



Analysis of linked longitudinal administrative data on child protection involvement for NSW families with domestic and family violence, alcohol and other drug issues and mental health issues

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Communities
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FACSIAR
FAMILY AND COMMUNITY SERVICES
INSIGHTS, ANALYSIS AND RESEARCH



Acknowledgement of Country



Artwork: Change through voices
Artist: Bradley Burns - Kamilaroi mob

Background

- Research undertaken in overseas jurisdictions shows the prevalence of **Domestic and Family Violence (DFV)**, **Mental Health (MH)** issues, and **Alcohol and Other Drug (AOD)** use in families involved with the child protection system:
 - trio factors/toxic trio in UK;
 - “adverse childhood experiences” (ACES) literature in US
- There is a gap in knowledge in the Australian context of the role these factors play in families with child protection involvement.
- Existing research also highlights the deficits in the child protection service response to the incidence of DFV and co-occurring risk factors (AOD/MH issues) in families (Humphreys et al 2018)



Phase 1: Critical interpretive synthesis

<https://www.anrows.org.au/publication/critical-interpretive-synthesis-child-protection-involvement-for-families-with-domestic-and-family-violence-alcohol-and-other-drug-issues-and-mental-health-issues/>

Critical interpretive synthesis:
Child protection involvement for families with domestic and family violence, alcohol and other drug issues, and mental health issues

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to Reduce Violence against Women & their Children

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Key findings from Phase 1

There is a lack of:

- specificity and consistency around key terminology (including DFV, AOD and MH)
- theory and concepts to frame the mechanisms by which DFV, AOD and MH factors interact and increase risk for outcomes
- focus on other factors that influence child and family outcomes (e.g., service access, social disadvantage, social or political contexts, protective factors)
- robust empirical research undertaken in an Australian context



Phase 2: Analysis of NSW Human Services Dataset

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<https://www.anrows.org.au/publication/analysis-of-linked-longitudinal-administrative-data-on-child-protection-involvement-for-nsw-families-with-domestic-and-family-violence-alcohol-and-other-drug-issues-and-mental-health-issues/>

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Why linked administrative data?

- ‘Data’ collected about individuals’ interactions with different government services and departments (e.g., child protection, justice, housing, health, education, welfare and social services, etc).
- The data is de-identified and can be linked; protected by laws and measures that safeguard privacy and keep the data secure; accessible to approved users only.

Strengths

- Limits selection bias, population view (big N)
- Recorded interactions with services vs. self-reports (from children, parents, carers, or workers)
- When linked, allows a broad understanding of the pathways an individual takes when interacting with various services/agencies

The study

What we know: intersection of DFV, AOD, MH with CP and OOHC involvement

Aims

- produce New South Wales (NSW) prevalence statistics to build the evidence base for children and young people involved with child protection services, whose parents are impacted by these intersecting risk factors

The NSW Human Services Dataset (HSDS)

- The NSW Human Services Dataset (HSDS) contains linked de-identified administrative data on **children born or living in NSW since 1 January 1990** and their relatives (family members, guardians and carers), with over 8 million records, representing 135 datasets from 11 government agencies, over a 30-year period.
- The NSW Data Partner agencies include:
 - Legal Aid
 - Ministry of Health
 - Ambulance
 - Department of Communities and Justice
 - Bureau of Crime Statistics and Research (BOCSAR)
 - Registry of Births, Deaths and Marriages
 - Police Force
 - Department of Education

The HSDS



Child protection

- Concern reports
- Risk of Significant Harm (ROSH) reports
- Safety Assessment, Risk Assessment and Risk Reassessment (SARA)
- Out of Home Care placements and type
- Restoration
- Targeted Early Intervention



Parental risk indicators

- Parent in custody
- Parent interaction with justice
- Proven alcohol and other drugs related offence or hospital admission
- Proven domestic violence related offence or victim of domestic violence
- Treatment for mental health in NSW hospital or ambulatory services



Justice

- Custody
- Community supervision
- Court finalisations
- Cautions
- Youth conferences
- Legal Aid
- Program and specialist Referrals



Police

- Victims
- Persons of interest
- AOD related events
- Domestic violence safety assessment



Customer service and Revenue

- Births, deaths & marriages
- Penalty/fines notices
- Enforcement of fines
- Work Development Orders



Housing

- Social housing tenancies and waitlist
- Private rental assistance
- Homelessness services



Education

- National Assessment Program — Literacy and Numeracy (NAPLAN) year 3 and year 7 results
- Attendance, enrolment and suspension
- Schools, HSC completion and Record of School Achievement
- Smart and Skilled program
- Apprenticeships and Traineeship
- Enrolment in funded training



