JOINT STANDING COMMITTEE ON THE COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE

REVIEW OF THE FUNCTIONS EXERCISED BY THE COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
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Members

Hon Dr Sally Talbot, MLC (Chair)
Mr K.M. O'Donnell, MLA (Deputy Chair)
Hon Donna Faragher, MLC
Mrs J.M.C. Stojkovski, MLA

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Hearing commenced at 10.22 am

Professor LEAH BROMFIELD
Co-director, Australian Centre for Child Protection, examined:

The CHAIR: On behalf of the Joint Standing Committee on the Commissioner for Children and Young People, I would like to thank you for agreeing to appear today to provide evidence in relation to the committee's review of the exercise of the functions of the Commissioner for Children and Young People. I think we have all introduced ourselves, so you know who we are. It is important that you understand that any deliberate misleading of this committee may be regarded as a contempt of Parliament. Your evidence is protected by parliamentary privilege; however, this privilege does not apply to anything you might say outside of today's proceedings. Today is a closed hearing. Hansard will still be making a transcript. The transcript will not be publicly available unless the committee or the Legislative Assembly resolves to authorise its release.

Before we start, do you have any questions about your attendance here today?

Prof. BROMFIELD: None at all, thank you.

The CHAIR: Did you want to open the proceedings by making a presentation or statement?

Prof. BROMFIELD: Yes, I will do that. I am not sure what you as a committee know about me as a person or the work of our centre, so I thought I would give a brief overview if that would be a helpful introduction.

The CHAIR: I think that would be very useful, yes.

Prof. BROMFIELD: I am approaching my 20-year anniversary of researching in this field. The Australian Centre for Child Protection, of which I am the co-director, was established in 2004 by the commonwealth government. It was a 10–year establishment grant, so we had 10 years of funding and it was designed to try to bridge the gap between evidence and policy in the field of child protection. Since 2013, we have had no recurrent funding but we are an entirely project funded centre. We are mission driven. Our mission is to transform the lives of vulnerable children. We are the largest research centre nationally that is devoted to the study of child abuse and neglect, and we have a sister centre, the Positive Futures Research Collaboration, which is Aboriginal-governed, led and majority staffed, and devoted to improving the lives of vulnerable Aboriginal children. We always partner with them for any of our work around Aboriginal children.

I was also the professorial fellow for the Royal Commission into Institutional Responses to Child Sexual Abuse. I was appointed by Justice McClellan to lead the research agenda. The remit for me was to determine what research was required in order for the commission to fulfil its terms of reference and to then implement that research agenda and assure that it was conducted to a world-class standard to inform our understandings and recommendations. In the course of that work we completed 100 research projects over four years. We worked with 70 different research groups from 30 different institutions internationally, and we also had an internal research team conducting work. I am very happy to take questions about the work of the commission as well.

In terms of what I am here to speak to today, of course you have got the report around the benchmarking of child protection practice frameworks, but I noted that the invitation also mentioned the work of the Australian Centre for Child Protection more broadly. What I thought it would be useful to do was to talk a little bit about some of the founding principles of child protection systems and systems design, and then talk to the findings of the practice framework, some very new

evidence that we have generated in a very large program of work for the South Australian government. The reason I want to talk to that is because it has fundamentally changed our assumptions about the child protection system, and it impacts then our recommendations that come from the report that you have got today as well, so it seems very important that you hear that. In doing that, I am happy to be interrupted as I go along.

The field of child protection, if we think about it, started really in the 1960s. It is very new science, and if you compared it to a field like medicine, we are really at the point of leeches in terms of our scientific knowledge and practice in this field. I think putting it in that kind of context is helpful because it shifts us away from a blame mentality: "Why did people get it wrong?" It moves us away as well from a kind of partisan approach to, again, blame-finding. When child protection was established the assumption was that it was a fairly small problem—the prevalence of child abuse and neglect was small, and that what we needed to do was focus on identifying those children with suspected abuse and neglect and forensically investigating and working out if children needed to be removed or not. Things have moved on somewhat from that, from those assumptions, and we are starting to say, "Look, we are identifying lots of children." Our standards around what we consider to be acceptable parenting and the number of abuse types that we now consider have all broadened, and so the problem has become bigger in that respect. Now we occupy ourselves with still trying to find the kids who really need child protection involvement and those who we think are vulnerable and in need, and who, therefore, need some family support and things like that to try to prevent their escalation into the child protection system. Those have really been our underpinning assumptions for more than a decade now and it is what reform has been preoccupied with in this country and internationally. Despite that, the problem is growing. It is getting bigger, and we have invested in that approach, in those assumptions, in reforms and inquiries, and it is getting bigger, and it is getting worse. So, that is a depressing start. I will find hope at the end, I promise!

The CHAIR: We are certainly aware of the statistics. We will come back and unpack some of this after your initial presentation.

