Utilising evidence to inform child protection policy, prevention and practice

Prof Melissa O'Donnell

Australian Centre for Child Protection

18th November 2025

Institute of Child Protection Studies - Listening, learning, leading: Using evidence to inform best practice with children, young people and families in the ACT

Improving the lives of vulnerable children.

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Acknowledge the Traditional Owners of the lands and pay my respects to Elders past, present and emerging. Thankyou for their wisdom and ongoing guidance.

– Valerie Ah Chee: Replanting the Birthing Trees

Challenges facing Child Protection Systems

2008 – Dorothy Scott, Fiona Stanley and I argued for the need for a public health approach and epidemiological evidence to inform child protection challenges

Point of View · Children and young adults

Child abuse and neglect – is it time for a public health approach?

Melissa O'Donnell
Telethon Institute for Child Health Research, Centre for Child Health Research, The University of Western Australia

Dorothy Scott
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Fiona Stanley
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Abstract

Australia is seeing an unprecedented increase in the rate of child protection notifications and children being taken into care. The burden of such high levels of notifications and removals impact not only the children and families but also the system which is trying to resource them. The concern is that these increases are unsustainable and overloaded child protection systems can be dangerous for the vulnerable families and children they are trying to protect and support. This paper hopes to raise some alternative

ttempts to deal with child abuse · **Current Australian child**

Australia is seeing an unprecedented increase in the rate of child protection notifications and children being taken into care. The burden of such high levels of notifications and removals impact not only the children and families but also the system which is trying to resource them. The concern is that these increases are unsustainable and overloaded child protection systems can be dangerous for the vulnerable families and children they are trying to protect and support.

(Australian and New Zealand Journal of Public Health, 2008)

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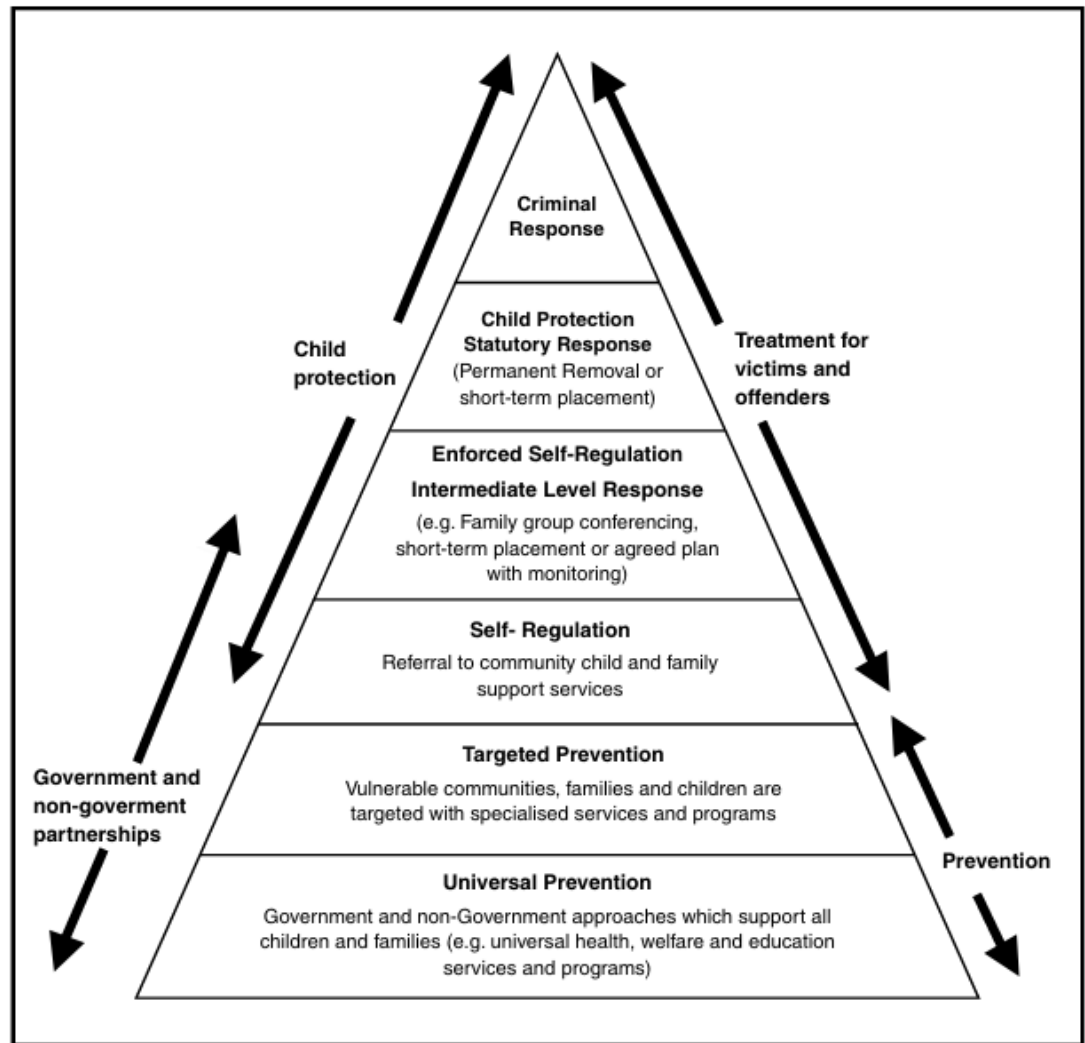
Trends and challenges reported in 2008

