



Working together for a child safe world

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REPORT ON THE
15TH INTERNATIONAL
ISPCAN CONFERENCE

The 15th ISPCAN International Congress on Child Abuse and Neglect, *Working Together for a Child Safe World*, was held in Brisbane on 19-22 September 2004. The aim of the congress was to encourage the exchange of professional information and practices, so that professionals and communities can forge effective responses to the complex problems of abuse and neglect.

The theme and title of the conference, “working together for a child safe world”, reflected a commitment to creating a world where children are free from all forms of abuse and exploitation by adults and other children and young people. “Working together” recognised that abuse and neglect are complex problems that call for the mobilisation of many kinds of skills and resources.

More than 1,100 delegates from more than 70 countries attended the conference. Delegates included many children and young people whose involvement provided a perspective of those who experience maltreatment. A wide range of organisations was represented. Daryl Higgins and Nick Richardson represented the National Child Protection Clearinghouse and took the opportunity to attend presentations and to meet with Australian and international policy makers, practitioners working with “at risk” or abused children and their families, and researchers in the field of child abuse prevention.

Nick Richardson and Daryl Higgins, along with Thomas Feeney, Advocacy Officer for the Consortium of Street Children, provide summaries of some of the presentations they attended.

Evidence-based child protection: What it is, and what it isn't

Presenter: Geraldine MacDonald (Commission for Social Care Inspection, UK)

In recent years, there has been a drive for policy makers and practitioners in the field of child protection to consider evidence when designing interventions in child maltreatment prevention. However, while “evidence-based practice” has secured a hold in professional parlance, according to MacDonald, its potential as a means for improving decision-making in child protection is in danger of being seriously undermined.

MacDonald defined evidence-based practice as an approach to decision-making that is transparent, accountable, and based on a careful consideration of the most compelling current evidence about the effects of interventions on the welfare of individuals, groups and communities. Reflecting the dominant consensus in field, MacDonald provided some striking examples to demonstrate that randomised control trials provide the strongest evidence of effectiveness.

Despite the popularity of describing their practices as “evidence-based”, MacDonald drew attention to the failure of those conducting child abuse prevention and intervention efforts actually to use evidence-based practices. There is little consensus about “what should count as evidence” and often evidence-based practice has meant reaching for one or more single research studies to support particular interventions.

MacDonald also highlighted some common problems encountered in using evidence-based approaches: failure to identify all relevant studies (through publication bias towards “positive” results, limited access, and a reliance on studies published in English); preferential appraisal of included studies; positional bias (for example, experts have vested interest); lack of transparency and explicitness; and the use of research that is past its use-by date.



Mike Reynolds, Minister for Child Safety, Queensland, with children at opening ceremony.



Kul Gautam, Deputy Executive Director, UNICEF, delivers his keynote address.

To avoid these problems, MacDonald emphasised that we need to ensure that the findings of single randomised control studies should be considered in the context of other relevant research and in the context of other equally legitimate influences on decision-making for program designers (for example, organisational capacity and community context of program). We also need to conduct systematic reviews in which all primary studies are identified, appraised and summarised according to explicit and reproducible methodology (as many reviews of the literature are ad hoc).

The key issue is to be transparent in showing conclusions have been formed using the material available. This will then hopefully reduce the likelihood of policy-makers being misled by biases or lack of information. Many researchers today use the term “systematic” as a means of providing their work with spurious respectability – MacDonald warned the audience to not fall into this trap!

MacDonald suggests that we need to: move beyond basing decisions on single studies; recognise that methodology matters; make evidence more easily available and accessible; and provide appropriate training on evidence-based decision-making at qualifying and post-qualifying levels.

For more information about systematic reviews or evidence-based decision-making refer to the website of the Cochrane Collaboration - an international non-profit and independent organisation that produces and disseminates systematic reviews of social interventions and promotes the search for evidence in the form of clinical trials of interventions. See: www.cochrane.org

Before substantiation: The role the US public child welfare plays in preventing child abuse

Presenter: Debaroh Daro (Chapin Hall Centre for Children, University of Chicago)

Daro outlined three strategic reform paths that have emerged recently in the United States child welfare system. Empirical support for any of these evaluations is limited; however, preliminary evaluations suggest that each offers an opportunity to afford all children greater protection and agencies more efficient use of resources.

