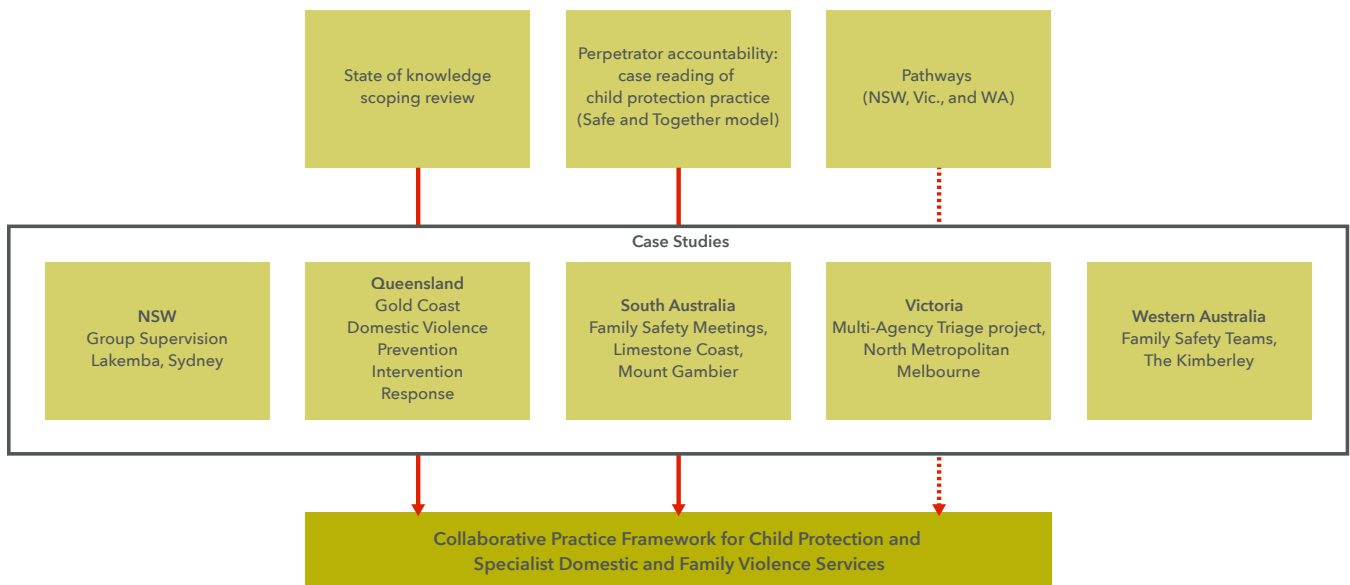


The PATRICIA Project: Summary of the Pathways component

The Pathways analysis is one component of the PATRICIA Project which examined the systems level **interface**¹ between the **child protection (CP)** and **domestic and family violence (DFV)** systems using longitudinal, unit record data obtained from CP in New South Wales (NSW), Victoria (Vic), and

Western Australia (WA). The purpose of this analysis is to understand how child protection systems deal with families where DFV is identified in an initial report of a child maltreatment concern, and how these cases differ from those where DFV is not reported.

Figure 1 Elements of the PATRICIA program of research



¹ Terms in bold appear in a glossary titled Key Definitions.

Aims and research questions

Two underlying issues drove the research questions. The first is the concern that DFV is not adequately identified or taken into account in the CP system. The second is the concern that the CP system is being inundated with reports involving DFV, many of which do not meet the threshold for significant harm, and these children are being inappropriately drawn into the CP system. The analysis is intended to inform policy and practice so that efforts to address DFV do not involve subjecting children and families to unnecessary and/or unhelpful CP investigations, assessments, and/or placement in out-of-home-care (OOHC).

The specific research questions driving the Pathways component of the project were:

1. How have rates of DFV in CP reports changed over time in the three states involved in the study?
2. What are the pathways through the CP system for families where DFV is identified in the initial report and how do these differ from families where DFV is not identified as a concern?
3. What other identified CP concerns tend to co-occur in families where DFV is identified?

