Dear Sir / Madam

Consultation paper on ‘What is known about systems that enable the ‘public health approach’ to protecting children’

Thank you for the opportunity to comment on the Productivity Commission’s consultation paper on ‘What is known about systems that enable the ‘public health approach’ to protecting children’.

As the WA Commissioner for Children and Young People, I have a statutory role to advocate for and promote policies, laws, programs and services that enhance the wellbeing of all children and young people in WA. My functions are set out under section 19 of the Commissioner for Children and Young People Act 2006.

In performing my role the best interests of children and young people are my paramount consideration. I must give priority to, and have special regard to, the interests and needs of Aboriginal and Torres Strait Islander children and young people, and children and young people who are disadvantaged for any reason.

Over the ten years since the Commissioner’s role was established, my office has undertaken important advocacy work across a range of issues including youth justice, child protection and the early years and conducted many consultations with children and young people on themes such as education, disability, alcohol-related harm, the built environment and mental health, and a significant consultation with over 1,000 Aboriginal and Torres Strait children and young people on what was important to them, what they needed to reach their goals and their aspirations for the future.

It is with the responsibilities of my role and the breadth of the work of my office in mind that I provide the following comments in response to the consultation paper.

Key system characteristics to enable the public health approach to protecting children

A system designed to effectively protect and support the wellbeing of children and young people must be holistic and incorporate the multiple elements that influence children and
young people including their families, communities and physical environments, as well as the opportunities available to them. It should also adopt a life course approach, acknowledging the unique needs of children and young people at different stages of their development and the need for appropriate responses at each stage. Below I outline the features and principles I consider vital in systems to safeguard the wellbeing of children and young people.

**Child-centred**

Above all, a child-centred system is essential. This involves an understanding of the child as a whole and the multiple factors that influence their wellbeing; and approaches that incorporate their individual needs, views, strengths and capacity, as well as their families and the environments they grow up in.

**Identifying vulnerable communities, families and children**

A priority under the public health approach is to identify children at risk so that they are safe and supported in their family and community and not subject to the child protection system. High quality data outlining community, group or individual vulnerability is essential to this process. Research shows that there are a number of key intersecting risk factors for vulnerability and neglect. These include, but are not limited to: poverty; experiences of family violence; and parental drug and alcohol abuse and mental health issues.¹

Children from families experiencing disadvantage are more likely to have low school attendance rates.² There is also evidence to suggest that children who are developmentally vulnerable on the Australian Early Development Census (AEDC) are more likely to have experienced maltreatment.³

Data on some of these indicators of vulnerability are available (attendance, AEDC, incidences of family violence), however data on poverty, parental drug and alcohol issues and mental health issues are not readily available. There should be a concerted effort to collect and report on these measures.

A key data set should be defined and systematically collected and used to inform primary (proportionate universalism) and secondary level service provision within communities and for families.

**Holistic, place-based approaches**

There is a critical need to address the social determinants of vulnerability.⁴ There is clear evidence to suggest that children who experience multiple forms of social and economic disadvantage are more likely to have involvement with the child protection system.⁵

Supports and interventions that do not address the home, school and community environments in which children and young people live are unlikely to be effective or sustainable. Family, school, culture and peers exert significant influence on children and young people and therefore must be incorporated into responses to achieve better outcomes for children and young people.
Place-based models to address vulnerability and disadvantage among children are an important approach to ensure children’s family, community and environment are incorporated into responses. Features of effective place-based approaches to address vulnerability and disadvantage among children and families include:

- Coordinated provision of evidence-based prevention and early intervention services to work with young people and families previously disengaged from support services and those from groups considered ‘hard to reach’.  

- Invest in each community’s social and physical capital, such as physical infrastructure and activities that enhance social cohesion and community safety and encourage young people to establish connections with their local community.

- Long-term, consultative and tailored in response to the strengths, needs and aspirations of children and young people and their community.

Importantly, place-based approaches can operate in conjunction with traditional models of service delivery to develop innovative local solutions and facilitate multiagency collaboration. This can enable service systems and communities to work together to address disadvantage through coordinated and collaborative policies and programs that are responsive to local needs and conditions in each community. The commissioning, design and implementation of integrated place-based service systems requires significant government commitment and resource investment, supported by public and community sector leadership to achieve sustainable improvements.

**Sharing data**

Systems must have the capacity to link and analyse data across agencies to drive multi-disciplinary approaches to address child protection issues. This requires legislation on data sharing to ensure data can be used to inform the development of effective service systems and used at an individual level to inform specific service delivery for vulnerable children, young people and families. Better access to quality data can also allow government to improve monitoring of service effectiveness and progress in achieving outcomes at a service and individual level.

