



Children involved with NSW child protection services before five years of age

What does the Seeding Success study tell us?

Snapshot

- The Seeding Success study uses population-based linked health, welfare and education data for 153,670 children to investigate early life influences on child development from birth to school age in New South Wales (NSW).
- The study investigated contact with child protection services by five years among NSW kindergarten children in 2009 and 2012. It found that:
 - 1 in 7 children had notifications that child protection services considered 'at risk of harm'
 - 1 in 13 children had notifications that had been investigated
 - 1 in 30 children had substantiated maltreatment
 - 1 in 70 children had at least one placement in out-of-home care.
- Of the children notified to NSW child protection services by the age of five, 8,309 (39%) were first notified by one year of age.
- Greater inter-agency collaboration and information sharing (to better leverage routine health system contacts) in the antenatal and postnatal periods could provide opportunities to engage and support vulnerable families earlier. This may help to prevent child maltreatment, involvement with child protection services and/or need for statutory intervention.

Introduction

Child maltreatment has immediate and lifelong consequences for health and well-being and is costly for governments.¹ Child maltreatment constitutes all forms of child abuse including physical abuse, sexual abuse, emotional ill-treatment, neglect, negligent treatment and exploitation of children.

The Seeding Success study looked at the proportion of children (the 'cumulative incidence') who had one or more contacts with NSW child protection services before five years of age. The study authors reported their findings in their research paper [Cumulative incidence of child protective services involvement before 5 years in 153, 670 Australian children.](#)²

This Evidence to Action note outlines the key findings from the research paper and discusses the implications of this research for policy and practice. While this paper has been prepared collaboratively, the implications have been identified by the Department of Communities and Justice, and are not necessarily the views of the study authors.



Why is understanding the cumulative incidence of contact with child protection services important?

Historically, the reporting of contact with child protection services has been based on a particular point in time. For example, government agencies frequently report on the number of children living in out-of-home care in a particular year. By 'joining up' de-identified child protection data with other population data for research, it is now possible to see the scale of maltreatment across a child's lifespan among the whole population of NSW children, including the number of NSW children who have early childhood contact with child protection services and when the first report to child protection services was made.

What is cumulative incidence?

Cumulative incidence is a measure of frequency during a period of time. The cumulative incidence of contact with child protection services is calculated by dividing the number of children that had one or more contacts during a specific period of time (the numerator) by the total number of children in the sample (the denominator). The cumulative incidence is reported as the estimated percentage of a population.

The Seeding Success Study

The Seeding Success study aims to identify the early life, health and social factors that influence child development from birth to school age (0-5 years). The study linked birth registrations, perinatal records and child protection data for 153,670 children who had both a birth record in NSW and started school in NSW in 2009 and 2012.

Child protection data was categorised based on the type of contact or involvement with child protection services:

- **Notifications:** Notifications include all child concern reports made to the child protection helpline that were screened in by child protection services because they met the statutory threshold for risk of harm (until January 2010) or risk of significant harm (from January 2010 onward), as defined in the *NSW Children and Young Persons (Care and Protection) Act* of 1998. Prenatal notifications account for some of the percentage of children with 1 or more notifications at birth.



- **Investigations:** When a secondary assessment (i.e. a face-to-face caseworker visit) of the notification was undertaken.
- **Incidents of substantiated maltreatment:** All notifications from which maltreatment has been substantiated by child protection services.
- **Out-of-home care:** Placements in out-of-home care and protection orders, including voluntary care, emergency care and respite placements.

The analysis also looked at the cumulative incidence of one or more records of primary substantiated maltreatment for the following maltreatment types: neglect; physical, emotional and sexual abuse.

