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Accounting for the Increase of Children in Care in Western Australia: What can a Client Information System Tell Us?

Abstract

This paper analyses a fourteen-year period of Western Australian data from the client information system of the Department for Child Protection and Family Support. Western Australia saw a large increase in the number of children in state care similar to trends across Australia as a whole. The study shows the following trends: changes in response to 'referrals' with particular increases in the number of findings of neglect and increasing proportions of these followed swiftly by entry to care; changes in patterns of entry to care with more children under one-year-old entering; increased length of stay of children in care; and, the high incidence of Aboriginal children entering and remaining in care. The data demonstrate unequivocally that increased 'referrals' are not associated with increased substantiations of harm or 'acts of commission with dangerous intent', but that neglect assessed early in the lives of children was the major precipitant for entry to care and particularly so for Aboriginal infants.

Introduction

The number of children in care in Western Australia has more than trebled since 1996. Since placement in care is a very serious and costly intervention in the lives of children it is important to understand what lies behind such a significant change. This paper analyses data from a client information system to provide insights into factors that underpin this rise. It covers the fourteen year period 1996 to 2009. The major feature of the analysis is concerned with how this increase links to trends in notification types and demographics of children entering care.

Context

The increase in children in out-of-home care is an Australia-wide trend. The number of children in out-of-home care in Australia trebled between 1997 and 2015 (AIHW 1998, 2015). Within this increase the number of Aboriginal and Torres Strait Islander (hereafter Aboriginal) children in care increased 10-fold (AIHW 2016). Industrialised countries globally have also experienced an increase in children in out-of-home care in recent years (Gilbert 2012). It is important to understand what underlies this trend for a number of reasons including the ongoing troubled history of the care system in Australia (Cashmore 2014); concerns about poor outcomes for children in care; and the considerable financial costs involved in statutory child protection systems.

In Australia the increase has not been a result of higher numbers of admissions to care - which have fallen slightly - rather it is a consequence of children staying for longer periods of time in care (Holzer & Bromfield 2008; Tilbury 2009). A factor contributing to increased length of stay of children in care in Australia is them entering care at a younger age and staying longer (AIHW 2016; Zhou and Chivers 2010). The need to understand the patterns underpinning the increases and any links to reasons for entering care is self-evidently important particularly in the light of the reported poor outcomes for children in out-of-home care.

Research in Australia into children who have spent long periods of time in care reveals a range of problems faced by many children in care. These problems include:

- poor performance at school, many changes of schools and limited educational attainment (Cashmore, Paxman and Townsend, 2007; Creed et al 2011; Mendes, Michell and Wilson, 2014);

- mental health problems (Alexandris, Hammond, and McKay, 2013; Tarren-Sweeney & Hazell, 2006 ; Teggart & Menary, 2005);
- a high rate of placement movement, possibly associated with attachment problems for some children (Osborn, Delfabbro and Barber, 2008; Barber, Delfabbro and Cooper, 2001); and
- maltreatment within the out-of-home care system (Osborne et al., 2008; Stephens and Oates, 2015).

The research on outcomes for older children who have left care demonstrate problems of unemployment (Creed et al 2011; Mendes, 2009a); homelessness (Johnson et al, 2010; McDowall, 2010; Maunders et al., 1999; Mendes & Goddard, 2000; Owen et al., 2000); offending and imprisonment (Maunders et al., 1999; Mendes & Goddard, 2000); drug dependence (Johnson et al, 2010); teenage pregnancies; and their own children entering care (Maunders et al., 1999; Mendes 2009b).

Child Protection and Legislation in Western Australia

The Department for Child Protection and Family Support (DCPFS) is the Western Australian statutory agency charged with responding to concerns about the wellbeing of children. The different services provided by DCPFS have been the subject of a number of research studies over a lengthy period (Authors own, 2015a; Authors own 2015b; Authors' own, 1994a; Authors' own, 1989, 1991, 1994b; Gilbert et al. 2012; O'Donnell et al. 2009a, 2009b, 2010a, 2010b; Parton and Matthews, 2001). These studies have shown that one in twelve children born in the state in 1990 or 1991 were investigated before reaching the age of eighteen (Authors own, 2015a). Aboriginal children were over-represented in these statistics and it was estimated that 28.0% of Aboriginal children born in 1990 or 1991 were investigated; and 15.4% of Aboriginal children had 'maltreatment substantiated' before reaching the age of eighteen. This high level of involvement of Aboriginal children steadily increased to a point where 28.4% of Aboriginal children born in 2008 came to attention before their first birthday compared to 5.4% born in 1990 and 1991.

The current study covers two major policy and legislative arrangements in Western Australia occurring between 1996 and 2009 and analyses relevant data from the client information system for this period. In 1996 the policy 'New Directions in Child Protection and Family Support' (hereafter New Directions) was implemented across the state. This policy aimed at differentiating concerns about the welfare of children and families from allegations of child

maltreatment. Before 1995 all concerns about children were treated as allegations of maltreatment, although not all were investigated. Under New Directions those referrals where there was an indication that a child may have been harmed or was at risk of harm through maltreatment were classified as child maltreatment allegations (CMA) and investigated. Concerns for a child's welfare where there was no indication of maltreatment and the exact nature of the issue or problem was unclear were assigned the temporary classification of a child concern report (CCR) and voluntarily assessed to determine an appropriate response. The outcome of a CCR assessment could be no further action, the provision of family support services or reclassification as a CMA.