Additionally, in an effective system that supports the public health approach, front-line services for family violence, drug and alcohol and mental health issues should, wherever possible considering privacy and consent, collaborate and share data regarding families and children at risk. There should be routine measurement of the prevalence and severity of children’s and families’ risk to track changes over time.

**Measuring outcomes**

It is vital that a system to support families and protect children implements and reports on appropriate measures to track the outcomes for the children and young people who are experiencing vulnerability and those who are engaged in the child protection system.

Outcomes-based service models can support accountability efforts by ensuring the true impact of services and programs aimed at improving the wellbeing of vulnerable children
and young people is measured and monitored and build the evidence-base on what
works. These models can assist programs and services to be oriented towards achieving
positive, long-term outcomes for vulnerable children and young people, enable targeted
and practical funding and procurement decisions, and ensure there is a balanced spread
of services provision to children, young people and families in greatest need.

A key focus of a public health approach is to increase protective factors and reduce risk
factors for families and communities through universal (primary) and secondary services;
and to identify children at risk of abuse and neglect and implement (secondary)
interventions to reduce that risk. In addition to program and service evaluations (which
are critical), it is also vital to define short-term and medium-term outcomes that indicate
whether the universal and secondary service systems and their component programs and
services are effective as a whole.

Through the Wellbeing Monitoring Framework (WMF), the Commissioner has identified a
number of indicators and measures to track progress towards short-term wellbeing
outcomes and to support the development and progress of policy and practice. These
include measures which are particularly relevant to the wellbeing of vulnerable families
and children, such as:

- Vulnerability across the AEDC domains.
- Attendance (and follow up) at child health checks.
- Primary school attendance.
- Family and domestic violence related incidents attended to by police, where at
  least one child is present.

Through the development of the WMF it has become apparent that there is a lack of
good quality data to measure some critical areas of wellbeing, particularly children and
young people’s perspectives on their own wellbeing. To supplement this the
Commissioner’s office has initiated the Speaking Out Survey, a survey of core items of
wellbeing in more than 4,000 children and young people in years 4 to 12 across WA, that
will help to meet some of the gaps in data. The survey is scheduled to commence
collecting data in March 2019 and the report from this survey is expected to be released
in early 2020.

Within the tertiary child protection systems there could also be improvements in the
quality of the data being collected and reported. Outcomes for children in the child
protection system that should be measured, include:

- Do they feel safe in their new home, and if not have appropriate steps been taken
to ensure their safety?
- Have any physical or mental health issues been identified and are appropriate
  services been received by the child?
- Are they regularly attending school, and if not, are additional support and services being provided to the child and the child’s carers.

- Do they understand why they are in care and are they still supported to be connected to their family and their community?

A critical component of a successful system is not just collecting data that reports on a process occurring (an output) but designing the system to collect data on the outcomes for the children and young people. That is, it is not enough to ensure that a child entering the child protection has a medical examination, it is also necessary to ensure that if health issues are identified in that examination, a referral is made and the child receives the appropriate services. The attendance at, and reporting of, a medical examination is not an outcome in itself.

Current reporting on the Child Protection National Minimum Data Set includes data on children who come into contact with state and territory departments responsible for child protection. While collecting data of this nature is important, the data reports on outputs of the tertiary child protection system, including substantiations, notifications and entries into, and exits from, out-of-home care. This does not report on outcomes for the children (are they safe, healthy and learning) nor does it provide information about how to identify children at risk of entry to the child protection system. Furthermore, this data does not provide an understanding of whether notifications are being made for the children most at risk and therefore whether services and supports are targeted effectively.

The data regularly collected by AIHW as part of the National framework for protecting Australia’s children indicators is more relevant for the identification of vulnerable children and population level outcomes, however there are no formal processes for it to be disaggregated further and used by state governments or service providers in their service planning.

Data of this nature disaggregated by jurisdiction and community is necessary as an input to service planning – not only for retrospective reporting of high-level outcomes.

**Transparency of practice**

Within an effective system it is also critical to ensure transparency of practice. Numerous reports and inquiries have documented that the existing child protection systems are failing children and young people under state care, and yet there has been little to no progress. A key recommendation of a number of reviews has been to improve transparency of the child protection processes and practices.

To provide an example, standard five of the National Standards for Children in out-of-home care states that children and young people should have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way. The WA Department of Communities casework practice manual requires that all children entering the WA out-of-home care system receive an initial medical examination by a general practitioner or a paediatrician within 20 days.
In 2016, the WA Department of Child Protection (now Department of Communities) published the Outcomes Framework for Children in Out-of-Home Care 2015-16 Baseline Indicator Report. The outcomes framework identified two indicators related to reviewing the physical health of children in out-of-home care. The first indicator was the ‘proportion of children who had an initial medical examination when entering out-of-home care’. Yet, in 2015, only 53.1 per cent of children entering out-of-home care had an initial medical examination.14

The second indicator was the ‘proportion of children who have had an annual health check of their physical development.’ In this report they noted that there were limitations in data accuracy which prevented reporting on this indicator in 2015-16, however data would be reported in 2016-17.15

No further data has been reported on these indicators to date. The use of these indicators is problematic because the data measures the activity of the Department rather than outcomes for children and young people’s health and wellbeing.