Figure 1: Numbers of Notifications and Substantiations in Australia from 1999-2000 to 2005-06 as reported by the AIHW, 2007.[6]
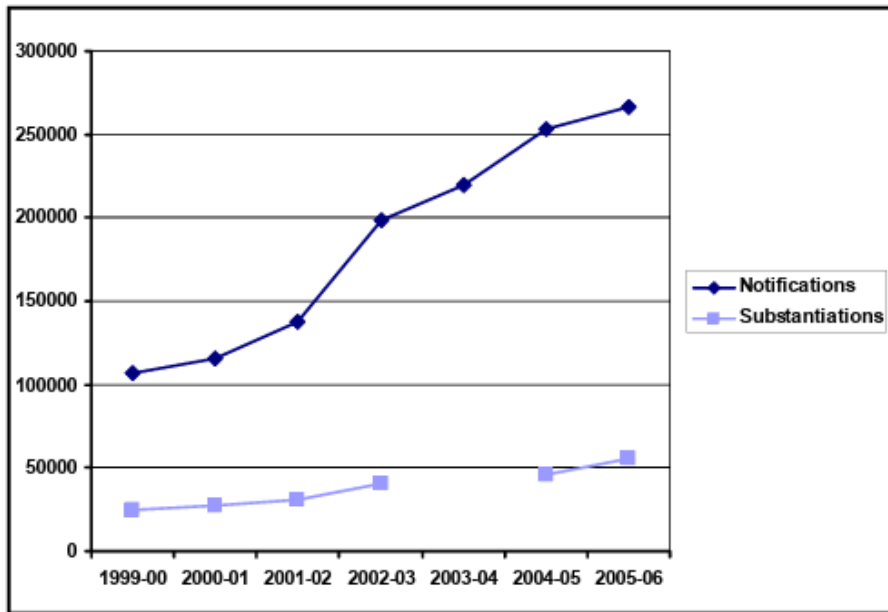
- Child protection systems focused at residual end of pathway (families investigated, coercive action taken)
- No sound prevalence data – only system reporting
- Majority of cases are notified are children in vulnerable families with risk from chronic adverse family circumstances
- Financial cost of CP systems high and the cost of the consequences of abuse and neglect (health, mental health and justice systems)
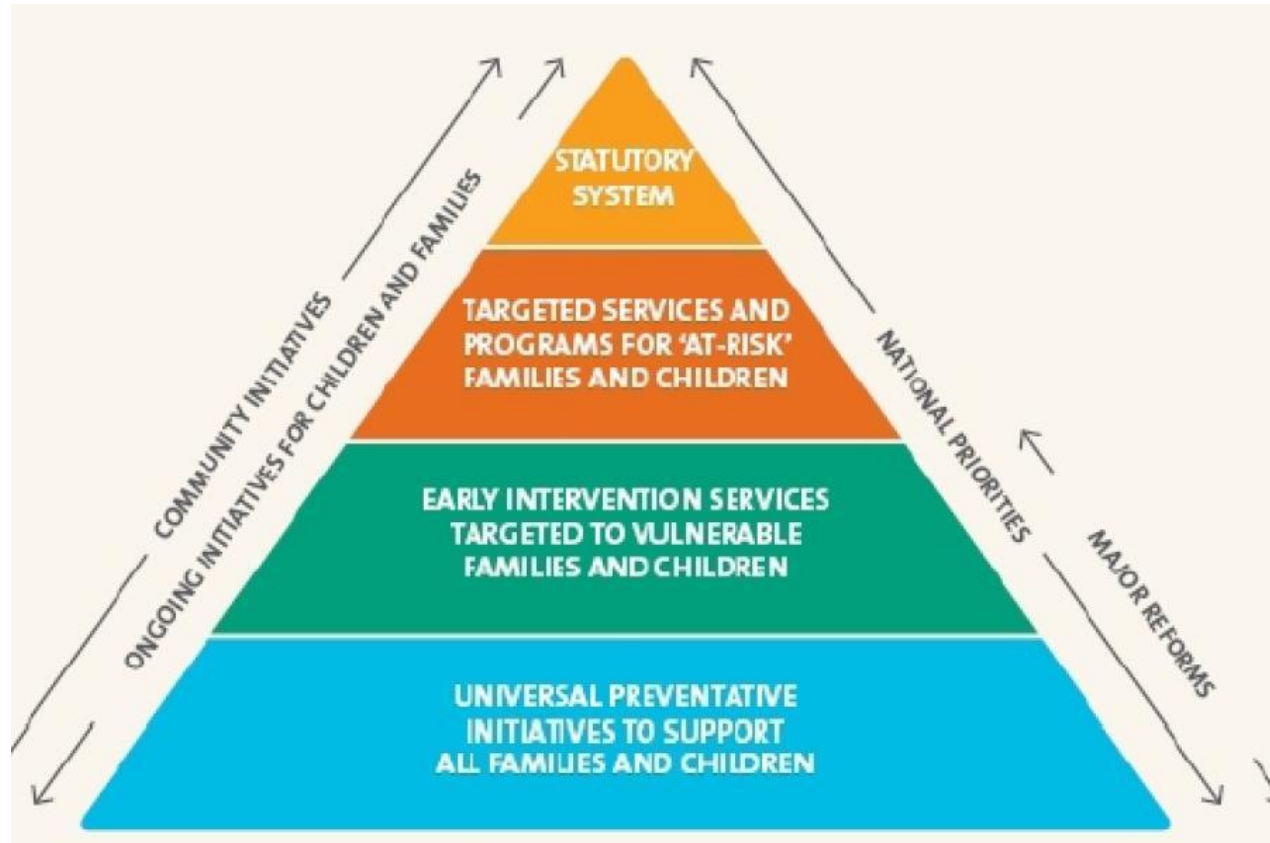- Not sustainable in terms of workforce capacity.

Public Health Response and Responsive Regulation

Figure 3: Responsive Regulation Model of Prevention and Intervention in Child Abuse and Neglect (modified from the Allen Consulting Group, 2003 based on the model by Ayres and Braithwaite, 1992).[46]

(O'Donnell et al, 2008, ANZJPH)

Child protection

Treatment for victims and offenders

Criminal Response

Child Protection Statutory Response
(Permanent Removal or short-term placement)

Enforced Self-Regulation

Intermediate Level Response
(e.g. Family group conferencing, short-term placement or agreed plan with monitoring)

Self- Regulation
Referral to community child and family support services

Targeted Prevention
Vulnerable communities, families and children are targeted with specialised services and programs

Universal Prevention
Government and non-Government approaches which support all children and families (e.g. universal health, welfare and education services and programs)

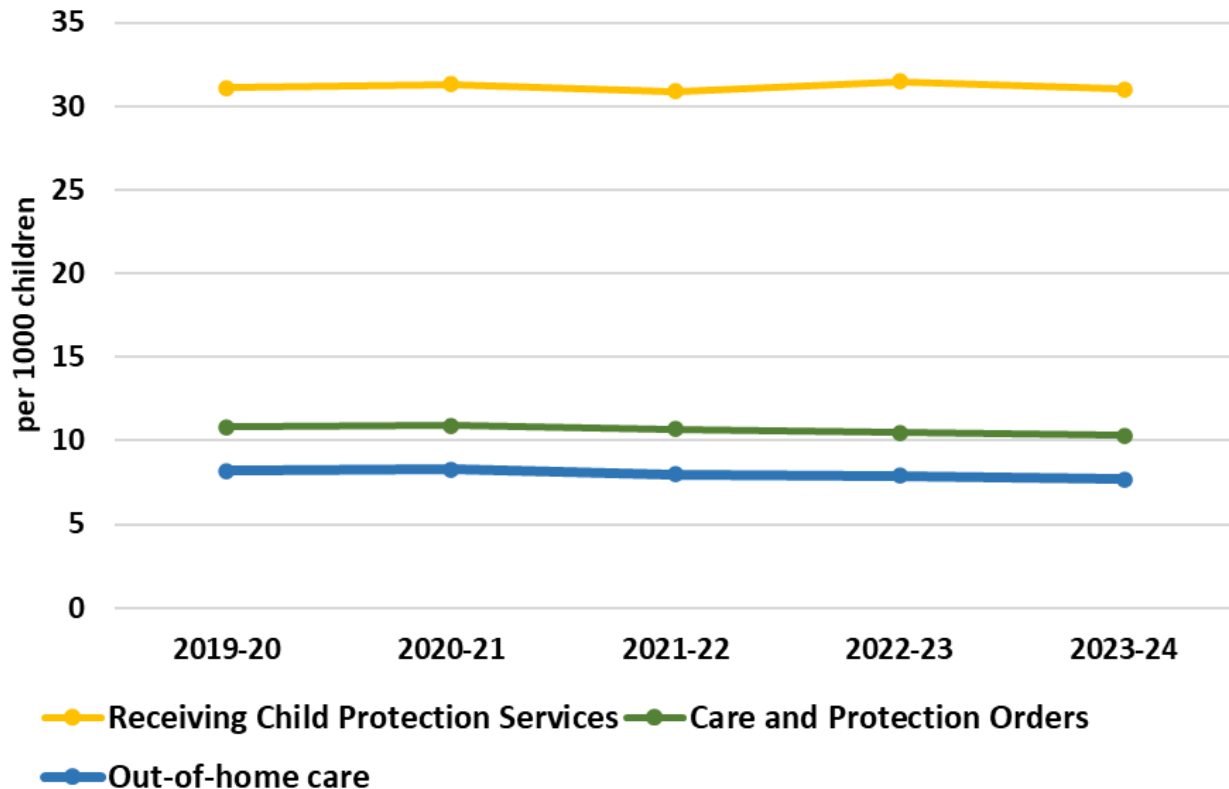Government and non-goverment partnerships

