

# Adopting public health approaches to protecting children: Implications for institutional child sexual abuse prevention and statutory child protection reform

Prof. Daryl Higgins  
Director – Institute of Child Protection Studies  
E [daryl.higgins@acu.edu.au](mailto:daryl.higgins@acu.edu.au)  
W [www.acu.edu.au/icps](http://www.acu.edu.au/icps)  
Twitter [@ACU\\_ICPS](https://twitter.com/ACU_ICPS) [@HigginsDaryl](https://twitter.com/HigginsDaryl)  
LinkedIn [daryl-higgins-57390115](https://www.linkedin.com/in/daryl-higgins-57390115)

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# TODAY'S PRESENTATION OUTLINE

1. Define a population-based approach
2. Understand the rationale and evidence for population-level child maltreatment prevention
3. Specific examples
  - Institutional Child Sexual Abuse Prevention
  - Statutory Child Protection Reform
4. Challenges and opportunities
5. Implications for policy and practice



We acknowledge the traditional custodians of the lands on which we live and work, and we pay respects to Elders both past and present.

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The Institute of Child Protection Studies (ICPS) enhances outcomes for children, young people and families through:

quality, child-centred research

program evaluation

training and community education

advocacy and policy development



We are nationally recognised for our expertise in child protection and preventing and responding to the abuse and neglect of children.

We promote children's participation, strengthen service systems, inform practice and support child-safe communities.

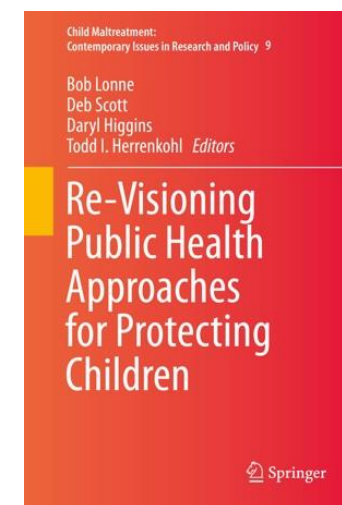


# Acknowledgments

Two groups of collaborators:

Sanders, M. R., Higgins, D. J., & Prinz, R. J. (2018). A population approach to the prevention of child maltreatment: Rationale and implications for research, policy, and practice. *Family Matters*, 100, 62-70. <https://aifs.gov.au/publications/family-matters/issue-100/population-approach-prevention-child-maltreatment>

Lonne, B., Scott, D., Higgins, D., & Herrenkohl, T. (Eds.) (2019). *Re-visioning public health approaches for protecting children*. Child Maltreatment 9: Contemporary Issues in Research and Policy Series. Springer. <https://doi.org/10.1007/978-3-030-05858-6>



# Defining a population-based approach

# 1

Child abuse prevention is predicated on:

- Identifying risk factors
- Implementing strategies across the entire community to address risk factors

Aim:

- To reduce the ‘burden of disease’ by altering the risk profile of the entire population:

*“a rising tide lifts all boats...”*

### Population approach for child maltreatment prevention

- Tackling known risk factors via a population approach
- Reducing prevalence of maltreatment
- Addressing prevention efforts—particularly addressing parent need—to have community-wide impact

***REFLECTION:*** *What are the critical components of parenting that could be supported at a population level?*

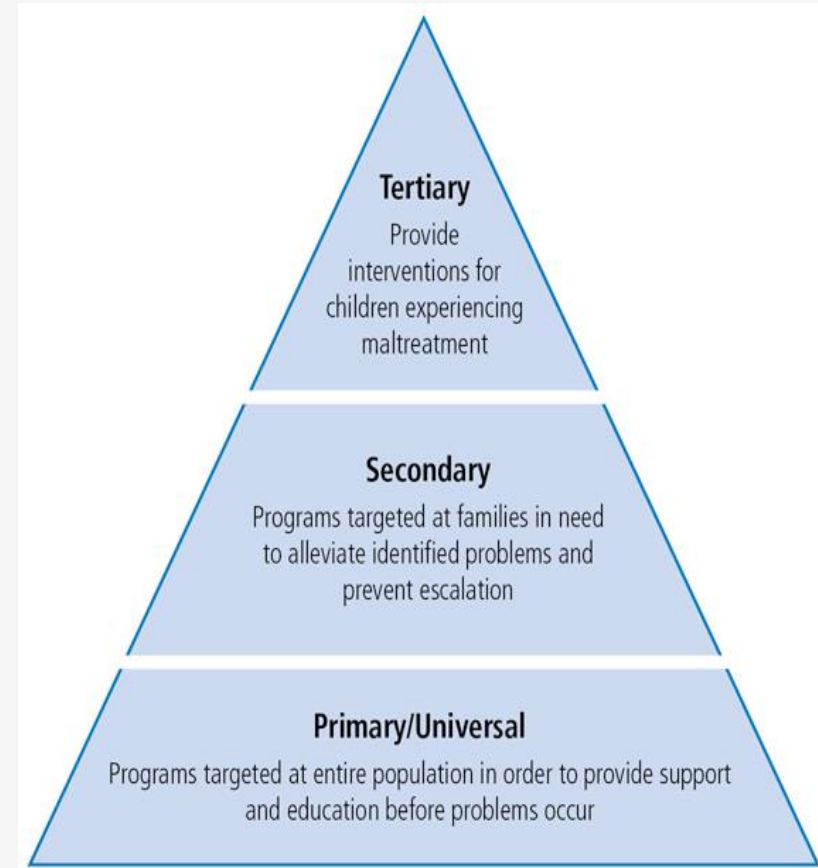


## Examples

- managing challenging behaviours of children;
- acquiring basic information about parenting skills and children's developmental needs;
- understanding changing contexts as children grow, in terms of responding to children's typical developmental needs and the parenting skills required for adaptation; and
- responding to particular challenges:
  - sensitive/critical periods or unexpected developmental issues (e.g., early/late transition to puberty)
  - difficult life events (e.g., family separation/divorce; a bereavement; illness or other loss/trauma in the family).