[10.30 am]

Prof. BROMFIELD: Yes. The project that we looked at around the child protection practice frameworks really emerged because these frameworks have been implemented to try and address the quality of practice in child protection departments. You have rapid turnover of a relatively inexperienced workforce, and it was thought that this was a way of trying to pull that workforce together around values and principles and key approaches to working. We have been doing research here in Western Australia around signs of safety. We have seen the evaluation coming out of Practice First in New South Wales and we are getting feedback around the implementation of solution-based casework in South Australia. Across those things, we were not getting very positive outcomes or feedback around the implementation of practice frameworks. So we had a look at the evidence to see whether there is something that we could recommend that is off the shelf. What is the best framework out there? There was not a lot of evidence, particularly strong evidence, for any of them. So we really started this project with the assumption that rather than trying to invent another framework and compete within this market, that we could have the most benefit for the most number of children if we took a benchmarking approach that could then be used to lift practice across frameworks. We had some assumptions at the beginning—some hypotheses—as researchers based on the research that we had done and our understanding. We had assumed that we would find some problems in terms of the way in which the workforce was being prepared for the role and the quality of some of the approaches and tools in terms of their alignment with the evidence base. We thought that we would also identify issues in terms of the implementation—and that is in fact exactly what we found in this project.

Simultaneous to this piece of work, we were doing a very large piece of work in South Australia. The South Australian government after the Nyland royal commission had concluded that practice in child protection was overwhelmingly poor. One of the things that came out of the Nyland royal commission was a statistic—one in four children will be reported to child protection in South Australia by age 10. Following Commissioner Nyland's report being handed down, many of us were concerned that her problem analysis was excellent, but that her solutions were more of the same. There was a lot of borrowing from other jurisdictions in Australia, and we were concerned that those jurisdictions and those reforms had not had traction. We suggested to the South Australian government that they go back to first principles and really question why do we have one in four children being reported. Sweep away all of those existing assumptions about needing to sort out which of the children really belong in child protection and which ones belong in interventions for vulnerable families, and really go back and ask: why have we got this number; why has it been growing over time in terms of the number of children, not just the number of reports; and are we investing in the most effective ways to try to reduce the size of this problem? We had an epidemiologist, Professor John Lynch, who was looking at population data as part of this. We had an Aboriginal health researcher who was looking at the cultural appropriateness of responses. We had Professor Sally Brinkman, who developed the Australian Early Development Census index and is an early childhood researcher, and Professor Fiona Arney and myself with the child protection expertise, who then ran quite a significant program of work with each of us running teams.

The two areas that I really want to profile today are some work that I led. What we did was the South Australian government looked across all of its portfolios and said, "What is our child abuse prevention investment? What are all the programs and services that we fund that are devoted to child abuse prevention? Are we spending it on the right things for the right people, and are we doing it well?" We started with over 200 programs. The first finding that we reported back to our cross-government committee of chief executives—including Health, Treasury, Education, Child Protection and Communities—was that of those over 200 programs only about 50 per cent of them were actually working to mitigate the risks of child abuse and neglect. They were working with vulnerable families and they were doing things with them that could well have been beneficial. I am not questioning the need for things like early reading programs, but they were not doing things that would change the risk of that child being abused or neglected in that family. Our first recommendation to government was to understand they should not be counted in the envelope of child abuse prevention investment, and to look at each of those programs that fell outside of that investment and look at whether they were aligned with another portfolio and whether there was a benefit to the state in that investment, but not to count it for child abuse prevention.

We then looked in detail at those programs, around about 100 of them, that had a direct child abuse prevention objective. We found that we could not support the majority of them, actually. Our recommendation to the government and Treasury was that we did not support the continued investment in those programs. They did not meet a minimum standard in terms of the quality of the program model, its alignment with the evidence and its cultural competence. We concluded, on those ones that we did not support, that it was improbable that they would be effective in their stated outcomes of reducing or addressing the risks for child abuse and neglect. Some of the issues there were systems drift. We had had such big demand within the system that programs that had been designed for vulnerable families ended up offering those services to families with much more complex needs. That is really well intentioned when there was nothing for those families, but that was just like giving someone half a Panadol when they need a full dose. It was not a full dose intervention, and it was not designed for the condition that those families had, so they were actually in an intervention that was not going to work for them.

What was really important to take from this was the scale of the failure—it was less than half of the programs that we actually recommended to remain unaltered—combined with the early finding around the investment. What we could say to government was that doing something that is ineffective is in fact worse than doing nothing, because the government had made an assumption—and it was a reasonable assumption—that it was investing in child abuse prevention. Yet, when we looked at it, those things that were genuinely child abuse prevention investments and those things that were likely to work were actually a very small fraction of that investment, which is why we say doing something ineffective is worse than doing nothing, because it leads us to conclude we have an effective response for that thing. It leads us to blame families for their failure, when in fact we have given them something that is unlikely to work, and it is demoralising for a workforce that is in this field because they want to make a difference for children and families.