Health

- Public hospital admissions
- Private hospital admissions
- Emergency department presentations
- Ambulance patient contact events
- Childbirth
- Opiate treatment program



Mental health

- Hospital admission for mental health
- NSW Ambulatory mental health



Alcohol and other drugs (AOD)

- Hospital admission for alcohol and other drugs
- Proven alcohol and other drug offences

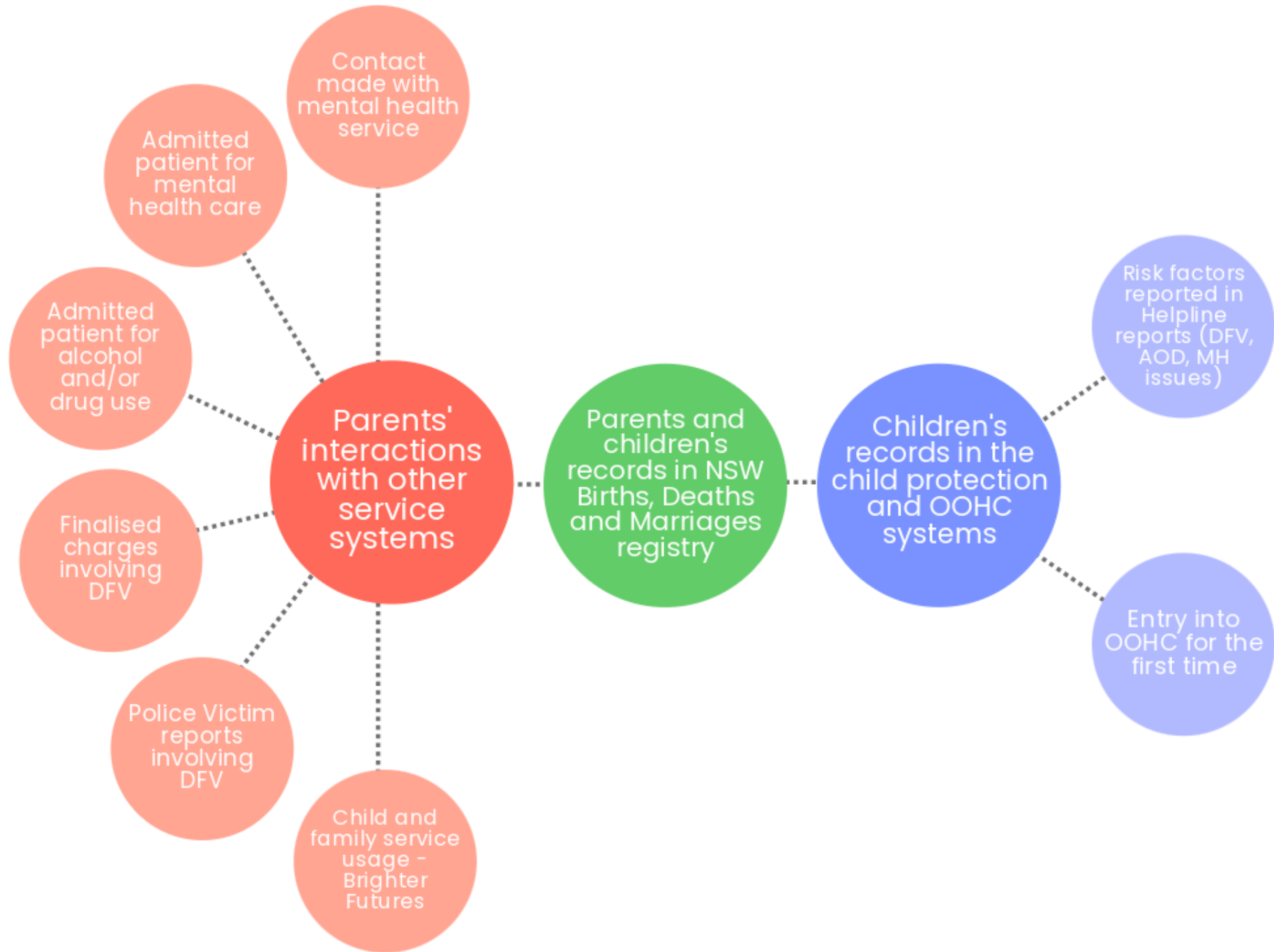


Commonwealth services*

- Welfare payments
- Medical Benefits Scheme
- Pharmaceutical Benefits Scheme
- Income and taxation
- Census data

