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Modernising Child Protection in New Zealand: Learning from system reforms in other jurisdictions

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Executive summary



1.1 Aims and scope

This is a report commissioned by Social Policy Evaluation and Research Unit (Superu) on behalf of the New Zealand Modernising Child, Youth and Family Expert Panel (the Panel). The aims of the paper are to compare various aspects of the current child protection systems in New Zealand with other jurisdictions around the world; identify common themes and tensions that these child protection systems are encountering and the ways that they have addressed (and are addressing) some of the important issues.

This report outlines some key issues for child protection systems, based on a review of approaches and reforms in England, the United States, Canada (Ontario), Norway and Australia (New South Wales). These jurisdictions were selected as being similar to New Zealand in their basic approach to child protection but also to include one jurisdiction which offers a contrasting approach. Systems in the English-speaking jurisdictions are all 'child protection' oriented or 'residual'. In these systems child protection is mainly a response to children who have been maltreated or who are at significant risk of maltreatment. The systems therefore focus on assessment, surveillance and child removal. In contrast, the Norwegian system is a 'family support' system which intervenes in a wider range of family issues and is focused on supporting families in the community. This paper is based on a search of peer-reviewed and 'grey literature' and compares jurisdictions with New Zealand.

1.2 Key findings

Despite their differences, jurisdictions face some common issues and challenges:

- **Many systems have engaged in significant reforms in recent years.** Many of the jurisdictions discussed here are engaged in reform processes, including most Australian jurisdictions, the United Kingdom, many states in the United States and Canadian provinces. These reform processes have been precipitated by different circumstances, sometimes as a result of enquiries following particularly significant child deaths, and at other times in response to political developments.
- **The costs of child protection are rising.** Rising cost pressures have been driven by different factors in different contexts. These include an expanding scope of child protection arising from the recognition of the impact of emotional abuse, neglect and domestic violence; rising numbers of children in out-of-home care mainly due to increasing length of time children spend in out-of-home care, and a culture of reporting abuse when it has already occurred, rather than intervening early.
- **Systems are attempting to refocus on prevention and early intervention, including by providing a differential response.** In order to reduce numbers of children in the child protection system and in out-of-home care, all jurisdictions have increased resources on early intervention and attempted to improve pathways to provision of preventive services through 'differential response' approaches. These approaches assess families reported to the child protection or child welfare system and assign them to a 'child protection' or 'alternative' (family support, child in need) response. No differential response model has emerged as optimal and there is conflicting empirical evidence to date about whether differential responses actually do reduce costs and improve outcomes. Related to early intervention, the lack of strong positive findings may result from setting the 'differential' or 'alternative' too far down the services pathway. This indicates that the focus should be shifted further towards primary prevention rather than intervention in families where there are already substantial difficulties for children.
- **Reducing the numbers of children in out-of-home care.** All systems are under pressure due to funding constraints and evidence of the poor outcomes for young people leaving care. Interventions include promoting kinship care, legal guardianship, adoption and adoption subsidies, restoration and prevention through targeted services. However, some jurisdictions are also expanding responsibility for out-of-home care by extending supports into young adulthood for children in out-of-home care. This is in line with community expectations about parental responsibility for children. There is some empirical support that this approach produces better outcomes for young people in out-of-home care and young people leaving care.





- **Indigenous and minority children are over-represented.** Disproportional involvement in the child protection system is an ongoing issue in all jurisdictions which is yet to be resolved in any jurisdiction and is becoming worse in some. There are issues with measurement, particularly with respect to placement in out-of-home care, due to the fact that children residing in care represent both the historical child protection system and the present-day system. Nonetheless, progress for indigenous children has not been sufficient to substantially decrease the over-representation of indigenous children in child protection responses. There is continuing debate about whether disproportionality is due to institutional racism within child protection, lack of access of these communities to preventive services or whether this is more a factor of the low socio-economic status of indigenous and some ethnic minority groups. The evidence would suggest that, at least in recent years, it is more the latter than the former. Some ethnic minorities are under-represented in child protection, in particular Chinese and other South East Asian groups.
- **Child welfare requires multi-agency responses.** There is increasing recognition that child protection systems cannot protect children or support victims without collaboration from health, education, justice, police and non-government organisations. Most jurisdictions have instituted reforms to increase collaboration between sectors across the preventive spectrum. However, there are barriers to effectively working together including information sharing, resources and organisational cultures. Although interagency collaboration is favoured by both professionals and families in the child protection system, there is little evidence to date that such efforts are effective in terms of improved outcomes for children. However this may be because of the types of collaboration which have been studied rather than collaboration itself.
- **Some systems are reconfiguring the role of government, non-government and private sector provision.** Most jurisdictions are reducing the role of state providers in favour of service provision by non-government organisations and the private sector. The rationale is that this reduces costs, increases flexibility and provides better access to services for communities. There is no optimal approach, but rather, trade-offs between cost, quality, and accountability. For example, non-government organisations can provide more flexible, culturally acceptable and less bureaucratic services, but are less accountable than statutory services. There are significant transaction costs in contracting out services.
- **Systems are attempting to focus on outcomes rather than outputs or process measures.** This is particularly significant for out-of-home care. However, there are challenges in reliably measuring changes in wellbeing, and outcomes based monitoring can cause unintended consequences.
- **Systems confront a range of workforce issues, including training, coaching and supervision, worker satisfaction, churn and administrative burden.** These are both resource and quality issues. High turnover of workers creates significant problems. Bureaucratic burden reduces productivity and effectiveness. Poor training and supervision results in poor practice with families. These, combined with low morale, have been demonstrated to lead to poor results.

- **Using big data to understand outcomes.** There is recognition of the scope to increase the use of 'big data' to go beyond simply providing performance indicators to better understand trajectories through the system and system outcomes. Data linkage provides opportunities to track individuals through multiple systems, health, education, welfare and justice, and to underpin approaches to predictive risk modelling already underway in New Zealand. The collection of such data, as part of the course of normal service provision, offers the opportunity for service providers to use this information to individually monitor outcomes and use the data they collect to work toward these outcomes.
- **There has been a move towards effectively implementing evidence-based services.** There is substantial movement across jurisdictions to deploy services that have been rigorously evaluated for effectiveness. Some jurisdictions have linked payment to the provision of such services, typically requiring the use of approved programmes and services and rigorous evaluation as criteria for funding. While it is clear that this approach holds promise, there are also potential issues that may be somewhat mitigated by a focus on both implementation (see below) and funding for innovation. Many individual programmes, even evidence-based practices, fail because of poor implementation. Many policies are also poorly implemented causing waste and inefficiency. A particular challenge is 'taking to scale' effective pilot interventions.
- **Differences in data collection methods and measurement protocols make cross-jurisdiction comparisons challenging.** There have been a number of efforts to compare statistics across jurisdictions. Key statistics include the rates of reports to the child protection system, rates of children entering and in out-of-home care and rates of re-reports and re-entries into care. However it is challenging to do so because definitions and data collection processes differ between jurisdictions. Nevertheless trends over time can be compared. In most jurisdictions the rates of reporting and children in out-of-home care are increasing although entries into care are stable or decreasing. In the United States rates reduced over the 1990s and 2000s but appear to be increasing again since the Global Financial Crisis.

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02

Background



The New Zealand Government established an independent advisory group, the Modernising Child, Youth and Family Expert Panel, to oversee the development and implementation of the Modernising Child, Youth and Family (CYF) Business Case to address the challenges faced by the child protection and children's services systems in New Zealand. In May 2015, the Social Policy Evaluation and Research Unit (Superu) commissioned the Social Policy Research Centre at the University of New South Wales to prepare a report for the Expert Panel about other jurisdictions' attempts to modernise their child protection systems and the issues they have faced.

This report outlines issues and challenges experienced in the child protection systems of England, the United States, Canada, Norway and Australia (New South Wales and Victoria) to inform improvements in New Zealand's child protection system. It also describes a number of high level approaches to system reform in these countries. The report includes background information about the child protection process and system in each jurisdiction. However the main focus is on identifying key themes and tensions which are common across all the systems, and the different ways that these have been addressed. These themes relate to:

- strategies to reduce the numbers of children in out-of-home care and the associated escalation of costs, including through kinship care
- pressures to expand out-of-home care past the age of 18 to increase support for children into young adulthood
- approaches to protecting indigenous and ethnic minority populations, given that a disproportionate number of children in New Zealand who require child protection services are Māori
- tensions between bureaucratic and professional approaches to practice, and other workforce issues
- collaboration between multiple government agencies
- the distribution of responsibility between the government and non-government sectors
- the role of data systems in improving policy and practice and supporting evidence-informed practice
- measures taken to monitor and improve effectiveness and cost effectiveness
- more effective services with much more attention paid to the implementation infrastructure used to support these.

Rather than providing information about international best practice, the approach was to understand commonalities and differences in the challenges arising in different jurisdictions, and how these have been addressed. We note that given the numerous research studies and government reports relating to these themes each is worthy of additional review.

03

Orientations of child protection systems



Around the world, child protection systems face the challenge of preventing and responding to child maltreatment, and doing so fairly and equitably without intruding on parents' rights, and while containing costs. Systems in different jurisdictions have developed to negotiate these dilemmas in different ways. Child welfare systems are embedded in welfare systems with specific legal and historical bases, and there is significant variation in structure, function and capacity, both across and within countries (Connolly, Katz, Shlonsky, & Bromfield, 2014; Gilbert, Parton & Skivenes, 2011).