This intersects with our child protection practice framework piece because what it tells us is that our workforce issue is not just one that is located within child protection; it is also those programs and services that are servicing the families that Child Protection are referring to. We concluded that there were some very common things that were needed to be provided to families and were being attempted to be provided both within Child Protection and within these programs, and that we needed to start looking at statewide workforce reform—not just within Child Protection, not just within family support programs, but to start looking statewide—and that would be a better way of harnessing that investment and lifting quality by providing some very high quality well-evidenced workforce development.

[10.40 am]

The other program that we undertook was to look at really coming back to that statistic of the one in four. What we wanted to know was why were people calling about families, who were they calling about, what were they worried about, and could we identify some opportunities for prevention? So, what was the potential there? We conducted a series of case file reviews. From the population data of Professor Lynch, the epidemiologist, we were able to identify that the populations associated with the greatest demand on child protection were children who were reported in infancy, children with high levels of repeat involvement, and Aboriginal and Torres Strait Islander children and their families. We conducted a series of case file reviews where we did quite large samples for each of those groups and then we looked in detail at what people were worried about. We are able to talk today about the case file review around infants and the repeat involvement; the research around the overrepresentation of Aboriginal children and families and understanding whether there is indeed racist reporting or not is not yet public.

In terms of the two case file reviews that we did look at, I will talk to the unborn child one first. We looked at a sample from the population of women who were reported during their pregnancy in 2014, and what we wanted to do was understand is it all one group, are there lots of different groups, or are there some clear typologies or groupings that fit within that? We found two really distinct groupings, and it is quite significant in thinking about how we move forward. The two groups we found were a very large group—about 65 per cent—who were actually women who had previous children already involved in child protection. That is significant because there has been a lot of talk about the first 1 000 days and the earliest point of intervention being pregnancy, but if we take a family lens there and we find that these are women who have got previous children already involved in child protection, that is not an earliest intervention point. That is a child being born into a family where there are already chronic problems, so what you would do for that family is quite different.

The other group that we found—which was around about 12 per cent I think, or 11 per cent, of the sample—was first-time parents. That kind of lines up with the early intervention, but they were first-time parents who were not coming from families where there were no problems. In fact, they were first-time parents who had their own child abuse and neglect and trauma histories. Again, that fundamentally changes what we think in terms of the prevention potential. The other thing it did was for us to conclude that people are not reporting about families where there are low levels of vulnerability, and we just need to catch them early. In fact, they were talking about families where there were already very high levels of domestic violence, that parents had their own trauma histories, and there was a history of alcohol and other drug use. That does two things. One, it tells us that when we talk about one in four, we need to stop thinking about sorting out the families with a little bit of vulnerability from those with extreme and chronic needs. It tells us that the majority of families reported to child protection—and in this we only found two cases that were below the threshold. Of the 131 cases that we looked at, there were only two that would fall below the child protection threshold. So, our reporters are actually accurately identifying those families for which there is a genuine risk of child abuse and neglect. That is incredibly sobering, and we followed it up with a second review looking at repeat involvement. It was confirmatory; again we saw that reporters were consistently getting it right about families who had a high risk of abuse and neglect. We found that those families, the women—65 per cent in the first case file review—who had had multiple children, they were in fact our first-time parents but five children later and we had missed the prevention window for them. The really important messages that we take from that are: one in four children in South Australia is really one in four, that a system that is allocating families to interventions based on an incident rather than the familial characteristics is getting families to the wrong thing at the wrong time, and that a system that is prioritising intervention based on the presenting incident of the day means that we do not prioritise the prevention window. So the unborn child concerns, they very rarely hit the threshold that says we need to go out and investigate them today. In a system that does not get to all of its investigations, what that eventually means is that they do not get visited ever until they have had the second, third child and the problems have become much more entrenched—and our likelihood of success, even with high quality interventions, is drastically reduced.

Again, I pull that back to the report we gave to you today. We talked about in that report the needs around child protection frameworks. We are now looking at these two bodies of work intertwined, and what we would conclude is that child protection practice and the child protection system is intertwined and that benchmarking is not going to be enough to really lift performance. This is new knowledge—it is new knowledge internationally—and so we need to develop new solutions based on this new evidence. In terms of the child protection practice framework, it has got five broad areas. We talk about the underlying values and principles and theories, the workforce development, training qualifications, we talk about the tools and the practice guidance, and then we talk about implementation and outcomes. That is your five key areas. At the start of that project, without this new knowledge, I would have thought that our first priority was to strengthen the workforce development within child protection. Integrating the two pieces of knowledge, I am of the position that in fact those child protection tools, at the very front end for the way we assess and screen families, are perversely directing the way that our system is designed and responds to families.