In March 2006 the Children and Community Services Act 2004 came into operation and New Directions ceased as a framework for assessing referrals. Under this Act if the CEO receives information that raises concerns about a child's wellbeing, the CEO may initiate inquiries to determine whether action should be taken to safeguard or promote the child's wellbeing. Such actions may include an investigation to ascertain whether the child is in need of protection and possible interventions including an application for a warrant (provisional protection and care), taking the child into provisional protection and care, or making a protection application.

The current study

The study considers changes that occurred in cohorts of children starting episodes of care each year and children leaving care between 1996 and 2009. The long time-scale of the available data allows the study to explore how patterns of entry and exit have changed over time. In addition, the data enable examination of the relationship between entry to and staying in care and the changing patterns of recorded child abuse and neglect.

Method

De-identified data from the DCPFS client information system were examined. These encompass notifications received about children between 1990 and 2009 and details of episodes of care including placements from 1996 to 2009. Data were analysed using SPSS version 22. The study was approved by The Human Research Ethics Committee of The University of Western Australia.

The definition of children in care

In this study, children in care include those who are subject to an order but reside with a parent or guardian rather than in out-of-home care, so the numbers shown for the total of children in care are higher than those reported in the national statistics published by AIHW. For example, out of 3,221 children in care on 31st December 2009, 333 children were in the CEO's care but resided with parents or guardians. These children have been included in the study because this is part of their in-care career which can progress either to further out-of-home placements or to leaving care.

Defining the samples - Events and Patterns of care

The data were analysed using the following descriptions of the different events underlying the formation of patterns of care.

- An **episode of care** is a continuous period of a child being in state care during which the child may live in a series of **one or more placements**. A child can have more than one episode of care.
- A reference to **children in care on a particular date** means that the children had an episode of care that started on or before the date and ended after it.
- **Entry to care** is the start of an episode of care. As a child can have more than one episode of care in a year the count can be of all episodes starting in the year or of the number of children who start an episode in that year. In the latter case the last episode in the year is used for analysis as it includes all episodes lasting more than a year.

Sampling frames

The research consists of the following samples:

- a) Annual cohorts of children starting episodes of care from 1996 to 2009. The starting point of 1996 is used as this was the first full year of implementation of the New Directions policy.
- b) Annual cohorts of 'notifications' including information on whether they led to a child protection investigation and a substantiation of maltreatment. A notification is 'a contact made to an authorised department by persons or other bodies alleging child abuse or neglect, child maltreatment or harm to a child' (AIHW 2016, p.131).
- c) Annual cohorts of substantiated notifications of maltreatment. The date used for the cohort is the date of the notification although substantiation may occur at a later date. A

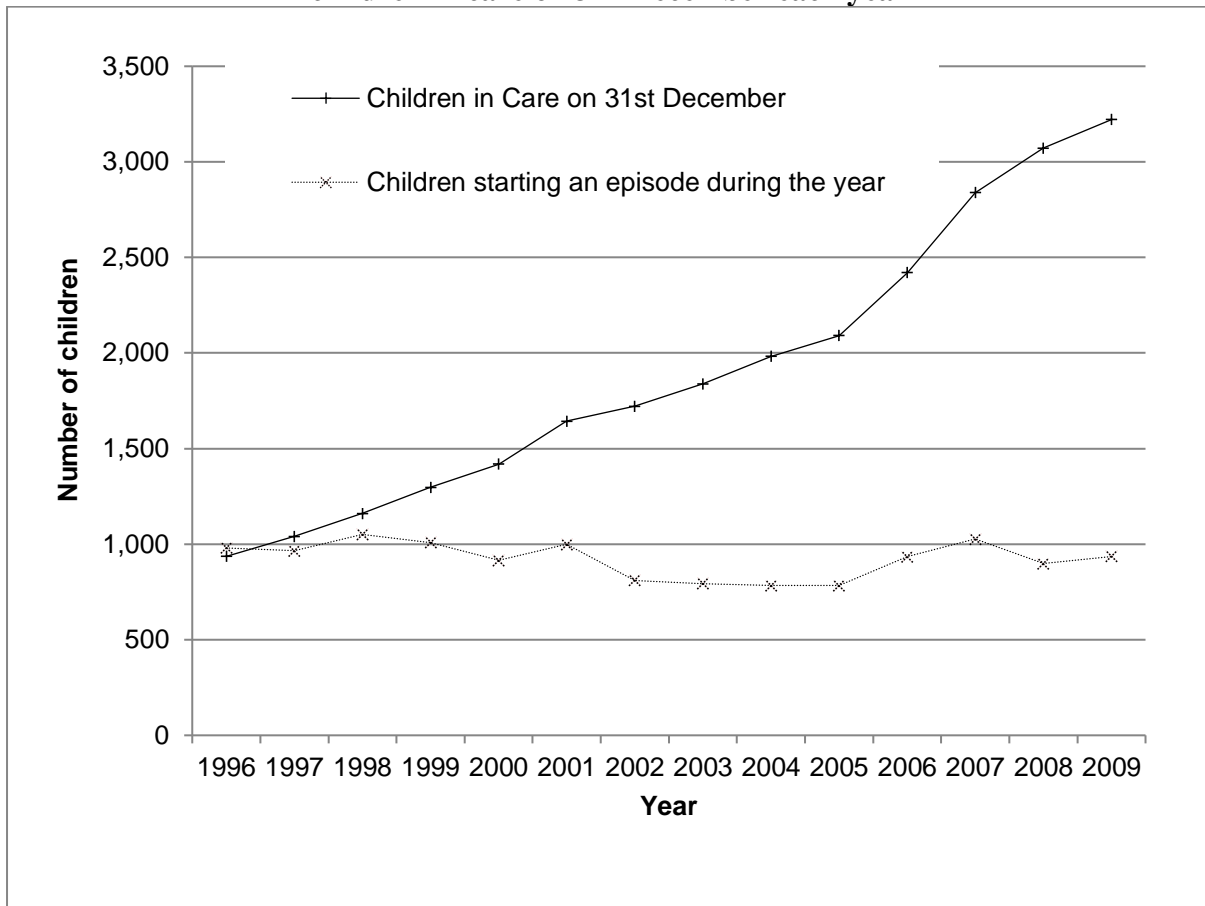
substantiated notification of maltreatment is said to be followed by entry to care if the child entered care on or after the date of notification and there was no further substantiated notification occurring before the start of the following care episode. A substantiated notification is a child protection notification made to relevant authorities that was investigated and it was 'concluded that there was reasonable cause to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed' (AIHW 2016, p.134).