Dual response systems

The varying levels of risk presented by children reported for maltreatment underscore the logic of dual response systems. Serious cases that pose immediate threats to a child’s safety may require legalistic and intrusive investigations. However, reports stemming from a parent’s lack of resources may best be addressed by a more supportive response. To address these differences, several states in the United States have instituted a dual track response system that offers safety assessments and service options as opposed to investigations for those reports deemed less serious.

The implementation of dual track response systems in both Missouri and Minnesota has created opportunities for child welfare workers to establish stronger relationships with families at risk and to improve consistency of care. The reforms allowed managers to rethink staff allocations and offer new ways to distribute caseloads. The process also may assist workers in becoming more familiar with local service options and therefore place them in a stronger position to provide families with more appropriate referrals. A greater array of services may also be placed within the reach of more families facing significant parenting challenges. As such, the dual track response system transforms the reporting system from a purely investigative tool to one that serves as an early warning device to flag families in need of help.

However, there is a risk that families receiving these alternative interventions may not actually pose a high risk for future serious abuse or re-reporting. Early findings suggest that dual track response systems may not alter the proportion of cases likely to return to the child welfare system over time.

Geographic location of workers

A number of child welfare agencies are experimenting with locating their staff within community agencies such as school and family resource centres. The logic of this approach is to reduce the barriers between residents and formal service providers and create an environment in which families feel more comfortable drawing on public



Gillian Calvert, Commissioner for Children and Young People, New South Wales, and Robin Sullivan, Director-General, Queensland Department of Child Safety.



left-right: Robin Sullivan, Director-General, Queensland Department of Child Safety; Marcellina Mian, Hospital for Sick Children, Canada; and Gillian Calvert, Commissioner for Children and Young People, New South Wales.

services for general support. In theory, this allows interventions to be more compatible with a family's culture and normative standards of child well being. Also, if located in schools, health clinics or community-based agencies, child welfare services become less stigmatising so parents facing particular challenges might be more willing to request assistance earlier.

Placing child welfare workers in community agencies broadens the reach of child welfare beyond families who are the subject of a specific child abuse report. Child welfare workers placed in community agency settings confirm that the strategy results in improved relationships with other health and human services, greater accessibility to services for families at risk, and more informed referral decisions with respect to families that are involved in reportable maltreatment.

The ultimate impact of such strategies, however, remains unclear. Despite the perceived benefits of out-placing staff, child welfare managers struggle with a number of logistical and institutional barriers in implementation (for example, supervision of frontline staff located in multiple satellite offices; the cost of equipping local community agencies to provide support to child welfare investigators or caseworkers).

Establishing community partnerships

The concept of "community partnerships" calls for a transformation from a single response agency to a system of shared responsibility and mutual support. This reflects a recognition that child protection is brought about by a community operating formally and informally to protect children. Thus, reform is directed not at a single agency but rather at a community and culture with the aim of building collective responsibility, and reciprocity and mutual support between individuals and institutions.

The community partnership concept brings together all levels of government, community agencies and local residents in collectively implementing strategies for supporting families. Community partnership is rooted in a number of practical and theoretical considerations. The most powerful theories for explaining human behaviour and child abuse have drawn on the interdependency of the individual, family and social context (Belsky 1980; Brofenbrenner 1979). Evidence is mounting that residents in local communities can collectively provide strong support to children and parents and that such support reduces the incidence of violence (Garbarino and Sherman 1980; Korbin and Coulton 1997).

However, it remains unclear if (and how) community partnerships can build greater social relationships and civic behaviour within communities that lack this type of give-and-take. New thinking is needed with respect to designing a broad range of activities generally not considered part of the child welfare agency mission (for example, community celebrations, community meetings, outreach to specific families in an area). In addition, a stronger conceptual framework is needed to incorporate more targeted strategies into a universal system of support for all parents.