Comparisons between child protection systems are usually based on judgments about the extent to which arrangements either protect children or support families (Gilbert, 1997). Systems with a child protection orientation tend to frame parents as culpable, leading to a systemic focus on surveillance of families and child removal. Those with a family service orientation tend to focus on providing supportive services to prevent maltreatment. A third approach, emerging from the mid-1990s, involves system orientation toward child development, whereby the state plays a paternalistic role in supporting equal developmental outcomes (Gilbert, 2011). A fourth 'community care' approach, which is particularly relevant to indigenous and minority populations, recognises that child protection systems are embedded in broader family and community services (Connolly et al, 2014; Freymond & Cameron, 2006). These approaches emphasise harm reduction while retaining children in families and Aboriginal communities, with services delivered in partnership with Aboriginal service organisations and other non-government services.

These are broad types and there is much variation within each approach and even within countries. In some situations, the distinction between a 'child protection' and 'alternative' response may be less clear cut. For example, in New South Wales the majority of families undergoing active child protection investigations are referred to support services and within-family support. A small proportion of children are temporarily removed from their parents' care, but parents are usually also offered a family support intervention (eg. a parenting intervention).

English-speaking jurisdictions would, like New Zealand, be classified as having a child protection or forensic orientation. Canadian approaches to Aboriginal child protection reflect a 'community care orientation'. A summary of these orientations, adapted from Gilbert (2011, p.533) and Connolly et al (2014) is provided on the next page. This shows how problems are defined in each approach, along with the mode of intervention and the role of the state. For example, a recent study compared child welfare practices in England, Finland, Norway and the United States, looking at differences in child welfare decision making, and removal to care in particular. When making decisions, Nordic countries relied on individual practitioner judgement, while the USA and English systems relied on agency policy, state regulations and evidence-based decision making tools.

Alternative pathways replace forensic child protection approaches with family support and voluntary services (Gilbert, Parton, & Skivenes, 2011; Waldfogel, 2008). For example, Norway would be classified as having a family service orientation, offering a different perspective from the English-speaking jurisdictions. However, like many English-speaking countries, Norway faces increasing numbers of children and young people in out-of-home care, and rising expenditure.



There are also key differences in the extent to which children’s and parents’ voices are included in decision-making, with Norway being the most inclusive and the United States being the least inclusive. In England the inclusion of child and parent perspectives are mandatory for some cases¹.

In most cases, the legislative and policy frameworks will comprise a combination of orientations (Price-Robertson et al, 2014). More recently, most English-speaking jurisdictions have tended to adopt differential response approaches consistent with a public health approach. These approaches develop a wider range of service pathways when referrals are made and are an effective strategy for dealing with an increasing number of notifications. For example the initial response taken to a notification can be either: (a) a child protection investigation and assessment, or (b) a referral to family support *without* a child protection investigation or assessment. Further services and support may be offered to children and their families following the initial response.

TABLE 01
Child protection, family service and child development typologies
 (Gilbert, 2012)

	Child protection	Family service	Child development	Community Care
Problem frame	Deviant behaviour and dysfunctional parenting	Social/ psychological stress and family problems	Child’s developmental needs and unequal outcomes	Discriminatory, culturally inappropriate child welfare policies
Mode of intervention	Legalistic/ investigative	Therapeutic /needs assessment	Early intervention and assessment of needs	Partnership with Aboriginal and other community-based organisations
State-parent relationship	Adversarial state sanctioning parental misbehaviour and using coercive powers for involuntary out-of-home placement	Partnership between parents and the state to strengthen family relations. Voluntary out-of-home placement	Substitutive/ paternalistic, whereby state assumes family responsibilities for support and care	Embedded in broader family and community preservation services. State respects Aboriginal culture and parenting values

While these descriptions are archetypes, it should be recognised that child welfare systems are in a continuous process of change. Recommendations from system reviews, child death inquiries or audit processes often act as catalysts for reform, although reform principles are not necessarily successfully translated into practice. The remainder of this report explores issues and challenges in each jurisdiction, with a view to identifying commonalities and differences across the jurisdictions.

¹ Berrick, J., Dickens, J., Poso, T., Skivenes, M., & Peckover, S. (2015). Trans-national study of child welfare decision making, <http://socialwelfare.berkeley.edu/node/545>

04

England





England has a decentralised system focused on child protection. Local authorities have responsibility for service provision. There is a high level of tension between supporting birth families to raise their own children and protecting these same children through removal and placement in out-of-home care. England's child protection system attempted to adopt elements of a family service orientation, focusing increasingly on safeguarding and promoting the welfare of children (Gilbert, 2012), but processes also became more prescriptive and bureaucratised, and the system has been severely affected by austerity measures implemented after the Global Financial Crisis. Child deaths have focused much media attention on system and practitioner deficiencies and have prompted a defensive, proceduralised approach to practice (see for example, Munro, 2011). Consistent themes have related to communication and coordination between agencies (for example the Victoria Climbié inquiry, Every Child Matters Green Paper, Barn & Kirton, 2015).

4.1 Responding to increasing referrals

Since 1989 when the Children Act was introduced, both the number of referrals to Children's Social Care departments and the numbers of assessments undertaken have more than tripled (Devine & Parker, 2015). In 2013-14 there were 657,800 referrals to children's social care, an increase of 10.8% on the previous year (Department for Education, 2014a). A quarter of referrals were from police. There is anecdotal evidence from local authorities that increased media attention has led to increases in numbers of referrals (Department for Education, 2014a). A little over a third of referrals (36%) result in no further action (Munro et al, 2011).

Devine and Parker (2015) recommend responding to increasing referrals by making early intervention strategies more widely available, including through universal or non-assessed services, to avoid the need for assessment in low-level support cases. As well as being costly for government, assessment is highly stressful for families, many of whom do not meet the threshold for support. Devine and Parker propose that expanded early intervention services be paid for by the resulting reductions in referral and assessment costs. They also propose that the assessment of need for early intervention be simplified, with investigation of suspected abuse redesigned as a separate, forensic process with robust safeguards and controls (Devine & Parker, 2015).

4.2 Rebalancing bureaucracy and professionalism

In 2011, the 'Munro review', an independent review of child protection in England in part promoted by the death of Peter Connelly, made extensive recommendations aimed at transforming an over-bureaucratised compliance-focused system into one which values and develops professional expertise (Munro, 2011). The system was criticised for being defensive, overly proceduralised and focused on performance measures; failing to value professional expertise; and lacking a focus on children. The increasingly prescriptive nature of child protection services from the 1990s was seen to have created an imbalance which hampered professional expertise and responsibility. The Government accepted all fifteen recommendations from the Munro review, although six were accepted either in principle or with reservations.

Importantly, the Government responded by articulating the need for a child-centred system which makes available a range of services and supports; recognises that risk and uncertainty are inevitable features of the system which need to be managed but cannot be eliminated; which requires the development of professional expertise and decision-making; and, which is focused on continuous improvement. Workforce reforms included ensuring local authorities designate a Principal Social Worker by July 2012, and appointing a Chief Social Worker.

In 2013, local authorities were given more flexibility when assessing children, through revisions to the guidance 'Working Together to Safeguard Children'. Local authorities had been required to carry out an initial assessment within ten working days and a more in-depth core assessment within 35 working days if necessary. This was changed to give local authorities the flexibility to carry out a single continuous assessment within 45 working days (Department for Education, 2014a).

4.3 Over-representation of migrant children

In England, some minority ethnic children are over-represented in the child welfare system, while others may be under-represented in relation to their level of need, perhaps due to a desire to avoid contact with authorities or lack of awareness of services (Barn & Kirton, 2015). Asylum seekers are excluded from receiving support as families.

Official reporting categories for ethnicity are broad-brush, for example 'white', 'black', 'Asian' etc. In particular, children of 'black' and 'mixed' parentage are more likely to be considered 'in need', although the ratio has fallen in recent years (Barn & Kirton, 2015). There are relatively high rates of entry of some minority ethnic children into the care system (Barn & Kirton, 2015). Children from Asian backgrounds are underrepresented in the care system, while 'black' 'Black British' ethnicity and mixed parentage, are over-represented (Barn & Kirton, 2015). Moreover, research has suggested that 'black' and minority ethnic families often receive poorer preventive services than their 'white' counterparts, or receive services which are ethnocentric (Barn & Kirton, 2015). However, others such as Bywaters et al (2014) have challenged the view that minority ethnic children are over-represented. Their analysis showed that when factors such as levels of deprivation are taken into account, there is no over-representation of minority ethnic children in either child protection services or out-of-home care.



One of the challenges in serving minority children and families is poor cultural capacity within the child protection workforce. In a small online survey of child protection workers, only half reported they had received training in relation to working with immigrant families. Around half said they felt 'less competent' working with immigrant families, and a third said working with migrant families was more challenging than working with other groups (Barn & Kirton, 2015).

4.4 Young adults leaving care

Under the Children (Leaving Care) Act 2000, Local Authorities have duties to young people over the age of 18. Young people are given leaving care grants and the Local Authority continues to have responsibility to provide support through housing, access to services, etc. The Department for Education has identified a gap in outcomes data for young adults leaving care. From 2014-15 they will publish data on young people leaving care aged 19, 20 and 21.

4.5 Pressures on out-of-home care

In England, like other countries, pressures on the out-of-home care system have increased. There was an increase in out-of-home care placement rates from 4.5 per 1000 in 1994, to 5.5 per 1000 in 2008. In 2014, the placement rate was 6 children per 1000. However, rates vary significantly between local authorities, from 2 per 1000 children in Wokingham, to 15.2 per 1000 children in Blackpool (Department for Education 2014c).