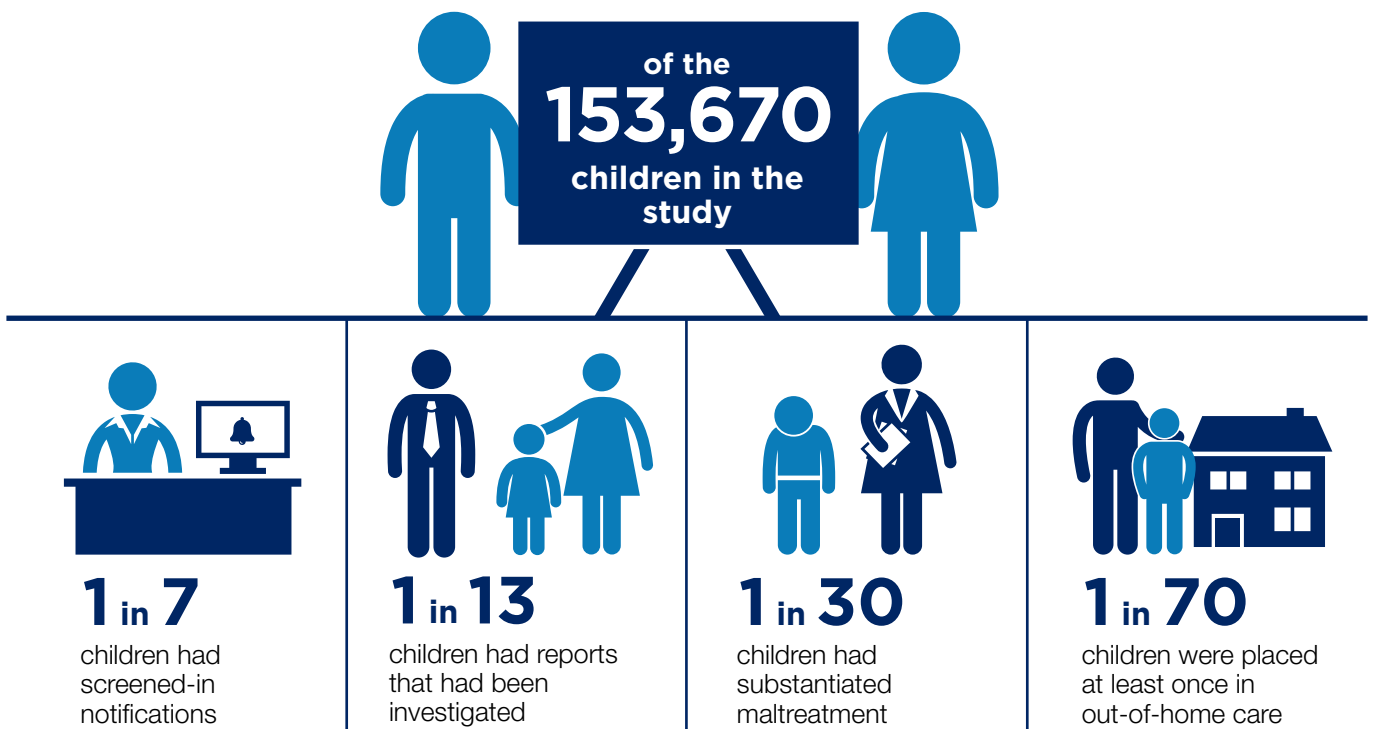
What did the study find?

Contact with child protection services

Of the 153,670 children in the study, the percentage of those who had contact with NSW child protection services by the age of five years (or cumulative incidence) was as follows:

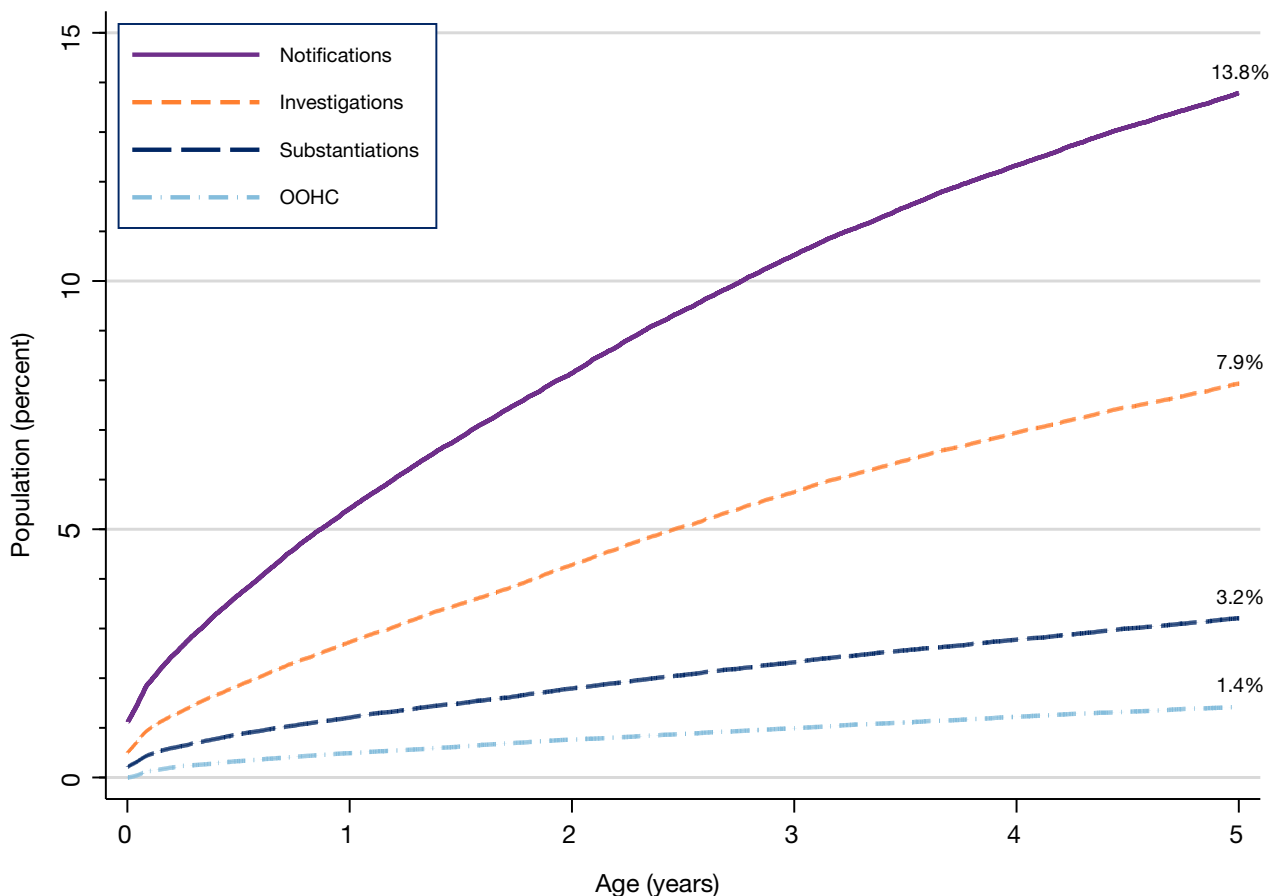
- 13.8% (n=21,179) had notifications screened-in as ‘at risk of harm’
- 7.9% (n=12,185) had reports that were investigated by child protection services
- 3.2% (n=4,927) were found to have had substantiated maltreatment
- 1.4% (n=2,177) had at least one out-of-home care placement.

A breakdown of early child protection contact by age five years



Of the children notified to child protection services by the age of five years, 8,309 (39.2%) had a screened-in notification by one year of age. A similar pattern was seen with out-of-home care placements. Of the 2,177 children with one or more placements in out-of-home care by the age of five, 751 (34.5%) were placed in out-of-home care by their first birthday. As expected, the percentage of children involved with child protection services increased during the early childhood years (Figure 1).

Figure 1: Cumulative incidence of child protection services involvement aged 0-5 years in 153,670 children from NSW