Methodology

A longitudinal approach was undertaken to answer the key research questions. That is, rather than simply looking at the number of children receiving CP services, the analysis broadly considered: 1) How overall rates of CP reports have increased or decreased with respect to the documented presence of DFV; 2) The likelihood that children would move deeper into the child protection system and whether this is associated with known DFV.

Table 1 Comparing data from NSW, Victoria, and WA

	NSW	VIC	WA
Reports included in analysis	Only reports meeting the threshold of Risk of Significant Harm (ROSH)	All reports	Only reports with a Child of Concern identified
Definition of reported DFV included in data analysed	Reported primary or non-primary issue at time of report	DFV is identified as a concern for a child's safety at any stage during the course of involvement with CP and it is unclear at which point DFV is identified in the data. For this reason, only data from DFV police reports referred to CP were analysed. This represents a substantial proportion of cases in which there is DFV but significantly under-represents the actual number of children with DFV.	Reported issue at time of report
Def. of CP history	Previous ROSH report	Previous investigation	Previous investigation
Mandatory reporting	Mandated reporters must report sexual abuse and incidents where a child or youth is 'at risk of significant harm' of any abuse type (physical abuse, sexual abuse, emotional /psychological abuse, neglect, exposure to DFV). These reporters include: health care, welfare, education, children's services, residential services, and law enforcement workers providing services to children.	All adults must report sexual abuse. Mandatory reporters must report physical abuse, which includes registered teachers or early childhood teachers, principals, registered medical practitioners, nurses, midwives, and police.	Sexual abuse must be reported by doctors, nurses, midwives, teachers or boarding supervisors, police officers, and legal personnel. Court personnel, family counsellors/consultants, family dispute resolution practitioners, arbitrators or legal practitioners are mandated to report that a child has been abused or is at risk of being abused (neglect, physical or sexual abuse).

Sources of information

The analysis looks at all reports to child protection services from 2010/11-2014/15 in three Australian states: NSW, Victoria, and WA. While cross-state analysis provides a big picture, there is considerable variation in each state's respective legislation, CP systems, and data management systems. This requires the cautious interpretation of differences between states, given that state differences may be due to different data collection procedures and/or variation in CP policies. Table 1 outlines information about the data collected. For example, DFV is recorded differently in Victoria compared to the other two states. Thus the analysis does not compare the CP systems in terms of their effectiveness in dealing with DFV. Rather they are illustrative of how different CP systems identify and respond to this issue.

Study design

The Pathways project used a purpose-designed methodology developed in consultation with the government data analysts and data technicians in each of the states. This was necessary in order to identify similarities and differences in the type, structure, and meaning of data elements used by each state in their management information systems. Data were harmonised where possible (considered and treated similarly) or were treated as state-specific constructs to be analysed separately.

The Pathways project contained two separate analyses. The first, *full reports analysis* (n = 428,880), consisted of all reports to CP in NSW (n = 232,962), Victoria (n = 149,394) and WA (n = 46,524) that occurred between July 2010 and June 2014. Children included in this first analysis could have one or more reports (i.e., the report itself is the unit of analysis) and the analysis focused on:

1. The way in which rates of reports involving DFV over the study period (2010/11 to 2013/14) changed in the three states.
2. What other reported CP concerns tended to co-occur in reports where DFV was identified.

The second, pathways analysis, as shown in Figure 2 was focused on children and families' typical course of involvement with the CP system. This includes the nature and extent of interactions from initial report of a CP concern to whether this was followed by another report, a formal investigation, and placement in OOHC. The pathways analysis used a unique approach to sampling that was designed to take account of the fact that children can encounter the CP system multiple times, and that each observed event (report, re-report, investigation, placement in OOHC) can be the child's first, next, or last such encounter. This reflects real-life child protection practice, where workers have a mix of cases that include children who are new and not new to the system. The approach involved:

1. Taking the full report sample of children (all reports from July 2010 to June 2015).
2. Selecting only those reports that occurred between July 2010 and June 2014 in order to ensure that we could observe each child's pathway for at least 12 months.
3. From the selected reports, a single report for each child was randomly selected. This is called the 'Index' report.