Overall, the number of 'looked after' children increased by 1% from March 2013 to March 2014, and by 7% from March 2010 to March 2014 (Department for Education, 2014c). Some growth may be attributed to increases in average time in care, with declining numbers of children entering care. In 2014, 62% of 'looked after' children were provided with services due to abuse or neglect (Department for Education 2014c). Reasons for receiving child protection services have been relatively stable since 2010 (Department for Education 2014c).

To respond to the pressures on the out-of-home care system, there has been a strong policy imperative encouraging adoption out of care, partly driven by a desire to reduce numbers of children in care as well as a drive to improve children's well-being and long-term outcomes.

The number of children adopted during the year ending 31 March 2014 increased by 26% on the previous year, and by 58% from 2010. The number of adoptions has increased and is at its highest point since 1992 (Department for Education 2014c). Policy is also prioritising improving placement stability and returns to birth families, improving the quality of both foster and residential care, supporting children in education, and improving support for care leavers (Department for Education, 2014b).

4.6 Key data for England

Table 2 below shows the numbers of referrals, child protection plans and 'looked after' children in England from 2008-2012. These numbers indicate a 12.4% increase in the numbers of referrals, a 26.2% increase in the number of child protection plans and a 12.9% increase in the number of 'looked after' children.

TABLE 02

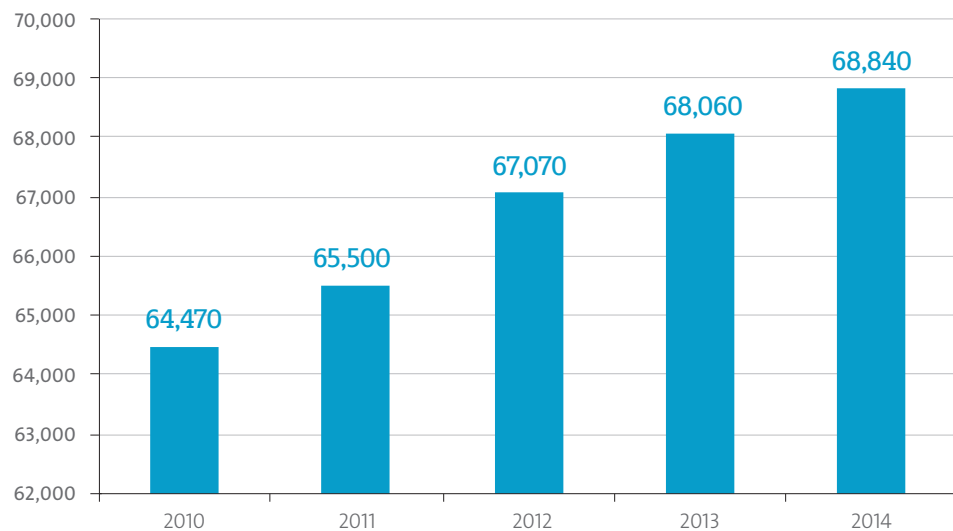
Referrals, child protection plans, number of 'looked after' children, year ending March 2008–2012

Source: Department for Education, 2012, cited by Barn and Kirton, 2015.

	2008	2009	2010	2011	2012	% increase
Number of referrals	538,500	547,000	603,700	615,000	605,100	12.4
Number of child protection plans	34,000	37,900	39,100	42,700	42,900	26.2
Number of children looked after	59,400	60,900	64,400	65,520	67,050	12.9

Figure 1 below draws on a different source to show the numbers of 'looked after' children from 2010 to 2014 (Department for Education 2014c).

Figure 1 _ Number of 'looked after' children in England, 2010-14



05

United States



Rather than a centralised national system, the United States uses federally mandated regulations and minimum standards to address child abuse services, out-of-home placement and adoption. These are implemented by each state, resulting in state systems that have similar structures but can vary substantially in terms of processes and services. Like the other English-speaking jurisdictions, states each tend to have a child protection orientation, despite attempts to incorporate differential response systems (Earner & Kriz, 2015).

5.1 Reducing rates of out-of-home care

In contrast to other countries, the United States achieved a reduction in the rate of out-of-home placements from 1997 to 2007 (Gilbert, 2012), though these numbers have levelled out in more recent years. This resulted from reductions in the numbers of children entering foster care and higher numbers of exits through reunification, adoption and guardianship (Administration on Children, Youth and Families, 2012). It has also been explained in the emphasis on kin-based care, both as informal caregivers whose involvement can divert children from out-of-home placements, or as formal foster carers (Gilbert, 2012).

Increasing efforts to identify kin as caregivers has been one reason (Gilbert, 2012). Subsidised kinship guardianship and the promotion of adoption (and adoption subsidies) are likely to have contributed to the drop in numbers of children in out-of-home care. These innovations have moved huge numbers of children out of the foster care system who had been in the system for long periods of time, and they are now being used to move them to the permanency options far more quickly. The centralised nature of the federal funding system is crucial for this.

5.2 Kinship care

Since the Adoption and Safe Family Act of 1997, the federal government has encouraged states to prioritise kinship care options over other forms of out-of-home care. The proportion of foster care children who were in kinship care rose from 24% in 2002 to 27% in 2011 (Lin, 2014). As well as formal foster care placements, informal kinship care may be solicited by child welfare staff, but occur outside of the formal foster care system (Gilbert, 2012). Either way, kinship care is often thought to result in a more stable and secure environment, reducing multiple placements, enabling contact with birth parents and preserving cultural identities. On the other hand, kinship caregivers also tend to receive fewer services and less support, and kinship families may be considered unsafe on the basis of connections with an abusing parent (Lin, 2014). A systematic review of kinship care found that children in kinship care may do better than children in traditional foster care in terms of development, mental health functioning and placement stability, whereas children in non-relative foster care placements may do better with regard to a number of permanency outcomes and accessing services they may need (Winokur, Holtan, & Valentine, 2009).



There is limited evidence about the effectiveness of kinship care compared with foster care or institutional care (Lin, 2014). Although kinship care appears to enhance wellbeing and permanency outcomes for both children and kinship caregivers, conclusions have been drawn based on research designs which have lacked randomisation or between-group comparisons, making it difficult to draw firm conclusions about effectiveness.

5.3_ Refocusing through differential or alternative responses

The development of differential (at the time of referral) or alternative responses (post-investigation) is a key change in the child protection systems of the United States. These systems aim to assess families who are reported to the child protection system and provide an 'alternative' or family support service for those families where children are in need but do not require child protection interventions in order to reduce numbers in the child protection system and to improve outcomes for children (Hughes et al, 2013).

In the United States, various differential system approaches have been developed and piloted. These create alternatives to an investigation response. Investigation is required in circumstances of child death, sexual abuse, severe physical harm or where there are reports involving abuse by professionals such as teachers or child care providers. Alternative non-investigatory responses are used where the problem is assessed as resulting from lack of supervision, poverty, parental drug and alcohol abuse, or medical or educational neglect (Fluke et al, 2014). These approaches have been evaluated using rigorous experimental designs in several parts of the United States (Fluke et al, 2014).

Interestingly, the adoption of alternative responses has been found to impact on investigative responses, with some investigative caseworkers becoming aware of a wider range of service resources and empowerment-oriented approaches to practice (Fluke et al, 2014). Overall, it is still unclear whether increases in alternative, non-investigatory responses will result in adequate safety for children and higher percentages of re-notifications and placement of children in out-of-home care. It is also not clear whether these approaches are sufficient to deal with the increasing proportion of high risk cases for investigations and the pressures placed on investigative case workers (Fluke et al, 2014). Overall, the literature is mixed regarding the effectiveness of differential response approaches, but this may be because it is the content of the response (i.e., whether the alternative response is evidence-based and effective in reducing maltreatment) rather than the fact that families have been allocated into an alternative response pathway that is likely to make the difference (Merkel-Holguin & Bross, 2015). Additionally, many families who are reported to the child protection system are already confronting multiple difficulties, creating challenges for services to be effective. Earlier intervention with evidence based interventions could forestall families from being reported to the child protection system in the first place (Hughes, Rycus, Saunders-Adams, Hughes, & Hughes, 2013).



5.4 Refocusing on child wellbeing

The United States Federal Administration has sought to re-focus on promoting the social and emotional wellbeing of children and young people receiving child welfare services; that is, to attend to the behavioural, emotional and social skills, capacities and characteristics required for healthy, positive lives. This has been in response to research about the adverse effects of maltreatment on behavioural, social and emotional domains, which have negative impacts throughout the life course (Administration on Children, Youth and Families, 2012).

Strategies for shifting the system to promote social and emotional wellbeing include the use of screening and functional assessment tools as early as possible when children become involved with the child welfare system, to distinguish symptoms of trauma. In addition, the Federal Administration has emphasised evidence-based interventions, collaboration and coordination (Administration on Children, Youth and Families, 2012).

5.5 Family violence and maltreatment

Exposure to family violence is not treated as a maltreatment category and so is not generally counted separately in overall maltreatment numbers. Instead, exposure to family violence tends to be counted as neglect (failure of mother to protect). Minnesota attempted to make exposure to family violence a form of maltreatment. However, referrals escalated rapidly and this was abandoned as a strategy. This is an important consideration given the high rates of family violence, along with the lack of effective services for treating offenders, and the misalignment of the family violence shelter and child protection systems.