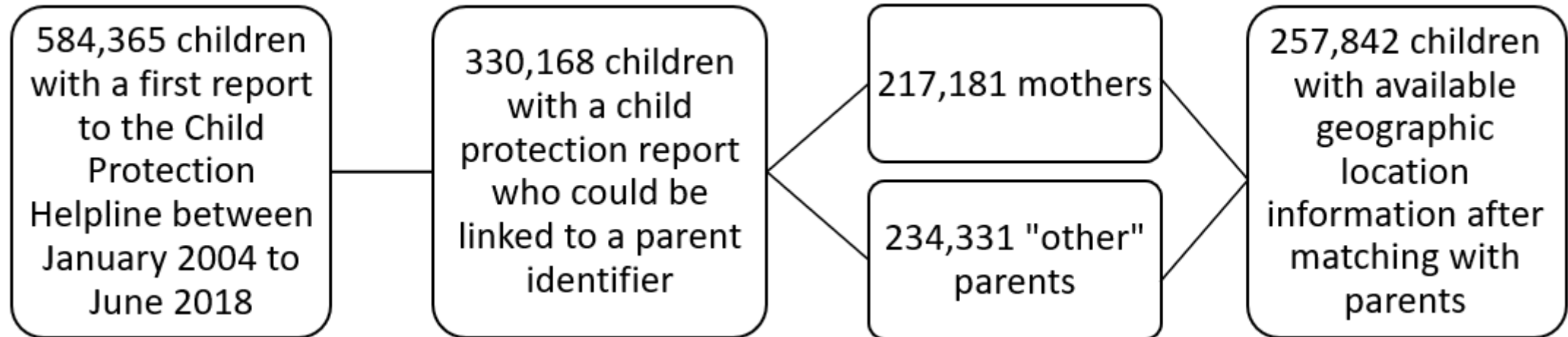
* For Investment Modelling work the HSDS is integrated with the Commonwealth person-level integrated data asset (formerly MADIP) which includes: Census, Taxation, Medicare & Pharmaceutical, Education and Welfare datasets. This is in the process of being refreshed.

Methods



Methods - Sample selection

- The analyses focused on children who had their first ever report to the NSW Child Protection Helpline (the Helpline) from January 2004 to June 2018 ($n = 584,365$) and the subsequent 12-month period after their first Helpline report.



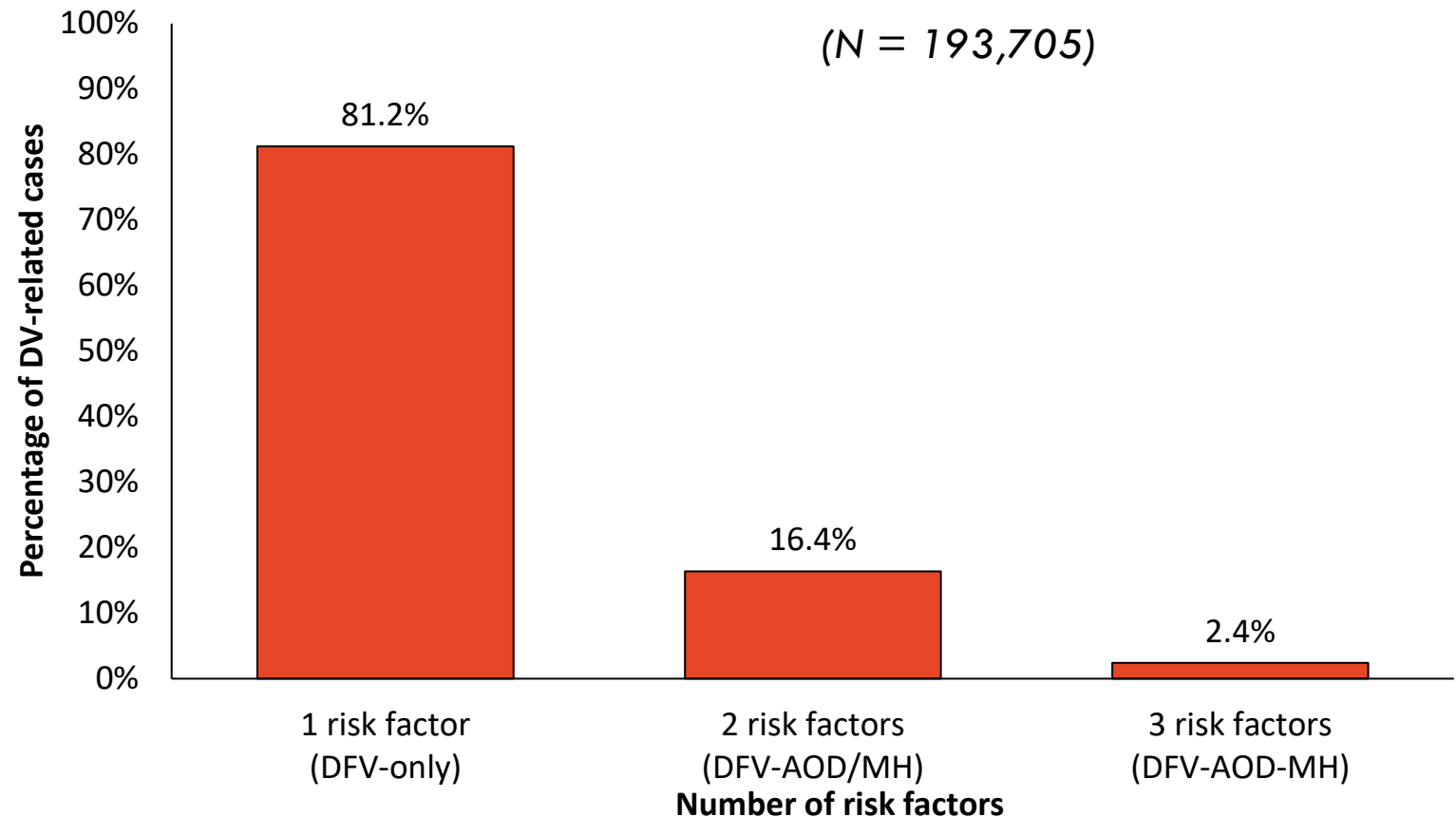
Findings: Co-occurrence of DFV, AOD, and MH in Helpline reports