So, the first order is actually looking at the tools so that we can think differently about how we can direct families to the right intervention at the right time to take advantage of those windows where you have got a higher chance of success in prevention, and that we need to reallocate some of our investment in the programs we are currently funding to really focus on interventions that are going to capitalise on those windows for prevention—so interventions for young parents, first-time

pregnancy where they have got their own complex trauma history, interventions to delay pregnancy amongst our adolescents who are currently found in child protection and youth justice, in child and adolescent mental health services. In terms of those families with multiple children who have already got chronic issues, that we need to provide high-quality intervention for them, but actually of shorter duration than that which we currently provide. We think that, while the findings of these three pieces of work combined are really devastating in terms of their indictment on our current system, they also give us very clear directions for moving forward to genuinely start transforming this system and reducing the incidence of child abuse and neglect.

The CHAIR: That is a fantastic precis. Thank you. You do end on an optimistic note.

Prof. BROMFIELD: I promised.

The CHAIR: I was wondering how you were going to get there, having read most of the material that you sent us. The report on the executive summary, it is a very bleak picture.

[10.50 am]

Prof. BROMFIELD: Yes.

The CHAIR: But, as a policymaker and also as an academic, I am fascinated by the way that you have pulled various studies together and the conclusions you have drawn.

Does any member want to take up specific issues as a result of what we have just heard? Okay. So, it is a matter of where to from here, is it not?

Prof. BROMFIELD: Yes.

The CHAIR: The material that you have uncovered—I have read it all twice now because I did actually see an earlier copy.

Prof. BROMFIELD: Yes.

The CHAIR: The two things that really shocked me were the absence of the voices of children. We have had childrens' commissioners around western democracies now for—well, we have had ours for a decade —

Prof. BROMFIELD: Yes.

The CHAIR: — and we have just heard from the New Zealand commissioner, whose office has been there for 30 years—and we have still not got the voices of children in child protection. That is an extraordinary thing. Can I just get you to talk about that a bit, perhaps?

Prof. BROMFIELD: Yes.

The CHAIR: And the second thing was the lack of empirical data—the confirmatory data—on the practices. It is quite a challenge to a policymaker who obviously approaches systems in a specific mindset about what you are going to deliver to the community, but to find that those systems have been failing for so long, to produce anything substantive by way of confirmation that they should work is a challenge.

Prof. BROMFIELD: Yes. I am just thinking of where I will start. Do you want me to go to the voices of children first?

The CHAIR: Do you want to go to the voices of children first? Because you know the way our commissioner works. I am sure you have got a feel for that.

Prof. BROMFIELD: Yes, I am familiar —

The CHAIR: It is all about the voices of children.

Prof. BROMFIELD: Yes. And I have to say that I am equally committed to including the voices of children. Systems have come from a paternalistic background. Our child protection system started from a child rescue perspective. That sees people acting to save children rather than seeing children as decision-makers. We still have a lot of myths about children's competence as well, and I think these are things that have to be addressed within our workforce. Children are still seen as being unreliable witnesses. I think there is a myth that they are going to have really unreasonable expectations, or that listening to the voices of children means paying strict adherence to what they have said that they wanted.

In the work that we commissioned for the Royal Commission into Institutional Responses to Child Sexual Abuse, we wanted to try and break down some of those myths so we commissioned three studies: one where we talked to children broadly about their conceptualisations of safety, a second where we talked specifically to children within residential care, and a third where they consulted with children who had disability, but particularly those with cognitive impairment and those with communication disabilities who are so frequently—we also wanted to make sure we had nested studies that focused on those children who are most at risk and most marginalised. When we started that research, there was a view that we were doing this more for appearance sake—that it is important to talk to children—and I think that there was a paternalism to it: "We'll give them their say because then they'll feel good about having had their say." Our commissioners have been on record as saying it was some of the most important research that we did, and that is because when we spoke to children, they gave us a deeper understanding of the problem and they had different solutions. In terms of the voices of children, I think for some of this we actually have to demonstrate to people the value of the voices of children to really start to get traction around people seeing the value of that.

The other thing that we consistently come up against, and it certainly featured in the research around the practice frameworks, is that we consistently design our systems based on a system rather than a child or family-centred perspective. One of the insights out of the work that we did was to look at the programs and interventions for families. We were looking at this distinction where we had three groups of families: families who were vulnerable, families who were high risk, and families who were maltreating. And they were being diverted to different interventions. In a perfect system they would be diverted to different interventions based on that classification. But how were they classified into vulnerable, high risk and maltreating? For the vulnerable, it was based on characteristics of the families, but for the high risk and maltreating families what we found was that that classification was entirely system driven. It was about how they were viewed by the child protection department at that point in time. So, they were saying a high-risk family is one that has not been screened by child protection or for whom we do not currently feel that there is a risk of removal, whereas maltreating families were those where really they were saying, "We have got them in family preservation services right now; it is the last resort prior to removal."