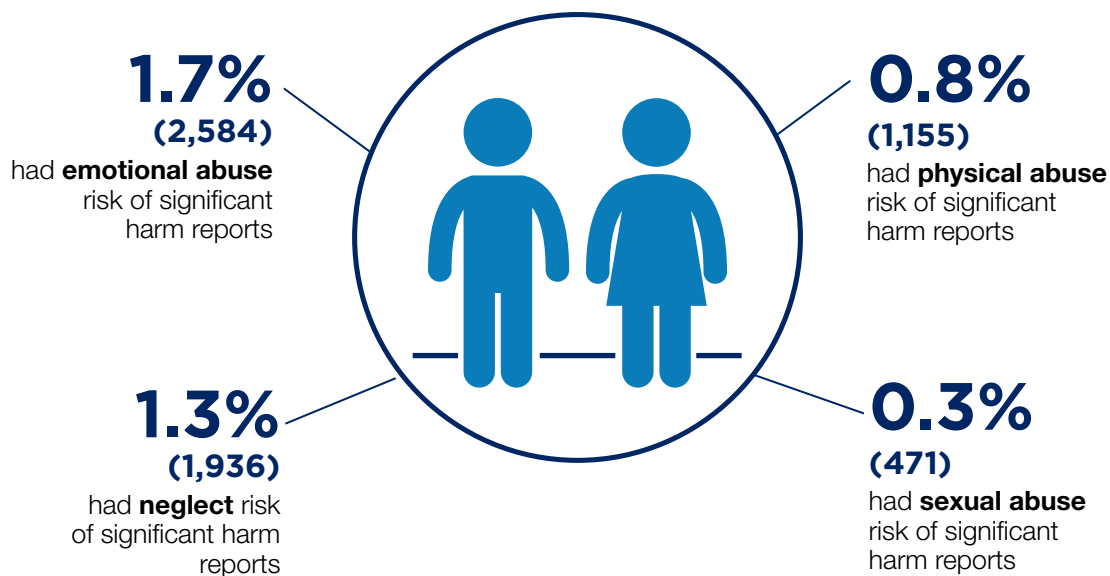


Reproduced with permission from JAMA Paediatrics. 2020. 174(10):995-997. Copyright©(2020) American Medical Association. All rights reserved.

Primary substantiated maltreatment type

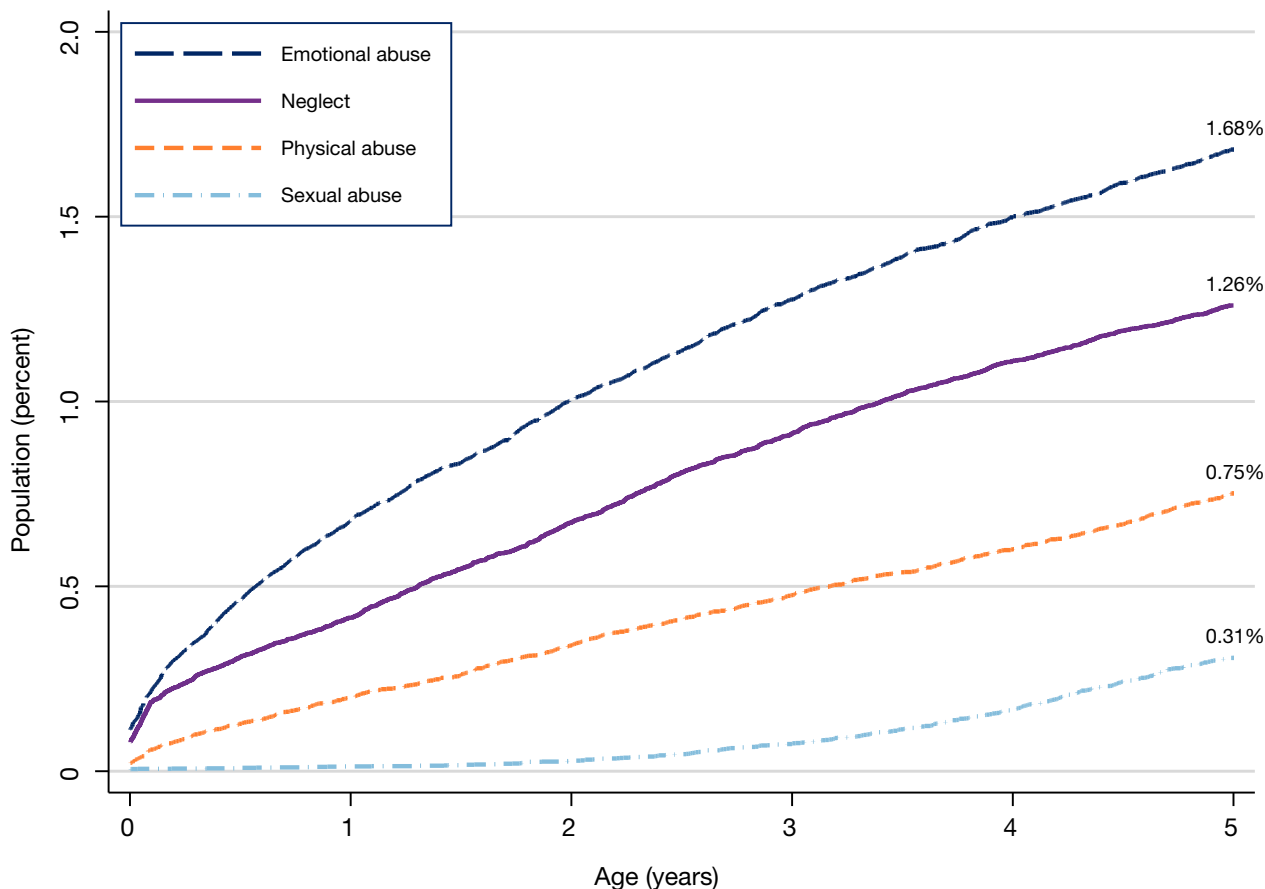
Emotional abuse was the primary substantiated maltreatment type in 1.7% of five year olds in the study (n=2,584), neglect in 1.3% (n=1,936), physical abuse in 0.8% (n=1,155) and sexual abuse in 0.3% (n=471). Note that these cannot be added together to give a total substantiated maltreatment incidence as children may have been reported to child protection services multiple times for different types of maltreatment. This may also have included other maltreatment such as exposure to parent or caregiver alcohol or other drug misuse, and/or mental health problems.

