

Australian Centre for  
Child Protection



# Waiting for the Magic to Happen...

Prof Fiona Arney

Australasian Implementation Conference  
2016

*Improving the lives of vulnerable children*



# Today's presentation

- Examining why child protection prevention and reform efforts have failed
  - Using an implementation lens to examine system failure
  - Poor problem identification, challenging assumptions
  - Poor solution selection, theory void and rapidly changing evidence base
  - The magic happens – how our investments and expectations exacerbate the problem
- What are we doing differently?

# My role...

- Poor problem identification – believing and giving advice on old child protection assumptions, confusing problems with the system with problems for children
- Poor solution selection – assuming that what works in mainstream will work for child protection and/or believing the hype
- The magic happens – believing that a “simple” approach will yield amazing benefits

# An implementation lens

- Appropriate and effective policy, practice or program
- Appropriate and effective means of implementing that approach
- I'm going to focus on the first point because a poorly designed solution even if implemented well (or particularly if implemented well) can lead to more harm than not

# Imagine a paediatric illness that...

- impaired the child's developing brain
- led to cognitive and language impairments
- limited a child's physical growth, and
- predisposed them to much higher risk of heart disease, cancer and mental ill health

# Now imagine this illness...

- Affected as many as **1 in 4 children by age 10**
- Had a burden of disease at least equivalent to prostate cancer for men, and breast cancer and dementia for women

# How would we respond?

- An epidemic
- We would dedicate every resource we have to fighting this illness
- Research and treatment would be of the highest quality
- We would have strategies to implement quickly, effectively and at scale
- We would cease treatments that perpetuated the problem



# Or would we?



**Royal Commission**  
into Institutional Responses  
to Child Sexual Abuse

The Senate

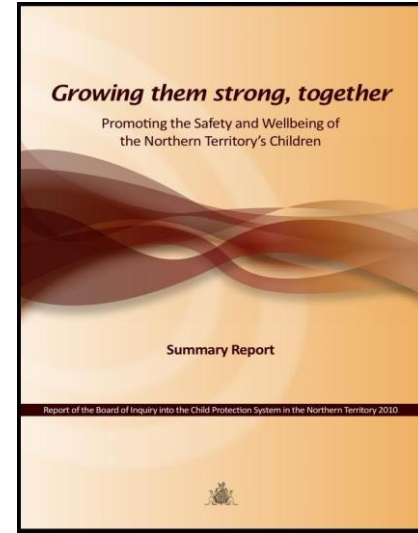
Community Affairs  
References Committee

Out of home care

August 2015



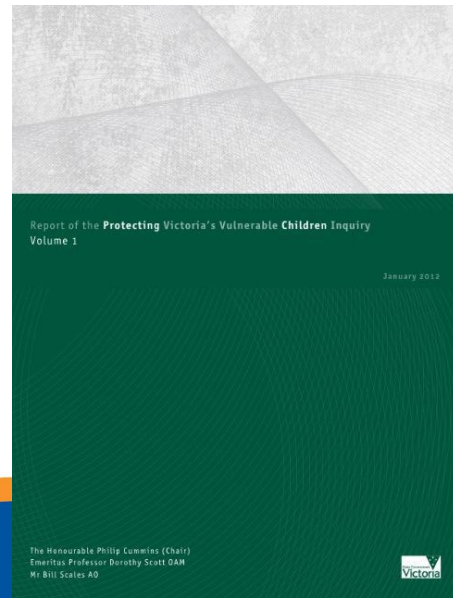
**Child Protection Systems**  
**Royal Commission**



**Executive Summary and  
Recommendations**

The Hon James Wood AO QC

November 2008



2011

(No. 44)



PARLIAMENT OF TASMANIA

**SELECT COMMITTEE ON  
CHILD PROTECTION**

**FINAL REPORT**

*Bought up by Mr O'Halloran and presented to Mr Speaker pursuant to  
the Order of the House of Assembly*

