

[www.childprotectioninquiry.qld.gov.au/submissions](http://www.childprotectioninquiry.qld.gov.au/submissions)

or emailed to  
[submissions@childprotectioninquiry.qld.gov.au](mailto:submissions@childprotectioninquiry.qld.gov.au).

### Submission to Queensland Child Protection Inquiry – response to parts of Discussion Paper from Barnardos Australia

We respond to your Discussion Paper on a number of specific issues which we have had experience of in other jurisdictions.

Firstly, we wish to express disappointment about the limited coverage given to adoption as an option for leaving care (Question 13). Adoption can be one of the most effective ways to find permanency for children who would otherwise live in the unstable foster care system to age 18. Children hope for normality and when offered the option of adoption are very positively disposed towards this option. In NSW where children over twelve can consent to their own adoption, they readily do so. International research indicates that it offers greater stability for children than a life in care. Adoption is particularly valuable for very young children and can save child welfare systems hundreds of thousands of dollars per child. This issue was subject of our initial submission to the inquiry but does not seem to have been picked up in the discussion paper.

#### Secondly in relation to Questions on oversight of providers:

*32. Are the department's oversight mechanisms – performance reporting, monitoring and complaints handling – sufficient and robust to provide accountability and public confidence? If not, why not?*

*33. Do the quality standards and legislated licensing requirements, with independent external assessment, provide the right level of external checks on the standard of care provided by non-government*

*34. Are the external oversight mechanisms – community visitors, the Commission for Children and Young People and Child Guardian, the child death review process and the Ombudsman – operating effectively? If not, what changes would be appropriate?*

*35. Does the collection of oversight mechanisms of the child protection system provide accountability and transparency to generate public confidence?*

*36. Do the current oversight mechanisms provide the right balance of scrutiny without unduly affecting the expertise and resources of those government and non-government service providers which offer child protection services?*

We would like to draw your attention to the very positive impact of the NSW Office of the Children's Guardian in NSW in raising standards of agencies in out of home care. The OCG conducts an accreditation process every five years and undertakes annual file audits on specific issues – it is independent from the funder of programs.

Barnardos has found the OCG accreditation process to be invaluable in terms of review of policy and ensuring that the whole agency complies with accreditation standards. We have now been through accreditation twice and have undergone file audits on both health and education- each of these processes has .Barnardos has also observed the very positive impact on other agencies particular aboriginal agencies. Many of which have passed accreditation before the State Department.

Accreditation has the great advantage of highlighting problems within an agency when that agency is not performing to an acceptable standard. It does so in a manner which encourages positive development within the agency . It also makes it clear to politicians and policy makers which agencies are of a standard where they can have confidence in the care of children.

Thirdly, we wish to draw to your attention the lack of research evidence in relation to the application of the public health model to stopping significant abuse and neglect and the entry of children to out of home care. We believe that well focused crisis services are the only way to reach the families of most serious concern to child welfare authorities.

- Questions 1. What is the best way to get agencies working together to plan for secondary child protection services?  
2. What is the best way to get agencies working together to deliver secondary services in the most cost effective way?*

We reject many of the claims made in the Discussion Paper sections 3.4. The claims that low intensity programs can prevent abuse and neglect or entry to care has been explored in a number of international and some local studies. The following descriptions of research findings relate to services commonly used in Australia as stand alone or in conjunction with other low-intensity services.

### **Home visiting**

Very few studies have actually addressed the impact of home visiting on abuse and neglect and entry to care over either the short or longer term. An exception is the oft-cited research on the Elmira nurse home visiting scheme however these studies are not clear. In Olds et al's study (1986) claims were made that there were changes in verified child abuse reports during the two years in which nurses visited disadvantaged families. There were 116 families visited and the study findings indicated that verifiable abuse and neglect fell, from 19% in

the control group, to 4% in the study group. However, in a study undertaken when this same group of families was assessed 25 and 50 months after the intervention Olds (1994) reported no lasting effect:

*Although there were treatment differences in the rate of abuse and neglect for poor, unmarried, teenage mothers while the program was in operation there were no enduring treatment differences in the rate of new cases of child abuse and neglect during the two years after the program ended (Olds, Henderson et al. 1994 p.92).*

In 1997, Old reported on a 15 year follow-up study of these families and claimed that those who had received support had fewer verifiable child maltreatment reports. However, this study's method was based on partially 'self-reported' behaviour and substantiations and seriousness of abuse and neglect were not objectively assessed (Olds, Eckenrode et al. 1997). Furthermore, trials carried out on the same home visiting program in Memphis did not report at all on the program's impact on abuse and neglect rates.

