices to help build what are considered to be the five foundations or ‘domains’ of resilience: secure and stable relationships, physical and emotional safety, self-efficacy, empathy, and coping or self-regulation skills.
- The Resilient Families program is an intensive family support service designed to increase the safety of children in families that have been determined to be at risk of significant harm. It provides intensive, in-

home practical and therapeutic support to families for up to 12 months with an initial 12-week intensive period that includes 24/7 support.

- The Benevolent Society is building a long term national campaign, in alliance with over 20 partner organisations, calling for a nationally coordinated approach to improve the wellbeing and safety of children across Australia.
- The campaign seeks to build a public movement that will support child wellbeing and safety and drive political will, specifically:
 - position child wellbeing and safety as a priority on the social and political agenda
 - realign state and federal budgets to address child wellbeing and safety needs early by funding a nationally coordinated public health approach
 - introduce accountability across state and federal governments for child wellbeing and safety outcomes.

What needs to be done?

The Benevolent Society supports and will advocate for:

- The development and funding of a public health model approach to child wellbeing and safety to drive better outcomes for children and their families early. A public health model includes robust primary and secondary systems that provide families with the assistance they need to nurture and support their children and prevent contact and intervention by the statutory child protection system.
- Further research on the application of the public health model in the Australian context to increase the evidence base and policy capacity and deliver effective and sustainable innovations on a system wide basis across all Australian jurisdictions.
- A nationally agreed outcomes measurement system for child wellbeing and safety including high level targets and set of sub-targets to hold governments' and the sector to account for better outcomes for Australia's children and their families.
- Evidenced-based system modelling to demonstrate how this intersects across agencies, informs economic policy and can accurately cost the implementation of a public health model approach.
- Addressing the barriers to budget reform including political will, vested interests, political risk aversion and an entrenched business model that continues to focus on the secondary and tertiary end of the service spectrum.

Background

A strong government commitment to a public health approach is essential – it's not something that can be delivered by an individual child protection service.^x

- There have been more than 40 child protection inquiries held across Australian jurisdictions since 1997 with a consistent finding that a focus on early intervention and prevention services is needed. Most recent inquiries and reports have commented on the inadequacy of investment in primary and secondary services and recommended greater expenditure and more services.^{xi}
- Total recurrent expenditure on child protection, out-of-home-care, family services and intensive family support services was \$5.2 billion nationally in 2016-17 – a real increase of 8.5% from 2015-16 of which out-of-home-care services accounted for the majority (59.5% or 3.1 billion).^{xii}

- The number of children receiving child protection services has risen by around 20% over the past four years – from 135,139 children in 2012-13 to 162,175 children in 2015-16.^{xiii}

Consultation

The following were consulted in the development of this policy:

Policy Reference Working Group

Approval

This policy has been approved by the Executive Director, Strategic Engagement, Research & Advocacy

Related Policies

Permanency

Principles

The following principles underpin The Benevolent Society's Child and Family Policy Framework and have been developed to guide our social policy platform.

1. All children have the right to grow up in an environment free from neglect and abuse.
2. Children have the right to have a voice in all decisions affecting them.
3. Aboriginal and Torres Strait Islander children and their families have the right to self-determination.
4. Aboriginal and Torres Strait Islander children have a right to grow up in culture.
5. Children and families with disabilities have the right to full and effective participation and inclusion in society.
6. Children and families from culturally and linguistically diverse families and refugees have the right to full and effective participation and inclusion in society.
7. Children are best cared for by family and kin where possible and every effort should be made so that children can remain with, and return to, their families
8. Systems and institutions must address the social determinants, including poverty and social exclusion.
9. Policy, practice and advocacy is outcome focussed, evidence based, measurable and evaluated.
10. Australian society has a responsibility to value, support and work in partnership with parents, families and communities care for children.

Endnotes

-
- ⁱ Australian Research Alliance for Children and Youth, *Inverting the Pyramid, Enhancing Systems for Protecting Children* (2008), 2
- ⁱⁱ Australian Institute of Family Studies, *Defining the Public Health Model for the Child Welfare Services Context CFCA Resource Sheet* (December 2014)
- ⁱⁱⁱ Australian Institute of Family Studies, *Defining the Public Health Model for the Child Welfare Services Context CFCA Resource Sheet* (December 2014) At <https://aifs.gov.au/cfa/publications/defining-public-health-model-child-welfare-services-context> (viewed 9February 2018)
- ^{iv} Australian Institute of Family Studies, *Defining the Public Health Model for the Child Welfare Services Context CFCA Resource Sheet* (December 2014) At <https://aifs.gov.au/cfa/publications/defining-public-health-model-child-welfare-services-context> (viewed 9February 2018)
- ^v ACIL Allen Consulting, *Measuring Progress Under the National Framework for Protection Australia's Children*, (2015) ACIL Allen Consulting. Report to the Department of Social Security.14
- ^{vi} Productivity Commission, *Report on Government Services 2017* (2017) Table 16A.1, 3-4.
- ^{vii} ACIL Allen Consulting, *Measuring Progress Under the National Framework for Protection Australia's Children*, (2015) ACIL Allen Consulting. Report to the Department of Social Security.14
- ^{viii} Queensland Child Protection Commission of Inquiry, *Taking Responsibility: A Roadmap for Queensland Child Protection* (2013) 77
- ^{ix} Queensland Child Protection Commission of Inquiry, *Taking Responsibility: A Roadmap for Queensland Child Protection* (2013) 78
- ^x Dorothy Scott, *Using a public health approach to prevent child abuse* (11 September 2017) NSPCC. At <https://www.nspcc.org.uk/services-and-resources/impact-evidence-evaluation-child-protection/impact-and-evidence-insights/using-public-health-approach-to-prevent-child-abuse/> (viewed 9 February 2018).
- ^{xi} Queensland Child Protection Commission of Inquiry, *Taking responsibility: A Roadmap for Queensland Child Protection* (2013) xvii.
- ^{xii} Productivity Commission, *Report on Government Services 2018* (2018) 16.4.
- ^{xiii} Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report: Volume 12, Contemporary out-of-home care* (2017) 17-18.