MEMBERS OF THE COMMITTEE

Mr O'Halloran (Chairperson)  
Mr Groom  
Mrs Petrusma  
Ms White  
Mr Wightman



# The challenge

*Maltreatment is one of the biggest paediatric public-health challenges, yet any research activity is dwarfed by work on more established childhood ills.*

The Lancet Editorial 2003, p. 443

# Poor problem identification

- Relatively rare, homogeneous, detectable – no prevalence data – especially important for hidden disorders
- “Bad families”
- Behaviour change is simple
- Policing response after harm is suspected
- Resolving the problems of the “system” is anticipated to reduce the problem of child abuse and neglect – the system has too much “noise”

# Leads to poor solution identification...

- Change thresholds, triaging systems, investigations and removals
- Anything is better than nothing
- Lack of content knowledge/background or despite evidence to the contrary, no theory of change
- Difficulties in accessing and interpreting research, lack of research (Kilroy effect)
- A belief in magic...

INPUTS

O.S  
FTE  
"CAROL"

TARGET  
GROUP

EVERYONE

ACTIVITIES/  
STRATEGIES

HOME  
VISIT


CONVERSATIONS

MEETINGS

THEN...

THE  
MAGIC  
HAPPENS

OUTCOME

WORLD  
PEACE  


# What and who do we fund?

- Telepathic practitioners
- Trampolining and paper plane to reduce the impacts of complex trauma
- Guns and ammo for people with undiagnosed, unmanaged mental illness
- Time out for the unborn
- Kayaking to prevent child abuse and neglect...

- Conflating what someone likes, or how popular a program is, with what is effective
  - Relationship between things we like or don't like and a practice's effectiveness likely to be very low
    - effectiveness for what?
  - Uptake interpreted as a sign that it must be working – some examples I'll give have extremely high rates of uptake – based on hope and hype
- Systemic racism – actively working against the evidence base for Aboriginal children and families

*“any psychotherapeutic intervention is better than none at all”*

*“home visiting prevents child abuse and neglect”*

*“We use the [XYZ] approach... It’s scenario-based behavioural management... So parents can be responsible when drinking [alcohol] (i.e. they can slip their kids off to parents or you can drink between 12 and 2, but don’t drink and drive and (make sure you] are sober to pick up the kids). [XYZ] provides a usable model for how functioning families operate.”*



# But...

- We are now developing a much better understanding of what might, what might not, what does and certainly what doesn't work to achieve anticipated outcomes for different target groups
- High quality reviews, individual evaluations – it takes time to build an evidence base
- Some recent examples...

# Review of 52 Home Visiting Programs

**Relationship between program success and full, partial or no match for theory, components, population and child abuse objective**

	<b>Successful (n=25)</b>	<b>Not successful (n=27)</b>
Full match (n=7)	7	0
Partial match (n=30)	18	12
No match (n=15)	0	15

Adapted from Segal, Opie and Dalziel, 2012, p.85

# Signs of Safety

- Implementation of Signs of Safety practice framework was not associated with the anticipated change in key performance indicators (reduced rates of child removal, reduction in substantiated child protection reports following a previous report)
  - For some indicators, increases in rates post Signs of Safety implementation were observed
- (Salveron et al, BASPCAN conference, 2015)

# It takes time and effort to get new knowledge into practice and policy

- *In health it takes an estimated average of 17 years for only 14% of new scientific discoveries to enter day-to-day clinical practice.<sup>4</sup> McGlynn et al<sup>5</sup> reported that Americans only receive 50% of the recommended preventive, acute, and long-term health care. (Westfall et al, 2007, p.403)*
- *In the US, between 80-90% of child-serving systems do not use evidence-based interventions, and if they are implemented, they are often quickly adapted or changed, which may result in the intervention losing the key ingredients that were critical for effectiveness (Arney et al, p.253)*