A broad range of international studies reinforce the view that there is little evidence that stand alone home visiting prevents abuse and neglect (AIFS) (1999) An analysis by Australian Institute of Family Studies in 2006 concluded:

*Of the eight programs reviewed in this study, one was successful in achieving positive results in relation to all program aims. One program the Nurse Home Visiting program [that involved weekly visits for up to 30 months described above] was successful in reducing the prevalence of child maltreatment and improving mothers and children's measurement outcomes on health, wellbeing and behavioural variables. A further three programs were successful in improving parental skills and had some success in reducing incidents of child maltreatment (Holzer, Higgins et al. 2006 p.13).*

Meta-analyses of international research on home visiting have also been assessed by the NSW Department of Community Services. In relation to home visiting, frequently offered in conjunction with child care and multi-component interventions, the Department reported that:

*...three separate meta-analysis of the effectiveness of home visiting for child maltreatment in the United States agree that results are inconclusive (NSW Community Services 2006 p.15).*

Two variations on welfare home visiting are of particular policy interest in Australia. These are, health-based services used in the UK and intensive home visiting based on US models. In a UK meta analysis, health visiting was seen as helpful to some families, however, other families found it alienating and judgmental or did not understand its function (Armstrong and Hill 2001). Studies of the impact of intensive home visiting, in the US in the 1990s, were similarly unconvincing:

*... a series of program evaluations including one notable state-wide, controlled study in Illinois have thus far failed to find salient effects for the intervention (or yielded 'mixed' results, depending on ones' point of view) (Maluccio and Wittaker 1997 p.7)*

A US meta-analysis of intensive family preservation program undertaken during the 1990s concluded that '*...evaluations of FPS are difficult and show no benefit in reducing rates in out-of-home placements of children at risk of abuse and neglect in 8 of 10 studies* (Heneghan, Horowitz et al. 1996). More recently, *... [A] comprehensive review suggests that the more rigorous the research design, the more convincing the evidence that family preservation services made little difference averting placement or protecting the safety of endangered children (Lindsey, Martin et al. 2002)*. These programs were generally short-term interventions undertaken the family home and were frequently delivered by 'therapists'. Care should be taken when applying these findings in Australia : no recent research has been conducted with services in Australian communities, long-term programs or services provided as part of a range of services, or with case management systems like SCARF.

### **Parent education**

Parent education is frequently advocated as a way of improving parenting and subsequently reducing significant abuse and neglect of children and young people . The parent education programs generally discussed are 'packaged programs' with a pre-determined format which are presented in communities in group settings. These groups are usually run by trainers and undertaken in venues outside the family home.

In Australia, the Institute of Family Studies undertook a review of research on such parent education programs and their role in preventing abuse and neglect (Holzer, Higgins et al. 2006). This study examined eighteen parenting programs and reported that there was not enough reliable data to judge the effect on abuse and neglect:

*Thus, although the majority of evaluations of parent education programs had favorable results, the direct influence of parent education programs in reducing the incidence of child mistreatment remains somewhat speculative, as this outcome is not generally measured (Holzer, Higgins et al. 2006p.9).*

A 2001 United Kingdom review (Armstrong and Hill) claimed that parent education was not well suited to families where significant abuse and neglect may be an issue, their findings showed there was an impact on ... *a small proportion of the total parent population and most of those attending appear to come from the middle classes, so a relatively few vulnerable families are likely to be reached (Armstrong and Hill 2001p.352).* Barriers to marginalized families using parenting programs have been noted in other studies and include difficulties with transport and group learning strategies (Wittaker and Cowley 2010). A recent study of the Triple-P parent education system (Prinz, Sanders et al. 2009) demonstrated that in a population-based study, the substantiated rate of abuse and neglect did not increase at the same rate as in 'control groups' and rates of entry to care and injuries declined. In this study 18 US counties were randomly assigned to introduce the Triple P program, or, to be a control group with no intervention. Researchers examined the substantiated abuse rate, children entering out-of-home care and child maltreatment injuries (through children presenting at hospital). No information is provided on transportation service offered to participants.