Prevention

National Child Protection Framework (2009)

At the government level it is not only child protection and community services portfolios that have a role to play in improved outcomes for children in out-of-home care but also other portfolio areas such as health, education, justice, housing and employment. Families, communities, business and services all have a role. Everyone needs to work together.

Australian Government – COAG, 2009

STATUTORY SYSTEM

TARGETED SERVICES AND PROGRAMS FOR 'AT-RISK' FAMILIES AND CHILDREN

EARLY INTERVENTION SERVICES TARGETED TO VULNERABLE FAMILIES AND CHILDREN

UNIVERSAL PREVENTATIVE INITIATIVES TO SUPPORT ALL FAMILIES AND CHILDREN

COMMUNITY INITIATIVES

ONGOING INITIATIVES FOR CHILDREN AND FAMILIES

NATIONAL PRIORITIES

MAJOR REFORMS

Current Trends – Child Protection

Child Protection Involvement 2019-2024

(y-axis: per 1000 children — 0, 5, 10, 15, 20, 25, 30, 35)
(x-axis: 2019-20, 2020-21, 2021-22, 2022-23, 2023-24)

Legend:
- Receiving Child Protection Services
- Care and Protection Orders
- Out-of-home care

2008/09
Notified:207,642 children
OoHC: 34,069 children
(6.7 per 1000 children)

2023/2024
Receiving CP Services:
179,181
OoHC: 55,269 children
(7.7 per 1000 children)

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(AIHW, 2025

Evidence and utilisation of linked data

Prevalence

Factors that increase and reduce vulnerability

Outcomes for children and families

Broader economic, political, social and environmental influences

Community environments, networks and services

Kinship and cultural influences

Family

Child

Parks

Cultural leaders

Places of worship

Schools

Safety

Friends

Experience

Culture

Peers

Local govt

Clubs

Neighbours

Health services

Specialist services

Extended family

Religious leaders

Early childhood education and care

Cultural organisations

Playgrounds

Linked Data - Data Sources

Department for Communities
Child Protection and Family Support Data

Health Department
Birth Registrations
Midwives Notifications
Emergency Department
Hospital Morbidity Data Collection
Death Registrations
Mental Health Information System
Disability Data

Justice Department
Corrective Services and Courts Data

Education Department
Attendance, suspensions
NAPLAN
Western Australian Certificate of Education (high school completion)

Life Course Approach

Prevalence and Points of early intervention: Pre-birth and infancy

Children and families at risk of child protection involvement

Young people transitioning from care

Prevalence and points of early intervention

**Aboriginal and non-Aboriginal children admitted
to out-of-home care: 2021-2022**

per 1000 children — Age group

	<1yr	1-4yrs	5-9yrs	10-14yrs	15-17yrs
Aboriginal	41,3	11,7	8,6	10,4	10,6
Non-Aboriginal	4	1,2	0,9	1	1

■ Aboriginal ■ Non-Aboriginal
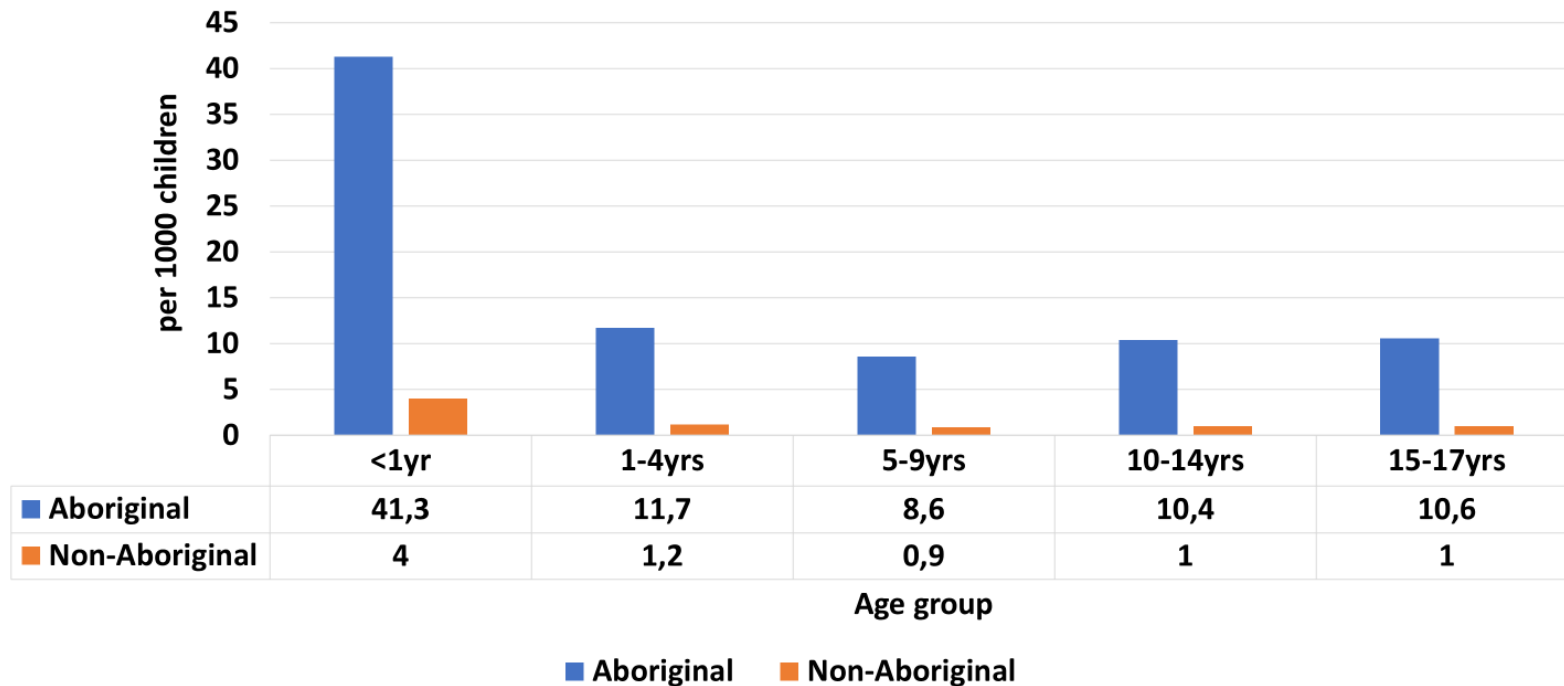
- National data 2022-22 (AIHW 2023)

State Intervention With Babies Study

Assoc Prof Stephanie Taplin, Prof Melissa O'Donnell

Prof Rhonda Marriott, Samantha Burrows, Dr Miriam Maclean, Fernando Lima, Renee Usher, Prof Karen Broadhurst

Perinatal Child Protection Involvement

- Globally there has been an increasing focus on child protection involvement in the perinatal period (pregnancy -1 yr).