The resulting Pathways Analysis sample (n = 365,429) consisted of all children from New South Wales (n=183,887), Victoria (n = 136,118) and Western Australia (n = 45,424), each of them having a single "Index" or focus report, which is where we started the pathway for each child.

Two major decision-making points were focused on in the pathways analysis (illustrated in Figure 2):

- Which cases to investigate
- Whether to place the child in out-of-home care (OOHC)

At each of the three stages (report, investigation/no investigation, placement in OOHC/new report) analyses were conducted comparing children with index reports that involved DFV versus those who did not. Where possible, multivariate statistical analyses were used to isolate and describe the independent influence of DFV on the likelihood of moving down the CP continuum (that is, report to investigation; investigation to placement in OOHC) while accounting for other known influences (for example, child protection history or Aboriginal/Torres Strait Islander status).

Figure 2 Pathway analysis



Results

Key findings from the full report analysis

Broad trends within and between states

Across the three states, DFV accounted for about 16 percent of all child maltreatment reports for the years 2010/11 to 2013/14. Overall, there was a net increase in maltreatment concern, as well as CP reports across all states. WA had the highest proportion of DFV concerns in initial reports, comprising about 27 percent of all reported child maltreatment concerns between 2010/11 and 2013/14.² NSW and Victoria were similar to each other with about 16 percent and 13 percent, respectively, over the same time period.

However, DFV reports increased far more quickly than non-DFV reports in Victoria and WA:

- In Victoria, reports involving DFV increased by 52 percent while non-DFV increased by 17 percent between 2010 and 2014.
- In WA, reports involving DFV increased by 70 percent while non-DFV increased by 19 percent between 2010 and 2014.
- In NSW reports involving DFV increased by 11 percent while non-DFV increased by 17 percent between 2010 and 2014.

In Victoria's CP data system, DFV is considered a concern for a child's safety in addition to one of four abuse types (physical, sexual, emotional abuse, and neglect). This concern is updated throughout the life of the case; in other words, without a close reading of each child's case file, it is not possible to determine precisely when DFV was identified. In this analysis, in order to isolate DFV at the report stage from DFV identified at a later stage of child protection's involvement with a child or family, a report was categorised as involving DFV if it was referred to CP through a police DFV incident report. Therefore, the results from Victoria must be interpreted with caution as this represents a substantial underestimate of DFV reports from other reporters, and increases in years are likely to be associated with this method of counting. For example, the greatest single increase in DFV reports was in Victoria between 2010/11 and 2011/12 (not shown). However, this is almost certainly attributable to changes in police standing orders to refer DFV incidents involving children to CP. In addition, the police code of practice for the investigation of family

violence requires that police make a report to CP or Child FIRST (family services that are provided as an alternative to CP). However, in practice, the differential system of referrals is not working effectively and police are most often referring cases to CP rather than Child FIRST or to both services due to difficulty assessing where the referral should go (State of Victoria, 2016). Later years in Victoria have seen heightened public awareness of DFV due to several high profile incidents and inquiries, including the Royal Commission into Family Violence, which, in turn, has probably led to increased reporting to police and CP.

In NSW, one explanation for the lower trend in CP reports when compared to WA and Victoria involves the implementation of Keep Them Safe (KTS), which increased the threshold for actionable CP reports and diverted a large number of cases to newly established child wellbeing units. This may have disproportionately affected DFV cases (i.e., a greater proportion of cases involving DFV was diverted than those not involving DFV). That said, the change from 2012 to 2013 in NSW is dramatic (34 percent), more than double the increase in non-DFV reports (16 percent).