d) Annual aggregates of children in care on the 31st December 1996 to 2009.

Findings

The number of children in care in Western Australia on 31st December rose 244% from 936 in 1996 to 3221 in 2009 and the rate per 1000 children aged 0-17 rose 207% from 1.99 to 6.11 per 1000. In contrast the number of children starting a care episode each year fluctuated between a low of 784 in 2005 and a high of 1051 in 1998. As Figure 1 shows, the number of children in care rose each year from 1996 onwards whereas the number of children entering care, although fluctuating, showed a slight downward trend overall.

Figure 1: Number of children starting a care episode each year and the number of children in care on 31st December each year



Findings on the causes and nature of this increase of children in care are discussed in relation to the following four areas:

1. Changes in responses to notifications
2. Changes in entry to care
3. Longer episodes of care
4. Increases in Aboriginal children in care.

1. Changes in responses to notifications

The bar chart in Figure 2 shows the numbers of notifications each year. The sharp increase in notifications in 2006 coincides with the introduction of the Children and Community Services Act 2004. In all cases in which maltreatment was substantiated the child protection worker recorded whether the child was considered to have suffered harm and the nature of the harm. The line graphs show the number of notifications investigated, where maltreatment was substantiated and where harm was recorded. The most striking feature of the graph is that over this period of 14 years, regardless of rises or falls in notifications, investigations and the

smaller changes in substantiations, the number of cases where workers recorded that children were harmed changed little (Mean 731.8, Standard Deviation 58.1).

A second issue concerns the increase of investigations. Over the period from 1996 to 2005 under New Directions the number of investigations averaged 2,611 per year and just over half (50.5%) were substantiated. In 2006 to 2009 under the Children and Community Services Act 2004 the number of investigations increased to an average of 4,475 per year and substantiations fell to 39%. This meant that, on average under New Directions 1,291 notifications a year were investigated without substantiating maltreatment. This figure more than doubled to an average of 2,731 per year from 2006 to 2009 (increase of 111%). From 2005 there was a slight and sustained rise in substantiations where no harm was recorded.

Figure 2: Responses to notifications showing investigations, substantiation and recorded harm