5.6 Requirements for service coordination

The transition to a wellbeing approach, as implemented by the Administration on Children, Youth and Families (2012), requires inter-agency working. State child welfare agencies are required to develop in collaboration with health and other expertise, a plan for the oversight and coordination of health and mental health services for children in foster care. Plans include mental health, screening for trauma and oversight of psychotropic medication. To receive child abuse prevention and treatment state grants, states must submit plans about how they will support and enhance interagency collaboration among public health agencies, child protection agencies and community-based programmes. They are also required to adopt an acknowledged evidence-based programme and use valid and reliable measures in these plans – with built-in evaluation. This is part of the waiver programmes discussed on the next page.



5.7 Promoting evidence-based practice

The Administration on Children, Youth and Families (2012) identified a need to ensure spending on programmes is targeted at evidence-based programmes, and uses contracts for services as levers to implement evidence-based practice. In line with this approach, the Title IV-E Waiver demonstration programme provides funding for rigorous experimental research to test interventions in the child welfare sphere.

The Administration pointed out the need to reorganise the existing infrastructure to support better adherence to programmes, as defined by the programme developers, and high quality implementation of these (Administration on Children, Youth and Families, 2012). Another initiative aimed at improving evidence for the child protection system is The National Survey of Child and Adolescent Wellbeing (NSCAW). This is a nationally representative, longitudinal survey of children and families who have been the subjects of investigation by Child Protective Services. Well over US\$50 million has been spent on establishing the first representative longitudinal study of children investigated for maltreatment. This represents a huge investment by government to use high quality information about child wellbeing and pathways through the child protection services system.

5.8 Developing a workforce to promote wellbeing

Standards relating to education and training differ across states, but workers typically hold a bachelor degree in a human service field (Earner & Kriz, 2015). The Administration on Children, Youth and Families (2012) articulated aspirations to develop a workforce that promotes social and emotional wellbeing, across professions and service areas including health, mental health and the courts. According to Earner and Kriz (2015) it is not clear how much specialised training child welfare workers actually receive with respect to working with minority populations, including LGBTI (lesbian, gay, bi-sexual, transgender and intersex) and children and families from ethnic backgrounds. However, as in England, child welfare workers tend to feel they face more system barriers working with immigrant than non-immigrant families (Earner & Kriz, 2015).

5.9 Migrant and minority children and families

As in other countries, racial disproportionality is evident in the child protection system. Non-Hispanic Black children are over-represented in foster care. In 2014 they comprised 14% of the population but 24% of children in foster care (Child Trends Data Bank, 2014).

There are also challenges in addressing the needs of children of immigrant families. The number of children of immigrants is growing: 23% of children have a foreign-born parent (Earner & Kriz, 2015, citing US Census, 2009). Children born in the United States automatically acquire US citizenship. Citizenship status is important as it determines the scope and extent of eligibility for public services, including child welfare (Earner & Kriz, 2015). Since 2012, undocumented child migrants who arrived in the United States before they were 16 years old have been protected from deportation.

Earner and Kriz (2015) point out that children from immigrant families are subject to competing policy mandates, relating to immigration policies, which limit access to government services, and child welfare policies seeking to ensure the best interests of the child. Since the Personal Responsibility and Work Opportunity Reconciliation Act in 1996, many immigrant groups have been excluded from federally funded social services (including substance abuse, disability benefits, Medicaid and nutrition support programmes). Many states have also curtailed immigrants' access to state-funded programmes. Although children are not denied child protection services based on immigration status, policy conflict frequently arises once they have been notified to child protection authorities or are in foster care (Earner & Kriz, 2015). Child welfare caseworkers might, for example, deem parents non-compliant with case plans where they did not engage in substance abuse or mental health services for which they lacked eligibility based on immigration status. The risk of being reported to immigration authorities and deported is also a reason for immigrant parents' reluctance to enrol children in early childhood programmes or other services, or reluctance to seek help for family violence or other issues impacting on children. The undocumented status of relatives also creates barriers to kinship placements (Earner & Kriz, 2015).

5.10 **Benchmarking performance**

In terms of system governance, performance management has taken centre stage with the Child and Family Service Reviews, through which the federal government benchmarks states' performance. These started with fairly crude measures but have now moved to measures which are adjusted for population composition and various risks inherent in these populations. There has also been a push for better performance management through the use of state-wide information systems, which the federal government began funding decades ago.

5.11 **Predictive analytics**

Predictive risk modelling has been used in some states to identify the children and families at higher likelihoods of negative outcomes, although New Zealand is often considered the pioneer of the approach. In Florida, data from a child abuse and reporting hotline have been used to identify the factors contributing to higher likelihood of premature death (Florida Department of Children and Families, 2014, Russell, 2015).



This approach has also been used in Florida to examine risks of re-reports, and likelihood of failed reunifications, aging out of foster care, juvenile justice involvement, failure to complete high school and exposure to violence (Russell, 2015). Other states have used predictive analytics to help identify children at re-entry into care within 12 months of reunification, and families at risk of homelessness. However, data quality and availability are a challenge (Gillingham, 2015; Russell, 2015).

Exploring the development of these approaches in New Zealand, Gillingham (2015) argues they depend on organisations' cultures of inputting administrative information, as well as practitioners' interpretations of 'risk' and 'substantiation'. Of particular importance, the metrics used to feed the data analytics must be well thought out or they will be measuring the system response rather than the actual safety and wellbeing of children. For instance, the risk of substantiation of maltreatment might be best predicted by a history of child maltreatment reports. However, if one or more historical reports are used as a measure of risk upon which to open an investigation, or that influences a substantiation decision, reports cannot be said to be predictive in a way that is independent of the system itself (and the statistical properties of the predictive model would be suspect).

5.12 Key data for the United States

The number of children in foster care rose through the 1990s to reach a peak of 7.9 per 1000 in 1999. This reduced to 5.5 per 1000 in 2013 (Child Trends Data Bank, 2014). During the same period, numbers of children in out-of-home care in other countries tended to increase.² As stated previously, this may be partially a result of major initiatives to move the 'backlog' of children in long-term care out of the system through means such as subsidised legal guardianship for kinship caregivers and adoption subsidies. Given the link between poverty and child protection involvement, the more recent increase may be at least partially attributable to the Global Financial Crisis.

Fluke et al (2008) analysed case level data for 505,621 children and found that within 24 months, 22% of children were re-reported to child protective services, and 7% were re-reported with substantiation.

² http://www.childtrends.org/wp-content/uploads/2014/07/12_fig1.jpg

TABLE 03

Key data from the United States

Source: <http://www.acf.hhs.gov/sites/default/files/cb/cm2013.pdf>; http://www.acf.hhs.gov/sites/default/files/cb/cwo09_12.pdf#page=7

	Time 1	Time 2	Time 3
Substantiated reports of maltreatment of children ages 0–17	9.9 per 1000 (2011)	9.8 per 1000 (2012)	–
Children in foster care	7.9 per 1000 (1999)	5.5 per 1000 (2013)	–
Reports received by child protection service agencies (and screened in)	26.5 per 1000 children (2009)	27.4 per 1000 children (2011)	28.3 per 1000 children (2013)
Of all children who were victims of substantiated or indicated child abuse and/or neglect during the first six months of the year, what % had another substantiated or indicated report within a six-month period?	5.7% (2009)	5.2% (2011)	5.1% (2012)
Of all children served in foster care during the year who were in care for less than 12 months, what % had no more than two placement settings?	85.2% (2009)	86.1% (2011)	85.2% (2012)
Family reunification: Of all children reunified with their parents or caretakers at the time of discharge from foster care during the year, what % were reunified in less than 12 months from the time of entry into foster care?	68.5% (2009)	68.4% (2011)	66.5% (2012 ³)

³ The last two measures have, however been roundly criticised. The first one does not take length of stay into account well enough and the second one ignores all the children who were not reunified.

06

Ontario, Canada



The Canadian system has a child protection orientation, and is decentralised with a relatively high proportion of non-government organisations. Its focus is on protection and safety, characterised by mandatory reporting, centralised responses and investigations to assess risk and substantiate suspected maltreatment (Trocme et al, 2013).

6.1 Service provision through decentralised networks

Canada's ten provinces and three territories have jurisdiction over child welfare, although there are similarities across jurisdictions. In Ontario, child welfare services are provided through 47 Children's Aid Societies, funded by the provincial Ministry of Community and Social Services. These investigate allegations of abuse and neglect, and provide adoption and foster care services. They also provide some direct services, although more often families are referred to support services for protecting children.

In Ontario, the government commissions and mandates community based non-government organisations to deliver services. Child welfare agencies are community-based, with some focusing on child protection and others on child and family services.

Child welfare services for Aboriginal children and families are provided by either the provincial agency on behalf of the federal government, or directly by First Nations agencies under the federal government's policy on Aboriginal self-government (Maiter & Leslie, 2015). Aboriginal child welfare agencies may provide a full range of services, including intake and investigation reports, or may focus on family support and guardianship.

6.2 Scope of the child welfare mandate

The child welfare system takes a residual approach in which the state is involved only as a last resort. Child welfare workers play investigative roles, determining neglect and abuse and assessing risk. This narrow scope has been considered problematic in the context of broader contractions in the social safety net, as provincial and federal governments reduce the scope of state activity and emphasise individual responsibility (Maiter & Leslie, 2015). In this context, there is a close association between poverty and child welfare intervention due to neglect.





6.3 Rising reports of maltreatment

Canadian child welfare jurisdictions have had to respond to increasing numbers of reports of child abuse and neglect. Rates of reported child maltreatment nearly doubled from 1998 to 2003 (Trocme et al, 2013). This reflects an expanding child welfare mandate as a result of growing awareness of the harm arising from emotional maltreatment, exposure to intimate partner violence, corporal punishment and neglect along with better recognition among professionals of the emotional and cognitive effects of child maltreatment (Trocme et al, 2013; Trocme et al, 2014).