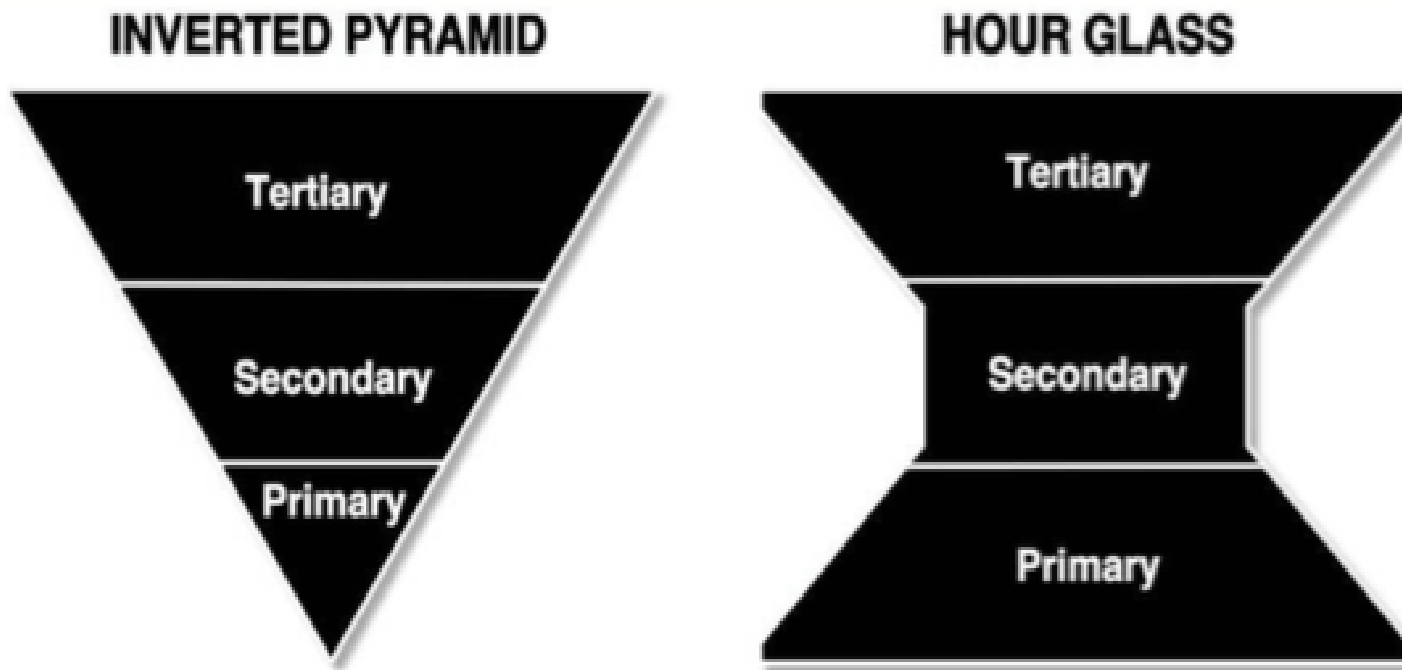
## Overview

- Drawn from an epidemiological model of child protection, it attempts to prevent or reduce a particular illness or social problem in a population by identifying risk indicators
- In the context of child protection public health approaches refer to levels of intervention or service provision according to size of the population they seek to reach.
- Prevention is focused primarily through whole of population strategies, supported by links to secondary services where greater intensity of support is needed
- Strong focus on universally available & accessed service platforms (e.g., education, health) that are non-stigmatising



## Consensus on the current system for protecting children

Figure 1.2



Understanding the rationale  
for population-level child  
maltreatment prevention

2

## Population approach for child maltreatment prevention

- Ultimate goal: Reducing prevalence of maltreatment
- Increased normalization and lowered stigma for help-seeking
- Blended prevention
- Impact multiple outcomes with the same intervention
- Strong evidence from positive parenting programs based on social learning and cognitive behavioural principles, with emerging evidence on population-based outcomes



- Investigating and responding to allegations of harm to children:
- Responsibility of each of the 6 states and 2 territories
- Massive increases in the workload of departments over the past 25 years
- Proceduralised & forensically driven
- Risk assessment-focused
- Emerging trends towards differential approaches to family support
- Recognition of the need to focus on prevention and early intervention