- In Australia we are seeing increasing number of families being reported during pregnancy and infancy.

Prenatal notifications (rate) - Australia AIHW data

A line chart titled "Prenatal notifications (rate) - Australia AIHW data" with the y-axis labeled "Rate per 1000 births" ranging from 0 to 30, and the x-axis labeled "Year" with values 2012-13, 2013-14, 2014-15, 2015-16, 2016-17, 2017-18, 2018-19. The line rises from about 18 in 2012-13 to about 24 in 2018-19.
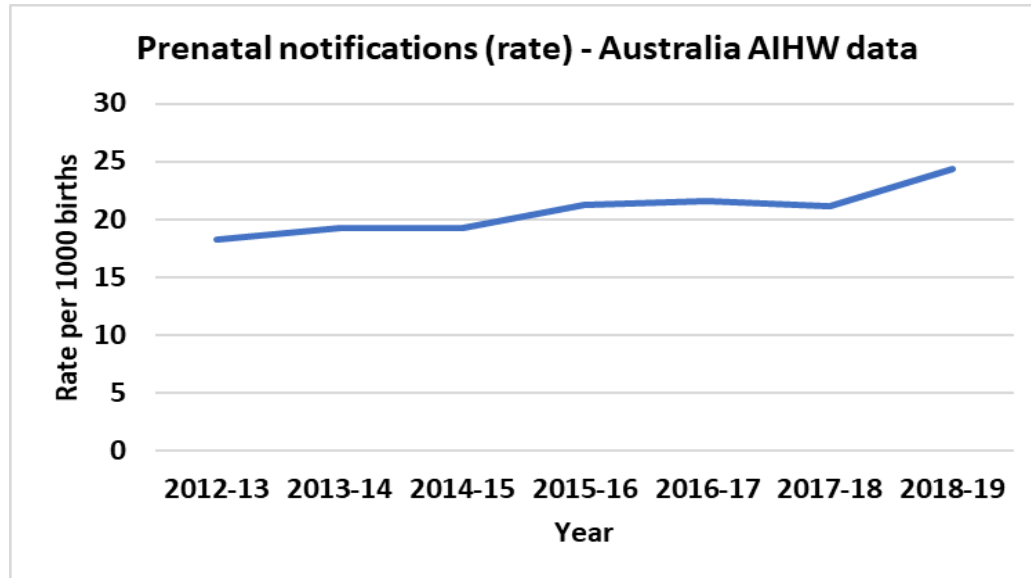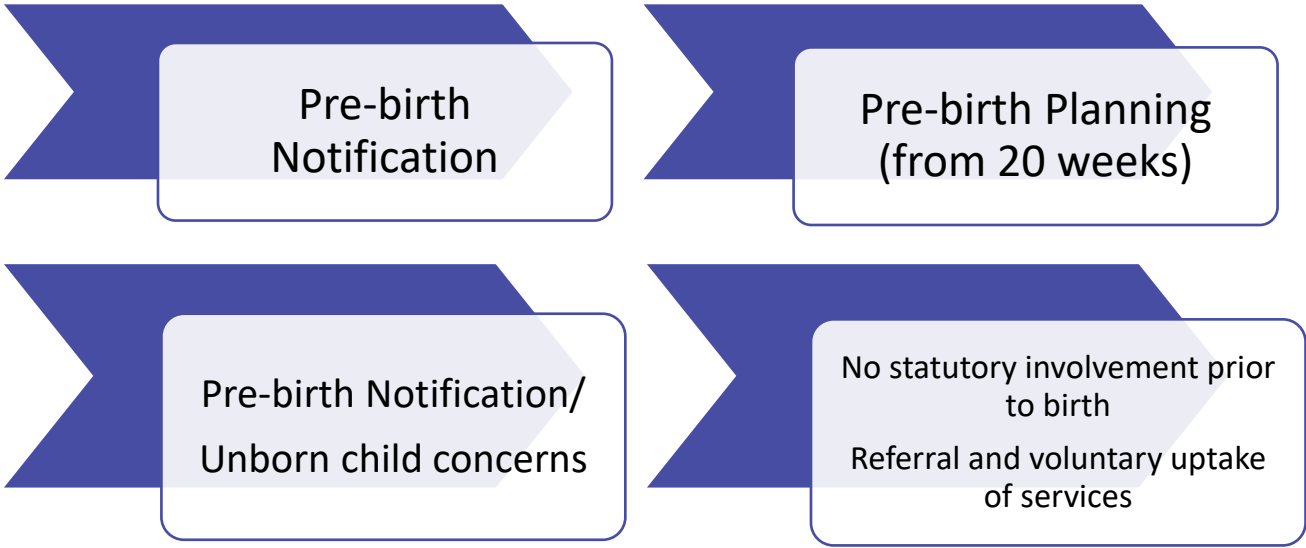
Infant removal into OOHC rates (AIHW)
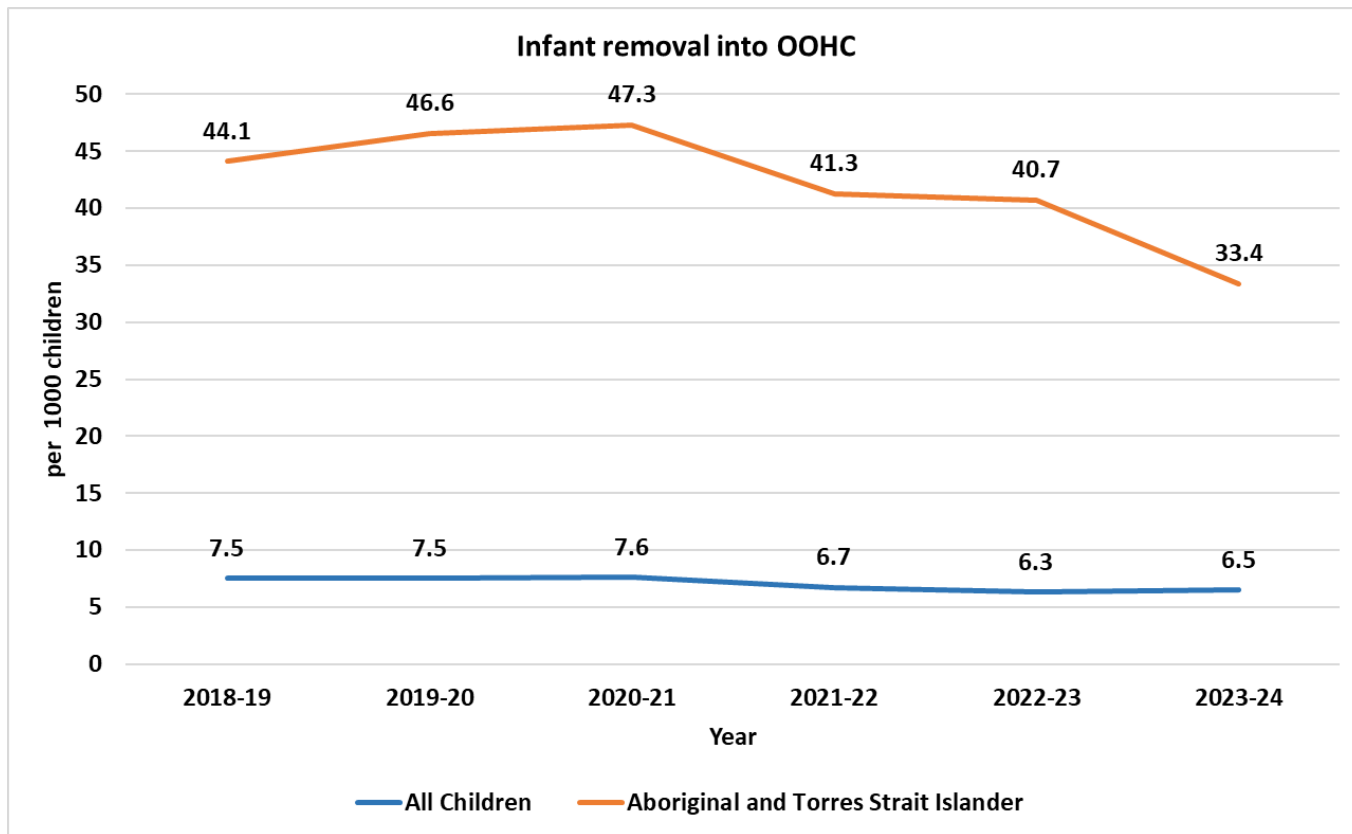
Australia – Variability in perinatal involvement in child protection