### ***Early life-stage interventions.***

The studies described above predominantly relate to interventions early in the lives of families, however, a Scandinavian study questions the effectiveness of programs delivered early in the lives of vulnerable children (Wadsby and Arvidsson 2010). This study evaluated a program designed to promote mother-child interaction with babies below six months of age deemed to be at risk, in order to prevent the development of mental and psycho-social problems in children (Wadsby and Arvidsson 2010). The intervention offered services in

antenatal clinics for a period of 6 weeks for four hours a day, to families with mental health, substance abuse problems, or at psycho-social risk. The findings indicated no appreciable difference eight years after the intervention. The study showed that ... *support and intervention from the social authorities had been equally common in the two groups (one that attended the service and another who had refused service* (Wadsby and Arvidsson 2010 p.452).

Once again it is difficult to generalize these findings to services which may run for a longer period of time or be integrated with a range of family support programs or delivered in Australia. It is significant to note here that recent English studies of 57 infants suffering, or likely to suffer, significant harm (Ward, Brown et al. 2010). a third of the mothers had previously been separated from older children. and that it may be difficult to provide preventative services to these families.

### *Mixed low-intensity interventions*

The impact of mixed programs on abuse and neglect is similarly not clear.

The statutory authority in NSW examined international literature on multi-service interventions including childcare and home visiting. They claim that '*...one off interventions at a particular developmental stage are never going to be sufficiently robust to protect high risk individuals for all time: recurrent support acts like a booster* ((NSW Department of Community Services 2005)p.44). This review also pointed out that many families did not take up the program or dropped out after short engagements.

In Queensland, Tilbury (2005) investigated the impact of family support services which offered a mix of information and referral, counselling and mediation, parent skills training and development, advocacy, home visiting and other in-home support (Tilbury 2005 p.150). are these one off low intensity services? Otherwise how different are they to ours? This researcher concluded that the families experiencing chronic difficulties required more service than was offered:

*While one-off or time-limited interventions may be useful to some families, low intensity of involvement of services is likely to be of limited use to families with chronic problems. (Tilbury 2005p.155).*

In NSW, an evaluation of Brighter Futures program has been undertaken on services that provided case management, childcare, parenting programs and home visiting (Social Policy Research Centre 2010). This assistance was offered for up to two years to families at risk of abuse, referred through a child protection helpline, community service or Aboriginal Maternal Infant Health service (Social Policy Research Centre 2010). Services were delivered through either non-government agencies or the statutory welfare department. The evaluation measured the relationship between early intervention programs and re-reports of abuse and entry to out of home care.

The Brighter Futures evaluation showed that there was overall only a modest improvement in functioning in families completing the program however, a substantial number of families withdrew and did not receive benefit. Of the 4,053 families who were invited to use the program: 331 refused service and 1,376 withdrew prematurely. Families with alcohol or drug problems and domestic violence were less likely to stay in the program. Only 1,165 families ultimately achieved their goals (Table 11.1). Some families (such as those receiving services from the statutory department) did have lower numbers of subsequent abuse reports, however it is unclear whether this means that there was less abuse or neglect. It is also possible that families may not have been reported because they were known to be receiving a program and a report was not deemed necessary (Table 4.8). It should be noted that it was not possible to differentiate between abuse reports and actual incidence of abuse and neglect.

Children's entry to out of home care was also compared for those who completed Brighter Futures, and, a control group of those who had declined to participate (arguably families more alienated from assistance and more likely to enter care but, equally possibly, families with lower levels of need not requiring services). This showed that there was a reduction of only 0.007 in rate of entry to care for those who completed the program.

In sum, the evidence of the link between a range of low-intensity early intervention and most mixed service approaches, and, prevention of abuse and neglect is 'weak' (Reynolds, Mathieson et al. 2009 p.182). A meta-analysis of United State studies showed that of 76 statistically robust studies only 7 showed a positive impact on abuse and neglect, 2 showed an increase in abuse and neglect and thirteen had no statistical impact (Washington State

Institute for Public Policy 2008 p.7) From the research cited above it may be reasonable to conclude that low intensity services (early in the life of a child and development of family problems) can improve some areas of family functioning when they are able to work over the long-term and in conjunction with other services. However, of concern is the evidence that significant numbers of families do not use the services offered and these are families of greatest concern.

Barnardos would be happy to speak to the inquiry or provide more information to the Inquiry.

Louise Voigt  
Chief Executive  
Barnardos Australia