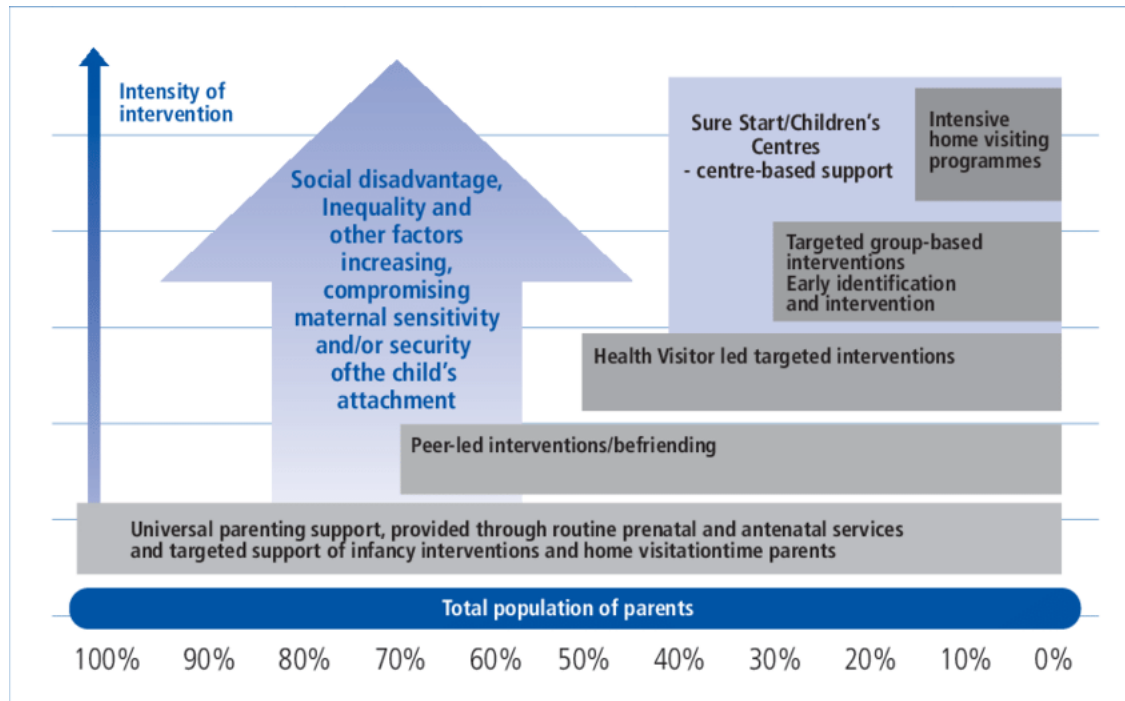
**Table 1: Trends in child protection notifications and children living in out-of-home care in Australia: 1989-90 to 2013-14**

Year	Total population of children in Australia (0-17 years)	Notifications to statutory child protection authority <sup>a</sup>		Children living in out-of-home care at 30 June	
		Number	Rate per 1,000 <sup>b</sup>	Number	Rate per 1,000
1989-90	4,188,795	42,695 <sup>c</sup>	10.2	12,406	3.0
1999-2000	4,766,920	107,134	22.5	16,923	3.6
2009-10	5,092,806	286,437	56.2	35,895	7.0
2013-14	5,286,000 <sup>d</sup>	304,097	57.5	43,009	8.1

- In 2017–18, the number of notifications has risen to 451,200 notifications
- 44,900 children were in out-of-home care at 30 June 2019 (a rate of 8 per 1,000 children)

Source: Higgins, D. J. (2015). A public health approach to enhancing safe and supportive family environments for children. *Family Matters*, 96, 39-52. Retrieved from <[aifs.gov.au/publications/family-matters/issue-96/public-health-approach-enhancing-safe-and-supportive-family-environments-children](http://aifs.gov.au/publications/family-matters/issue-96/public-health-approach-enhancing-safe-and-supportive-family-environments-children)>. Updated data: <https://www.aifw.gov.au/reports/child-protection/child-protection-australia-2018-19/contents/table-of-contents>

- Child protection systems focus on the ‘high-risk’ end of the continuum of families in need
- Public health approaches suggest focusing effort on universal services – but also need to target families who have a range of needs



- Marmot review of the social determinants of health inequalities in the UK
- actions must be "proportionate to the degree of disadvantage, and hence applied in some degree to all people, rather than applied solely to the most disadvantaged" (Lancet, 2010, p. 525)
- universal services provide the platform for the ramping up or integration of services that would then be classified as "targeted"
- policies that improve family access to services and supports & that reduce stressors related to poverty, addiction and ill health will also assist with prevention of child maltreatment
- broader availability of such whole-of-population strategies also helps with early identification of families 'at risk' or in need of additional supports.

Source: Newbigging (2010)

## Identifying and addressing risks

**Risk factors** = things that increase the probability of child sexual abuse being perpetrated in a particular **setting** or against a particular **child**

- Common risk factors across settings: **gender** (female), **age** (late childhood and early adolescence), and **disability** (mental illness, developmental delays, cognitive disability, and multiple disability)

OOHC-specific risk factors:

- Prior history of victimisation (and lack of agency)
- Foster parents or residential staff act as stand-ins for unavailable or incapable parents (power - leading to abuse of authority, intimidation of children in their care, and manipulation of other child welfare staff)
- Serious behaviour management issues, linked to little hope of being believed if abuse does occur
- Fear of encouraging sexual provocativeness means children rarely are given adequate education on health sexuality
- Under-resourcing of the sector, leading to households and facilities with inadequate training or staff supervision ratios (structural neglect)
- Females are more likely to be victims; males more likely to perpetrate inappropriate or abusive sexual behaviours
- Males less likely to report abuse when it does occur
- Victim blaming
- Sexist attitudes (“boys will be boys”) increasing risk of peer-to-peer abuse

Exploring family and  
parenting interventions

3

# Overcoming obstacles to public health interventions directed to families to provide safe supportive environments

- family life and parenting activities are often framed as ‘private’ and ‘sacred’
- reluctance to tell parents what they should do
- reluctance for parents to seek help to improve their parenting capacity
  - ...despite considerable evidence that providing evidence-based supports at a population level can achieve significant benefits in reducing the likelihood of child maltreatment, while also enhancing the well-being of the greatest number of children.