Prenatal notifications – focus on earlier intervention, developmental vulnerability of infants, potential harm during pregnancy of substance use and domestic violence.

Jurisdictional differences:

Pre-birth Notification

Pre-birth Planning (from 20 weeks)

Pre-birth Notification/ Unborn child concerns

No statutory involvement prior to birth

Referral and voluntary uptake of services

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Family is Culture: Independent Review of Aboriginal Children and Young People in Out-of-Home Care in NSW (Davis, 2019)

Holding on to Our Future: Inquiry into the removal and placement of Aboriginal children in South Australia (Lawrie, 2024)

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities

Mothers with Intellectual Disability:

Discriminatory attitudes and systemic failures to provide cultural and disability safety.

Enormous power imbalance between parents and child protection departments.

Entrenched structural biases appear to deepen as parents with disability are propelled through the system

Parents with disability and their children's' rights are serially violated. These include - rights to be supported to safely remain legally together as a family, to be treated with dignity, respect and without discrimination - rights to be informed, be heard and participate in child protection proceedings.

Libesman, Gray, Chandler, Briskman, Didi, Avery (2023).

Inter-generational cycle of child protection

- Pregnancy - until 23 years of age
  - ➢ 28% of the care group females had a baby (that could be identified through child protection records).

- **Children of care group:**

513 children (100%)
287 mothers

72% Notified

40% Substantiated

24% in out-of-home care

Lima, Maclean, O'Donnell, 2018

Study aspects
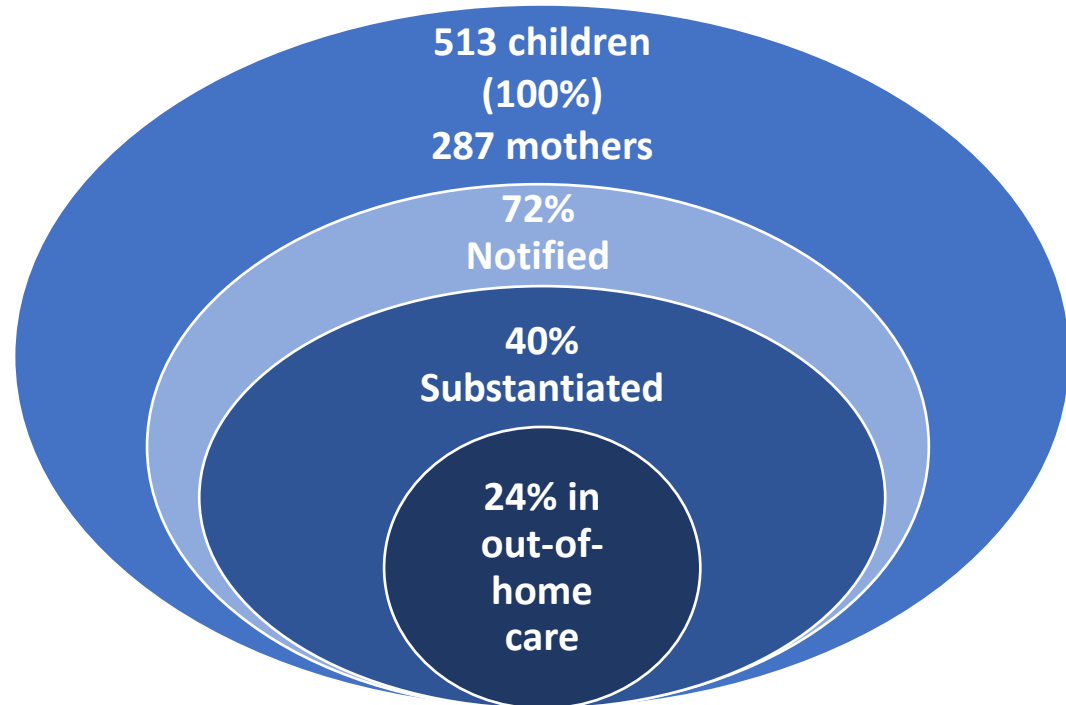
ORIGINAL ARTICLE   🔓 Open Access 🅮 🅯
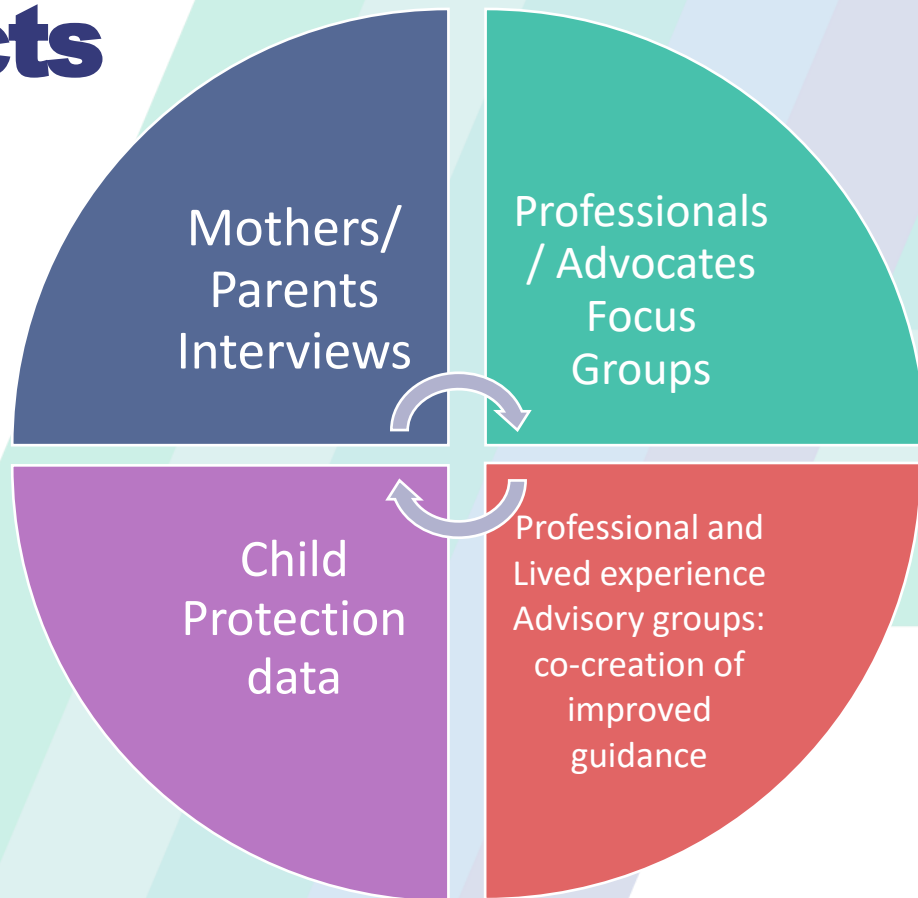
Parents' experiences with child protection during pregnancy and post-birth

