

*Evaluating child protection:  
An equity perspective*

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My research focus - performance measurement in child protection.

Questions of interest - how CPS conceptualise quality and effectiveness, how they demonstrate accountability, and the links between stated policy goals and strategies for performance improvement.

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## 2 equity issues

- Access to family support, especially for families experiencing problems who don't meet the threshold for statutory intervention
- Over-representation of Aboriginal and Torres Strait Islander children and families in investigations and out-of-home care (and under-representation in support services like child care and family support)

What is an equity perspective? Equity is the absence of systematic disparities – equity is about fairness and justice, it recognises we are not all the same, we don't have the same access to resources, and different approaches may be needed for different groups of people.

CPS clients mostly poor and socially excluded, ie women, Aboriginal and Torres Strait Islander families, and children, who tend to be the *objects* of child protection intervention - services generally don't enhance their rights or powers. Do CP and FSS remediate the social inequalities that bring families into their gaze, or exacerbate them?

Observations are not about WA – similar trends here to other places in Aust and overseas  
Evaluations of CPS generally negative – but such statements are not neutral, they have implicit values and represent a policy stance on CPS.

CPS in Australia residual – high threshold for intervention. Family support services long part of the picture, but funding has waxed and waned. In recent years, renewed attention as the number of reports of suspected child abuse and neglect has increased, with most reports not meeting the required threshold for action and numbers of children in care growing. You've heard the figures. Thus, many jurisdictions have articulated a policy goal to “divert” children and families from the coercive statutory interventions of investigation, court orders, and placement, and increase access to family support. This is based on the premise that helping families at early stages of problem development would improve outcomes for children and reduce costs later.

But services are insufficient. Low investment in family support is an equity issue because it means disadvantaged children and families don't get enough help to overcome problems in their family –resources are concentrated in investigation and at the coercive end.

Providing more in-home family support, reducing the number of children in care, and reducing the over-representation of Aboriginal and Torres Strait Islander children in care are worthy goals – but how are goals expressed?

## The problem with diversion

Policy of diversion, imported from the criminal justice system, is based on redirecting or turning away *from* something bad *to* something good  
- from the child protection system (bad) to the family support system (good)

Proposition that being in care is bad for children is not supported by research

Statutory system is not necessarily (or wholly) adversarial and coercive

Diversion policy goal represents a retreat from statutory child protection work as quality social work with families to protect children

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Concept of diversion is problematic in CPS - idea imported from the criminal justice system, based on redirecting or turning away *from* something bad *to* something good. Diverting from juvenile detention or prison is different to diverting from foster care or kinship care. Analogy to child protection implies children who are vulnerable should be diverted from the child protection system (bad) to the family support system (good). This portrays statutory child protection not just as investigation-focused, procedural and bureaucratic; but also as potentially harmful for children. Child protection intervention, whether investigation or placement, is undertaken wholly for the benefit of the child, it is contradictory to regard it as something to be avoided.

Premise that out-of-home care for children should be avoided not backed up by research. Research has shown that delaying entry into care for some children may be costly in terms of longer exposure to maltreatment impairing the child's development, greater difficulty in meeting their needs. A goal-keeping, hands-off approach can lead to a worsening of family problems then result in unplanned, crisis placements, which are ultimately more resource intensive. Being in care is not uniformly bad for children. Research on education, health, and wellbeing, shows that children in care are worse off compared to their peers, and this adversely affects adult outcomes. The gap cannot all be attributed to the care system, it also relates to pre-care experiences that delay development.

There are detrimental effects of being in care, esp. from placement instability, culturally inappropriate placements, and drift in unplanned care, as children's development is adversely affected by separation from family, cultural ties, and school friends – and the care system could do much more to address these losses, and the lack of belonging that many children experience. Research provides grounds to advocate for improvements to the quality of OOHC and other care system arrangements, but does mean concluding that OOHC should be avoided. Overall, research gives a nuanced picture of the efficacy of care, depending esp. on the age of children when they enter care, type of placement provided, how long they stay, and after-care support. And many children feel they are better off in care. The diversion discourse misrepresents out-of-home care, conveying all the negatives, and few of the positives.

Child protection services are not inherently or necessarily legalistic and adversarial. The principles of respect for families and family participation in case planning are crucial to good child protection practice, whether statutory or not. Counter-posing child protection and family support implies they are for different risk categories. If OOHC is usually court-ordered it has a stigma attached to it. But in some countries (such as Denmark and Finland) out-of-home care is regarded as a positive resources for those who need it, and most children are placed on a voluntary basis with parental agreement.