Addressing these obstacles could help:

- family access to services and supports that reduce stressors related to poverty, addiction and ill health
- whole-of-population strategies to support early identification of families ‘at risk’ or in need of additional supports
- engagement of universal service delivery platforms (which most children and their families encounter) is critical to the task of protecting all children.

Higgins, D., Sanders, M., Lonne, B., & Richardson, D. (2019).

[https://doi.org/10.1007/978-3-030-05858-6\\_9](https://doi.org/10.1007/978-3-030-05858-6_9)



Core elements of a safe and supportive family environment on which we had data:

Parenting:

- Warm parenting
- Angry/hostile parenting

Parent-child interactions:

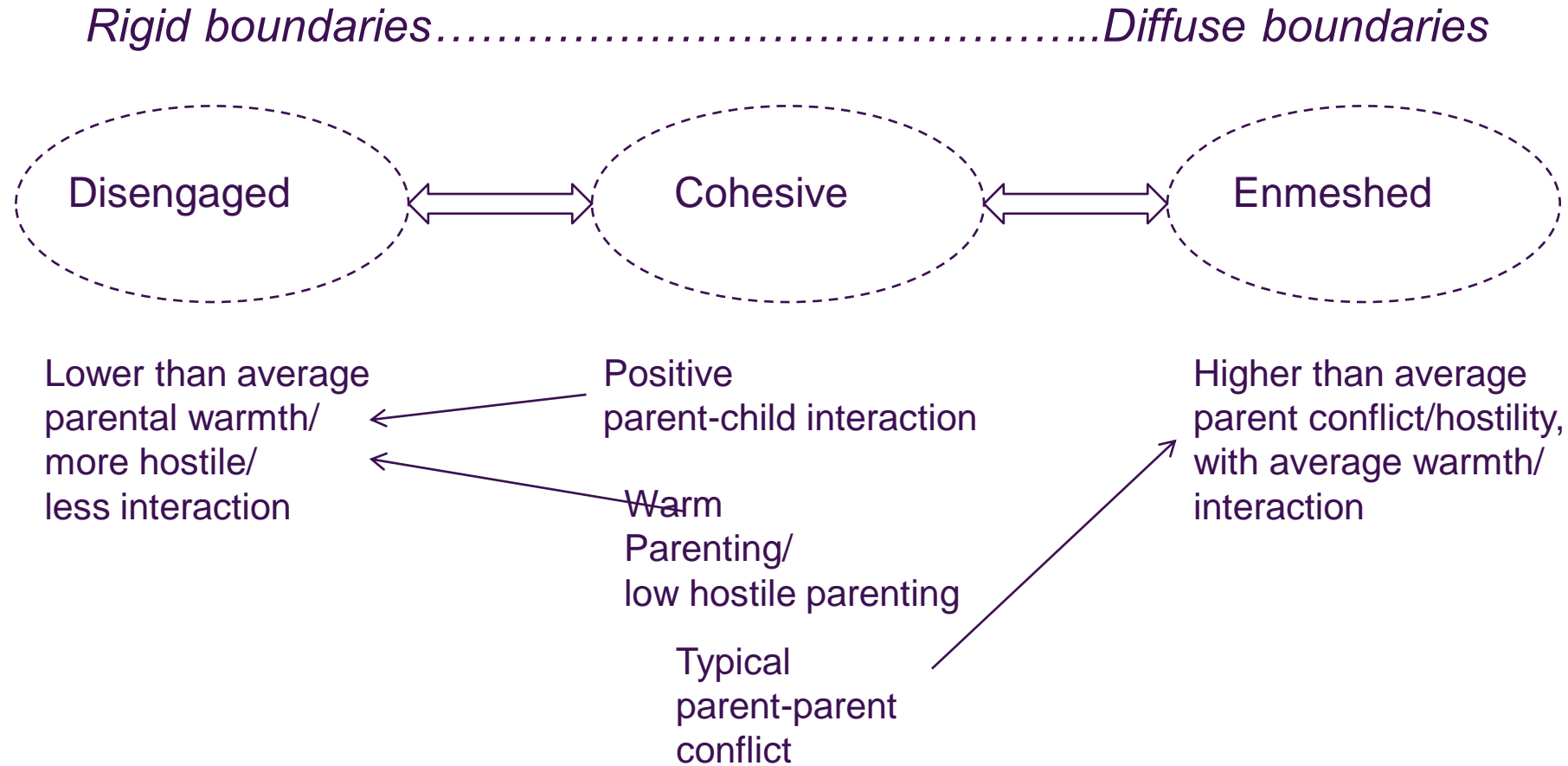
- Shared activities like reading, playing indoors/outdoors, music, other creative or everyday activities

Parent-parent relationships:

- Low conflict

**Acknowledgement:** The presentation is based in part on implications of analysis of data from *Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC)*, which is conducted in partnership between the Department of Social Services (DSS), the Australian Institute of Family Studies (AIFS) and the Australian Bureau of Statistics (ABS). The findings and views reported in this paper are those of the author and should not be attributed to DSS, AIFS or the ABS. I gratefully acknowledge Dr Killian Mullan's contribution to analysis of the LSAC data. See: Mullan & Higgins (2014)

# Theory and measures



**Cohesive families** – The largest group of families exhibited average or above average levels of *parental warmth* and *parent-child shared activities*, below average levels of *hostile parenting* and parental relationship *conflict*.