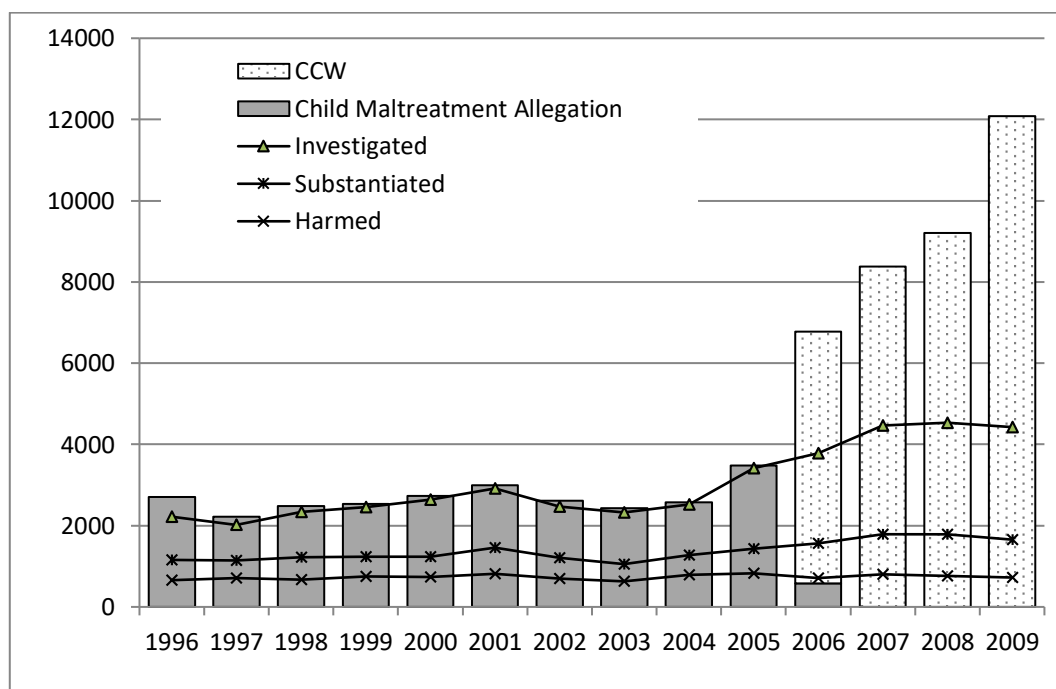


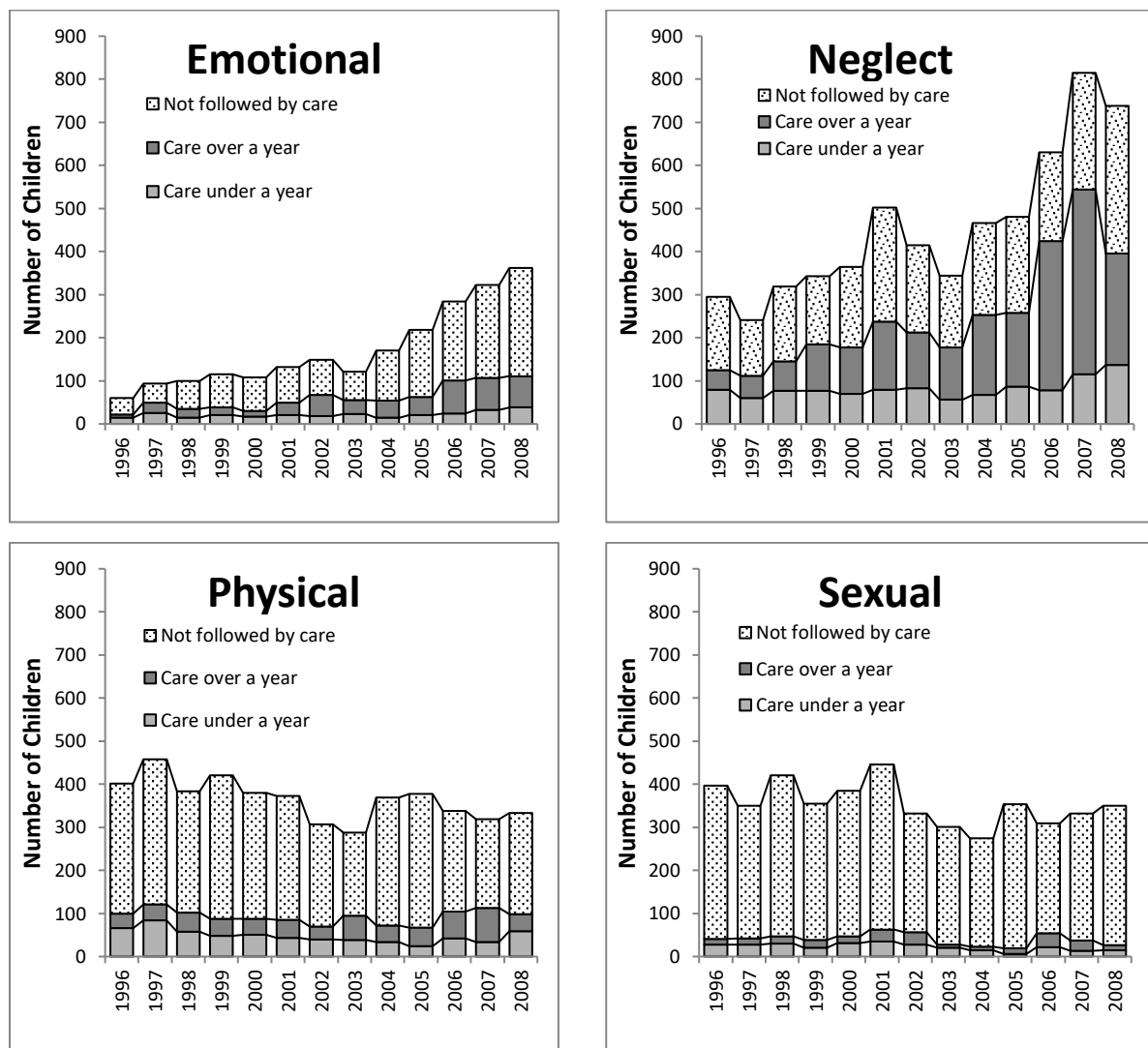
Figure 3 shows the relationship between the substantiated findings for different types of maltreatment and the number of these substantiations that were followed by a care episode. The number of substantiated cases of neglect and emotional maltreatment rose substantially over this period while substantiated cases of physical maltreatment fell and cases of sexual maltreatment were lower between 2002 and 2009 than between 1996 to 2001.