Of the **584,365** children who had a **first report to the child protection Helpline** between January 2004 and June 2018

193,705 children (~33%) had either **parental DFV or DFV alongside parental AOD use and/or MH issues** flagged as concerns

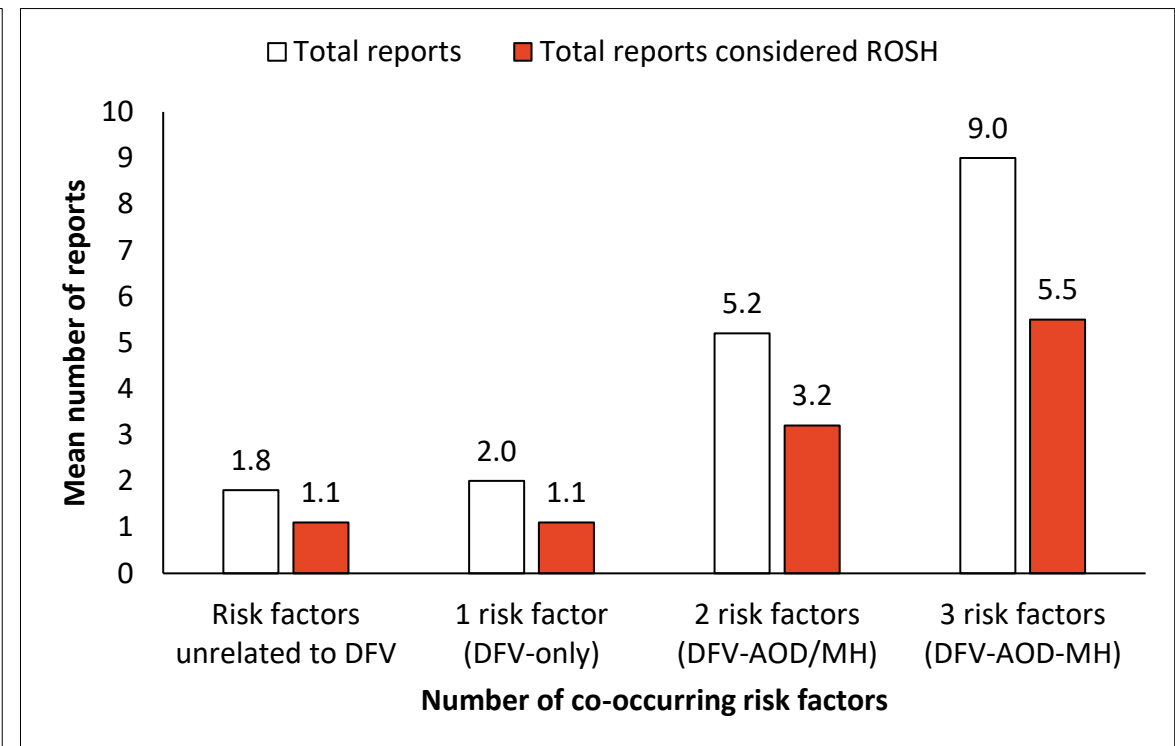
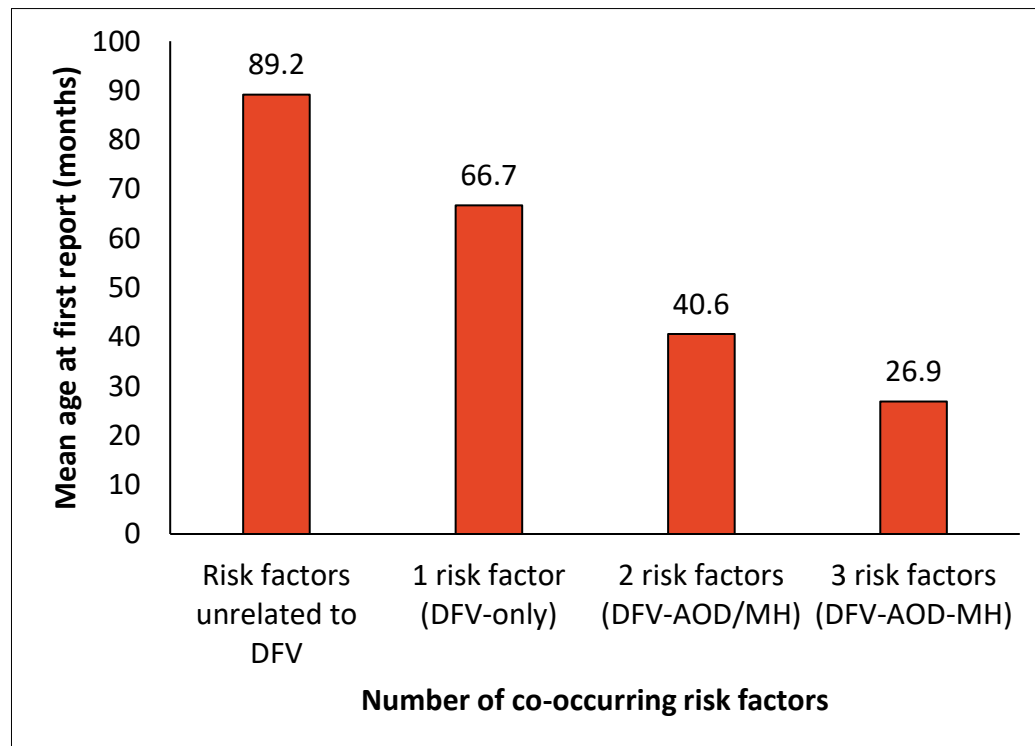
Findings: Co-occurrence of DFV, AOD, and MH in Helpline reports

- The most frequent reported concern was DFV on its own (81%). The most common concern identified alongside DFV was parental AOD use (10%).