Sebastian Trew ✉, Stephanie Taplin, Melissa O'Donnell, Rhonda Marriott, Karen Broadhurst

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Abstract

Limited research has directly sought the input of parents involved in the child protection system during pregnancy and with their infants. As the focus of these policies and practices, parents have a unique and important insight not available to others, so it is vital to obtain their input. As part of a larger Australian study, qualitative interviews were undertaken with 13 parents asking about their views and experiences. Parents predominantly became involved with child protection services during pregnancy through a prenatal report. Parents who previously had their newborn removed from their care described it as sudden and unexpected, leaving them distressed and unsupported post-removal, with a growing list of requirements for them to see their baby or for restoration to be considered. Domestic violence was a particular issue of concern for some mothers who expressed distress that their partners, perpetrators of violence, were allowed access to their infant with fewer requirements than for them. Improvements recommended by

Figures   References   Related   Information

Recommended

Perinatal involvement - summary

Parents were most likely to be supported from agencies outside the Department – family advocates, non-government support workers, social work staff in hospitals, health care workers, family support organisations, legal organisations.

Parents reported lack of consultation and negotiation regarding pre-birth plans (egs – asking mothers to provide a pre-birth plan with no support to develop one, lack of referral to support services, historical rather than current concerns being raised)

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Suggestions for improvements

- Improvements in casework to collaboratively work in partnership with parents to develop and implement safety and wellbeing plans.

- Improved practice when working with families and mothers experiencing family and domestic violence - partnering with mothers who have experienced violence to address their concerns regarding perpetrators access to children and greater focus on perpetrator accountability.

- Families experiencing homelessness require support to secure stable housing, particularly:
  - mothers escaping domestic violence
  - those who lack family support,
  - have been in out-of-home care,
  - transitioning from prison.
  - This includes options for supported placements for pregnant mothers and mothers with infants.
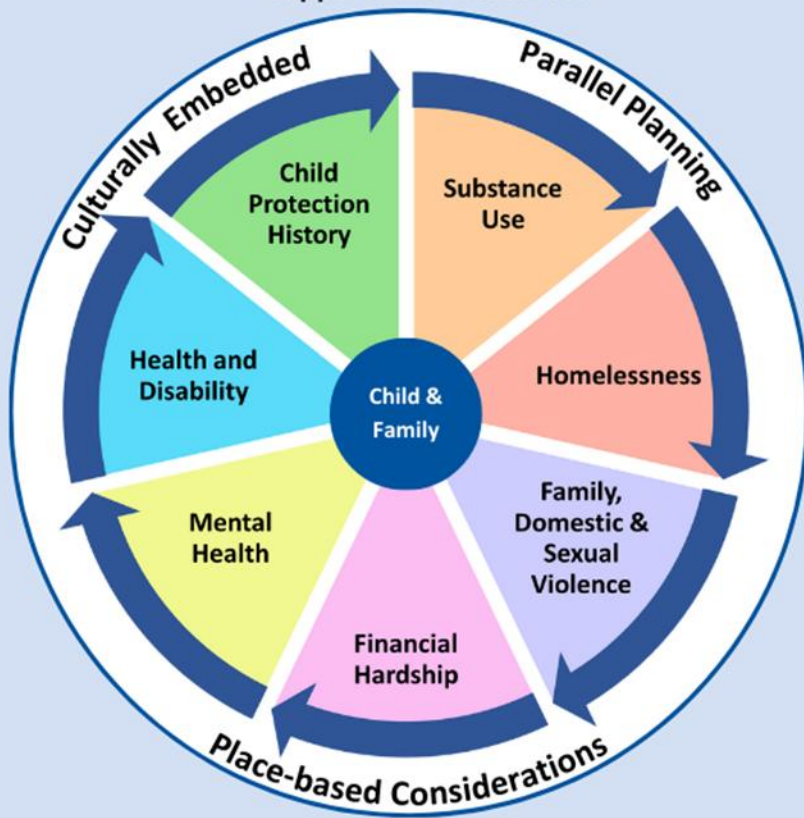
Co-design outcomes:

- Collaboratively developed leading practice principles, a practice framework and for guidance to improve perinatal practice and evidence-base knowledge

- Our co-design process identified the need for:

  - Clearly articulated support pathways for mothers facing adversity during pregnancy

  - Stepped levels of case management support for mothers based on individual needs

  - Empowerment of families through a partnered approach

  - Identified a range of system issues impacting on perinatal processes and support pathways

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Families with Multiple and Complex Needs and involvement with Child Protection