There have been increasingly strident calls for developing data resources made by both government and the non-government organisations providing services. Currently, there is no central government database serving the province, though one is currently under development. The non-government organisations have partnered with universities to begin consolidating information across their different systems, facilitating the beginnings of a culture of data acquisition and use.

6.4 Rebalancing child welfare through differential response

Some Canadian jurisdictions have attempted to rebalance child welfare practice with a range of differential or alternate response policies, streaming lower risk cases to family services. This is reflected in the findings of Canadian studies which have identified some types of maltreatment that may be better addressed by family support programmes, such as exposure to family violence; neglect, in particular for Aboriginal families, and use of corporal punishment, especially by minority families who may use it as a parenting strategy (Trocme et al, 2013). Exposure to intimate partner violence has been the fastest growing form of investigated maltreatment in Canada, with rates doubling from 1998 to 2003 (Trocme et al, 2013). However, although these investigations use child protection resources, they are less likely to lead to services, court ordered interventions or out-of-home care.

As part of the movement toward a differential response system, Ontario has adopted Structured Decision-Making (SDM), a package of tools corresponding to decision points at each identified stage of child protection involvement. SDM is centred on a single actuarial risk assessment tool that is used to predict the likelihood of maltreatment recurrence within a 24-month period after an investigation. The province moved to the new system in 2007 after experiencing major problems with the prior risk assessment tool, a consensus-based risk assessment process that was found to be unreliable (Barber et al, 2007) and cumbersome to complete (Shlonsky & Lambert, 2007). SDM is generally accepted and used throughout the province. However, it is unknown whether there are any substantial positive or negative system-level effects of the deployment of the SDM model. In addition it is mainly used to assess risk rather than need, and does not identify the most appropriate services for the family.

6.5 Over-representation of Aboriginal families

Aboriginal families are over-represented in child protection investigations relating to neglect (Trocme et al, 2013) and over-represented in foster care (Fallon et al, 2015). Aboriginal children are three times more likely to be the subject of substantiated reports of maltreatment than non-Aboriginal children (47.7 per 1000 Aboriginal children compared to 17.1 per 1000 non-Aboriginal children) (Fallon et al, 2015; Maiter & Leslie, 2015). Nine percent of substantiated maltreatment cases involve children of Aboriginal heritage (Fallon et al, 2015).

The establishment of mandated agencies for Aboriginal children has developed in Ontario and elsewhere in Canada. The idea is to have Aboriginal child welfare agencies provide services to Aboriginal children and families in the hopes that services will be more culturally sensitive and, over time, better maintain children in their own communities. This approach, while promising, is also challenged by the broader provincial child protection mandate and associated legislation. Aboriginal agencies are subject to operating within the same system and generally have a similar set of child protection options as non-Aboriginally mandated agencies. They may also be newly formed, staffed with caseworkers who may be less well-trained and experienced in mainstream child protection work, and they often operate in some of the more rural and impoverished areas of the province. In addition, similar to New Zealand, Aboriginal families are far more likely to be poor and there are high rates of associated community issues such as substance misuse, crime and family violence. Moreover, the funding formula for child protection is driven largely by the number of children in care and the days spent there, providing little incentive to either Aboriginally mandated and non-Aboriginally mandated agencies to provide preventive services rather than tertiary services (such as foster care). As a result, these agencies are challenged to perform better than their non-Aboriginal counterparts, a challenge that is generally true for Aboriginally mandated agencies across Canada.

6.6 Lack of information about minority families

Racial, ethnic or cultural data are not routinely gathered by social service agencies, resulting in a dearth of evidence about the over-representation of racial and ethnic minorities in the child protection system (Maiter & Leslie, 2015). There is some evidence that visible minority families have higher reports and substantiations of concern regarding physical harm, mostly related to discipline and childrearing methods. There is also some evidence that child protection workers may lack the 'cultural competence' required to work with immigrant families (Maiter & Leslie, 2015). There is little information about unaccompanied minors seeking asylum in Canada. In Ontario, unaccompanied minors aged over 16 are not covered by child protection services.



6.7 Key data for Ontario, Canada

Investigation rates increased between 1998 and 2003, from 27 per 1000 children to 53 per 1000 children. Since then, the figure has remained stable.⁴ Of the 125,281 investigations conducted in Ontario in 2013 (a rate of 53.32 per 1000 children), 78% were maltreatment investigations which focused on a concern of abuse or neglect (an estimated 97,951 child maltreatment investigations or 41.69 investigations per 1000 children) and 22% of investigations were concerns about risk of future maltreatment (an estimated 27,330 investigations or 11.63 investigations per 1000 children). Thirty-four percent of all maltreatment-related investigations (i.e., maltreatment and risk of future maltreatment investigations) were substantiated, in an estimated 43,067 child investigations. In a further 5% of investigations (an estimated 5,972 child investigations or 2.54 investigations per 1000 children) there was insufficient evidence to substantiate maltreatment. However maltreatment remained suspected by the investigating worker at the conclusion of the investigation (Fallon et al, 2015).



⁴ http://cwrp.ca/sites/default/files/publications/en/ois-2013_final.pdf

07

New South Wales, Australia





New South Wales has a mandatory reporting child protection system in which resources are targeted to risks. Despite attempts to promote early intervention and holistic, multi-agency responses, much effort continues to be expended on reporting, referral and assessment. All reports of children suspected to be at Risk of Significant Harm (ROSH) are made to a central Child Protection Helpline. Reports are assessed by the Helpline which then passes those cases which meet the ROSH threshold on to local Community Services Centres for further investigation and assessment.

7.1_ Reframing child protection as a shared responsibility

Through '*Keep them Safe*', a five year \$850 million action plan (2009-2014), the New South Wales Government sought to re-focus statutory child protection services on children and young people at 'risk of significant harm', rather than 'at risk of harm'. This was introduced in 2009 in response to the Special Commission of Inquiry into Child Protection Service ('The Wood Inquiry'). *Keep Them Safe* involved investment in new services, enhancements of existing services, and new methods for ensuring that children receive high quality interventions as early as possible. (Cassells et al, 2014).

In particular, *Keep them Safe* involved increasing the involvement of state Departments of Health, Education, other government agencies, and Police, as well as the non-government sector, in responding to children at risk. This involved establishing Child Wellbeing Units in the Police Force, Department of Education, New South Wales Health, and Department of Family and Community Service, to help mandatory reporters from these agencies to identify the appropriate children to report to the Helpline and to divert those below Risk of Significant Harm (ROSH) from being reported by providing services within their own agency or referring to other organisations. These units have been found to fulfil their intended functions of advising, supporting and educating mandatory reporters in their agencies. However, barriers to information sharing, shared resourcing and organisational cultures continue to impede practice.

7.2_ Joint Investigation Response Teams

An unusual feature of the New South Wales system is the presence of Joint Investigation Response Teams (JIRTs) (Bromfield & Higgins, 2005). These teams bring together child protection and police officers and staff from other relevant agencies, in particular health, to jointly investigate and intervene in serious cases such as child sexual abuse and severe physical abuse, where a criminal prosecution may be possible if abuse is substantiated (Bromfield & Higgins, 2005). The aim has been to improve information sharing and reduce stress on the child.

7.3 Resetting the threshold for intervention

Keep them Safe introduced a new threshold for reporting to the centralised New South Wales Child Protection Helpline, from 'risk of harm' to 'risk of significant harm'. The threshold change was designed to reduce reports to the child protection system to ensure that children at the highest level of risk were better protected and that those at lower levels would be diverted into preventive services. It responded to the recommendations of the Wood Inquiry which found too many notifications were being made which did not require statutory response, and that mandatory reports were making notifications without considering whether children would benefit from other services.

The change in threshold was found to result in a considerable reduction in reports for harm initially, although the level of reporting increased again to previous levels for non-Aboriginal children, and slightly increased for Aboriginal children (Cassells et al, 2014). After the change in threshold, around half of calls to the Helpline from mandatory reporters did not meet the ROSH threshold, indicating Helpline and other Community Services resources are being used to manage these calls.

However, a consequence of changes to the reporting threshold has been an increase in the numbers of families with complex needs being supported by early intervention services. This is a positive indicator of the effectiveness of new services for families and improved referral processes, as these children would otherwise be in the child protection system or not receiving any support (Cassells et al 2014).

7.4 Current reforms to out-of-home care

7.4.1 _ Transfer of out-of-home care to the non-government organisation sector

One of the key reforms in New South Wales has been the transfer of responsibility for providing out-of-home care from the statutory to the non-government sector. This involves a five-year plan for building the capacity of the non-government organisations to recruit and support foster and kinship carers. This reform is meant to shift New South Wales from the present mixed system to a largely non-government system, and from government agency failure to meet the minimum care standards set by the Children's Guardian who has responsibility for maintaining standards for children in out-of-home care. A particular focus of this reform has been to engage Aboriginal organisations to provide care for Aboriginal children and young people. The evaluation has been undertaken in 2015.





7.4.2 _ Safe Home for life

Under the *Safe Home for Life* reforms, the New South Wales system aims to improve practice, reduce the number of children in out-of-home care and provide more stability to those in care. The reforms involve a number of provisions including parenting orders to require parents to attend parent training; an increased focus on open adoption from care and guardianship; and alternative dispute resolution and family group conferencing. It also involves a practice framework that seeks to place children and their families at the centre of decision-making⁵.

