



The “Front Door” to Child Protection—Issues and Innovations

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Abstract

How children and families get access to services and supports is critical to the provision of timely help and protective interventions. In this article, the major findings of the front door policies, processes, and practices used across 25 jurisdictions in developed countries are described and assessed. The use and outcomes of actuarial and consensus-based tools to assess risk of harm are examined, and the systemic limitations of such are explored including the potential for misapplication of the tools. Key issues and trends are identified including the increasing use of practice frameworks used in conjunction with risk assessment tools, the development of culturally safe approaches to practice, and the use of differential response to address relational problems such as service user hostility and referrals to community-based supports. The growing use of public health approaches to prevention was identified along with reform agendas to address the difficult task of building system communication, collaboration, and integration. The need for greater use of community development approaches to mobilize informal support networks for struggling families and communities is proposed. Because there are no “off-the-shelf panaceas” available, the importance of jurisdictions ensuring that system changes are undertaken with consideration of their local context and needs is highlighted by these developments.

Keywords Child protection · Child protection systems · Public health

In this article, we examine a critically important aspect of contemporary statutory child protection—the “front door” policies, processes and practices used to gather, assess and collate information about children and families, and determine whether or not their situation warrants further detailed assessment, intervention, or referral. Front door practices establish whether the authority of the state is to be used to examine children’s safety within the privacy of their family as well as to explore their eligibility for

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services. We focus here upon the use of risk assessment tools and associated processes and the evolving nature of practice frameworks used. Service delivery shortcomings are increasingly evident in protective systems. Traditional roles and functions for the front door are described along with systemic problems in service processes and outcomes, and we argue that re-design is required because an over focus upon risk assessment has resulted in increased service demand, overloaded systems, and practice failures.

In 2018, our team was commissioned by the *Their Futures Matter* initiative of the New South Wales government to undertake a critical analysis of the existing literature and research of the intake and assessment policies, processes, and practices being used by statutory child protection agencies around the globe. *Their Futures Matter* resulted from the NSW government's response to the 2016 independent review of the state's out-of-home-care (OOHC) system by David Tune. It found that the system was "crisis oriented," "ineffective," and "unsustainable," with OOHC costs increasing rapidly (Tune 2016). NSW is Australia's largest state, with 1,766,655 children aged 0–18 years, 31.7% of all Australian children (ABS 2018). *Their Futures Matter* is aimed at better aligning services and responses to both statutory well-being and the needs of vulnerable children and families, within public health approaches to prevention of maltreatment.

Our analytical report was commissioned to identify the evidence base for, and nature of, various types of triage and assessment tools/instruments currently in use nationally and internationally at the entry point or "front door" of child protection systems. We investigated the methods used to decide who accesses such a system, under what conditions, and how determinations are made about the safety and needs of children. We searched for actuarial and consensus-based tools in published and unpublished literature reviews across three electronic databases (PubMed (Medline) CINAHL and ProQuest) along with Google Scholar and gray literature databases. The two eligibility criteria used to categorize relevant papers included the following: (a) paper type was a review or a meta-analysis; (b) focus was on evaluation of risk assessment tools used in child protection.

We also examined the systems in various locations through examining their publicly available information, including discussions to clarify their policies, processes and practices, and identify trends and issues. Information was collected concerning the following locations:

All Australian jurisdictions and New Zealand
England (Kirklees and Leeds Councils), Ireland, Northern Ireland, and Scotland
Norway and Sweden
Canada—Alberta, Ontario and Quebec
The USA—Colorado, New York City, Allegheny County Pennsylvania, Connecticut, North Carolina, and Washington State

Based on our scoping analysis, we provide a description and critical examination of the issues and trends evident within an overall worldwide context of ongoing system reforms. We also found increasing evidence of the use of public health prevention strategies. We highlight how various jurisdictions are characterized by dynamic change processes with an emphasis upon improved professional practice, system integration, and better outcomes for children and families, particularly with respect to accessing needed services and support, and conclude with key trends and factors that will continue to influence system reform around the globe.

Traditional Roles and Functions of the Front Door

While the role of the family has long been held as a private domain, state intervention in the lives of families and children has rapidly increased over the last century. This has been influenced by changing definitions and understanding of child maltreatment, children's rights being internationally endorsed, and the development of formalized legal and service systems to intervene and ensure children's safety. Alongside this has been an associated change in community expectations regarding parenting, state responsibilities for the well-being of children, and public accountability for the approaches taken.