Mental health and Substance-related disorders – Child Maltreatment Allegations
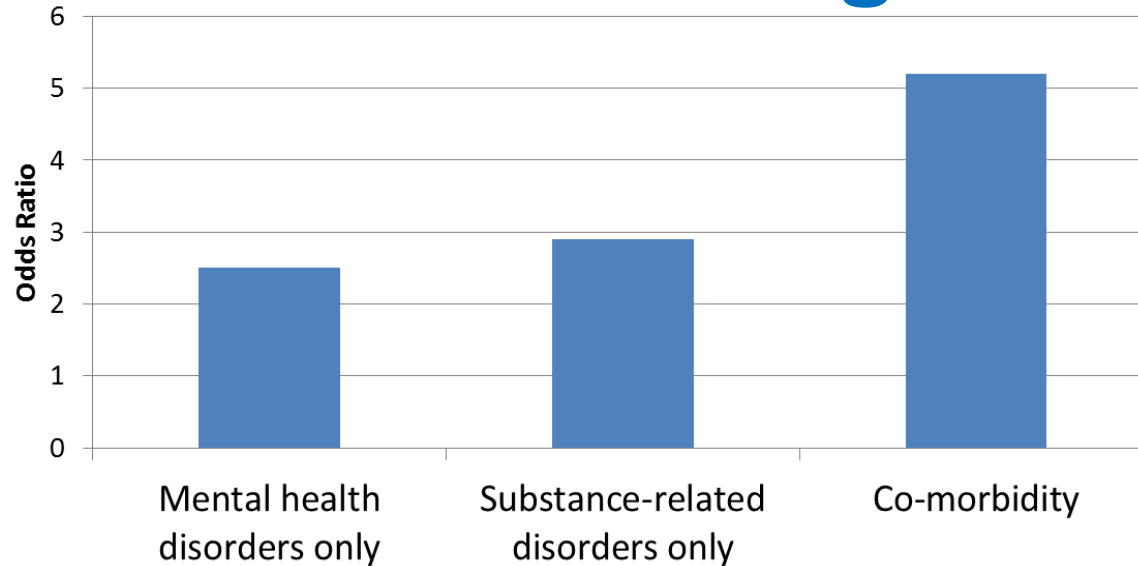
O'Donnell et al, Journal of Epidemiology and Community Health, 2015

Risk of Maltreatment Allegation following assault hospitalisation

	Risk of Allegation	
	Univariate	Multivariate
Non-Aboriginal Mothers	8.86 (8.55-9.19)	1.93 (1.80-2.07)
Aboriginal Mothers	2.66 (2.56-2.76)	1.56 (1.43-1.70)

Orr, O'Donnell, et al, 2019

Indigenous Child Removals (Western Australia) Study

Led by Prof Sandra Eades

Aims: Identify factors that could reduce the number of Aboriginal children going into out-of-home care and ways to better support families at risk, children in care and kinship carers.

Linked data

Interviews with Carers

Interviews with Organisations

I-CaRe WA Study

The Physical and Mental Health of Mothers of Aboriginal Children in Out-of-Home Care in Western Australia

Aims: To describe the health and wellbeing of mothers of Aboriginal children who enter out-of-home care; the types of health and mental health conditions experienced by these mothers; and the level of co-occurring conditions that they experience.

I-CaRe WA Study

Hospitalisations – Specific conditions

CONDITION	CARE	CONTACT	NO CONTACT
Alcohol and Drug Related	52%	23%	7%
+ Alcohol related	32%	13%	4%
+ Drug related	36%	13%	4%
Injury and poisoning	26%	15%	7%
+ Accident	19%	12%	6%
+Self-harm	9%	4%	1%
Assult	30%	14%	4%
Mental health Diagnosis	52%	26%	10%
Potentially preventable hospitalisations	26%	17%	10%

Number of Comorbid health related contacts (MH, alcohol/drugs, assault and potentially preventable hospitalisations in the 5 years prior OOHC)

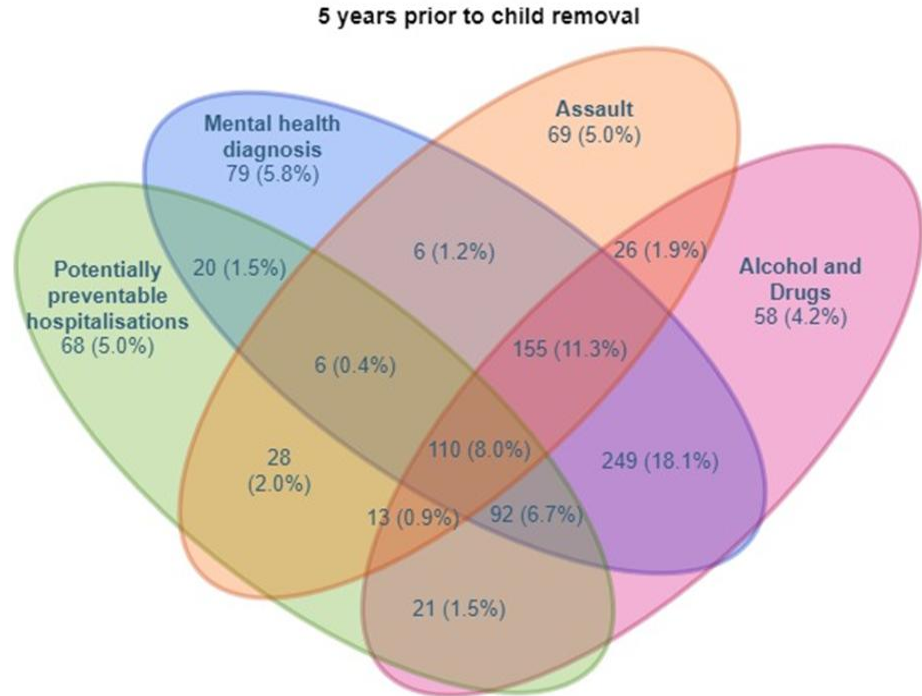| Number of comorbid hospitalisations	CARE	CONTACT	NO CONTACT
At least 1	74%	43%	21%
1	20%	20%	14%
2	26%	12%	5%
3	19%	9%	2%
4	8%	2.5%	0.5%
2 or more	53%	23.5%	7.5%

CaRe WA Study

Mother's mental health diagnoses

Most prevalent comorbidity:

- Mental health and alcohol/drug related hospitalisation (18%)

- Mental health, alcohol/drug, assault (11%)

5 years prior to child removal

Mental health diagnosis
79 (5.8%)

Assault
69 (5.0%)

Alcohol and Drugs
58 (4.2%)

Potentially preventable hospitalisations
68 (5.0%)

20 (1.5%)

6 (1.2%)

26 (1.9%)

6 (0.4%)

155 (11.3%)

28 (2.0%)

110 (8.0%)

249 (18.1%)

13 (0.9%)

92 (6.7%)

21 (1.5%)