**Disengaged families** – A smaller group of families had above average levels of *hostile parenting* and below average levels of *warm parenting* and *parent-child shared activities*.

**Enmeshed families** – A relatively small group of families with higher than average levels of *conflict* in the relationship between parents, combined with average levels of *warm parenting*.

## Health

- BMI
- Injuries

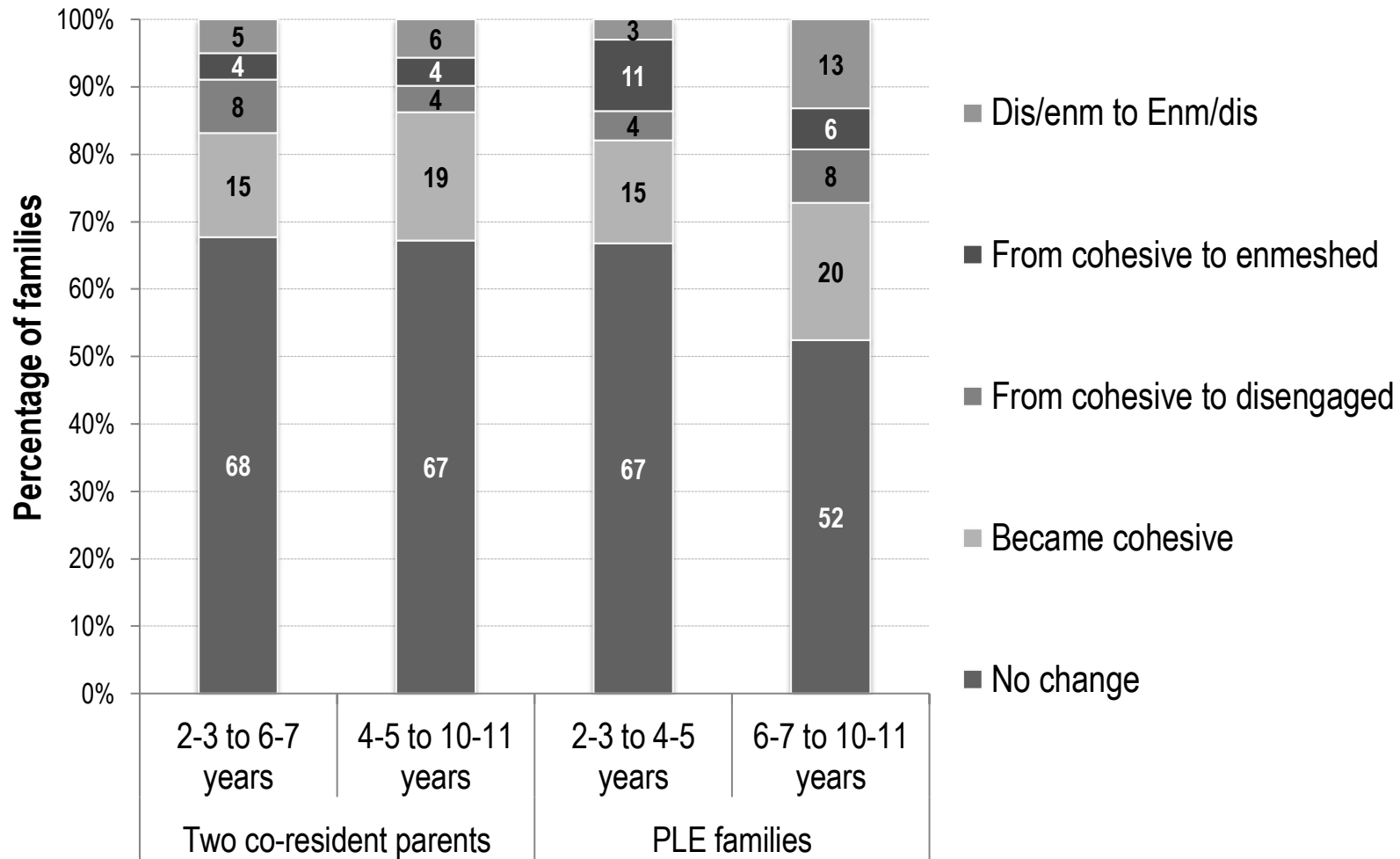
## Social and emotional wellbeing

- SDQ difficulty and prosocial scores

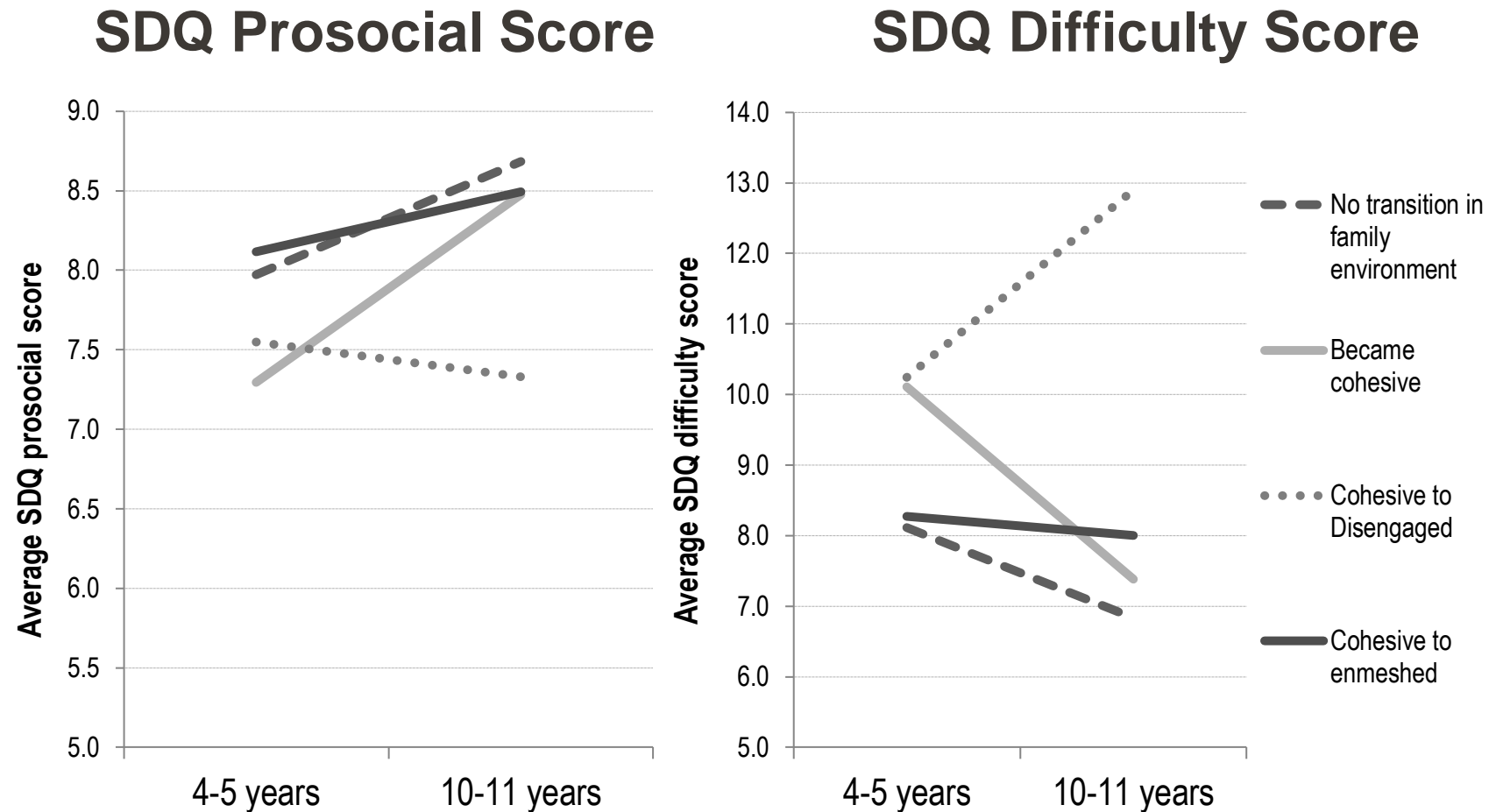
## Cognitive development

- NAPLAN numeracy and reading

# Transitions in the family environment



# Transitions in family environment and changes in children's social and emotional wellbeing





- Children have better wellbeing when they grow up in “**cohesive**” family environments characterised by warmth, shared parent-child activities, low parental conflict, and low parental anger.
- Children from **cohesive** families show less anti-social and emotional difficulties and had higher learning outcomes, than children in more problematic families.
- When a family moved towards exhibiting **more parental warmth and involvement** and **less anger and conflict**, there were clear improvements in children’s social and emotional wellbeing and NAPLAN scores for reading.

## Messages for parents:

- Be warm, don't be hostile, engage in your children's activities, reduce conflict with partner

## Messages for service providers:

- Problematic family environments can be readily identified
- Children's family environments can change – and when they improve, wellbeing improves:
- Middle-childhood in separating families can be a vulnerable time for children

- How do we achieve positive ‘transitions’?
- Be ‘attuned’ or sensitive to different family environments
- Target behaviour (parental family dynamics) rather than people based on socio-demographic characteristics
- Recognise that families can change for the better
- Public-health approaches can be applied to promotion of safe and supportive family environments across a range of universal platforms