7.5 Improving service delivery

Practice First is a service delivery model introduced in New South Wales aimed at strengthening caseworker capability and reducing administrative burden so caseworkers can spend more time on direct client contact and improving outcomes for children and families and caseworker job satisfaction. The programme provides fortnightly group supervision to Family and Community Service caseworkers, a part-time administrator to each participating Community Services Centre and a range of training and support opportunities. An independent evaluation (Wade et al, 2015) has found this was effective in changing organisational culture. However, it did not appear to decrease the large administrative burden placed on staff. Although it had improved job satisfaction and willingness to remain in post, it did not influence the number or type of cases taken to secondary assessment, the duration of the secondary assessment period, or the length of client involvement with Family and Community Service.

7.6 Aboriginal children

There are significant gaps between Aboriginal and non-Aboriginal children at all levels of the system. The *Keep Them Safe* evaluation found that improvements in outcomes for Aboriginal children parallel those for non-Aboriginal children, but this is not enough to reduce the gap (Cassells et al, 2014).

For out-of-home care, the Aboriginal Child Placement Principle requires that an indigenous child removed from their family be placed with the child's extended family if possible. If this is not possible, the child's indigenous community should be considered, followed by other indigenous people. Non-indigenous families should be used only if Indigenous placements are unavailable. In New South Wales in 2013, almost half of Aboriginal children in out-of-home-care were in indigenous kin-based placements (47.4%) (AIHW, 2014). A further 18.5% were with other Indigenous caregivers, and 15.8% were with other relatives. Almost 1 in 5 (18.3%) were not placed with relatives, other indigenous caregivers or indigenous residential care. This is much lower than the national average of 30.5% (AIHW, 2014).

⁵ <http://www.facs.nsw.gov.au/reforms/safe-home-for-life>

7.7 Key data for New South Wales

As Australia's most populous state, New South Wales has a high level of child protection activity. Rates of child protection involvement per 1000 children are shown below. These are higher than for Australia overall.

TABLE 04

Children receiving child protection services, New South Wales, by number per 1000 children, 2012-13

Source: Australian Institute of Health and Welfare (AIHW), 2014

	NSW	Australia
Children subject of an investigation as a result of a notification	19.8	17.6
Children on care and protection orders	11.3	10.0
Children in out-of-home care	12.1	9.7
Children receiving child protection services	29.2	26.1

Recent data providing a breakdown of 'new' and 'repeat' child protection clients is not published for New South Wales although this analysis was undertaken for the evaluation of *Keep Them Safe* (Cassells et al., 2014). AIHW data for Australia as a whole is based on three small jurisdictions only (South Australia, Tasmania and the Northern Territory) (AIHW, 2014). Repeat clients are children or young people who have previously been the subject of an investigation, care or protection order or out-of-home care placement within the jurisdiction (AIHW, 2014). Based on these states, two-thirds of children receiving child protection services were repeat clients. More than half of children who were the subject of an investigation of a notification were repeat clients (53.0%). Almost nine in ten children on care and protection orders were repeat clients (87.4%) and roughly the same proportion of children in out-of-home care were repeat clients (87.6 %) (AIHW, 2014).

Earlier data contained in the Wood Report showed that re-reports for the same client issue type within seven days had increased. While the total number of reports increased by 40% from 2004-05 to 2007-08, the number of short term re-reports for the same issue increased by 62.0%. In 2007-08, short term re-reports on the same reported issue accounted for 17.1% of all reports made (Wood, 2008).

08

Norway





Norway is characterised as a family service system in a social democracy where a relatively low proportion of children live in poverty, although child poverty is rising and is increasingly comprised of children from minority backgrounds. The underlying principle of the system is to promote the best interests of the child. Filial bonds are considered a resource. Reflecting the family support focus and the provision of accessible services, parents frequently initiate contact with the Child Welfare Service. Parents are an important source of notification (15.8%) (Kojan & Lonne, 2012). To remove a child, child welfare services require parental consent or approval from the independent County Committee for Social Affairs.

Statistics Norway publishes detailed figures on notifications to the Child Welfare Service, including how many children are subject to investigation and how many cases are dismissed. There are 19 categories for reasons for notification, reflecting the wide range of needs to which the system responds. According to Statistics Norway, in 2013, 26 in 1000 children aged 0 to 22 received measures from Child Welfare Service. For children aged 0 to 17, there were 29 children in every 1000 receiving measures⁶.

Although the Norwegian system responds to a wider variety of needs than in Australia, including youth justice and mental health, the number of investigations per 1000 children is lower (27.2 in 2009 compared with 40.2 in Australia). Also, a higher proportion of investigations result in substantiated cases (50.2% compared with 33.6% in Australia) (Kojan & Lonne, 2012).

8.1 **Balancing local and central responsibilities**

Child protection services require provision of face-to-face services. A key tension is how systems can best be structured to divide responsibilities between agencies and to balance local provision with centralised control. In Norway, the Ministry of Children, Equality and Social Inclusion has overall responsibility for managing the Child Welfare Act, along with multi-sectoral policies directed toward children and youth. However, child welfare responsibilities are shared with the Directorate for Children, Youth and Family Affairs, five regional offices and the county social welfare board. Municipalities or local authorities receive notifications, conduct investigations and provide the bulk of service, including preventative services and assistive measures (such as parent training) with family consent (Berg & Vink, 2009).

⁶ <https://www.ssb.no/en/sosiale-forhold-og-kriminalitet/statistikker/barneverng>



In 2004, Norway's child welfare system was reformed. Central government took responsibility for child welfare, to strengthen state authority over municipal operations and ensure more equitable and coherent services across regions. The agency 'Bufetat' was established as the national child welfare service authority with regional operations. Its main goal was to ensure better professional and financial management, better cooperation and quality, and professional development (Brottveit et al, 2015). Twenty-six Response and Consultation Teams were also created by the central authority to provide expert assistance to the local authorities, including in cases involving suspected sexual and physical abuse (Berg & Vink, 2009). At the same time, new regulations were introduced for approving child welfare institutions and assessing quality (Nordstoga & Sokken, 2011). The municipalities continued to play the key role in service provision.

8.2 Scope of the child welfare system and coordination across policy areas

The scope of the child protection system and coordination with other policy areas is also a point of contention. In Norway, unaccompanied asylum seeker children aged under 15 are treated under child welfare rather than immigration. Those aged 15 to 18 are overseen by the immigration directorate. Recently, an analysis of policy documents from 2000-2012 showed the child welfare system's role in regard to immigrant children has been overlooked in legislation and reports (Skivenes, 2015). Evaluations have proposed transferring responsibility for 15-18 year olds from immigration to the child welfare service, but this has been put off due to high costs (Skivenes, 2015; Staver & Liden, 2014). A key point of tension is expansion of the scope of the child welfare system to cover unaccompanied minors aged 15 to 18.

There is also some overlap between child welfare and poverty policy. In 2014, the Norwegian Office of the Auditor General found child poverty had increased between 2002-2013. The Office called for both greater collaboration between the Ministry of Children, Equality and Social Inclusion, but also greater clarity about when to use provisions of the Child Welfare Act to address children's needs and when to use the Social Services Act.

8.3 Balance between proceduralisation and professional judgement

Norwegian child welfare workers use standardised frameworks for decision-making. However, professional judgement is encouraged. As such, there is variation in assessment and decision-making between practitioners and across municipalities. Whereas the Munro Review in England recommended expanded use of professional judgment, overemphasis on professional judgement with too few procedures has been perceived as a problem (Samsonsen & Willumsen, 2014).

Professionals have relatively wide scope to determine appropriate responses to notifications, but they face strict time limits for acting. At intake, concerns are reported to frontline staff in local authorities, who decide whether to follow up, close the case or refer to other services. Strict seven day deadlines for investigations, assessment or referrals are taken seriously. In 2013, less than 2% of notifications took longer than seven days to process. About 79% of notifications were submitted for further investigations and the remainder were dismissed. Investigations must start as soon as possible and a decision must be made within three months about whether measures should be started or a case closed.

8.4 Pressures on out-of-home care

Reflecting its focus on supporting families, out-of-home care is treated as an option of last resort, and prevention of out-of-home care is an objective of the Child Welfare Service law. Many services work to prevent out-of-home care placements, including financial, education, recreational, psychological and other supports. Statistics Norway reports detailed data about the number of children in out-of-home care, and the unit costs of various modes of provision.

Rates of children in out-of-home care have been growing. Norway's out-of-home care population reportedly grew by 48% in the ten years to 2012 (Munro & Manful, 2012). In part, this is because children placed in out-of-home care in Norway tend to stay longer than in other countries (Munro & Manful, 2012). By the end of 2013, approximately 14,500 children were placed outside of their family home. This represents a 4% increase from 2012. About 10 per 1000 children (0-22 years) were placed by the Child Welfare Services (Statistics Norway, 2014).

Since 2004, there has been a huge shift from institutions to foster care. In terms of numbers of placements with most, seven out of ten placement measures, being in foster care. Of the total 'number of bed-days' in the National Child Welfare services in 2012, almost 43% were in foster homes, 41% in child welfare institutions and 16% related to assistance while living at home. Private companies run 40% of child welfare institutions and foster homes and more than half of child welfare institutions.⁷

Costs of child welfare are increasing rapidly in Norway. According to Statistics Norway, the total expenditure for the Child Welfare Services grew by 8% from 2012 to 2013⁸. A summary of percentage increase in costs for out-of-home care is in Table 5 on the next page.