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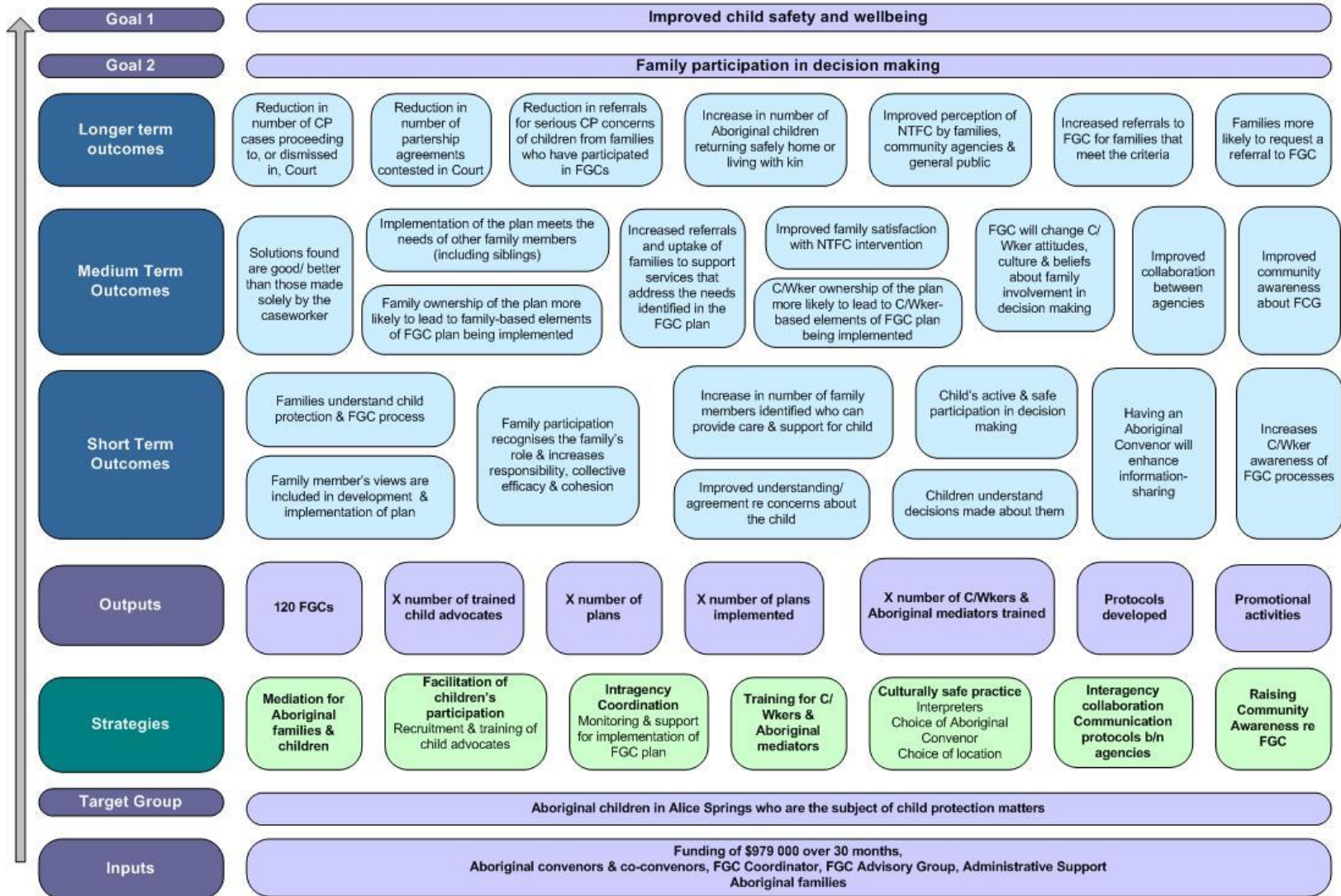
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# Program Logic