Similarly, another requirement for children in out-of-home care is that they have a cultural support plan to maintain contact with their family, friends, community and culture.16 The WA Department of Communities 2015-16 Outcomes Framework report shows that in 2015-16, 80.2 per cent of WA Aboriginal children in out-of-home care had a cultural support plan.17 That is, almost 20 per cent of Aboriginal children in out-of-home care did not have a cultural support plan even though it is a Departmental requirement.

At the same time, in a national survey of 296 Aboriginal children and young people in out-of-home care, CREATE Foundation found that only 14 per cent knew of their cultural support plan.

In 2018 the WA Auditor General released a report on Young People Leaving Care. International research consistently shows that young people leaving care are vulnerable to a range of negative outcomes, including unemployment, housing instability and involvement with the criminal justice system.18 The Auditor General found that in 82 per cent of cases, planning for a young person to leave care did not commence at 15 years of age, as required by the Department’s policy.19

These each provide examples of how guidelines and procedural requirements may not be followed or even if the process is completed as required – it may be performed as an administrative check without any positive impact on the wellbeing of the child or young person.

Independent oversight

Independent oversight is an essential feature of a system to protect and optimise the wellbeing of children and young people. Oversight of organisations that provide services for children and young people, both government and non-government can contribute to more effective delivery of outcomes-based services.

An independent oversight model should include a range of mechanisms for oversight that are systematic, proactive, and engage with children, young people and their families to
understand the lived experience of policy and practice. It should also include resourcing for individual advocacy to assist vulnerable children or young people to access complaints mechanisms and navigate service systems.

**Aboriginal-led solutions**

Systems must incorporate processes to enable the design, delivery and implementation of initiatives to protect children led by Aboriginal people and communities. This requires new ways of working that moves beyond the approach of Aboriginal people being 'engaged' or 'consulted' as 'advisors' or 'co-designers' of services and policies, toward Aboriginal people being authorised and empowered to own, direct and make strategic decisions about policies, funding and allocation of resources, program/service design, implementation and evaluation.20

In 2018 my office held a forum with Aboriginal leaders from Western Australia to hear their views and ideas on how to develop Aboriginal-led solutions to address the poorer outcomes experienced by some Aboriginal children and young people. The statements from Aboriginal leaders on what needs to change to improve outcomes for Aboriginal children and young people is available in the summary report ‘Supporting Aboriginal-led solutions’.

**Enabling supportive relationships**

A critical element of “a skilled and professional workforce who deliver services/programs”, as highlighted in the consultation paper, is the capability of workers to build strong relationships with children and young people. The characteristics of workers who engage with vulnerable children and young people are therefore pivotal and have been clearly described by the many young people my office has consulted. These include treating young people with respect, building trust, demonstrating they are genuinely interested and being responsive to young people’s needs.

Workers often experience barriers to building consistent, supportive relationships with children and young people due to caseloads, lack of training, administrative tasks, time constraints and fear of accusation. Therefore, systems must include mechanisms that encourage and enable staff to develop the skills and allocate the time required to effectively engage with children and young people and build positive, constructive relationships. For example, in recruitment and selection processes, criteria could include personal characteristics that identify the value candidates place on developing positive, respectful relationships with children and young people and demonstrate their interpersonal skills to do so. Ongoing training and professional development, and strong and supportive leadership within organisations, can also enable workers to invest their time in further developing and maintaining relationships with the children and young people.

*Enabling the implementation of the public health approach in a system to protect children in Australia (with a focus on working across the entire system).*
Identifying gaps

The Coroner’s Inquest into the deaths of thirteen children and young persons in the Kimberley Region, Western Australia$^{21}$, identified significant issues in the systems of support provided to vulnerable children and young people and families. These included:

- Fragmented service delivery whereby agencies provided responses in isolation from one another and service responsibility was sometimes unclear.

- A lack of recognition of the holistic needs of the child or young person and the issues their families were experiencing.

- Limited evaluation of the outcomes of the services being delivered to children and young people and their families.

- Missed opportunities for early identification of children at risk and for referrals and provision of services to ensure appropriate supports were in place.

- Some agencies were under-staffed and under-resourced creating significant workforce capacity limitations which ultimately led to children at risk falling through the cracks.