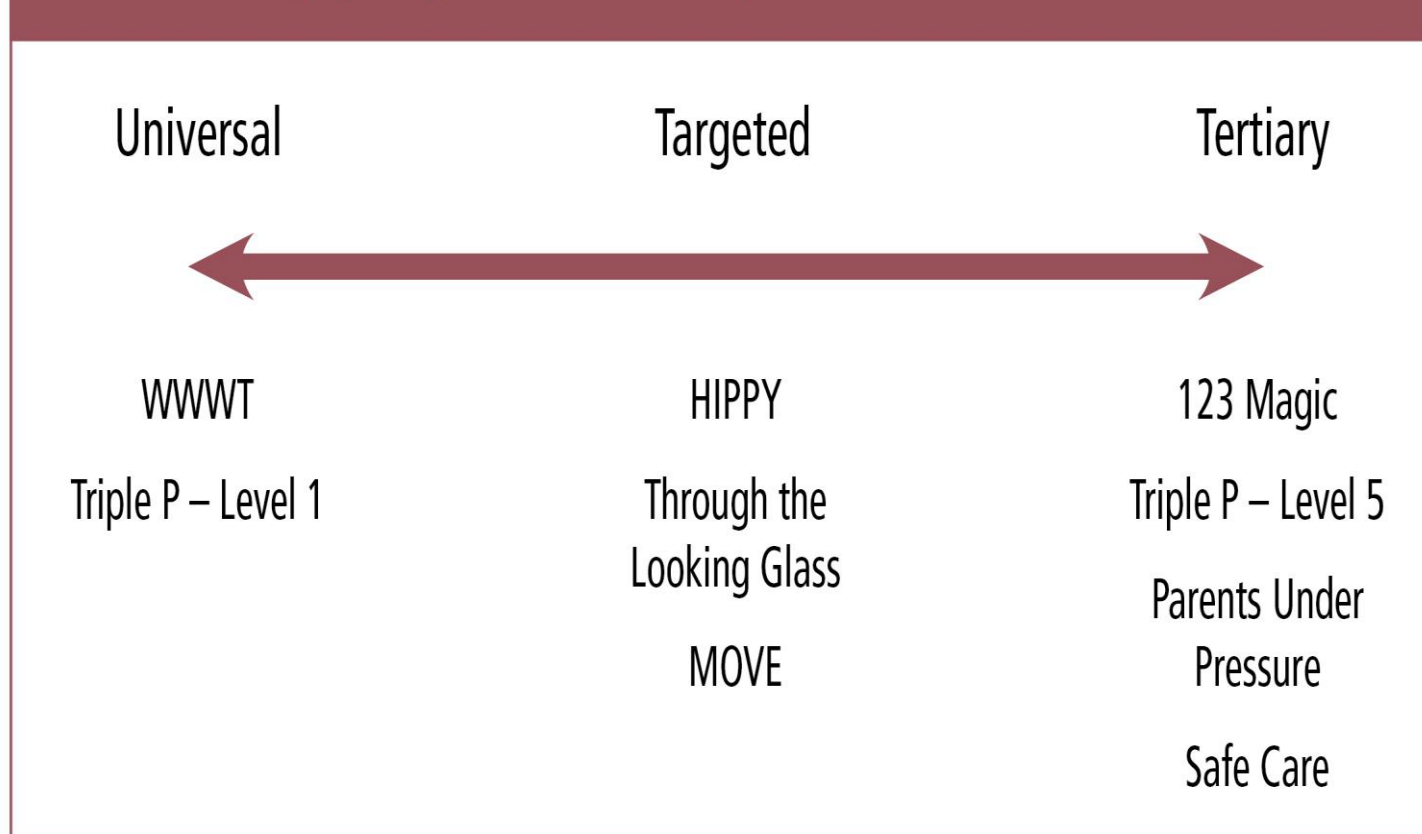
- **Parenting programs and supports** – to address problematic parenting practices
  - Evidence-based programs:  
<[apps.aifs.gov.au/cfca/guidebook/programs](https://apps.aifs.gov.au/cfca/guidebook/programs)>
- **Public information campaigns** – to educate parents about the influence the family environment they create has over children (linked to concrete actions/supports)
- **Intensive family support** - such as home visiting services, coaching, etc.

### Examples include:

- Triple P (Positive Parenting Program)
- Parent-Child Interaction Therapy
- Nurse-family partnership (home-visiting); MOVE, etc.
- What Were We Thinking (WWWT)
- Talk Less Listen More e-parenting difficult behaviours
- 123 Magic
- Parents Under Pressure
- Project SafeCare
- Incredible Years
- Sing&Grow music therapy program to build caregiver capacity

- Some programs are effective at addressing the risk of abuse and neglect in highly vulnerable families:
  - Parents Under Pressure
  - SafeCare®
- Others are ‘universal’ – aimed at improving the knowledge, skills and confidence of any parent – e.g., What Were We Thinking (WWWT); Triple P

## Parenting programs on a public health continuum



## Level 1: Universal

- A communications strategy designed to reach a broad cross section of the population with positive parenting information and messages
- It is *not* a course or personal intervention delivered directly to parents.

## Level 2: Selected

- A "light touch" intervention providing brief one-off assistance to parents who are generally coping well but have one or two concerns with their child's behaviour or development: seminars, or brief one-on-one consults



Challenges and obstacles

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- How to support parents and communities to promote child safety and wellbeing?
- What is a truly public health approach... or progressive (proportionate) universalism?
- How to identify which families might be struggling and need extra services or support?
- Do we know definitively the risk factors for child abuse... or poor child outcomes?
- How do we invert the pyramid of investment/effort?
- Who's responsible? Where to base these interventions?

Its *their* problem: Why aren't those responsible doing more?

- Maternal and child health
- Early childhood education and care
- Education
- Health & mental health services
- Other adult-focused services (drug & alcohol; family violence; mental health; disability)

- If my goal is to equip all families and communities to protect children by providing a safe and supportive environment...
- How do I ensure that I am not part of the problem?
  - Is the way I work part of the problem?
  - Am I perpetuating the status quo?

***REFLECTION:*** *If I believe in universal service platforms as the prime mechanism for supporting families... then how is my agency, my program, or my service and skill set being used to support and engage with M&CH, ECEC, health, education, and adult-focused services?*

- Do I offer one-on-one therapy or programs for parents who already know they are struggling and come to a family/relationships service for support?
- Or do I work with early childhood/school educators to equip staff with the knowledge and skills to managing challenging behaviours, and in turn model and support parents to do the same at home? Am I available for more intense services when needed?
- *The challenge*: to find opportunities for unintentional service delivery – intervention by stealth!