## FAMILY GROUP CONFERENCING PROGRAM LOGIC



# How do we change the approach?

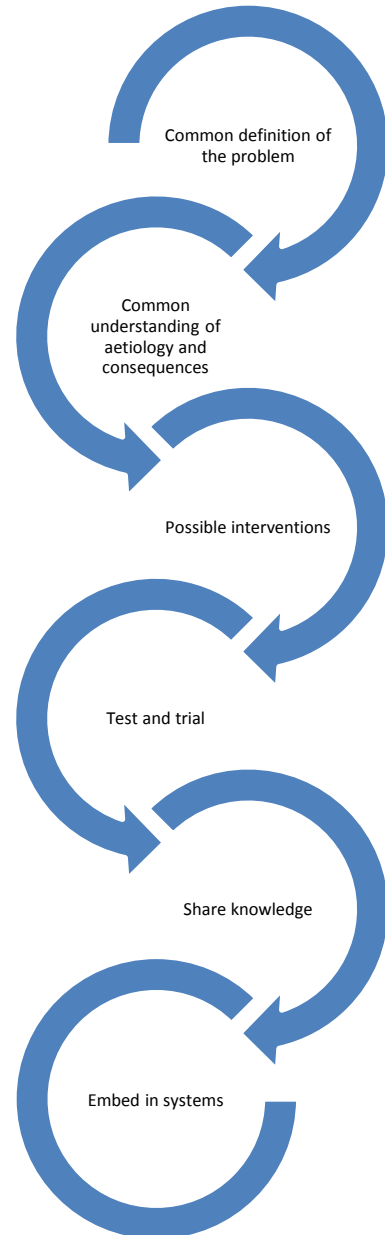
- Joint approach based on excellence and common understanding
- Compare the assumptions upon which our child protection system and interventions are built and the evidence base
- Implications of treating violence, abuse and neglect of children as a disease

# What is being done?

- Changing our approach as a research organisation
  - Process
  - Working more closely with Inquiry teams to translate research into recommendations
  - Co-creation of research and evidence about new ways of working



# A public health approach to research, policy, programming and practice – regional differences



*Improving the lives of vulnerable children*

# Resources



WINAGAY Resources Inc.  
Kinship Carers Assessment Tools  
April 2012

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# Some other examples

- Focus on all stages of implementation – Australasian Implementation Conference, implementation networks and organisations
- Creation of intermediary organisations – Centre for Evidence and Implementation
- Accessible systematic reviews and summaries (the Campbell Collaboration)
- Creation of support mechanisms for policy development and organisational change – DSS expert panel approach and learnings

Target Group

Theory of Change

Planned Activities

Actual activities

Objectives/Goals

Programme  
planning

Implementation  
support

Outcomes  
measurement

# What else can be done?

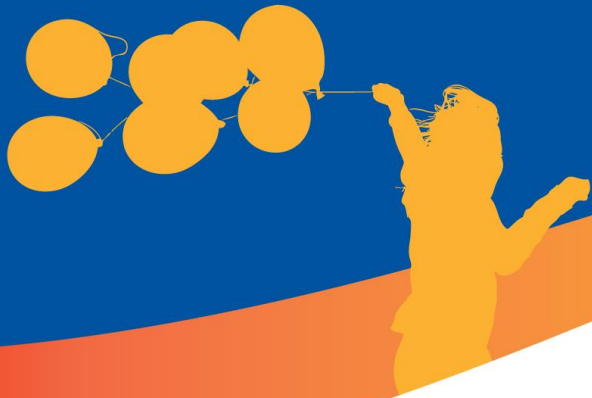
- Process of intelligent system reform
- Look to where success has been obtained in reducing health and social problems (violent crime reduction in Scotland, epidemic responses and disease prevention in health, WHO, CDC)
- Get far better at conducting and translating high quality research for impact

- Develop and embed the capacity and capability for high quality problem assessment, solution finding, implementation and evaluation in government systems (Recommendations from the Nyland Inquiry)
- Bravery to stop doing what doesn't work

# Conclusion

- Our children deserve the very best we can give them
- Tackling abuse and neglect as a health problem
- Working together to better understand the problems and potential solutions
- Acting on that knowledge to change the lives of children





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