The findings from the Coronial Inquest highlight some of the significant limitations in current systems to protect children and provide a clear indication of the gaps that need to be addressed to provide a comprehensive system of support for vulnerable children and young people and their families.

Enabling a public health approach

Encouraging government investment in early intervention can be supported by collaborative research across the public, community and academic sectors to demonstrate the fiscal cost of late-intervention.$^{22}$ Such research can identify preventable costs incurred by the public sector for children and young people who go on to become involved with statutory services and provide a platform to advocate for evidence-informed early intervention initiatives.

Procurement and funding allocation must respond to need and provide balanced provision of services and support to vulnerable children and young people. This means a mix of universal, early intervention, prevention and statutory services, to most effectively support vulnerable children, young people and families.

The structure and funding of support systems often creates fragmented, poorly coordinated delivery of prevention and intervention services to vulnerable children and young people and their families. Integrated service systems on the other hand can more effectively use resources to avoid duplication, enable knowledge and resource sharing, lead to long-term solutions and foster a sense of collective responsibility for children and young people’s outcomes.$^{23}$

Strategies to build a collaborative and integrated service system include:
• A whole-of-government strategy to improve the wellbeing of children and young people that connects strategies and services across the continuum from primary to tertiary.

• Whole-of-government targets that span individual agency responsibilities and require collaboration and innovation to resolve complex issues.24

• Set outcomes that describe achievements with children and young people and their families and collect and report on data that measure these outcomes.

• Funding agreements and procurement policies that articulate the way local services must work together to achieve outcomes for children and young people and their families.25

Furthermore, pertinent to child protection services is the importance of culturally safe service provision, cognisant of families and communities who may be reticent to trust and engage with government agencies. Designing services with families, children and young people and within communities will assist to overcome suspicion from families that targeted universal or early intervention approaches are extensions of the statutory system.

*Examples of approaches to address system design and implementation challenges and their applicability to, or success in, the Australian context.*

**Assessing the Quality and Comprehensiveness of Practice Frameworks within any service design and implementation**

Inquiries into Australian child protection systems over the last two decades have consistently highlighted issues of inadequate workforce capacity and poor quality of practice and decision making.26 One of the key reforms used by systems to address these issues includes the implementation of an overarching practice framework.

Responding to these concerns, and commissioned by the Australian Children's Commissioners and Guardians Group, the *Assessing the Quality and Comprehensiveness of Child Protection Practice Frameworks* project and report27 was conducted by the Australian Centre for Child Protection (ACCP) in consultation with an Expert Panel.

The report provides an analysis and evaluation of a range of child protection practice frameworks in terms of the way they respond to the values and principles and approach to working with children and families applicable to the continuum of child protection practice. The project objective was the development of a benchmarking tool identifying the quality and comprehensiveness of child protection practice frameworks.

This report, while reviewing practice frameworks within statutory child protection agencies across Australia, has insights into the complexities of competencies and skills required within any system design and service implementation.

Four particular gaps and limitations emerged in the report:
• A lack of consistency and emphasis on the child-centred methodology of frameworks. This was found in the principles underpinning frameworks as well as in the frameworks’ intended and reported outcomes.

• A lack of specification or guidance regarding the qualifications, experience, knowledge or skills required in effective child protection practice.

• A lack of identification or guidance on the specific skills, techniques and tools required for each aspect of child protection practice.

• Frameworks were either lacking in an evidence-based approach or were not underpinned by a relevant evidence-based approach.

Evidence Based Clearinghouse for Child Welfare (USA example).

The Office of Child Abuse Prevention (OCAP) manages the California Evidence-Based Clearinghouse for Child Welfare (CEBC) that seeks to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system. To prevent child abuse and neglect, OCAP funds and coordinates local services that help strengthen and preserve families. OCAP also develops and distributes information to individuals and organisations. The CEBC provides:

• A searchable database of child welfare related programs.

• Description and information on research evidence for specific programs.

• Guidance on how to make critical decisions regarding selecting and implementing programs.

• Tools and materials to provide support for choosing, implementing and sustaining a program.

This type of resource within Australia could assist national, state and territory government agencies to be clear about the existing evidence-based programmes effective across the public health model for child protection, as well as setting an expectation and providing support to organisations to evaluate their programmes.

Thank you again for the opportunity to comment on the ‘What is known about systems that enable the ‘public health approach’ to protecting children’ consultation paper. Should you wish to discuss any of these matters in more detail, please contact me on 6213 2297 or via info@ccyp.wa.gov.au

Yours sincerely

[Signature]

COLIN PETTIT

Commissioner for Children and Young People

15 March 2019
References


21 Coroner’s Court of Western Australia 2019, *Inquest into the deaths of thirteen children and young persons in the Kimberley region, Western Australia*, Coroner’s Court of WA, Perth.