Most modern child protection systems are based on formalized statutory systems where the primary responsibility for responding to children perceived to be at risk of child maltreatment is held by the state (Higgins et al. 2019). As these formal systems have developed, broader community and social service responsibility for the welfare and well-being of children has shifted towards the role of child protection and targeted family support services (Herrenkohl et al. 2019a).

This approach draws on professional and community responsibility angst about child maltreatment and its pernicious impacts to encourage a public response of identification and reporting of children at risk. In many jurisdictions, this reporting expectation is a mandated responsibility for many professional groups such as teachers, police, and health professionals. To manage and respond to reports, child maltreatment systems have developed various approaches to the front door intake or triage system (Gillingham & Humphries, 2010). These systems, used to prioritize reports and assess concerns, are commonly technocratic, forensic in nature, and risk averse, with possible net-widening implications (Gillingham and Humphries, 2010; Higgins et al. 2019; Lonne et al. 2009).

The focus on children at risk rather than children in need has led to a proceduralized and managerial approach to assessing families to determine who should come through the front door. Critics of these approaches suggest they miss family strengths, limit practitioner time with families, and are not used as intended, with inconsistent decision-making, lack of clinical judgment, and variations in intervention and outcomes resulting (Alfandari 2017; Broadhurst et al. 2009).

Although seeking to create a more responsive system to better manage the demand, this approach poses many challenges. While community expectations are that once reported issues will be responded to, with rapidly increasing demand, systems are overwhelmed and not able to respond to the increased numbers of reported children (Higgins et al. 2019). As community awareness of child abuse has grown the nature of abuse and level of risk tolerance has also shifted with a move from primarily physical and sexual maltreatment to the greater number of reports being related to neglect and emotional maltreatment (see for example Australia—Australian Institute of Health and Welfare 2019 and Children's Bureau, US Department of Health and Human Services 2017). Community expectations and increasing public accountability are evident in media reports and formal inquiries into system failings. Additionally, stakeholder perspectives indicate that system responses often fail to provide needed assistance to parents, carers, and children, with many reporting negative

experiences, alongside consistently reported negative impacts on staff (Buckley et al. 2019).

The increasing demand and expectations of level and type of response have resulted in the need for child protection systems to develop formalized triage approaches to assess risk and response of formal systems. These systems consider the type and significance of harm and risk of such, and whether or not a child maltreatment investigation or response is required. Based on these triage systems at the front door, only a minority of reports receive some type of formal response due to the primary focus on risk as opposed to the well-being needs of children (see, for example, Coohy, Johnson, Renner, and Easton 2013; Gillingham et al. 2017; Gillingham and Humphreys 2010; Chapter 2 in Lonne et al. 2009).

As service demands increased, the need for more consistent and systematic approaches to triage has been promoted in many jurisdictions. This has seen increased use of actuarial tools or systematized professional judgment tools at the front door and across the broader systems. These actuarial tools are forensic rather than relational in nature and are perceived by some as lacking in nuance and social justice, specifically an appreciation of the vulnerability of families (Gillingham 2016; Featherstone et al. 2014). Alternatively, while professional judgment tools tend to address some of the shortcomings of actuarial tools, such as thinking and feeling on one's feet as new information comes to hand and dealing with shades of gray, they are criticized for lacking consistency (Lonne et al. 2016).

These systems rely on access to a broad range of information to assess risk with many child maltreatment systems having formal information sharing arrangements with other statutory and family support services. These include for example schools, police and health, housing, family support, domestic violence, corrections, and drug and alcohol support services. Many inquiries into child deaths have identified failings in relation to the sharing of information across agencies involved with the child.

However, the screening undertaken through the statutory front door results in the majority of reports being deemed as not warranting a formal response. Alongside these omissions, a proportion is commonly referred to non-government or other family support systems. While the presence of these services may result in a reduced likelihood of child protection intervention, these systems may also be under-resourced and unable to manage the increased demand or level of risk, suggesting that a proportion of the families referred to them should have made it through the statutory front door (Font and Maguire-Jack 2015; Gillingham et al. 2017; Higgins et al. 2019). At its worst, this process results in conflict between agencies as a result of “risk shifting” debates about who should come through the front door, often leaving vulnerable families in limbo.