The figure shows a clear difference in the pattern of care episodes following substantiated neglect from that of any other type of maltreatment. Both the number of notifications leading

to substantiated neglect and the proportion of these that were followed by an episode of care increased. There was a noticeable change between 2005 and 2006 when both the number and proportion of neglect substantiations followed by care increased substantially from 295 (53.5% of neglect substantiations) in 2005 to 424 (78.3% of neglect substantiations) in 2006.

In 2008 the proportion of substantiated neglect notifications followed by entry to care was 53.7% and this compares to 30.1% of emotional maltreatment, 29.4% of physical maltreatment and 7.7% of sexual maltreatment substantiations. The figure shows that not only were more substantiated notifications of neglect followed by entry to care but a much higher proportion of the children stayed in care for at least a year.

Figure 3: Number of Substantiated maltreatment episodes by year notified and whether child subsequently entered care and length of episode



2. Changes in entry to care

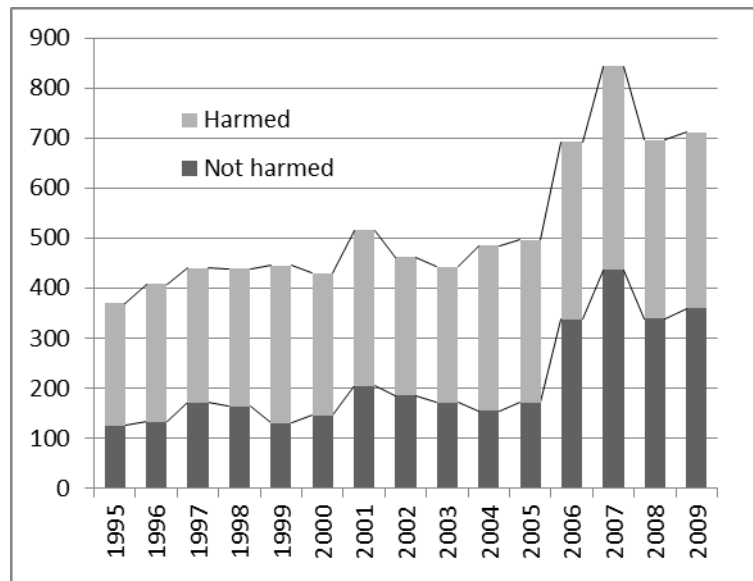
In 1996, 981 children started 1302 episodes of care and 786 children entered care for the first time. This was an average of 1.33 episodes per child. The number of episodes of care peaked at 1378 in 1998 and then fell. In 2009, 799 children had their first episode and 936 children had 997 episodes of care commencing during the year, an average of 1.07 episodes per child. There was no change in the gender balance of children entering care but the number of Aboriginal children entering care increased. This is discussed in Section 4.

Maltreatment and harm before entry into care

A key change is in the extent to which children had experienced a substantiated episode of maltreatment prior to entry to care. In 1996, 409 children (41.7%) entering care during the year had a substantiated episode of maltreatment prior to entry. This number and proportion steadily increased reaching 497 children (63.4%) in 2005. In 2006 there was a sharp increase to 693 children (74.1%) entering care following substantiated maltreatment. This level was maintained until 2009 when 708 children (76.1%) entered care following substantiated maltreatment.

Figure 4 shows children who entered care each year following substantiated maltreatment and whether, in any investigation at any time prior to this episode, the case worker had recorded any harm. The figure shows that the numbers entering care following substantiated maltreatment who were recorded as not being harmed in any preceding incident of substantiated maltreatment almost doubled (increase of 97%) between 2005 and 2006. In the ten years from 1996 to 2005, on average 164 children were recorded as not harmed prior to entry to care and this more than doubled (increase of 125%) to an average of 369 from 2006 to 2009. Most of this increase in children not harmed was due to increases in those entering care following substantiated neglect who were not recorded as being harmed.

Figure 4: Children starting episode following a substantiation of maltreatment by case worker’s assessment of whether child was harmed in ANY prior substantiated episode of maltreatment



Age at first entry into care

In addition to the changes in maltreatment and recorded harm there was an increase in the number and proportion of children under the age of one entering their first episode of care. There were 120 such children in 1996 and 161 in 2001. This remained relatively stable until 2006 when there was a 23% increase to 182 children. The numbers remained above this level until 2009. Over the whole period, children aged under one increased from 15.3% to 24.8% of all first time entrants to care. Within this upwards trend there was a sharp increase in children aged under a month entering care who, having increased from 25 to 49 children in the ten years from 1996 to 2005, jumped by 47% in a single year to 77 children in 2006 and have remained above 70. Those aged under a month increased from 3.2% of children entering care to 9.1% of all children entering care. Most of this change in entries aged under a year is due to an increase in Aboriginal children entering care as discussed in the section below.

There was a different trend for children aged one year and over with entries to care falling from 666 in 1996 to 431 in 2005. This trend turned abruptly in 2006 with 570 children entering care in 2006 and 646 in 2007. Since then numbers of children aged one year and over have remained at around 600.