⁷ <https://www.ssb.no/en/sosiale-forhold-og-kriminalitet/statistikker/barneverng>

⁸ <https://www.ssb.no/en/sosiale-forhold-og-kriminalitet/statistikker/barneverng>



**TABLE
05**
Unit Costs
in Norway

	2010	2011	2012	% change from 2010 to 2012
Expenditure per bed-day in publicly owned children's institutions (NOK)	8,118 NOK (1,489 NZD)	8,863	8,425	3.8
Expenditure per bed-day when procured from privately owned children's institution	5,913 NOK (1,085 NZD)	6,736	6,699	13.3
Expenditure per bed-day in foster homes	2,694	2,916	3,057	13.5
Expenditure per bed-day when children receive assistance at home	1,329	1,263	1,431	7.7

8.5 Addressing the needs of migrant children

In recent years, there has been much discussion in Norway about the impact of Norwegian immigration policies on children, poverty and racism with respect to immigrant groups (Skivenes, 2015). Minority populations comprise a very small proportion of Norway's population and migrant children are over-represented in the child protection system. For migrants, 36 in every 1000 children were in the child welfare system, compared with 21.4 in every 1000 non-immigrant children. However, this is largely due to receipt of in-home services. There are actually lower rates of migrant children with care orders (3.9 in 1000 migrant children compared with 5.2 in 1000 non-migrant children) (Skivenes, 2015). Notwithstanding the lower rate of migrant children with care orders, a large proportion of those in children's institutions are migrant children; unaccompanied juvenile asylum seekers accounted for 38% of all 'bed days'.

In 2009, Norway received 2,500 unaccompanied minor asylum seekers, which was the second highest number in Europe (Staver & Liden, 2014). In response to this growth, the Norwegian government introduced temporary non-renewable permits for unaccompanied minors aged 16 to 18 to stay in Norway until the age of 18, where they did not qualify for asylum but could not be returned due to lack of care in their country of origin. While not widely used, these measures have faced much criticism including for encouraging unaccompanied young people to abscond (Staver & Liden, 2014).

8.6 Improving the status of the child protection workforce

The status of child welfare workers reportedly improved in the 1990s, after the 1992 Child Welfare Act (Kojan & Lonne, 2012). Child protection workforce data are closely monitored and reported, including the number of 'man-years' in the Child Welfare Service, by occupation. In 2013, social workers undertook around 30% of man-years. The majority of man-years (47.4%) were undertaken by child-care workers. There were 4.3 Child Welfare Service employees per 1000 children aged 0-17 and 3.3 per 1000 inhabitants aged 0-22. In 2009, an official report by the Ministry of Children, Equality and Social Inclusion argued that certain positions should require a master's degree in child welfare work, given the complexity of the skill requirements of child protection work.

8.7 Current directions for reform

Child welfare services are monitored and investigated by the Office of the Auditor General, which, in recent years, has delivered several recommendations for reform. In 2013, the Office of the Auditor identified deficiencies in implementing several welfare services, and weaknesses in management and control services, including a failure to do enough to ensure child welfare institutions have the necessary manpower and expertise to deliver on their remit (Office of the Auditor General, 2013).

In 2012, an Auditor General's report found child welfare notifications were erroneously shelved, without being followed up with an inspection or requests for more information. They also reported it was taking too long for some children to receive help. The Auditor General found that in 2011, 17% of inspections took too long, and some were conducted without speaking to the child or conducting a home visit. They also found that although a higher proportion of children subject to assistance measures had an action plan, many had weaknesses and were not evaluated.⁹ The Auditor General also identified the need to improve work processes, specifically by strengthening management expertise in the municipalities and the capacity of the Directorate of Children, Youth and Family Affairs to provide specialist professional supports, as was intended through the 2004 reforms.¹⁰

⁹ <https://www.riksrevisjonen.no/en/Reports/Pages/ChildWelfare.aspx>
¹⁰ <https://www.riksrevisjonen.no/en/Reports/Pages/ChildWelfare.aspx>



In November 2014, a committee was appointed to consider ways to simplify the Child Welfare Act 1992. The Committee is charged with conducting a technical, linguistic and structural review of the Act to ensure it ensures the best interests of the child and is easy to understand for those who use it. In addition, an amendment to the Child Welfare Act proposes to strengthen the child welfare services capacity to improve children's situations without care orders. It proposes to impose three new main categories of time limited measures: 'compensatory measures' (e.g., respite, relief, recreation, help with homework); 'care modification' (e.g., parental guidance) or 'control measures', such as parental obligations, drug testing or regular meetings (Ministry of Children, Equality and Social Inclusion, 2015). It is unclear whether simplification of the Child Welfare Act will involve a wider reform agenda.

8.8 Key data for Norway

TABLE 06

Main figures for
the Child Welfare
Services statistics,
Published 15
December 2014

	2011	2012	2013
Children with measures from the Child Welfare Services during the year	52,098	53,198	53,150
<i>Assistance measures</i>	43,613	44,203	44,072
<i>Care measures</i>	8,485	8,995	9,078
Notifications during the year			52,553
Investigations started during the year*	35,090	34,591	41,493
Investigations closed during the year*	35,878	36,652	38,046
Total, employees	4,016.9	4,375.2	4,855.6
Notifications per 1000 children 0-17			36.0
* Up to 2012, only one investigation per child was reported, and then the first or the one that led to measures. From 2013, all investigations initiated and/or concluded during the year were reported.			

09

Key issues and challenges





This report has identified the key issues and challenges for child protection, drawing on trends occurring across the jurisdictions.

Demands on child protection systems

As the material has shown, protection-focused jurisdictions are faced with high levels of demand to investigate a large number of reports, many of which relate to children who are not at risk of abuse but whose families have needs which should be met by services. Mandatory reporting, such as in New South Wales, may contribute to the high volume of low-level demand on child protection systems, but this is a common trend irrespective of the reporting regime. In most jurisdictions increased reporting does not result in significantly higher levels of substantiations, and thus a great deal of resource and activity is devoted to investigating cases which either do not require further action or would have been better dealt with by the provision of prevention or family support type services. Indeed, in Australia, roughly half of referrals to child protection authorities resulted in no further action (Munro et al, 2011). In England the equivalent figure was 36% and in the United States it was 38% (Munro et al, 2011). However, responding at the time of a report to child protection may already be too late to effectively meet the needs of many of these children (see below). Earlier prevention efforts are more likely to pay off; though identifying when and how to engage with families on a voluntary basis may be beyond the capability of a ‘forensic’ child protection system.

Strengthening early intervention

In response to pressures and poor outcomes, many child protection systems are attempting to introduce differential response models. These offer ways to strengthen system capacity to channel children with lower level risks to early intervention and prevention services, while targeting investigatory efforts to those with high levels of need and risk. In some jurisdictions this has developed into formal Differential Response systems where an initial ‘triage’ assessment will decide whether the case should be investigated in the protection stream or whether the case should go into the ‘alternative’, ‘family support’ or ‘need’ stream. In other jurisdictions there are less formal divisions. In England, for example, the term ‘safeguarding’ is used to acknowledge that risk and need are not really separate domains of intervention. There is still no clear empirical evidence that the differential response approach ultimately leads to better outcomes although there is consensus that this approach does not lead to increased risk for children (Hughes, Rycus et al, 2013; Merkel-Holguin & Bross, 2015). It is possible that the lack of evidence for improved wellbeing of children is due to two related factors; firstly that the ‘alternative’ responses may not be evidence based, and secondly that the interventions are being provided too late to make a significant difference to outcomes and that intervening earlier would be more effective. However, as pointed out above, early intervention is voluntary and therefore families need to be engaged with service provision when problems first emerge.

Developing predictive assessment tools

Many jurisdictions are developing increasingly sophisticated assessment tools to ensure that risks are accurately assessed and that children receive the appropriate interventions. While there is very strong empirical evidence that ‘actuarial’ assessment of risk is more accurate than professional judgement, accurate risk assessment does not appear to resolve many of the issues confronting systems. Predictive risk modelling depends on the quality and appropriateness of the data captured from frontline workers. Moreover, while assessment is important, it is not a substitute for effective intervention. There may be value in assessment that extends beyond routine, administrative child data collection to also cover specialised developmental and well-being.

Reducing numbers in out-of-home care

All countries are facing pressures to reduce the numbers of children in out-of-home care, which are rising in most jurisdictions due to a number of factors, in particular children staying longer in the care system than previously. This problem is exacerbated in many jurisdictions by the increasing difficulty in recruiting suitable foster carers (Centre for Excellence in Child and Family Welfare Inc, 2012).

Jurisdictions tend to take multiple approaches to the increasing pressures on out-of-home care. These include:

- increasing resources for services to multi-problem or ‘troubled’ families to prevent children from coming into care
- increasing the numbers of children adopted from out-of-home care
- providing more comprehensive attempts to restore children to their birth families where this is possible.

Systems are facing increasing pressure to provide stability and permanency in care. This requires a focus on strengthening the options for genuine permanency in order to mitigate the harmful effects of impermanent out-of-home care on children’s development. This also highlights the need for more evidence on the extent to which poor outcomes amongst children in care and those leaving care are attributable to the experience of out-of-home care or versus exposure to adversity pre-care. The single strongest predictor of the mental health of children in care is the age at entry into care, with early entry into care being protective (Katz, 2011).