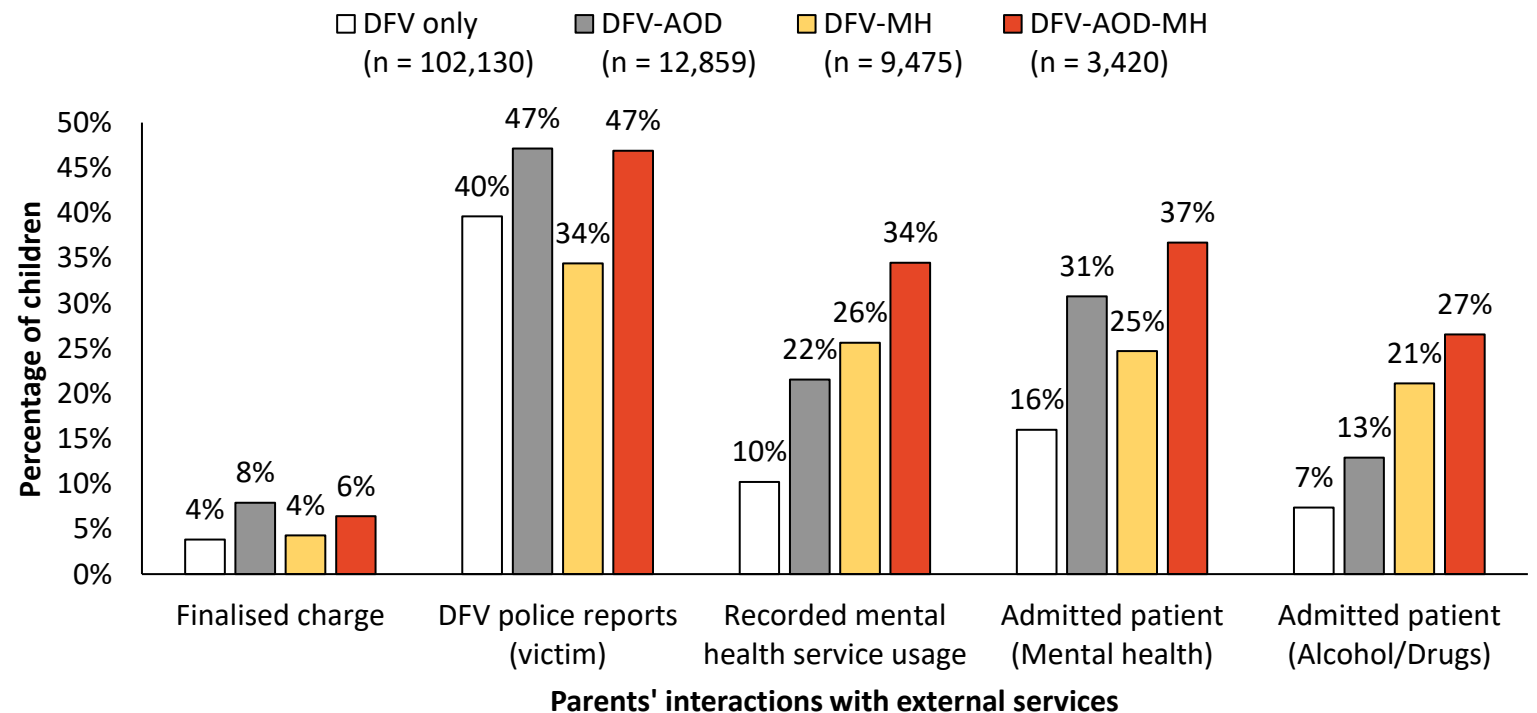
Findings: Co-occurring issues by age of first report and ROSH

- Children whose families had more co-occurring risk factors for DFV or DFV alongside parental AOD use and/or MH issues were younger at first report, had more Helpline reports and more reports that met the threshold for Risk of Significant Harm (RoSH).



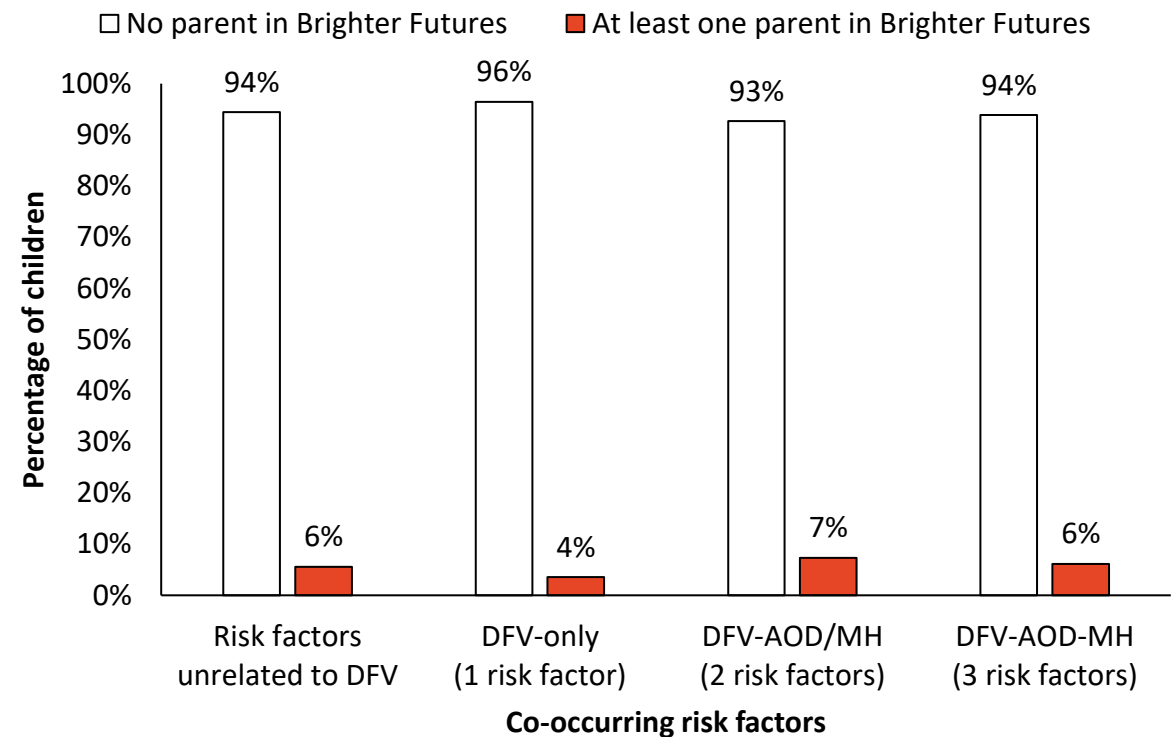
Findings: Parents' interactions with services before first report

- When Helpline reports identified parental DFV, AOD use and MH issues, there were often corresponding markers in parental records (e.g., court appearances, police reports, use of mental health services, and admissions to hospital for MH issues or AOD use) before the children's first Helpline report.