Co-occurrence of DFV and other forms of concern in NSW and WA

DFV does not tend to occur as the sole source of concern and is more often paired with another maltreatment concern if it is present (Table 2). In WA, 27 percent of reports involved either DFV only (8.7%) or DFV and other concerns (18.2%), while NSW was lower both in overall reports involving DFV (15.4%) and whether DFV occurred alone (2.5%) or with other concerns (12.9%).

Figure 3 shows the type of maltreatment issues reported with DFV in NSW and WA. Across both states a majority of child maltreatment reports with DFV also involved other abuse and neglect concerns, with emotional abuse (74.5% in NSW, 48.7% in WA) being the most common followed by physical abuse (25% in NSW, 36.4% in WA).

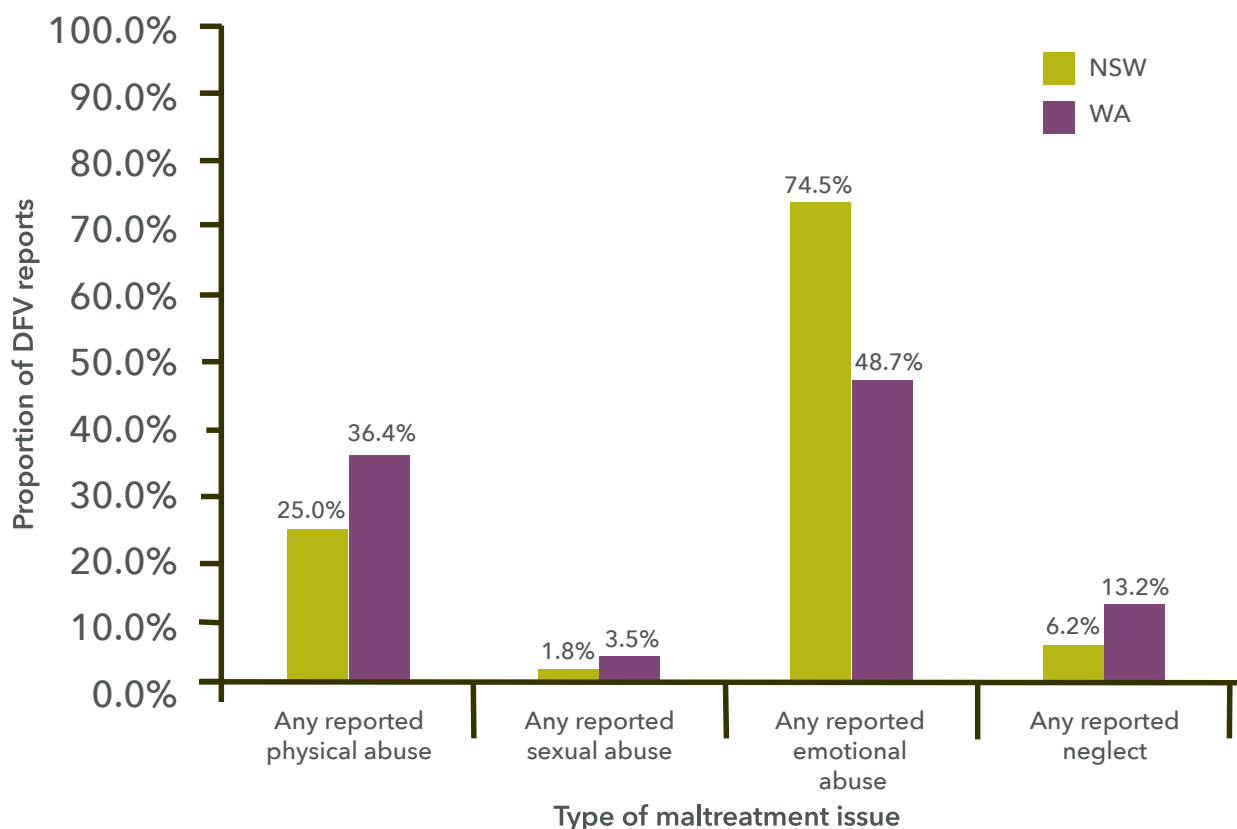
² In Victoria only police reports to CP were included due to the way in which Victoria identifies cases involving DFV. The only certain way of identifying DFV at the report stage (rather than identification at a later stage of involvement) was to limit the Report Sample to those referred to CP by police at report stage.