Policy makers and service delivery experts may believe that one solution for reducing the numbers of children in out-of-home care is to restore more children to their parents’ care. This may require a lowering of the bar of defining ‘good enough care’. Caution must be exercised when adopting this approach, especially since existing research has shown very poor outcomes for children who had come in to care because of neglect and were then restored to their parents’ care (Lutman & Farmer, 2013). Evidence also highlights that chronic exposure to maltreatment is more harmful than growing up in impermanent care.



Young people leaving care are a particularly vulnerable population, many of whom require high levels of support into young adulthood in order to ensure their wellbeing. Further, most young people in the general population continue to receive support from their parents after the age of 18, even if they leave home. Wards of the state should be entitled to similar levels of support from state resources. There is some empirical evidence that supporting young people into their early twenties is effective in improving their long-term outcomes.

The quality of implementation matters

A variety of issues inherent in child welfare service settings make implementation a complex and difficult endeavour (Aarons, Hurlburt, & Horwitz, 2011). One issue is the challenging and often co-occurring problems faced by a large proportion of families in child welfare services (e.g., past or ongoing child maltreatment concerns, mental health issues, violence in an adult partnership, homelessness, poverty). These complexities within the child welfare service setting have implications for how services and programmes are both conceptualised and implemented. For example, most evidence-informed services developed and trialled in research settings focus on the improvement of a single issue or problem behaviour (e.g., Attention Deficit Hyperactivity Disorder, substance misuse, bullying), within a particular population (e.g., single racial and ethnic group – in the main white American/European), at a particular time in their developmental history (e.g., first time young mothers) (Hawley & Weisz, 2002; Mitchell, 2011; Weisz, Southam-Gerow, Gordis, & Connor-Smith, 2003).

Another issue is that the very structure of child welfare organisations may lead to poor implementation (Glisson & Himmelgarn, 1998). In many jurisdictions child protection organisations have hierarchical, bureaucratic structures that are heavy on procedural documentation, rather than lateral structures that focus on active or collaborative learning (Gambrell & Shlonsky, 2001; Regehr, Hemsworth, Leslie, Howe, & Chau, 2004). These structures are poorly suited to implementing complex social interventions that rely upon honest and timely feedback and require creative solutions that do not violate model fidelity (Mildon, Dickinson & Shlonsky, 2014). Moreover, child welfare decisions are subject to public scrutiny and occur within the interconnected context of law enforcement, service providers, treatment systems, communities and consumers; a process which often results in risk-averse, rather than innovative, behaviours. With high documentation demands, high caseloads and workloads, high staff turnover and high sensitivity to any negative media exposure, opportunities for the types of consultation and supervision needed to create and maintain clinical expertise may be in short supply (Munro, 2009).

Other contributors to workforce issues include flawed practice models, and there is a need to develop effective training models for a career that involves a significant amount of exposure to secondary trauma.

Without addressing these larger organisational and practice level challenges, as a planned part of an implementation strategy, interventions, even effective ones, may not work (Mildon & Shlonsky, 2011). In addition, when programmes are implemented poorly, it not only reduces the potential for helping children and families in need, but it wastes scarce public resources because poorly implemented programmes are unlikely to be very successful (Durlak, 2013).



It is recognised that improving a system to better respond to and meet the needs of children and families involves a focus on what is being implemented and, equally, the process of how it is being implemented (Aarons, Hulburt, & Horwitz, 2011; Mildon, Dickinson & Shlonsky, 2014; Mildon & Shlonsky, 2011). The identification of effective services and programmes can be helpful when practitioners, agencies and policymakers are selecting service models to invest in and the current emphasis on identifying and listing effective services has assisted with this. However, this has not been matched by corresponding efforts to systematically assess the extent to which an effective service is implemented and to evaluate the impact of this on service outcomes (Aarons, Sommerfeld, & Walrath-Greene, 2009).

Despite this, we know the quality of implementation matters. We have extensive empirical evidence describing this (for examples of extensive high quality reviews of implementation studies see Durlack & DuPre, 2008 and Lispey et al, 2010). Implementation research in the past 15 years has helped to advance our understanding of the factors that may affect the effectiveness of any service reform effort.

Key principles for implementing system reforms include basing public policy decisions on quality evaluations of services, service reforms and programmes. Otherwise, the relative value and cost-effectiveness of alternative approaches cannot be determined. We need to understand what works, for whom, in what circumstances and why. Merely evaluating the overall effectiveness of a service may lead agencies to select a 'one-size-fits-all' approach, which may not adequately address the needs of families who require a range of interventions and services.

Further, high quality implementation should be considered the joint responsibility of multiple stakeholders. These typically include funders/policy makers, programme developers/researchers, local practitioners and local administrators.

Third, passive uptake strategies (e.g., tip or fact sheets and one time workshop training events) are not sufficient as they do not adequately address engagement, support and supervision of the workforce (Fixsen et al, 2005). To date, these strategies are the main ones deployed in an effort to build the capacity and competency of the workforce.

A summary of issues identified in the jurisdictions is provided.



TABLE 07

Summary of issues across jurisdictions

Issue	Driver
Rising costs	Multiple drivers, including expanding scope of child protection (recognition of impact of emotional abuse, neglect, domestic violence); rising numbers in out-of-home care; increased length of time in out-of-home care; mandatory reporting or culture of reporting.
Reduce children in out-of-home care	Pressure due to funding restraints and evidence that outcomes can be poor. Increasing emphasis on permanence and need to provide supports into young adulthood will increase costs.
Over-representation of indigenous and ethnic minority children	Ongoing issue which has yet to be resolved in any jurisdiction and is becoming worse in some. Where progress has been made for indigenous children it has been insufficient for narrowing disparity with non-indigenous children. Unaccompanied asylum seekers covered by system in some jurisdictions (Norway, England) but not others (Australia).
Shifting emphasis and resources to prevention by providing a differential response	Prevention is less costly and potentially more cost effective than statutory intervention. Early and decisive statutory intervention for those children who have ongoing need for care is prevention. Recognition that increasing resources to tertiary services is expensive and unproductive. However no <i>differential response</i> model has emerged as optimal, and there is conflicting empirical evidence to date about whether differential response actually does reduce costs.
Multi-agency response	Recognition that the child protection system itself cannot protect children without health, education, justice, police and non-government organisations. However there are significant barriers including information sharing, resources and agency cultures.
Role of government, non-government organisation and private sector provision	No optimal approach. Trade-offs between cost, quality, accountability. Non-government organisations can provide a more flexible service and are less bound by bureaucracy, but are less accountable than statutory services and there are significant transaction costs in contracting out services.
Focus on outcomes rather than outputs or processes	Particularly significant for out-of-home care where the state has a responsibility, but also for whole system. Realisation that outputs do not equate to impacts. However, outcomes-based monitoring can cause unintended consequences. Challenges in reliably measuring changes in wellbeing are significant.
Workforce issues; reduce administrative burden, better training for front line workers, worker satisfaction and churn	Includes resource, quality and larger systemic issues. High turnover of workers creates significant problems for the system. Flawed practice models and social workers' negative experience in applying them, poor training and low morale have been demonstrated to lead to poor results. There is a clear need to develop adequate and effective training models for a career that involves a significant amount of secondary trauma. In addition professionals are expensive to train and employ. Increased professionalisation of foster carers is also an issue. Bureaucratic burden has been shown to reduce productivity and effectiveness.

Issue	Driver
Big data and predictive analytics	Increasingly sophisticated tools to assess risk. But depends on quality and appropriateness of data captured from frontline workers. It would be useful to extend beyond routine, administrative child data collection to also cover specialised developmental and wellbeing assessment. Accurate assessment is not a substitute for effective intervention. Systems are moving towards direct measurement of outcomes rather than reliance on proxies.
Population impact	All prevalence studies show that the majority of maltreatment is never investigated and the majority of reports are not substantiated. This means that however overwhelmed the system is, there are many children in the population who could be reported but are not. Many systems are therefore looking at ways of reducing the prevalence of abuse through population-wide measures including greater awareness of and early intervention in domestic violence, alcohol and drugs, improved support for vulnerable new parents etc.
Implementation	Effective implementation increases the chances that programmes or reforms will yield intended outcomes, but many barriers to fidelity, including short-term costs and preoccupation with urgent issues.



10

Conclusion



This report has described some of the major issues facing child protection systems across jurisdictions in Australia, Canada, the USA, England and Norway. Although these systems differ considerably along a number of dimensions and have different structures and processes, they are all facing similar pressures. All the systems are under pressure from governments to reduce costs at the same time as improving outcomes for children in the population.

In response to these challenges most systems have been structurally reformed in recent years, with the most recent reforms focusing on early intervention, reduction of children in out-of-home care, improving the efficiency of the workforce and improving services to indigenous populations. There is also increasing recognition that implementing evidence informed interventions and paying attention to effective implementation strategies offer the best prospects of achieving efficient and effective child protection systems.

Furthermore the engagement of health, education, housing and the non-government sector is crucial for facilitating early intervention and improving outcomes for vulnerable children. In addition to these common challenges each jurisdiction is facing issues specific to its own system. These are shaped by the history and organisational culture within each system. Successful reforms have taken the best innovations and developments from other parts of the world and adapted them to fit the local context. This means that there is no single optimal model of a child protection system, but each system has to develop an approach that best fits the legal, cultural, financial and human capital resources of those systems.

New Zealand faces some of the same challenges as all the other systems described above. In some respects New Zealand is already a world leader, for example having pioneered family group conferencing which is now an accepted part of child protection and juvenile justice systems worldwide, and also its use of 'big data' has been ahead of most other jurisdictions. Nevertheless there is much that can be learned from reforms in other places as New Zealand attempts to modernise its child protection system.





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