That is a system classification. Some of those families who are screened out of child protection, it is just that they have not actually been visited and seen. When we then looked at the characteristics of the families, they were the same; they were families in which there were trauma histories for parents, domestic violence that was active, and alcohol and substance misuse, housing instability or homelessness. If you were taking a child and family-centred lens to your service design, you would say they need the same thing. They are not on a continuum of complexity; they are just on a continuum of service engagement. We have got it wrong entirely by focusing on the system rather than the children and families. I think that the work of our children's commissioners is essential and part of turning around our systems, because we need, both within everyday practice and the front line, to look at the tools to involve the voices of children—and families. Service users are such

important stakeholders in this. Their voices matter. We need to give practitioners strong tools to support that, but we also need to help them to see the value in doing that. That is not going to change it, though, if we cannot, at our top levels of system design, at government responses, start that shift from if we were starting with the child and family—who are they, what do they need, and how could we best respond to them?—and I think things that are starting from that perspective really give me great heart in terms of reform directions.

The CHAIR: You have got families in the system who should not be there, or they should be elsewhere in the system, and you have got families outside the system who should be in there somewhere. So it is failing on both counts.

Prof. BROMFIELD: Yes, I think there are probably few families who are in the system who should not be there. There are families that are outside —

The CHAIR: Or they should be being treated in a different way.

Prof. BROMFIELD: They should be treated in a different way.

The CHAIR: And they should have access to a different range of services where you talked about services that were badged as countering abuse where they were not directly involved in that and not doing anything directly to affect those outcomes.

Prof. BROMFIELD: Yes. I suppose that there is a big and small system, is there not? There are families who are in the child protection system who overwhelmingly probably should all be there, but what we are struggling with is then, in the broader system, having the right interventions to refer them to. So, our reporters are accurately identifying those families who are at great risk, and where the children are at great risk we are not providing the right response to them.

The CHAIR: When it comes to the monitoring of outcomes, the particular part that caught my eye was on page 61 of your report. You talk about the—you have not got it there, have you?

[11.00 am]

Prof. BROMFIELD: No, I am sorry.

The CHAIR: There is a mechanism inside the Signs of Safety program that is about those short interventions.

Prof. BROMFIELD: Yes, the solution-focused brief therapy.

The CHAIR: That is it, yes. I think this might not be where it is referred to, I am sorry.

Prof. BROMFIELD: That is all right.

The CHAIR: And you talk about the fact that there is no evidence that that approach works.

Prof. BROMFIELD: Yes. In fact, the evidence base for the solution-focused brief therapy came from the field of addictions, but in that field it is largely very small sample studies for the purpose for which it is designed. It would never hit a tier 1 kind of evidence-based quality intervention with its current evidence base, and it has been fundamental in terms of the development of our responses in child protection. That was really shocking to me as well. I had assumed, prior to looking at that, that we would see a strong evidence base in its original field and that there may need to be some work about the way in which it was being adapted or implemented in the field of child protection. Across the board we found low levels of evaluation in child protection practice.

The CHAIR: That is one of the points at which your three studies come together, is it not? Can I just recap to make sure that I have understood?

Prof. BROMFIELD: Yes.

The CHAIR: So, the first study was into the resources provided by the South Australian government. That was within the state of South Australia.

Prof. BROMFIELD: Yes.

The CHAIR: Then the second study was into the families who were encountering the system and the number of reports of child abuse.

Prof. BROMFIELD: Yes. Also in South Australia.

The CHAIR: In South Australia. And the final one is this national review of the frameworks.

Prof. BROMFIELD: Correct, yes.

The CHAIR: Yes. So you did not find a framework that was satisfactory, did you?

Prof. BROMFIELD: No, we did not. My personal view is that the Victorian framework was the strongest of the frameworks that we looked at, but I did not feel that I ought say that in the report because I was involved in developing some of the practice guidance that sits under that framework. Personally, I can then declare that conflict of interest when I talk about it, but in written form I do not have that opportunity. The reason that I thought the Victorian framework was one of the stronger frameworks was because when they implemented the framework, they did not throw out the existing initiatives that they had. So, the best interest case practice model, the principles and values were very much aligned with their legislation, which had given quite careful thought to a set of principles that started with the best interests of the child and then had identified other quite child and family–centred principles, but had ranked them in terms of priority. There had been quite a lot of work around the values and principles that would underpin it.

In terms of the workforce preparation and the qualifications framework, when we saw frameworks outside the safety and solution-based casework being implemented, the focus—and this seemed to derive from the framework developers—was, "We don't want to confuse the workforce, let's focus on this thing, so we're going to train to the framework." What was lost along the way was the existing training around dynamics of abuse and neglect and responding to family violence, child development, trauma. That, to us, is the core knowledge of child protection.

The CHAIR: And it is completely missing from existing systems.

Prof. BROMFIELD: Yes.

The CHAIR: Is it too strong to say that the existing systems, because they are systems driven, have got no place for values? There is no language to define values?

Prof. BROMFIELD: I do not think that I would want to go that far. I think they can be, but to say that it is impossible would seem hopeless to me. I also have the privilege of going out and talking to policymakers and practitioners and I have had the benefit of seeing when values come alive, when principles come alive and it drives practice. So I would not want to say that it was impossible within a system.

The CHAIR: Yes.