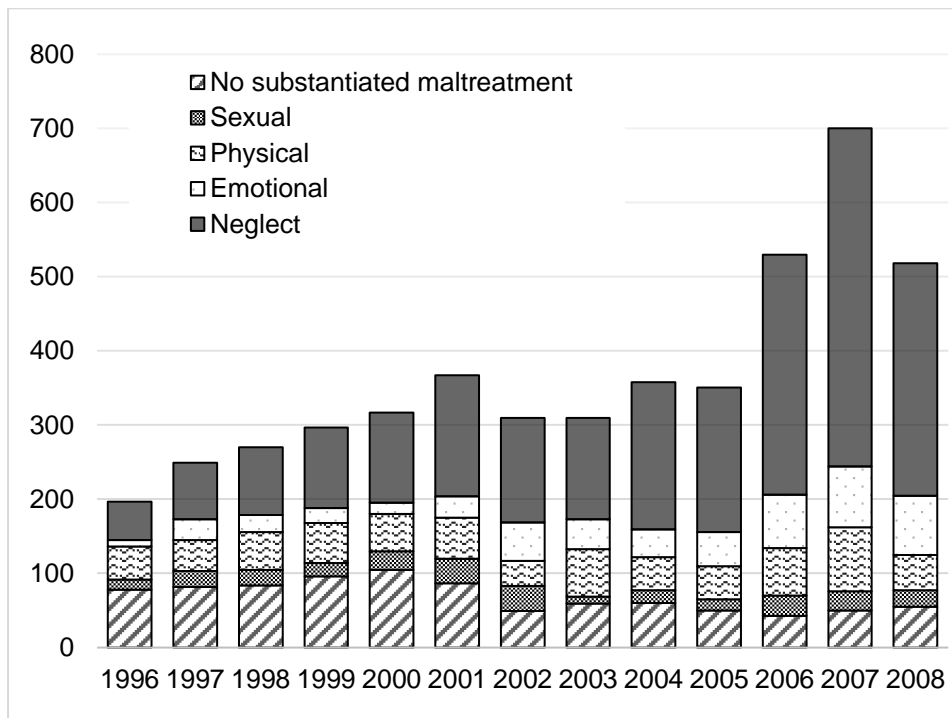
Timing of entry into care

Over the study period an average of 70% of all the children entering care following substantiated maltreatment did so within four weeks of notification and this changed little from year to year. A further group of children entered care more than four weeks from notification but within four weeks of the substantiation of maltreatment. This group increased from 5.5% of entrants in 1996 to 19.4% in 2008, consequently the proportion of children entering care within four weeks of either notification or the end of the investigation rose from 73.1% in 1996 to more than 90% from 2006 on.

3. Longer episodes of care

Over the period from 1996 to 2008 the proportion of children's episodes of care that lasted over a year increased from 20.1% to 57.6%. Figure 5 shows that the annual number of children starting an episode of care that lasted for at least a year increased by 73% from 197 to 367 between 1996 and 2001 and then remained at around this level until 2005. Once again there was an abrupt change in 2006 which saw an increase in a single year of 51% from 351 to 530 children having episodes longer than a year. Figure 5 shows that most of this change was due to the longer episodes of children who had a substantiation of neglect and, to a lesser degree, emotional maltreatment. The number of children with an episode of care lasting over a year following neglect rose 502% between 1996 and 2009 from 52 to 313 children. Episodes following emotional maltreatment lasting at least a year or more rose 789% from nine to 80 children.

Figure 5: Children starting an episode of care lasting more than a year by Type of Maltreatment



4. Increases in Aboriginal children in care

Table 1 provides a composite picture of all children starting an episode of care over the fourteen years and distinguishes between Aboriginal and non-Aboriginal children. There were 1,442 Aboriginal children in care on 31st December 2009. They represented 44.8% of all children in care – a considerable over-representation as in 2009 Aboriginal children constituted 6.9% of the under 18 population in Western Australia (Australian Bureau of Statistics, 2015). Between 1996 and 2009 the number of Aboriginal children in care on 31st December rose from 228 to 1442 representing a 533% increase. Aboriginal children as a proportion of all children in care rose from 24.4% to 44.8% in that time.

By 2009 the rate of Aboriginal children in care per 1000 aged 0-17 was 39.87. This represented almost one in 25 Aboriginal children and was five times higher than the rate of 7.9 Aboriginal children per 1000 aged 0-17 in care on 31st December 1996. There was a smaller increase in the number of non-Aboriginal children in care which went from 696 or 1.6 per 1000 non-Aboriginal children aged 0-17 to 1778 or 3.6 per 1000 over the same period. This disproportionate increase in Aboriginal children in care meant that they were 11

times more likely than non-Aboriginal children to be in care in 2009. The difference in rates had risen from six times the rate for non-Aboriginal children in care in 1996.

As Table 1 shows, the increase in Aboriginal children in care is not due to increasing numbers of children entering care. Allowing for annual fluctuations, the number of Aboriginal children entering care between 1996 and 2005 was relatively stable and the rate per 1000 of Aboriginal children entering care fell. The increase is due to the rise in most years of the number and proportion of Aboriginal children starting an episode of care which lasts for a year or more. In 2006 there was an increase of around 20% in the number and rate of Aboriginal children entering care but for children entering care whose episode lasted one year or more the increase was 67%. The numbers and rates of non-Aboriginal children entering care also went up by 17% in 2006. However fewer of them had long episodes and the increase of 39% in non-Aboriginal children starting an episode lasting longer than a year in 2006, although still large, was considerably lower than the 67% increase for Aboriginal children.