The presentation provided by Deborah Daro was based on her paper:

Daro, D. (2004), Before substantiation: The role for child welfare agencies in preventing maltreatment, Chapin Hall Center for Children, University of Chicago. Available at: www.jcpr.org/wp/wpdownload.cfm?pdfink=wpfiles/daro.pdf

The United Nation's Study on Violence Against Children: Progress report

Presenters: Paulo Pinheiro (UN Independent Expert for VAC study, Brazil); Amaya Gillespie (UNICEF, Geneva); Desmond Runyan (University of North Carolina, USA); and Gopalan Balagopal (UNICEF, USA)

This session was to introduce those not already aware of the United Nations Study on Violence against Children currently in progress. The presenters raised the following key points.

The purpose of the study is to inform the development of international and national prevention and treatment strategies for all forms of violence against children. The study aims to provide an in-depth summary of the extent to which children are exposed to violence in their homes, their communities and in their schools (but does not include conflict/war as this was covered by the 1996 Graca Machel Study on the Impact of Armed Conflict on Children).

The involvement of UNICEF, WHO and UNHCR in the Violence Against Children study will aim to bring together key ideas, paradigms and languages from a range of professional fields including children's rights, public health and human rights in general.

The study has been severely constrained by the limited support available. It has become evident that funding (provided by UNICEF, the World Health Organisation, and the United Nations) will not support the study conducting any new surveys or research with children.

Violence against children is still not prominent enough on the international agenda of governments and non-government organisations. It is hoped that the study, when finally completed in 2006, will rectify this by creating dialogue across and within both "developed" and "developing" countries. In this sense, the process of collating information and involving national and international non-government organisations in the Violence against Children study is as important as the final report itself. The report will be presented to the General Assembly in order to increase the commitment of the United Nations and member states.

The violence of terrorism currently has a high profile, but its effects on children in various social, cultural and economic ways is still largely unexplored and is unlikely to be so without even greater collaboration with non-government organisations and practitioners in the field.

The participation of local, national and international organisations is critical in ensuring that the findings accurately capture and portray violence against children in all its diverse and idiosyncratic forms, and to also ensure that the recommendations are accurate and practical at the grassroots level.

The committee charged with carrying out the study are still in the process of discussing the best possible methods of initiating children's participation in the research, but acknowledge that the findings should be made accessible to both children and adults as far as possible.

The importance of knowing what *doesn't* work with regard to tackling violence against children is as critical as eliciting what *does* work, but preliminary research suggests that the issue of violence is still significantly underreported – particularly in terms of the prevalence of less extreme/publicised forms.

Those interested in learning more about the Violence Against Children study are encouraged to review the descriptive material available on a special website established for the project: www.unhcr.ch/html/menu2/6/crc/study.htm

The Queensland Child Sexual Abuse Treatment Study (symposium)

Presenters: Barry Nurcombe, Peter Marrington, Peta Lilley

Nurcombe and colleagues presented a number of papers on the Queensland Sexual Abuse Treatment study. This project is one of the few (if not the only) of its kind in Australia to have been evaluated using a randomised control methodology.

Aim: To compare the effectiveness of cognitive behaviour therapy and family therapy in the community treatment of sexually abused children. It was hypothesised that cognitive behaviour therapy would be more effective than family therapy because it was designed to directly address the trauma of sexual abuse by the use of specific therapeutic techniques.

Method: Children aged 6-16 years who were victims of substantiated sexual abuse (89 children) were randomly assigned to the two treatments and tested at baseline, the end of treatment (18 weeks) and 52 weeks. Domains that were assessed included: parental psychopathology; the child's social competence and general symptomology; dissociation; posttraumatic symptomology; anxiety; depression; sleep disturbance; attitudes to self, others and the abuse; attachment; and self-esteem.

Results: Both cognitive behaviour therapy and family therapy produced significant improvement in child posttraumatic stress symptoms, depression, aggression, dissociation, avoidant coping, and general psychopathology. There was no evidence that cognitive behaviour therapy was more effective than family therapy. Neither treatment was effective in regard to providing benefits for mothers' mental health and family cohesion.

For further information about the Queensland Sexual Abuse Treatment study see the website: www.psychiatry.uq.edu.au/csa/
Nurcombe, B., Wooding, S., Marrington, P., Bickman, L. & Roberts, G. (2000), "Child Sexual Abuse II: Treatment", *Australian and New Zealand Journal of Psychiatry*, vol. 34, pp. 92-97.

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