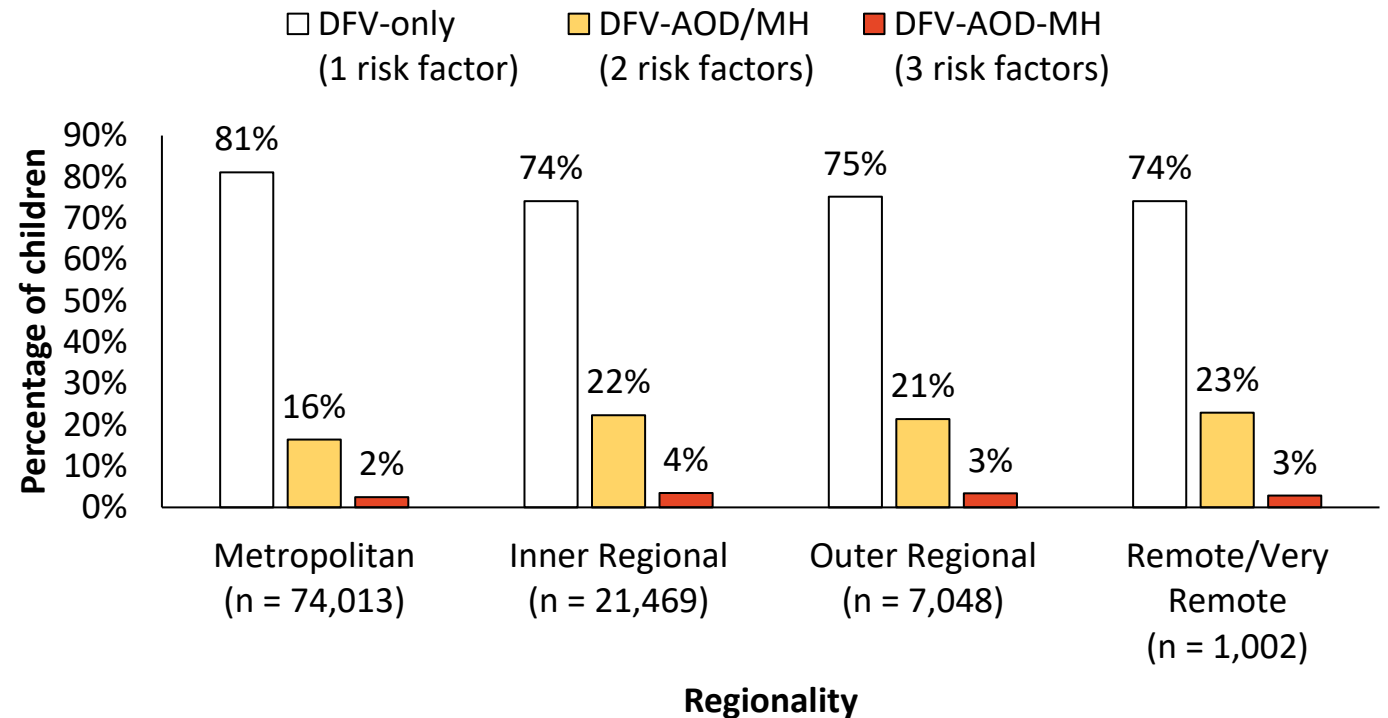
Findings: Engagement with child and family services

- Engagement in the targeted family support program, Brighter Futures, prior to the children's first Helpline report was low and there was a higher representation of mothers in Brighter Futures (10%) compared with other parents i.e. fathers (4%).