State intervention comes in many forms. State intervention is necessary to protect and care for children, because parenting is one of many factors that influence children's wellbeing. Education, health services, maternal and child health, and public housing are all forms of state intervention that make positive contributions to child wellbeing. It is not the fact of state intervention that is the problem, it is the nature of it: that the state concentrates its child protection resources on coercive interventions with families.

## Data – evaluation - action

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Differentiate incidence and prevalence: Entries to care are *not* increasing

Duration in care is *increasing*

Better access to family support at front end will not significantly reduce number of children in care – working productively with families to return children home will

Perverse outcomes – e.g. raising bar to enter care leads to more placement instability

Quality of care must improve

Need a balanced set of indicators – efficiency, quality, equity, child and family outcomes

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Contradiction in regarding out-of-home placement as undesirable, when it is done to protect the child. Perverse outcomes can result from avoiding placing a child who is not safe at home, or returning a child home prematurely to reduce numbers in care. Also, there is an inverse relationship between the rate of entry to care and placement quality. Lowering the rate of entry (by raising the threshold) so that only the most serious cases enter out-of-home care, means that placement stability will decline, because it is harder to maintain placements in which children have emotional or behavioural problems as a result of maltreatment.

Rate of entries to care has been declining in Australia and many other countries for decades. AIHW - Nationally the number of children admitted to orders fluctuated over the last 5 years to 2017, but decreased overall by 6%. Over the same period, the number of children admitted to OOHC rose by 5% , however, the rate remained reasonably stable at around 2 per 1,000 children. Indigenous children are over-represented in admissions to OOHC, and admission rates for them are rising - Since 2011–12 the rate of Indigenous children admitted to OOHC rose from 13 to 15 per 1,000, while the non-Indigenous rate was relatively stable at just under 2 per 1,000 children. So clearly, early intervention resources should be ring-fenced for Aboriginal and TSI families.

The reason there are more children in care (as opposed to entering) is that duration in care has increased, so there are more children in care year-on-year (stock and flow, incidence and prevalence) And, Indigenous children stay longer on average. These are long-term trends that can only turn around if more reunification work is done. Increasing access to family support at the early stages is necessary, but not nearly sufficient, to reduce the number of children in care.

Understanding the data is important, because how we conceptualise social policy problems shapes how solutions are arrived at. Performance indicators don't just retrospectively measure – they communicate policy intent.

## Over-representation

1. Policy ambitions not matched by real change
2. Stated policy goals not linked to action
3. Strategies intended to achieve goals not evaluated or revised

Turning now to responses to over-representation. There are very high rates of racial disparity in Australia, with Indigenous children being around 9 times more likely to be in OOHC than non-Indigenous children, but overall not a high rate of children in OOHC by international standards. WA has a very high rate (even by Aust stds) of over-rep in OOHC, and a low level of investment in ACCOs – notwithstanding the recent initiative funding ACCOs for in-home support. Still, only a minor portion of funding for OOHC and family support goes to ACCOs, and there is no funded role for ACCOs in child protection decision-making. So it is non-Indigenous agencies receiving funding to provide services, and mainly non-Indigenous people making decisions.

3 reasons why there has been little progress on addressing over-representation (in fact, going backwards):

Policy ambition is not matched by real change. Mostly it is business as usual. There is no self determination and an unwillingness of non-Indigenous agencies to cede control of funds and decisions. The thinking is still “we know best”.

Stated policy goals are not linked to actions – underlying problems are minimised, and strategies are superficial e.g., a thin spread of family support services that are not sufficient to meet demand and address the level of complexity of family needs, or perception ACCOs don't have capacity

Strategies intended to achieve goals are subject to little evaluation or revision – we just watch things getting worse

## Aim 1 – protect rights of children & families

- children's rights to care and protection; to family connections; to have their culture respected
- rights of parents and family members to make decisions about the care and protection of their own children
- rights of children, family members and community organisations to participate in decision-making and have their perspectives respected
- rights of children in care to have their protection, wellbeing, developmental and cultural needs met in a quality care system
- best interests of Aboriginal and Torres Strait Islander children include consideration of whole of life wellbeing (including health, development, culture, identity, and educational domains)

## Aim 2: Increase self-determination in child welfare

- Recognise and support Aboriginal and Torres Strait Islander community-controlled child protection and family support agencies
- promote a partnership approach to Aboriginal and Torres Strait Islander child protection, based upon agreements with the state regarding jurisdiction, authority, and service delivery

### Aim 3: Decrease over-representation

- provide supports and programs that strengthen family and community capacity to care for their children
- work in partnership – planning and decision-making with family and extended family
- ensure that if a child is in care, efforts are directed towards ongoing family contact and timely and safe family reunification.