Families with Multiple and Complex Needs

– ARC Discovery Grant, 3 states with linked data

– Examine the family characteristics, impact on children's developmental and child protection outcomes, assessing the impact of early intervention services
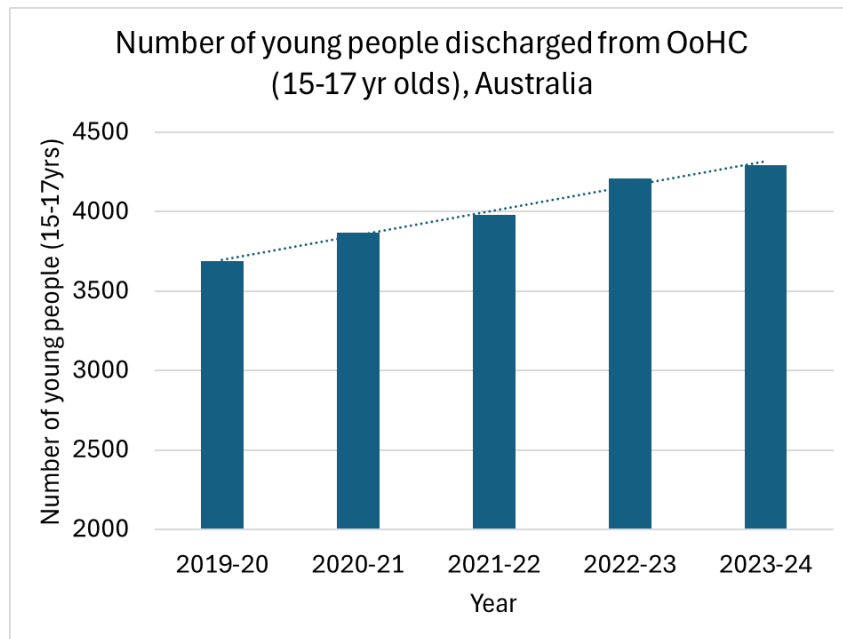

Western Australia

New South Wales

South Australia

Young people who have experienced out-of-home care and their transition from care

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Leaving Out-of-Home Care (OOHC) in Australia (AIHW, 2025)

Number of young people discharged from OoHC (15-17 yr olds), Australia

2023-2024:

-4295 young people (total)
-39% Aboriginal and Torres Strait Islander young people

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Research on care leavers

Robust international evidence that care leavers have some of the poorest outcomes of all young people in the areas of:

- Health
- Mental health
- Education
- Employment
- Housing

In 2018 we reported our own findings on the outcomes for young people who had experienced OOHC

Lima, O'Donnell, Maclean, 2018

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of vulnerable children.**

Hospital admission rates were:

2x higher for the Care group than for the Control group

Contact with a mental health service as an adult was:

3x more likely for the Care group than for the Control group

Adult **death rates** (18+) were **about 3x higher** for both the Care group and the Maltreatment group than for the Control group.

The Care group was:

2.5x less likely to achieve WACE and **6x less likely to be university bound** than the Control group.

Juvenile and/or adult **community-based sentences** were:

3.5x more likely for the Care group than for the Control group

Home Stretch WA Trial and Rollout

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2023 WA Youth Awards
Home Stretch WA program –
Community of Practice

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Homestretch WA Model

Safety Net

Right to visible secure safety net that ensures access to housing health, education, and life skills.

- **Staying on Agreement**
- **Housing Subsidy**
- **Invest in Me Funding**

Transition Support

Flexible one-to-one support focusing on coaching towards interdependence.

- **Smooth Transition**
- **Transition Coach**

Support Circles

Supporting a young person to establish and enduring network of personal, family and community connections

- **Support Circle**
- **Nitja Nop Yorga Ngulla Mia**

Home Stretch nationally

WA – **Universal care** (Allowance + casework support)

NT – **Extended care**

SA – **Extended care** (foster and kinship, no guaranteed support for residential care)

QLD – **Universal care**

NSW – **Universal care**

VIC – **Universal care** (Allowance + case work support)

ACT – **Extended care**, now legislated right to access care from 2024

TAS – **Extended support** (foster and kinship, no guaranteed support for residential care)

The Introduction of Extended OOHC Until 21 Years in Australia: A Mapping of Policy, Legislation and Programs in Each Jurisdiction (2025). Mendes, Roche, Kristo, O'Donnell, et al, Aust J of Social Issues.

Public health approach to Child Protection – Priority efforts needed?
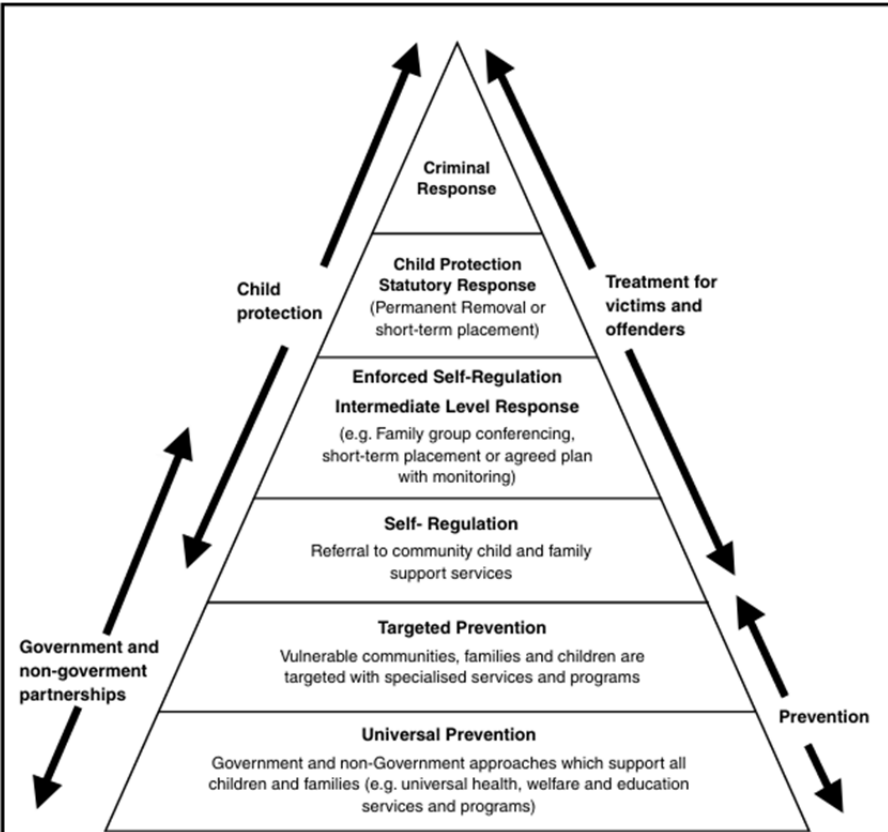
- Closing the Gap: Not on track
  - Aboriginal led strategies
  - Supporting ACCO service responses

- Government strategy – Families with multiple and complex needs

- Perinatal co-ordinated care for families facing adversity

- Children in care timely access to services and minimum standards for transition support

Acknowledgements

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The people of Australia for use of their administrative data

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WA Department of Health

Industry Partners
This presentation cannot be considered to be either endorsed by the Departments or an expression of the policies or views of the Departments. Any errors of omission or commission are the responsibility of researchers.

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I-CaRe WA Study

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