One further major difference in entries to care was for those aged under a month where only four of the 35 children entering care in 1996 were Aboriginal rising to 34 of the 74 children in 2009. This was a rise from 1.2% to 9.2% of Aboriginal children entering care.

Table 1: Number and Rate of Children starting an Episode of Care during the Year *

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Number of children in care on 31st December and Rate per 1000 aged 0-17														
Aboriginal	228	293	330	390	431	524	607	631	718	799	1001	1214	1338	1442
Rate	7.9	9.9	10.8	12.5	13.5	16.0	18.2	18.7	21.0	23.2	28.5	34.2	37.3	39.9
Non-Aboriginal	696	743	826	899	981	1115	1113	1207	1263	1291	1419	1624	1733	1778
Rate	1.6	1.7	1.8	2.0	2.2	2.5	2.5	2.7	2.8	2.8	3.1	3.5	3.6	3.6
All children	936	1041	1161	1297	1418	1644	1721	1839	1982	2091	2421	2839	3072	3221
Rate	2.0	2.2	2.4	2.7	2.9	3.4	3.5	3.8	4.1	4.3	4.9	5.6	6.0	6.1
Number of children starting an episode of care														
Aboriginal	322	330	326	330	311	330	343	268	310	324	394	422	341	370
Rate	11.1	11.1	10.7	10.6	9.7	10.1	10.3	7.9	9.1	9.4	11.2	11.9	9.5	10.2
Non-Aboriginal	612	605	694	653	567	639	454	517	473	460	538	604	555	563
Rate	1.4	1.4	1.6	1.4	1.3	1.4	1.0	1.1	1.0	1.0	1.2	1.3	1.2	1.1
All Children	981	965	1051	1008	915	999	811	793	784	784	935	1027	899	936
Rate	2.1	2.0	2.2	2.1	1.9	2.1	1.7	1.6	1.6	1.6	1.9	2.0	1.7	1.8
Number starting an episode of care lasting a year or longer														
Aboriginal	47	81	66	90	94	119	123	82	152	147	246	320	238	
Rate	1.6	2.7	2.2	2.9	2.9	3.6	3.7	2.4	4.4	4.3	7.0	9.0	6.6	
Non-Aboriginal	146	168	204	205	221	248	186	228	206	204	284	380	280	
Rate	0.3	0.4	0.5	0.5	0.5	0.5	0.4	0.5	0.5	0.4	0.6	0.8	0.6	
All children	197	249	270	297	317	367	310	310	358	351	530	700	518	
Rate	0.4	0.5	0.6	0.6	0.7	0.8	0.6	0.6	0.7	0.7	1.1	1.4	1.0	

*excludes a small number of cases in which ethnicity was not recorded.

Additional interrogation of the notification data showed that the proportion of substantiated notifications of maltreatment followed by entry to care was similar for both Aboriginal and non-Aboriginal children for all types of maltreatment with the exception of emotional maltreatment where a significantly smaller proportion of Aboriginal children entered care (30.1% as opposed to 39.1% for non-Aboriginal children: chi square $p < .001$). However by 2009 the rate per 1,000 of Aboriginal children having a substantiated notification of maltreatment ranged from 6 (sexual maltreatment) to 17 (neglect) times the rate for non-Aboriginal children.

Discussion

The findings from this study provide insights into the patterns underpinning the increase in numbers and rates of children in out-of-home care during a fourteen year period in Western Australia. In the first instance, they support the earlier findings of Tilbury (2009) and others that it is increases in length of placements that account for a significant amount of the increase in numbers and proportion of children in care. In Western Australia, the proportion

of all children whose care episodes lasted for more than a year rose from 20.1 percent in 1995 to 57.6 percent in 2008.

During this fourteen year period the total number of children recorded as having been neglected increased rapidly. Neglect refers to the failure to provide a child with the care that is considered to be necessary for their physical and emotional development and wellbeing (Scott, 2014). The expansion of concerns about neglect, particularly cumulative harm, are well acknowledged in the literature (Stolenberg et al., 2013). As a category, neglect was investigated and substantiated and then dominated as a reason for the numbers of children both coming into care and then staying in care. There is a range of social phenomena included in the category of neglect and it is generally associated with conditions of adversity linked to omissions of care rather than acts of commission with dangerous intention (McLean 2016).

There is now significant research highlighting the many structural disadvantages associated with findings of neglect. Poverty, racial discrimination, homelessness, mental health, domestic violence and social exclusion create deeply challenging environments for those with responsibilities for the care of children (Bywaters et al., 2016; Center on the Developing Child 2016). Ward cogently observes that it is important to acknowledge problematic parenting is “not as an isolated aberration but at one end of a spectrum of parental practice” – including problematic family environments wherein we need to find means to better assist parents and caregivers in their parenting roles (Ward 2014: 8). This study adds support to the call to make a priority of increasing supports for children and families in adversity particularly where neglect is the basis of a substantiation.

A high proportion of children who were notified and their situations investigated, entered care as a result of a substantiation of neglect within a four week timeframe. It is interesting and important to connect the significance of this finding to previous commentary about neglect. As recent scholars have confirmed, decisions about ‘cause for concern’ and ‘confirmation of neglect’ have no threshold criteria (Bentovim & Gray 2014). Such decisions are situationally dependent and require time for discernment and judgment. Arguably, the important possibilities of increasing support services for families facing accusations of neglect while they are dealing with the array of systemic disadvantages listed above are unlikely to be fully explored nor remedial programmes provided during a four week time

frame. These data suggest the likelihood of care being used as the early option for many children who are assessed as being neglected.