As child maltreatment agencies only respond to the children at highest risk, there is a reliance on the provision of responses to children and families through referral to other support services. Effective referral processes and systems require improved communication, greater cooperation and collaboration, and system integration. In some jurisdictions, this has led to the development of a more collaborative response through the use of shared actuarial tools across child protection and family support agencies and/or the

development of common assessment tools used across agencies (Gillingham et al. 2017). Despite indications of improved to screening at the front door in some jurisdictions, many systematic problems still remain and these are discussed in the next section.

Systemic Problems at the Front Door

The issues associated with contemporary front door systems stem from the increase in demands on child protection systems since the so called re-discovery of child abuse in the 1960s and 1970s (Lonne, Parton, Thompson, and Harries 2009). In recent years, the increase continues and voluminous notifications have overwhelmed child maltreatment authorities across the world. In Australia, for example, the total number of reports made to statutory departments in 2011–2012 was 252,962, whereas in 2015–2016 it was 355,935 (Australian Institute of Family Studies 2017, p. 3), an increase of around 47%. In the UK, the trend is similar with an increase of 77% in child protection assessments from 2010 to 2018 (National Audit Office 2019). In the USA, there was a 12.2% increase in reports from 2013 to 2017 (Children’s Bureau, US Department of Health, and Human Services 2017, p. 6).

The reasons for these increases vary across jurisdictions, but generally speaking, there are several overarching factors that have been influential. The idea that children have rights has meant a greater sensitivity to children’s vulnerability in the context of families and communities. The various scandals that have followed child deaths have brought the issue of child abuse and neglect into the media spotlight and public consciousness (Lonne and Parton 2014). Some have argued that the public angst has resulted in moral panic (Cohen 2002; Parton 1985).

In addition, there has been a burgeoning of research, which has resulted in increasingly sophisticated understandings of different kinds of abuse, including physical abuse (Kempe et al. 1962; Pfohl 1977), sexual abuse (Ferguson 2004; Finkelhor 1980), domestic violence (O’Leary et al. 2018; Perry et al. 1995), and neglect (Stoltenborgh et al. 2013). Similarly, increasing research on trauma and trauma impacts have influenced the understanding of, and focus on, abuse and neglect and treatment responses (Wiseman et al. 2019).

The increased knowledge and the concern for children’s well-being are positive developments, but they sometimes have resulted in net-widening, so that a multiplicity of issues and concerns about children are reported to the front door of statutory authorities (Lonne et al. 2009). Nonetheless, because the role of statutory authorities has evolved to investigate the occurrence of abuse, many of the cases reported do not meet the threshold warranted for an investigation. Child neglect, for example, occurs over time and as the impact is accumulative; it is very difficult to substantiate through an investigative process alone (Scott 2014).

Government departments have made costly financial investments in the development of technology for triaging large numbers of referrals in an efficient manner. Regardless, issues persist and there are several contributing factors to this. One is that there is often disagreement among workers about how to approach assessment. To some extent, risk assessment tools do ameliorate this issue, but there are other factors at play that influence the triage process. One is the overbearing focus on the systematization of assessment, which has resulted in workers becoming so focused on achieving

bureaucratic accuracy, that the substantive indicators that are important in assessment such as important structural and human factors can be overlooked (Gillingham and Humphries 2010; Reder and Duncan 2004). Another is the specified timeframes for the completion of risk assessment at the front door. Workers are often under so much pressure to complete assessments efficiently that they often do not have the time to explore key issues with families (Gillingham and Humphries 2010; Reder and Duncan 2004).

Once a family is deemed ineligible for statutory intervention, a referral may be made for assistance, either within the statutory authority or outside of it, depending on the way services are structured within a given jurisdiction. An issue with this approach is that many families, especially those with complex needs, can often not receive the right assistance to meet their needs (Butler, McArthur, Thompson, and Winkworth 2012). There are many reasons for such omissions, including inaccurate assessment, lack of communication and coordination, service offerings which do not meet a families' immediate needs, and/or an unwillingness to engage with support services (Butler et al. 2012).