Prof. BROMFIELD: The bigger the system gets, the more we are occupied with system KPIs and outcomes rather than children's outcomes, I think the harder it is to be value driven.

The CHAIR: Anybody want to jump in? Otherwise I am happy to keep going.

Mrs J.M.C. STOJKOVSKI: I did write down some clarification around what you mean by shorter, more quality interventions.

Prof. BROMFIELD: Yes, I was talking predominantly about the interventions that are referred to as family preservation or family support programs. They are offered to families who generally are referred out of child protection into those interventions and they have been identified with joined-up problems of domestic violence and chronic neglect, parenting skills deficits, mental health. The program model for those is very common at the high level. Essentially, they are comprised of assessment, case management, some counselling or therapeutic intervention, some parenting skills development and education, and referral to other tertiary interventions and some joint casework and a little bit of brokerage money—the key components of those interventions. When we look across Australia and not just in South Australia, the model for those interventions is typically for a 12-month program, whereas the programs internationally that have been found to be effective are of much shorter duration: a maximum of six months. In fact, there is evidence that shows that after that six months not only do you get no greater effect, in fact you get diminished effect of those interventions.

Mrs J.M.C. STOJKOVSKI: Is that because the families become reliant on the interventions, or what is the reasoning behind that?

Prof. BROMFIELD: I think it is complex. Those program models internationally have been what we call kind of professional models. What they were designed around was that you would have those basic components that I outlined and then you would have highly skilled staff—so people with a Master of Social Work or a Master of Psychology—who then, it was assumed, would have the skills and experience to deliver the therapeutic intervention, to deliver the parenting skills education. In the Australian context we have rolled them out but our workforce does not have that level of qualification. An alternative approach is what we call a formalised program model, and that is where under each of those components you actually document more fully what would be the assessment models and tools that you would use, what would be the counselling interventions and therapeutic approaches, what parenting program or models would you be using. Then you would train your workforce to those different approaches.

In the Australian context what we have done is we have got a much lower qualified workforce who are delivering those interventions and we have not provided them that additional in-service training to equip them. The evidence around these programs also suggests that early assessments about readiness to change or motivation to change is quite important and that for families where the complexity of the family has become very extreme—they have drifted through the system for a long time—that in fact you have quite low success rates. Even if you provide that intervention very well, you have low success rates, which makes sense. It is much harder to support a family to effectively change once you have got seven children versus one, and once you have had multiple partners and there has been domestic violence and the children's behavioural problems are then starting to manifest because of their trauma and neglect, so the success rates for those interventions are quite low.

[11.10 am]

In terms of that duration of intervention what we are surmising is that, those programs that were effective, they were able to make a readiness assessment quite early on and then retain in the interventions—they were actually making it about the four-week mark—to say, "Are they going to be suitable for more work around family preservation, or do we need to make an early call that they are not going to be able to change?" And then they provided for those families who were ready to change, had the motivation and capability to change, an intensive intervention—shorter duration but higher intensity to what we had been providing in the South Australian services. I did have a little look at some of the newly announced family support services in WA and their intensity was

higher, but still of the long duration. They were then able to exit the families from those programs and put them into a step down program of lower intensity. In terms of that diminished effectiveness, when you look at a population, if you are keeping the families in for longer and you are keeping families in that were never likely to change, then your success rates are going to diminish over time, and things only get worse for that family if that was an intervention that was never going to work for them.

Mrs J.M.C. STOJKOVSKI: Thank you.

The CHAIR: Two of these studies were done in South Australia. I am not sure how you can answer this, but what is your view about other Australia jurisdictions? Were there particular reasons in South Australia why so many programs were not delivering what they promised? Were there particular reasons for those circumstances?

Prof. BROMFIELD: Yes. As a researcher, we—I and the Australian Centre for Child Protection—obviously are going to say that it would be better to have confirmatory analysis.

The CHAIR: Yes.

Prof. BROMFIELD: So before you accepted the findings and just ran with them, the sensible thing to do would be to confirm that that was the case. I think there are real benefits to that because the other thing—we did not just fail everything; what we did was we then used those individual program findings as a data source and then were looking across to try and work out what are the broader systemic issues. Now we have done a series of policy briefs for the South Australian government that looks specifically at how South Australian government departments could improve the specificity and quality in their contracting. We have looked specifically at what the South Australian government could do around workforce development across agencies and whether there are efficiencies in a statewide approach there. We have talked about matching investment to the continuum of complexity.

I think that really it would be beneficial for other states to do similar work by doing that auditing and benchmarking of the quality of their interventions to find whether they are matched to the need. Professor Brinkman did another piece of work which is not yet released looking at developing up community risk and need profiles so that we could also work out where were the populations of need and we could then see are the interventions in the right communities. I think all of those things—the detailed information—are going to be unique to the jurisdiction. At the high level, based on my personal experience and observations as a researcher in this field, I think that the program models in South Australia are very common to those program models in the other Australian states and territories, and that the practice issues that we identified would also be generalisable to other states and territories.