A breakdown of primary maltreatment types substantiated for children aged up to 5 years



As expected, the percentage of children with substantiated maltreatment for all maltreatment types increased during early childhood (Figure 2).

Figure 2: Cumulative incidence of the primary substantiated maltreatment type from ages 0-5 years among 153,670 children from NSW



Reproduced with permission from JAMA Paediatrics. 2020. 174(10):995-997. Copyright©(2020) American Medical Association. All rights reserved.

What does this mean for policy and programs?

(Prepared by the Department of Communities and Justice)

This study found that 1 in 7 children in NSW had one or more screened-in notifications to child protection services by age five. This represents a significant proportion of NSW children which, as the authors point out, is comparable in scale to common childhood illnesses such as asthma. By age five, maltreatment was substantiated in 1 in 30 children and 1 in 70 children were placed at least once in out-of-home care. Early childhood child protection services involvement with children in NSW is similar to other Australian and international jurisdictions^{3,4}, despite different notification and data recording practices.^{5,6,7}

This study also found that 2 in 5 children notified to child protection services by the age of five were first notified by the age of one year. Greater inter-agency collaboration and information sharing to better leverage routine health system contacts in the prenatal and postnatal periods could provide opportunities to engage and support vulnerable families earlier. This may help to prevent child maltreatment and reduce the likelihood of children entering out-of-home care.

The Department of Communities and Justice (DCJ) has a commitment under the *Responding to Prenatal Reports* policy to engage with a family as early as possible to reduce the likelihood that an unborn child will need a child protection response when born. NSW Health is the main agency responsible for the care of the vulnerable pregnant person and their unborn child. DCJ's role is to work with the expectant parents to address any additional risks, particularly relating to potential or current maltreatment. Following contact and consultation with the expectant parent, inter-agency collaboration under this policy can include sharing of information about the parent, referrals to relevant services, prenatal planning, case discussions, and pregnancy family conferencing.

Some Local Health Districts (LHDs) offer the [Pregnancy Family Conferencing \(PFC\) Program](#). PFC is a collaborative model of care between DCJ and Health services for expectant parents and their families where there are risk of significant harm concerns for the unborn baby. The PFC model aims to engage with expectant parent/s and their family as early as possible to identify risks, strengths and appropriate supports for the family.

In the post-natal period, [Sustaining NSW Families \(SNF\)](#) is an example of a cross-agency NSW government initiative to engage vulnerable families in nine Local Government Areas. Lead by NSW Health, SNF aims to support families with babies and young children to reach their full potential. New mothers experiencing mental health issues are eligible to obtain sustained home visits from a trained child and family nurse until the child's second birthday. Families can benefit from health home visiting programs through an improved home environment, secure parent-child relationships, and better child development, as well as decreased rates of child abuse and neglect.



The magnitude of child protection involvement in early childhood suggests a need for substantial government investment in preventative services. In recent years, DCJ has increased investment in the Targeted Earlier Intervention and family preservation programs. The NSW Budget included a total of \$1.4 billion in 2020-21 to support the safety and welfare of vulnerable children. This budget provided funding for a number of prevention and early intervention initiatives to help drive down the number of children entering out-of-home care.