When issues are unaddressed, however, further concerns will inevitably be reported to the statutory authorities, thus exacerbating the pressures on the front door system. For families and children, this “revolving door” in and out of the statutory child protection territory is highly problematic. Without appropriate intervention, the circumstances for children can deteriorate, either slowly or quickly, which can have fatal consequences. This is demonstrated by the many child death inquiries that have concluded that the families involved were well-known to the departments, but that poor practices and/or communication among workers contributed to their tragic death (see, for example, the case of Ebony (NSW Ombudsman 2009) and Victoria Climbié (Laming 2003)). These cases highlight the issues involved with the revolving door in child maltreatment.

An ineffectual front door system has negative consequences not just for families and children but for all those who are charged with the responsibility to ensure the safety and well-being of children. Along with parents and children, there is the potential for statutory workers to burn out from the continual re-referral of cases to the organization and for non-statutory workers to lose faith in the capabilities of mandatory workers and the system they work within (Haly 2010). Non-statutory workers may disengage from working collaboratively with statutory workers or they cease reporting their concerns to the statutory departments for fear that a report and subsequent investigation will not result in any positive change, and could make matters worse for children. This issue links to the broader social context that surrounds child maltreatment departments (Lonne et al. 2009).

This issue also contributes to the implicit mistrust of protective services within the broader community (Haly 2010) and results in a paradoxical cycle where, regardless of the increase in notifications/reports, governments consistently underfund services. In turn, this exacerbates the ineffectiveness of the front door, resulting in vulnerable children and their families not receiving the services they need (Haly 2010).

The lack of a shared understanding of risk and the categorization of risk has inevitably led to a quest to find better, more reliable tools to facilitate better assessments and prevent serious maltreatment or child deaths. The next section explores some of the complexities associated with the over focus on the use of risk tools at the front door.

The (Over) Focus on Risk

Historically, child and family welfare workers based their determination of how to assist a child and the family experiencing adversity by forming an understanding of the family's circumstances, their support structures, what they were struggling with, and what help they were seeking. Services focused on developing ways of responding to the needs of vulnerable children and families, and by extension, their communities.

The last four decades have seen a marked shift in such child welfare assessment, decision-making, and judgments about how a child is being cared for and what form state intervention might take. Contemporary policies and practice frameworks in many countries dictate that when a family knocks at the “front door” of a statutory child welfare agency they are more likely to be screened, assessed, and categorized with the aim of deciding if they reach a threshold for child protection intervention. Such assessments are based on established formulae of anticipated or predicted risks to the child. A substantial array of risk assessment tools has been developed to assist the practitioner at the “front door” and according to proponents of these policies and practices; families can be successfully classified according to the likelihood of different risks of present or future maltreatment.

The focus on risk has become an apparently inescapable feature of many contemporary triage and assessment activities at the “front door.” How such assessments are conducted is amplified by the fear of media attention should any government or system fail to keep all children safe, and particularly when there is a child fatality attributed to the failure of protective services. In the ensuing demanding professional environment and amid the ensuing wave of adverse publicity, workers are sanctioned, and they are subject to ever increasing scrutiny of their judgments as well as their training and professionalism. Ever-present for practitioners is the fear of a child tragedy “on their watch.” Risk assessment tools provide a compelling solution to the uncertainty and these new tools have proliferated as important elements of the ubiquitous reforms that accompany recent child protection policies and practices across the world.

Recent research highlights that the emerging environment of actuarial risk assessment is providing new and different challenges. For example, an overestimation of risk even using the most accurate risk assessment tools operated by practitioners in such a climate of fear of a child tragedy is likely. The potential is for high numbers of children to be labeled as high risk and subsequently be taken into care. Importantly, opportunities to prevent abuse with more supportive forms of care are missed and certain “types” of families are systematically discriminated against. For example, the evidence for this is very clear in recent research data which identifies the appalling overrepresentation of Indigenous children and families as well as other disadvantaged cohorts who are increasingly subject to punitive child protection interventions (Bywaters et al. 2014; Duthie et al. 2019; Eubanks 2017; Hyslop and Keddel 2018).