## 5 elements of Child Placement Principle

- Prevention
- Partnership
- Placement
- Participation
- Connections

> action on legislation, policy, practice, programs, and processes

In Australia, a substantial change in direction is required, but not a return to the paternalism of the past, not yet more coercive government intervention into indigenous family life. Government action of this type has not been effective in protecting children and strengthening family functioning. There are clear limitations of socio-legal investigative responses, particularly in geographically remote towns where there are few social service agencies on the ground. These reactive responses suggest individual pathology or deviance as the causes of child maltreatment, ignoring social and community-level factors.

Moderate gains may be achieved through concentrating on support services following report to ensure entry to care is the right response. But with the size of the disparity gap at entry to the statutory child welfare system so marked it is critical to address underlying causes. Concerted action must be taken to improve family living conditions in collaboration with indigenous families and communities. Current approaches move too quickly from disadvantage and need to 'child maltreatment', missing out the steps needed to increase accessibility of universal services like child care, school and health services, as well as the need for broadly based early intervention services. It is not sufficient to provide indigenous communities with the same level or types of services as others, or to fit in with mainstream providers, when their needs are so much greater and the pattern of their involvement with the child welfare system is so markedly different.

Noting the stats, observing over-representation worsen - concern about a tendency to excuse the child protection system for inequities. From this perspective, solutions to the problem of over-representation are considered to be beyond the responsibility of child protection – looking instead to housing, health, education and employment. CP is simply playing the best hand it can for its clients. But does the extent to which Aboriginal and Torres Strait Islander people experience disproportionate poverty, health problems etc. really justify the fact that they are thereby more likely to have their children taken away from them? Child protection services have to take responsibility for their part.

What is surprising in addressing over-representation is how little is done. The Our Way generational strategy released by the Queensland Govt last year was the first comprehensive strategy to address over-rep that ranges from early intervention to the statutory system. Many states do not have a strategy. They may be taking certain steps within broader reform processes, but if you ask 'how is this state addressing over-rep' you do not get a patchwork of initiatives rather than comprehensive answers – see SNAICC Family Matters report 2017. Governments are doing positive things, they are just not doing enough.

## From government to nongovernment

Insufficient availability of family support means raising threshold (restricting access)

More services – but tighter boundaries

Family support becomes “semi-voluntary” and conditional

Remodels the family support market, requiring it to provide different types of “products” or services

Increased surveillance - nongovernment agencies govern the family

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The changes that are occurring in CPS have implications for the nongovernment sector. Over many decades, nongovernment agencies have played a role in delivering family support in Australia. They have contracts that require them to deliver to a segment of the population, and increasingly the type and duration of services has been specified in contracts. This is not necessarily bad, but it is a fact that contracts and their data requirements structure relationships between government and nongovernment providers. The agencies perform to government specifications, and in doing so, their autonomy and flexibility are regulated. Casting statutory child protection in narrow terms has particular implications for nongovernment services, because a high threshold for access to child protection services has a flow-on effect to the threshold for obtaining family support.

Prevention programs have a governance function - define system boundaries and eligibility criteria for rationing services. While many states are investing more in family support programs, the investment has been allocated to services targeting families with serious concerns about child maltreatment. There has been minimal expansion in broader, truly secondary-level family support for families experiencing moderate difficulty. Even so, intensive family support remains a small part of the child protection system, comprising only less than 20% of total State and Territory governments spending on CP. The consequence of insufficient services to meet the needs of families is higher thresholds, and more restrictive criteria for access to assistance.

Family support becomes “semi-voluntary” and more conditional. Performance criteria in contracts remodel the family support market, requiring it to provide different types of “products” or services. This reframes the idea of early intervention and positions family support as having a stronger role in the governance of the family and the oversight of parenting.

With the changed role of the family support sector comes necessity for more personal information about families to be exchanged between government and nongovernment agencies to facilitate referrals. Parton (2006) observed that the current preventative shift contains new forms of information technology for recording and sharing information about families. These prevention programs involve large-scale screening and monitoring of risk, and exchange of information between designated professionals and agencies. He argued that this approach to prevention makes the state more intrusive, more regulatory, with professionals (in children’s services, police and health services) having increased responsibility and powers to intervene, and not only when a child has been abused or neglected, or there is significant harm to a child. There is potential here for breaching privacy and undermining civil liberties, especially of people in “risk categories”.