- Universally available messages, resources, and supports can lower the risk of dysfunctional family environments
- These can be delivered by, through, or in partnership with universal services (“by stealth”)
- Equip universal service providers to identify children and families in need of additional supports
- Screen, and target referrals for more intense services (“progressive universalism”)

**See :** <https://aifs.gov.au/publications/family-matters/issue-96/public-health-approach-enhancing-safe-and-supportive-family-environments-children>

Implications for  
policy and practice

5

## How to strengthen population-based approaches to child maltreatment prevention

- Make evidence-based parenting supports using universal service delivery platforms needs to be **core business** for governments
- Use Outcome-focused, performance-based funding
- Work with carefully selected agencies with capacity and motivation
- Build in strong consumer engagement
- Tailor to the needs of diverse families
- Target key normative developmental transitions for low-intensity universal parenting supports
- Strong social marketing strategy to increase community awareness of the importance of positive parenting



- Alignment (through reflective practice)
- Parenting specialisation
- Built on local community resources (e.g., supervise community volunteers)
- Interagency training to facilitate local awareness and interagency collaboration
- Adapt and deliver evidence-based, culturally-informed parenting programs to address the needs of diverse families, particularly Indigenous families

**Preventing child abuse and neglect  
through supports for parents and carers**

**Population based**

What can we learn/ adapt from similar population-level strategies?

**Proportionate and progressive**

How can we respond appropriately with Universal/Secondary/Tertiary interventions?

**Prevention focused**

Do we know what causes child maltreatment and poor child wellbeing? What prevention measures do we use?

**Partnership based**

What partnerships across the early years services are needed? Who takes responsibility for this?

**Practice aligned**

What innovative practice frameworks and prevention platforms are needed?

### **Ensuring all children get the best start in life: A population approach to early intervention and prevention**

- <https://aifs.gov.au/cfca/2020/10/20/ensuring-all-children-get-best-start-life-population-approach-early-intervention-and>

### **The impact of a music therapy program on parenting capacity and child development outcomes**

- <https://aifs.gov.au/cfca/2020/10/27/impact-music-therapy-program-parenting-capacity-and-child-development-outcomes>

For more information on ICPS' work on a public health approach to protecting children, see

- <https://bit.ly/35G2Cul>

- Higgins, D., Lonne, B., Herrenkohl, T. I., & Scott, D. (2019). The successes and limitations of contemporary approaches to child protection. In B. Lonne, D. Scott, D. Higgins, & T. Herrenkohl (Eds.) (2019). *Re-visioning public health approaches for protecting children (Ch. 1)*. Child Maltreatment 9: Contemporary Issues in Research and Policy Series (pp. 3-17). Springer. [https://doi.org/10.1007/978-3-030-05858-6\\_1](https://doi.org/10.1007/978-3-030-05858-6_1)
- Kaufman, K., Erooga, M., Higgins, D., & Zatzkin, J. (2019). Youth serving organization safety risks and the situational prevention approach. In B. Lonne, D. Scott, D. Higgins, & T. Herrenkohl (Eds.) (2019). *Re-visioning public health approaches for protecting children (Ch. 11)*. Child Maltreatment 9: Contemporary Issues in Research and Policy Series (pp. 165-180). Springer. [https://doi.org/10.1007/978-3-030-05858-6\\_11](https://doi.org/10.1007/978-3-030-05858-6_11)
- Higgins, D., Sanders, M., Lonne, B., & Richardson, D. (2019). Families – private and sacred: How to raise the curtain and implement family support from a public health perspective. In B. Lonne, D. Scott, D. Higgins, & T. Herrenkohl (Eds.) (2019). *Re-visioning public health approaches for protecting children (Ch. 9)*. Child Maltreatment 9: Contemporary Issues in Research and Policy Series (pp. 127-143). Springer. [https://doi.org/10.1007/978-3-030-05858-6\\_9](https://doi.org/10.1007/978-3-030-05858-6_9)
- Mullan, K., & Higgins, D. (2014; July). *A safe and supportive family environment for children: Key components and links to child outcomes*. DSS Occasional Paper No. 52. Canberra: Department of Social Services. Available: <http://www.dss.gov.au/about-the-department/publications-articles/research-publications/occasional-paper-series>
- Sanders, M. R., Higgins, D. J., & Prinz, R. J. (2018). A population approach to the prevention of child maltreatment: Rationale and implications for research, policy, and practice. *Family Matters*, 100, 62-70. <https://aifs.gov.au/publications/family-matters/issue-100/population-approach-prevention-child-maltreatment>

## Safeguarding children portal

The Safeguarding Children and Young People portal links organisations to resources, training and up-to-date research, helping them create an environment that's transparent and accountable for keeping children safe.

Visit the portal



Please hover your phone camera over the QR code to link to Portal website

**The ACU Safeguarding Children and Young People Portal** provides a range of resources and tools to support professionals and workers who are responsible for providing care or support to children and young people.

<https://safeguardingchildren.acu.edu.au>



## Tools and resources for how to support children through child-centred approaches

The tools and resources can be used by services and practitioners to build on current work to work with and support children.



Please hover camera over the QR code to link to the Kids Central Toolkit on the Portal website

**The Kids Central Toolkit** aims to provide workers and services with information, resources and tools to use child-centred approaches in their work with children, young people and families.

The Toolkit is based around six key principles that support child-centred practice, and each principle includes a range of tools and resources, which are available to download.