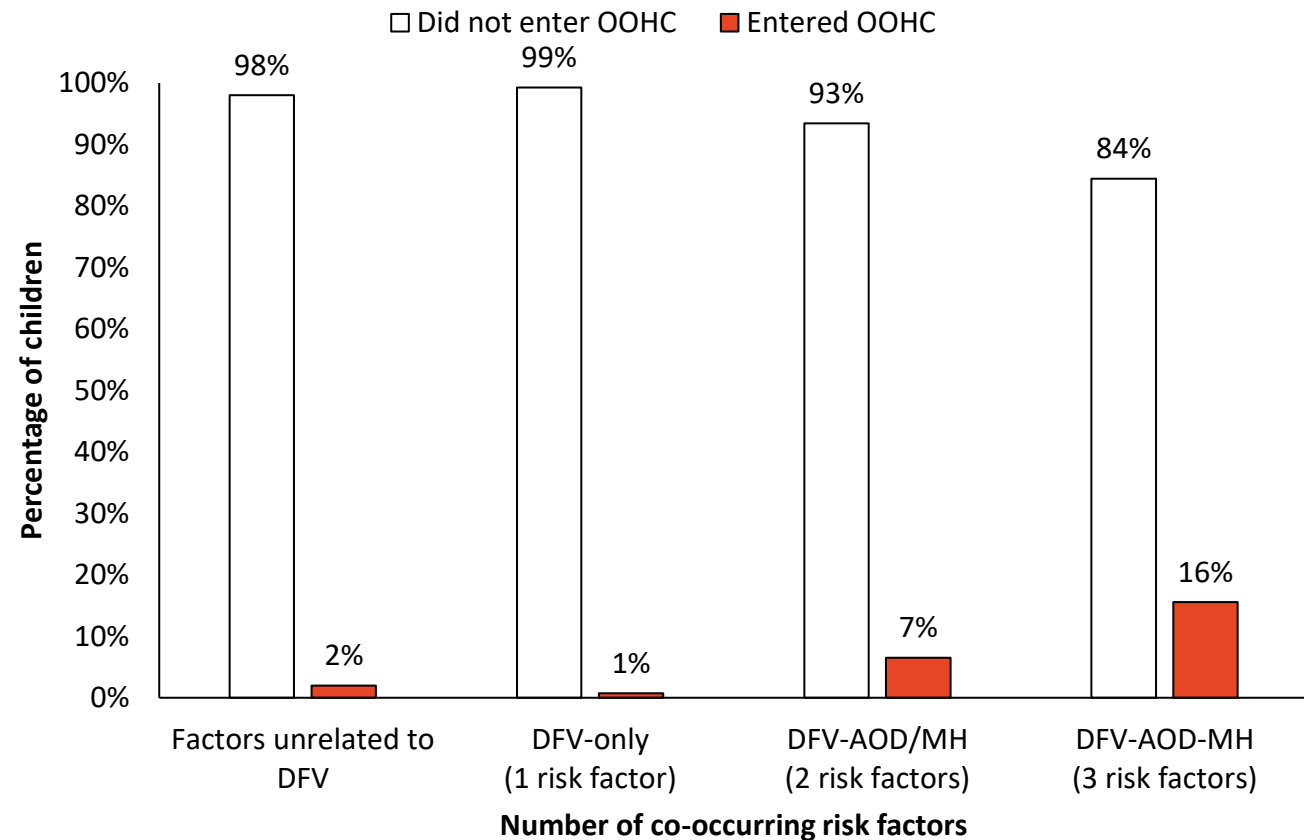
Findings: Co-occurring issues by regionality

- Children flagged for DFV-only in child concern reports were most common across region types (over 74%)
- The percentage of children flagged for all three risk factors (DFV-AOD-MH) were similar across all region types at about 2 to 4 per cent.



Findings: Co-occurring issues and first entry into OOHC

- The odds of children being removed within the first 12 months after first Helpline report doubled when all three risk factors (DFV, AOD, MH) are present.



Practice and Policy Implications

- The findings highlight the need to invest in early intervention to proactively support parents experiencing these challenges, rather than waiting until issues have escalated to a crisis-driven child protection intervention.
- Effective and improved approaches involve integrating services to address the complex needs of individuals. This means considering how AOD use, MH issues, and DFV intersect, and tailoring interventions accordingly across service providers.
- The findings offer insights into how parents' interactions with services related to AOD use and MH issues could facilitate early identification of children at risk and provide pathways to support children and their parents.

Conclusions and take-home messages

- Understanding the prevalence and intersection of these issues is an important contribution to whole-of-system design, illustrating the need for coordinated policy and service delivery to address these complex issues.
- The study highlights the value of a more integrated approach that assesses the experiences and impacts of AOD use and MH issues where DFV is present, linked to an integrated and holistic service response.
- More research is needed to assess the capacity of frontline workers to meet the needs of families with complex needs as well as better and routine data collection of current programs, to evaluate the effectiveness of programs in supporting children, parents and families

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