Table 2 Types of reports in NSW and WA, 2010/11 to 2013/14 (n = 279,486)

State	DFV only		DFV and other concerns		Other concerns, no DFV	
	N	%	N	%	N	%
NSW	5,790	2.5%	30,102	12.9%	197,070	84.6%
WA	4,060	8.7%	8,477	18.2%	33,987	73.1%

- A report may include more than one child
- Children may be reported multiple times in more than one year
- NSW includes only ROSH reports
- WA includes only reports with a Child of Concern identified
- Vic. was excluded as there is no reliable way to determine whether or not the report focused on DFV as a concern for the child and their family or if it was a contextual issue that was identified during the course of CP involvement

Figure 3 Proportion of type of maltreatment issues reported with DFV in NSW and WA, 2010-2014 (n = 48,429)



Note: Only NSW and WA were included in this analysis as we were unable to isolate DFV-only reports in Victoria

Key findings from the pathways analysis

Detailed demographic and case characteristics of children reported for DFV

Emotional abuse may be reported in conjunction with DFV as a matter of course rather than as a distinctly different maltreatment type. That is, when children witness DFV, caseworkers may also indicate that this is a form of emotional abuse experienced by children. Nonetheless, these reports suggest that maltreatment concerns often occur alongside DFV concerns and indicate that a substantial proportion of families with reports of DFV have challenging and complex needs that extend beyond DFV concerns. Moreover, it also suggests that households with DFV concerns may be involved in the CP system in similar ways to families with other concerns.

There were a total of 70,951 children reported for concerns involving DFV across the three states between 2010/11 and 2013/14, about half of whom were young, aged five and under (Table 3). Similar to other types of CP concerns, Aboriginal and Torres Strait Islander children were overrepresented (16%) with respect to their numbers in the general population (4%; Australian Bureau of Statistics, 2014a; 2014b; 2015). Children were also characterised by previous involvement in the CP system, with almost 30 percent previously reported to CP at a risk level high enough to open a CP investigation.

Table 3 Characteristics of children reported for DFV in NSW, VIC, and WA, 2010/11 to 2013/14 (n=70,951)

Child characteristics	N	%
Age		
<1	10,129	14.3%
1 to 2	11,185	15.8%
3 to 5	13,738	19.4%
6 to 11	21,199	29.9%
12 to 15	11,259	15.9%
16+	3,236	4.6%
Unknown	205	0.3%
Gender		
Female	33,378	47.0%
Male	34,243	48.3%
Unknown	3,330	4.7%
Indigenous status		
Indigenous	11,334	16.0%
Non-Indigenous	59,617	84.0%
Child protection history		
CP history	20,079	28.3%
No CP history	50,872	71.7%
Total	70,951	100.0%

- NSW includes only ROSH reports
- WA includes only reports with a Child of Concern identified
- In NSW and WA, DFV is any identified DFV in a child protection report
- In Vic., DFV comprises referrals to CP through a police DFV incident report
- CP history refers to (a) previous report(s) at a risk level high enough to investigate

Analysis

The results of the pathways analysis are summarised and includes: the likelihood of investigation and placement in OOHC; and likelihood of experiencing a re-report or 'churn' if not investigated. Each stage of progression through the system is broken down into two groups by whether the initial (index) report for each child (n = 365,429) involved DFV or a different concern.