In terms of the research around the children involved in child protection, some of the high-level findings there I think would be comparable. I think we have been getting it wrong around the assumption that the majority of reports to child protection are about families who need something less intensive—are not actually abuse and neglect. But I think that our states and territories are at different points in the chronicity of that problem. I am of the view that South Australia and New South Wales have probably gone furthest down the path of an incident-based response system and are starting to see some of the most toxic outcomes of that. In South Australia and New South Wales, those matters that are screened in for investigations—so at the frontline the threshold for what gets screened in just keeps on rising, but despite that rise in threshold, even those which are screened in and the department is saying, "This is rightly a case that we need to go and see this family, this is a concerning allegation of child abuse and neglect", they are not getting to 70 per cent, approximately, of those cases. And to the extent that in their client information

systems they have actually created a button, an option, for practitioners at the intake and assessment point to say, "We are not going to investigate", the button is, "Resources Prevent Investigation", or, "Closed No Action." We now have cultures in departments where they talk about CNA-ing families or RPI-ing families. That to me is really concerning, because by closing the case not only are you not getting to it, you have been able to push it to the side. It is not present for you to worry about either.

I do not believe that Western Australia is at that point. It had a very different intake and screening and response system to the other states and territories for a very long time. I can see, looking at things like the *Report on Government Services*, where on the indicator around timely completion of investigations Western Australia looks like its data is poor, it is taking a long time to complete investigations. South Australia and New South Wales are looking better—that is because they are not investigating, they are just closing them. Western Australia, I can see from that data, are holding the cases open. They are not getting to them but they have not pushed the families out the door. They are at least aware that they should be getting to them. I think some of those cultural issues, I suspect, would be less developed within Western Australia. You might be earlier on a journey for reform, if you were able to get to it.

The CHAIR: I am conscious that we are running out of time, although that is not right; we have got 10 minutes left. I have got four other areas that I wanted to talk to you about. I wanted to ask you about what role—no, I might come to that last. Just three quick questions about these three studies. We have heard evidence from the director general of the Department of Communities, which under the machinery-of-government changes is a big department taking in Child Protection and Housing. He has told us that in a previous role when he was looking at remote communities, one of the challenges they had was actually getting the information about the programs that were running, and he has put on the public record that, on account of his experience, they actually had to go to the service receivers and ask them what they were being offered. How much of a problem is that? When you did the survey in South Australia, you actually managed to enumerate the programs, presumably.

Prof. BROMFIELD: Yes. But we had the cooperation of the chief executives of all of the major funding departments. In a previous study, about a decade ago, I suggested for a national study that we try and look at the child abuse prevention investment—just by looking at those family support programs that do not get counted in the Australian Institute of Health and Welfare, but which we know are funded by government departments. It was such a challenging prospect for the states and territories that they actually called a halt to the project unless I would agree to not make that request. It is a very big problem. Right now, our centre is doing a project in Ceduna that is funded by the commonwealth government. As part of that work we are doing, we are looking at the data around client needs but we are also looking at service mapping. It becomes complex when you have state investment and commonwealth investment. In South Australia, we have not looked at the commonwealth investment, and previously in research we have concluded that the commonwealth and the state are like ships passing in the night when it comes to planning where they are going to locate programs and services and making new announcements about initiatives. But when we do service mapping of that nature, we find vast numbers of services in some communities. When we supported the Northern Territory board of inquiry into child protection, we similarly found some very small remote communities that had huge numbers of services. You might have a population of 3 000 and you have 80 services coming out predominantly fly in, fly out. You have problems of housing in that community, yet each worker, as a matter of employment, is getting a three-bedroom house all to themselves, exacerbating the problem of housing.

[11.20 am]

So, I guess I am very vigorously agreeing with the director general. The service footprint is a huge matter of concern. I think one of the great benefits of the work that we have done in South Australia is that it sat within the Department of the Premier and Cabinet, which required the agencies to go through and determine what they thought was their child abuse prevention investment and put those programs forward. There is a cross-government committee of chief executives or deputy chief executives that provides governance for the overall project. Recommendations are made to that governance committee, and they are then required to report against those to a parliamentary sub-committee. It gives everything a very high authorising environment—that it is not an option to say that it is too hard.

The CHAIR: Obviously, related to that is the question about the wider community of children and young people. So, these programs and services are basically being delivered to vulnerable families with the children who might be in child protection—the children are in care. Do you do any work with the children who are not in care?

Prof. BROMFIELD: In terms of the families who we looked at for this project, in fact, they were those who—I am just trying to think of the easiest way to explain this —

The CHAIR: They are children who were not in care; it was a preventive?

Prof. BROMFIELD: Yes, that is right. So, if we think about the public health pyramid, and you have populations with no indicated risk at the base, the middle is populations where there are known vulnerabilities but child abuse and neglect has not yet eventuated. Then we have—instead of three, think about that top part of the pyramid as two populations—those families for which child abuse and neglect has occurred, but the children are still within their families of origin and there is a position that the families can change within the child's developmental timeframe. Then you have children in care at the very top for whom there has been an assessment the parent cannot change or will not change within the child's developmental time frame.