Since the Seeding Success study analysis was conducted, there has been an enhanced focus on family preservation programs, initiated as part of the Their Futures Matter reforms and the Permanency Support Program. Commencing in 2018, the Permanency Support Program Family Preservation program is a high intensity service providing significant funding to work with parents on issues creating risk. The program also provides a prenatal service, working with parents both before and after their children are born.⁸

About the Seeding Success study

The [Seeding Success study](#) aims to identify the early life health and social factors that influence child development from birth to school age in a large, population-based cohort of NSW children. The study cohort has been identified from linked welfare, health and education data, from birth to school age, for nearly 175,000 children who had both a birth record in NSW and started school in NSW in 2009 and 2012. The study generates evidence to inform policy and practice with the goal of improving outcomes for Aboriginal and non-Aboriginal children.

The Seeding Success study was funded by the National Health and Medical Research Council of Australia (project grant 1061713).

The original research

For more information about the original research you can contact the corresponding author: Kathleen Falster, PhD, School of Population Health, University of New South Wales, Samuels Building, Kensington Campus, Kensington, NSW, Australia, 2052 (k.falster@unsw.edu.au).

The original research paper is: Falster K, Hanly M, Pilkington R, et al. Cumulative Incidence of Child Protection Services Involvement Before Age 5 Years in 153 670 Australian Children. *JAMA Pediatr*. Published online June 15, 2020. doi:10.1001/jamapediatrics.2020.1151

<https://jamanetwork.com/journals/jamapediatrics/article-abstract/2766722>



Produced by

Caroline Anderson

Family and Community Services Insights, Analysis and Research (FACSIAR)

NSW Department of Communities and Justice

320 Liverpool Rd, Ashfield NSW 2131

www.facs.nsw.gov.au

Email: facsiar@facs.nsw.gov.au

Dr Kathleen Falster, School of Population Health, UNSW Sydney,

Dr Rhiannon Pilkington, School of Public Health, University of Adelaide,

Dr Mark Hanly Centre for Big Data Research in Health, UNSW Sydney, and

Professor John Lynch School of Public Health, University of Adelaide

Endnotes

- ¹ Gilbert R, Spatz Widom C, Browne K, Fergusson D, Webb E, Janson S. Burden and consequences of child maltreatment in high-income countries. *Lancet*. 2009;373(9657):68-81. doi:10.1016/S0140-6736(08)61706-7
- ² Falster K, Jorgensen M, Hanly M, Banks E, Brownell M, Eades S, et al. Data Resource Profile: Seeding Success: a cross-sectoral data resource for early childhood health and development research in Australian Aboriginal and non-Aboriginal children. *Int J Epidemiol*. 2017; 46(5):1365-1366j. doi: 10.1093/ije/dyx051.
- ³ O'Donnell M, Maclean M, Sims S, Brownell M, Ekuma O, Gilbert R. Entering out-of-home care during childhood: Cumulative incidence study in Canada and Australia. *Child Abuse Negl*. 2016;59:78-87. doi:10.1016/j.chiabu.2016.07.011
- ⁴ Pilkington R, Grant J, Chittleborough C, Gialamas A, Montgomerie A, Lynch J. *Child Protection in South Australia*. The University of Adelaide; 2017.
- ⁵ Wildeman C, Emanuel N, Leventhal JM, Putnam-Hornstein E, Waldfoegel J, Lee H. The prevalence of confirmed maltreatment among US children, 2004 to 2011. *JAMA Pediatr*. 2014;168(8):706-713. doi:10.1001/jamapediatrics.2014.410
- ⁶ Kim H, Wildeman C, Jonson-Reid M, Drake B. Lifetime prevalence of investigating child maltreatment among US children. *Am J Public Health*. 2017; 107(2):274-280. doi:10.2105/AJPH.2016.303545
- ⁷ Rouland B, Vaithianathan R. Cumulative prevalence of maltreatment among New Zealand children, 1998-2015. *Am J Public Health*. 2018;108(4):511-513. doi:10.2105/AJPH.2017.304258
- ⁸ Falster K, Jorgensen M, Hanly M, Banks E, Brownell M, Eades S, et al. Data Resource Profile: Seeding Success: a cross-sectoral data resource for early childhood health and development research in Australian Aboriginal and non-Aboriginal children. *Int J Epidemiol*. 2017; 46(5):1365-1366j. doi: 10.1093/ije/dyx051.