Reported concern

Between 2010 and 2013, almost one fifth (19%) of all reports across the three states involved DFV compared to reports for other concerns (81%).³

Investigation within 12 months

Overall, 33 percent of children reported to CP (n = 120,699) were investigated within 12 months.⁴ Children reported for DFV (29%) were slightly less likely to be investigated in comparison to children reported for other concerns (34%). When modelled statistically (i.e., isolating the independent effect of each available demographic and case characteristic), the following was observed:

- Children reported for DFV were slightly less likely to be investigated in comparison to children reported for other concerns.
- A child's history of previous reports (involving DFV or other concerns) was the most influential predictor of whether they would be investigated.
- The proportion of children previously involved with CP varied across the states. Children reported for non-DFV concerns were more likely to have experienced previous CP involvement than children whose reports involved DFV.
- Other predictors included a child's age and Indigenous status. Children aged 5 years and under and Aboriginal and Torres Strait Islander children were more likely to be investigated than children in other age groups and non-Aboriginal children.

3 Reminder: This analysis only includes police reported DFV in Victoria and is an underestimate of the actual presence of DFV at initial report.

4 Comparisons between states on rates of investigation should not be made due to differences in how each system responds to child maltreatment concerns. For instance, as noted earlier, NSW has a two-tiered assessment procedure whereby ROSH cases are initially assessed (triage) and prioritised prior to a face to face assessment (investigation) while WA has a high investigation to report ratio that may be related to its very active triage system. Figures are provided here for purposes of comparing how the states differ in terms of their response to DFV and other concerns.

Placement in OOHC

Overall, about 5 percent of all children reported to CP were placed in OOHC following an investigation (n = 17,192). Placement rates varied slightly between states, but tended to be more similar than different. When modelled statistically, the following was observed:

- Similar to investigations, children with index reports involving DFV were slightly less likely to be placed in OOHC.
- Across states, the strongest predictor of placement in OOHC was age, with children 2 years and under being placed into care more often than older children.
- As with investigation, children with a child protection history were more often placed in care than children without a history.
- Aboriginal and Torres Strait Islander children were more likely to be placed in care.
- There was a strong trend toward fewer placements for older children.

New reports–churn

Overall, amongst children who were not investigated within 12 months of their index report, approximately 23 percent were re-reported to CP. There were no major differences in the rates of re-report between children initially reported for DFV and children reported for other concerns. When considering the reason for return, children who were initially reported for DFV and then had another report were more likely to come back for DFV (46%) than children being re-reported who were initially reported for another concern (12%). When modelled statistically, the following was observed:

- There was almost no difference in the likelihood of a new report to CP amongst children reported for DFV and not investigated in comparison to children reported for other concerns.
- A child's history of previous reports was the most influential predictor of whether they would be the subject of a new report to CP, regardless of whether the initial report involved DFV or another concern.
- Aboriginal and Torres Strait Islander children were more likely to be re-reported, again regardless of whether the index report involved DFV or not.
- The likelihood of re-reports, both DFV and non-DFV, has increased slightly over time in all three jurisdictions.

Discussion

There are some important limitations to this analysis. Firstly, recording practices are different across states, which limited the number of reliable, valid indicators that could be used. Therefore, it is not possible to assess the extent to which differences in the pathways of children through the CP system are a result of different CP policies and practices or differences in recording and/or data quality. Secondly, the data only provide a high level indication of progress through the CP system; there is no consistent information about service provision or the nature of interventions offered to families.

With these caveats in mind, the number of child maltreatment reports involving DFV has increased over the past five years in Victoria and WA but not in NSW where a differential CP response pre-dates our study timeframe. However, the latest trends from NSW indicate that reports, especially ones that involve DFV, have increased. The increasing number of reports involving DFV, at least in part, fuelled the broader increase in total child maltreatment reports. That said, the results of the multivariate analysis indicate that it is factors such as the demographics of children and previous CP history, rather than the presence of DFV in the family, that have the greatest association with progressing through the CP system and with re-presenting to the system if an investigation is not conducted (an important element of “churn”). Compared to these other factors, DFV was not as large an influence. Overall, the likelihood that children will progress through the CP system to investigation and OOHC, and be re-reported, is far more influenced by a child’s previous history of CP reports or placement in OOHC, if they are aged 0-5 years of age, and/or if they have documented Aboriginal and Torres Strait Islander heritage.