In terms of the work that we did, we looked at the targeted interventions—so the families with vulnerability. We looked at the families who were already in child protection but whose children had not yet been removed. Those were really where we looked in the first instance around the programs and interventions. We have not looked at the population interventions. In fact, we have not looked at those interventions for children in out-of-home care.

The CHAIR: I might now skip to the final question, which is: what might be the role of children's commissioners in driving change in these areas that you have identified in these three studies?

Prof. BROMFIELD: I believe that the children's commissioners are in a unique position to bring voice for the voice of children. I look at the way we are responding and I look at the predictable failure of these systems. I think that with these findings on record and the more that we know that we are predictably failing children, the more we run a risk as government that the children are going to FOI their files and say, "How could you have done nothing?" The risk there for government is significant. I think that children's commissioners can bring forward the voice of those children to try to harness change. I also see children's commissioners in their oversight role as having the potential to really drive child and family-centred quality improvement initiatives. It was the Australian Children's Commissioners and Guardians who funded the research into the child protection practice frameworks. There are times when, as the Australian Centre for Child Protection, we reach a conclusion that because governments have invested in a particular thing, they are not going to be particularly open to critique or change. They have made a decision that they are going to go down a particular pathway. In this instance, we did not think that trying to talk to departments was the way that we would enable change around the child protection frameworks. The children's commissioners and guardians across Australia were able to jointly fund this program of research so

that we actually had something that they can then talk to. I am now informed by some of the children's commissioners and guardians just last night that having briefed their department around some of these findings, they are already seeing departments coming back and saying, "We're developing practice standards." So, I think in a number of ways, our children's commissioners and guardians have a role as change agents, because they are not as tied to interventions. As children's commissioners, as researchers, we are in a privileged position of being able to say, "Well we tried that, and it seemed like a good idea at the time, but we've got new knowledge and now we know that that's failed." It is really hard. That is hard for governments without externally authorising environments—things that children's commissioners are saying it is ok to change. Children's commissioners who are able to bring together research findings like this that enables them to say, "It's not just you. This is not a failure of your department; this is about the point in the development of child protection knowledge internationally, and it is okay to stop that thing and to try something different."

The CHAIR: I guess that there is a timeliness about these findings in that they coincide with the end of the royal commission when the demand for change is clearly there to be responded to.

Prof. BROMFIELD: Yes. In terms of the royal commission's recommendations, I think there are some very clear areas in which children's commissioners are really well placed to respond. I think that they are well placed to lead around the implementation of Child Safe Organisations. There has been a decision at a commonwealth level that the project would be run by the National Children's Commissioner. The existing work that has been done to date has largely—all the quality work—been driven by children's commissioners and guardians in this country. So, I think they are in a very strong position, with the most expertise, to actually continue running that area.

The royal commission talked about child-friendly complaints handling—child-friendly complaints processes. That could be something that was done individually by each department, but, again, I would think that children's commissioners are really well placed to say, "Across government, and across departments, let's work out some best practice principles around child-friendly complaints handling. Let's work up some tools," and then their line agencies can look at the specific adaptation of those tools for their unique context. But, again, I think children's commissioners and guardians are very well placed there.

[11.30 am]

The other thing I would say is that the Western Australian children's commissioner has really picked up the royal commission's recommendations around prevention and around harmful sexual behaviours that are presented by children and young people. It is an area in which it is wonderful to see the WA children's commissioner picking up that work, because I think WA is actually really well placed to lead in that area. Western Australia has been the only state that has ever actually invested in prevention and treatment programs for perpetrators of child sexual abuse or people who are preferentially attracted to children without requiring they get a conviction. I know that there are some difficulties in terms of those kinds of interventions with mandatory reporting now, but I think those are things that can be easily overcome. I look in Tasmania, where the mandatory reporting provisions were extended to say, "If you report to the gateways service, you will be considered to have enacted your mandatory reporting obligations." There are ways—if you set up interventions—that you can overcome any mandatory reporting issues and any risk and safety issues for children. I think some of those things, and the work of the children's commissioner prior to the royal commission's findings coming down, mean that there has been quite a lot of thought given already. They have completed service mapping around what is there for children with harmful sexual behaviours, and they have just released a report this week—that was undertaken by our centre—

around looking at a continuum of responses for children with harmful sexual behaviours. Once again, the children's commissioner has been able to harness the resources that they have to pull together evidence to try to stimulate best practice and drive reform and change.

The CHAIR: That has been very interesting. No follow-up comments from the members?

Prof. BROMFIELD: Sorry. I do not seem to be able to answer a question briefly!

The CHAIR: Please do not apologise. It has been very illuminating, and I thank you for your time.

Thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made in the transcript and returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary document for the committee's consideration when you return your corrected transcript.

Hearing concluded at 11.32 am

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