A serious issue identified by this study is confirmation of the increasing number of Aboriginal children in care, a factor emphasised elsewhere (Berlyn & Bromfield 2013; Sinha, Ellenbogen & Trocme 2013). The legacy of past removals of Aboriginal children weighs heavily on all Australian communities, practitioners and policy makers. These children are substantially over-represented in the ‘in-care’ population relative to their proportion in the population of Western Australia and their risk of staying in care is both higher and growing more rapidly than that of non-Aboriginal children in this State and nationally (SCRGSP 2017). The proportion of Aboriginal children entering care following a substantiation of each type of ‘abuse’ is similar to that for non-Aboriginal children. Of particular importance is the significantly higher proportion of Aboriginal children entering care on the basis of substantiated neglect.

The higher and increasing rate of very young Aboriginal children entering care is of particular note. This pattern of entry to care was not restricted to Aboriginal children although it is noted in recent research that “over the seven-year period from 2007/2008 to 2013/2014, the numbers of Aboriginal infants taken into care increased by 65%, and in 2013-2014 more Aboriginal infants than non-Aboriginal infants were removed from maternal care” (Authors own 2015c: 45). This testifies to a rising phenomenon seen across Australia (AIHW 2016) as well as in the findings of this study that there is a growing proportion of infants at birth or under one year of age entering care. Unarguably, child protection attentiveness is at a premium with newborns and infants and complex matters of avoidable harm are to be taken particularly seriously. However, pre-birth and early years provide unequalled opportunities for early intervention (Authors own 2015c; Tsantefski, Humphreys, and Jackson 2014) and the removal of infants from their mothers and in the early years undermines this prospect. The testimony of Indigenous people worldwide highlights the significance of the removal of any child let alone infants (Blackstock 2009).

The major increases in substantiations of neglect and the rapidly rising use of long-term care for children following such substantiations of neglect may well and understandably be influenced by increasing concerns about the possibility of cumulative harm. However Broadley (2014: 279), an advocate of broader legislative powers to address cumulative harm warns against doing further harm specifically saying that taking more children into care on

the basis of cumulative harm would not be a ‘desirable outcome’. When interpreted in the light of the significant increase of all infants entering care on the basis of an assessment of neglect plus the unacceptable numbers of Aboriginal children, this must fuel the contemporary force for investment in early intervention albeit with an appreciation of the tensions therein (Center on the Developing Child 2016; Forell 2015).

There is no doubt that early life adversity can and does have an enduring impact on a child and on most aspects of their adult life and that neglect – generally associated with systemic issues such as poverty, illness and violence - is an example of such adversity. Despite the evidence of beneficial outcomes of family support such as home visiting and parent education identified as long as 10 years ago (Holzer et al. 2006), there is continuing evidence that opportunities to take timely action to intervene early and to ameliorate such adversities may be being missed for a variety of reasons. As Brandon et al., observe, this may simply be because we have insufficient understanding of the ‘barriers to effective action’ (Brandon et al. 2014).

Conclusions

This research examined a rich 14 year data set from a client information system in order to identify trends in the profiles of children entering care during a period in which there were significant new directions and changes in policy and practice. The goal was to provide insights into past practices in the hope this would assist policy makers and planners in the vital venture of caring for children and their families. The data demonstrate unequivocally that increased notifications are not associated with increased substantiations of harm or ‘acts of commission with dangerous intent’, but that neglect assessed early in the lives of children was the major precipitant for entry to care and particularly so for Aboriginal infants and children and that once entering care, children tend to stay in care.

It is evident that there is an increasing and urgent need to problematize the category of neglect in decision-making in the work of protecting children. It is complex and contextual and deeply culturally sensitive. There can be no doubt that interventions to support families where neglect is identified are of utmost importance in safeguarding children. As Delfabbro et al., (2013, 2014) have noted, if systemic factors such as poverty and substance abuse problems are not addressed early, they not only increase the likelihood of entry to care but they also limit chances for reunification later and lead to the likelihood of longer term care.

There is compelling evidence from researchers such as Bywaters et al., (2015) about child welfare inequalities associated with the failure to provide necessary services to children and families in adversity. As Forell (2015, p 1) so cogently argues in her work on timeliness of interventions in justice arenas, the impact of such intervention remains predicated on reaching priority families early and assisting them early with structural interventions that are evidenced as making a “beneficial difference”.

Child protection systems around the world are besieged - indeed some are overwhelmed and in disarray as they face the need to keep children safe within their families or ensure their safety in alternative care (Scott 2015). Emotional and financial costs of this work are escalating along with regular testimonies of systemic failure and endless demonstrations of terrible individual and community outcomes for children who were removed from parental care (Human Rights and Equal Opportunity Commission 1997). Robust evidence is in much demand as policy makers and governments search for solutions to what continues to be seen as a ‘wicked social policy problem’ (Devaney & Spratt 2009). Importantly, we need to garner the evidence of what history can tell us about past practices if we are to find workable answers for the future.

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