Implications

Overall, the results indicate that children are treated similarly by the CP system despite the specific, known aetiologies associated with each maltreatment type. A case can be made for future practice development where maltreatment concerns are treated differently, corresponding to what we know might work with each type, (and combinations of types) of harm to children.

To facilitate future research, and thus better inform policy and practice, it is recommended that a foundation of evidence for the CP system is created so that there is accountability to children and their families. Data communication and linkages between systems, including police, CP, and DFV services, should be strongly considered. In addition, more comprehensive information, including historical and real-time data, is needed. Specifically:

- More detailed information about the children and families/households who come into contact with the CP system, particularly about their caregivers (including mothers, fathers, and partners) and family members (e.g., cultural background, employment challenges, disability status, and history of CP and other systems involvement including law enforcement and the courts) would provide a more holistic understanding of the environments in which children are being raised.
- Reliable/valid assessment of child and caregiver functioning and clearly specified, measurable outcomes related to service provision would facilitate better targeting of services and the matching of interventions with need.
- Detailed information on services provided, to examine their capacity to prevent the progression of children and families through the CP system as well as their re-entry, which would allow for far better management of risks and needs while involved with the CP system. This would include detailed service history (including type, quality, duration, and frequency) and linkages with other important service providers such as family services, education, health, and justice.
- Reliable and valid measures of consumer satisfaction with services in order to ensure that such services are responsive to the expressed needs of clients.

Further information

This report forms part of the **PATHways** and **Research In Collaborative Inter-Agency** working, or the **PATRICIA** Project. The full report: Humphreys, C., and Healey, L. (2017). *PATHways and Research In Collaborative Inter-Agency practice: Collaborative work across the child protection and specialist domestic and family violence interface: Final Report* (ANROWS Horizons 03/2017). Sydney: ANROWS.

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Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

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Key definitions

These terms appear in bold the first time they are used in the text (headings excepted).

Child protection The statutory child welfare authority in each state and territory that is responsible for providing assistance; investigation into allegations of child abuse (including domestic and family violence) or neglect; care; and protection to children suspected of or vulnerable to harm.

Domestic and family violence—specialist DFV services “Domestic and family violence” (DFV) is the term used in this report to encompass the range of violent and abusive behaviours—physical, psychological, sexual, financial, technology-facilitated, and neglectful—that are predominantly perpetrated by men against women and their children in current or past intimate, familial or kinship relationships. This is consistent with the Third Action Plan 2016–2019 of the National Plan to Reduce Violence against Women and their Children 2010–2022 (<http://plan4womenssafety.dss.gov.au/>). The phrase “specialist DFV services” is used in this report to refer to a range of diverse agencies that provide specific interventions for women, children, or men who have experienced DFV either as victim-survivors or as perpetrators. They include (but are not limited to) agencies with a dedicated purpose to address DFV; agencies with a focus on a particular population (for example, Indigenous or CALD families and communities); legal and health agencies with particular expertise or programs in supporting women, children, or men who are affected by DFV; and peak DFV bodies in the different state and territory jurisdictions.

Interface The joining or working together of different systems supporting families, in this case domestic and family violence, child protection, and family law. There is a range of different terms that may be used to describe different aspects of systems, services or professionals working together. Some terms are used interchangeably and some have different meanings. Examples of terminology that may be used to describe the interface between systems reported here are: joined up; interagency; multi-agency; multisite; multidisciplinary, co-located; linked; linkage; coalition; cooperative; collaborative; networked; integrated; partnership; streamlined; coordinated.