## Role of children and families

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- Accepting services is equated with caring for their children
- Downplays the impact of social conditions, poverty, homelessness, racism, unemployment, and ill-health
- Focus is on observable behaviour, concerned with *what* clients do rather than *why* they might behave as they do (surface v. depth)
- Punitive approach towards parents, in the name of being child-centred

Voice of children and parents??

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### **Where is the voice of children, young people, and their families**, how are they positioned?

Funding for intensive family support services often requires them to give priority to “high-risk” families referred from child protection. Services then seek the “agreement” of families to receive help. Accepting services is equated with caring for their children; the family has to accede to the intervention to show their willingness to improve their situation. The voluntary notion is eroded as families understand if they do not “agree to participate” in services, child protection may step in. There is a compliance element here because as families are being governed, parents must perform for professionals. There is no allowance that services might be difficult to access, or not what families want, families must submit to services or face the prospect of more intrusive intervention. Parents are perceived as being not motivated, hostile, or resistant without due consideration to the power that professionals hold, their past experiences with services they found patronising or unhelpful, or the fears that parents have about child protection intervention. On the surface the preventative approach is empowering for families, but it also has a surveillance element of identifying risky parents.

The categorical approach that sets service delivery options in opposition – statutory versus voluntary and child protection versus family support – implies there is no overlap between their goals and target clientele. That is, family support is for parents who access and participate in programs, who are not aggressive, difficult or uncooperative, and child protection is for parents who lack motivation to change, who won’t “help themselves”, who decline offers of help or are evasive. In reality, there is no clear distinction between the needs of families who receive a statutory child protection service and families who receive a family support service. Much depends upon what services are available. That’s why rural areas with fewer services often have higher rates of statutory intervention.

What’s happening in Australia is consistent with the international trend of tightening the boundaries around child protection and concurrently advancing concepts of compliance within family support. It reinforces and intensifies the idea of family support as semi-voluntary. It also casts family participation as entirely a decision for parents, rather than as part of the skill repertoire of practitioners and their capacity to engage with families, building rapport and trust, and using their professional power in a nuanced and productive manner. Implicit in these strategies is an explanation for child maltreatment that is about individual parents “taking responsibility”. It frames the care and protection of children in terms of the skills and resources of parents: if they front up to services, comply with programs, repair their problems, they can avoid coercive child protection intervention. In doing so, it downplays the impact of social conditions, poverty, homelessness, racism, unemployment, disability, and ill-health.

Children don’t fare any better: they are conceptualised as vulnerable and at-risk, preferably as young children and not as troubled teens; either way their rights and voices are seldom heard.

## What sort of child protection system are we aiming for?

- Goals and strategy
- Expand and improve quality of services
- Re-commit to action on all 5 elements of the CPP
- Improve evaluation, performance measurement, and accountability

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These policy goals and strategies communicate that child protection services should be only for the most serious cases of child maltreatment, and the goal is to reduce the reach of statutory services. Children who are vulnerable should be diverted from the state system to the community sector. In doing so, they reposition prevention, moving family support from a voluntary service for families at the early stages of problem development, to a more conditional service. This approach repositions nongovernment family support agencies to become an agent of the smaller state, with referrals channelled to them from child protection and other government agencies.

If we want CPS to remediate social inequality we have to make changes to both family support and child protection. Overall, it is entirely right to aim to rebalance the system away from a child rescue to a family support orientation. But it matters what type of family support is provided, to whom it is accessible, how it is provided, who provides it, and how we view statutory CPS and the role of its practitioners. For evaluation, setting clear objectives is vital to developing program logic and in my view, the diversion goal is problematic. Action is needed at every level -

Goals and strategy – what sort of child protection system do we want?

Expand and improve service provision – joining services up, not ever more categories and silos to manage complexity

Recognise all five aspects of the CPP - Work in partnership with communities via ACCOs

Improved evaluation, performance measurement, and accountability – importantly, accountability to Aboriginal and Torres Strait Islander people, whose lands these are and whose families and communities have been so adversely effected by government interventions aimed to ‘protect’ them.

Rather than casting child protection as coercive and bad and family support as voluntary and good, an alternative scenario is to conceptualise the child protection system, including family support, as a positive service that is there to help families and provide care and protection for children. Parents need services that genuinely help them with caring for their children and managing family stress, with sufficient intensity and levels of support, attending to both personal agency and structural factors that affect family life. Sometimes the services might be in-home, other times placement is needed. These services contain different levels of voluntariness and should not be positioned at opposite ends of a continuum.

THANK YOU  
QUESTIONS AND COMMENTS WELCOME

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Further reading and references:

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