Notwithstanding the contentious debate about the dominance of the concept of risk when working with child welfare and child protection, and imbued as it is with complexity, ambiguity, and uncertainty, proponents argue that there are benefits to these risk assessment tools. The counterpoint to the actuarially derived risk assessment tools is that of the traditional less structured clinical decision-making. The contention is that the latter method of assessment is subjective and so is prone to a range of cognitive

and personal biases and human error. In our research, we found that the metrics surrounding the reliability and validity of risk assessment tools, particularly actuarial ones, does establish that they are, generally speaking, better than clinical judgment alone (though not necessarily on all scales). However, they are not so strikingly better as to overwhelmingly demonstrate an unassailable performance difference.

It is unlikely that any tool evidences 100% reliability, just as no practitioner does. Errors do occur. Since the 1990s, many studies have found risk assessment tools with statistically significant predictive capacity. They outperform “expert-driven” models, but one in four cases is still not predicted accurately. All the same, a systematic review and more recent literature reviews found that evidence to support the use of risk assessment instruments and structured decision-making models is limited (Barlow et al. 2012; Bartelink et al. 2015; van Der Put et al. 2016). In our own review, we found some support for the use of the California Family Risk Assessment and the Structured Decision Making Model developed by the Children’s Research Center: Positive adaptations were the override and professional judgment features.

The structured decision-making (SDM) model of assessment was developed in Alaska in the late 1980s, promoted for its ability to improve decision-making and avoid the problems of subjective decision-making. For this reason, over the last decade, SDM has come to dominate in the field of actuarial assessments in child protection. Its original purpose was to classify families at risk of future maltreatment based on a child protection investigation. SDM risk assessment is actuarially based which means that the tool was developed empirically, validated statistically, and incorporates risk factors that are weighted on key factors and scaled to provide evidence of risk. However, as with most predictive tools, their predictive ability remains limited. Hence, Gillingham and Humphreys (2010) echo the caution expressed by other scholars that these tools were introduced as a quick fix that the effects may be neither beneficial nor benign and that there is the marked potential for negative and harmful consequences for children, families, and their communities.

The common thread that weaves through the scholarship about actuarial decision-making tools, especially when child protection, child rescue, and safety of children are the focus, is the very nature of the risk discourse and the predictability of risk. The dominance of risk is variously described as a savior, or as a monster, as toxic and over-zealous (Featherstone et al. 2016; Parton 2011). Risk assessment tools are heuristics, functioning as simple rules of thumb that help with making decisions quickly and frugally and the use of such heuristics are inevitable. Taylor (2017) argued that the human brain cannot process all the multiple factors that might affect a decision. The question then becomes how is one to foster a sustainable return to a relational approach to understanding how best to help struggling families, avoid the negative impacts of actuarial models alone, and promote wise and humane decision-making. Although it will not be possible to remove uncertainty and complexity from judgments and decision-making about struggling parents and their children, we suggest it is possible to combine the simplicity inherent in risk assessment tools with an environment in which critical and analytical reflexivity is the norm.

A decision-making process that will benefit struggling families and enable them to provide good care for their children may emerge from an acceptance that no single

solution exists. This realization may lead to the development of theoretical frameworks that embed an understanding of human judgment and its interplay with heightened emotions and uncertainty, even in an age when individualization of responsibility and regulatory mechanisms proliferate.

Variations and Developments

Because each jurisdiction has its own unique population, history, cultures, political ideologies, and institutional arrangements for health and welfare, it is arguably necessary for each to develop their own particular change processes and reforms. Our scoping analysis of jurisdictions revealed that despite the realities and limitations outlined earlier, or perhaps because of them, some similar key developments occurred, although some jurisdictions found their own pathways. We identified six key similarities:

1. Many jurisdictions were making significant changes to their front door processes, policies, and procedures such as developing a centralized system and getting more consistent approaches by staff and more efficient/effective practices to deal with growing demand.
2. There was widespread and increasing use of risk assessment tools, both actuarial and consensus-based ones in front door processes.
3. Many jurisdictions had implemented off-the-shelf practice frameworks/models or developed their own to guide staff in their assessments and interventions—a professional judgment approach.
4. Variations were identified in the differential response systems used by various jurisdictions, and these had various configurations in the front door processes used and the roles undertaken by organizations that made up the protective system.
5. Some jurisdictions had invested significant resources into improved collaboration and system integration across their health and human services systems.
6. There was a general movement towards greater emphasis upon public health preventative approaches within system re-design and front door processes.

In our view, the scope and scale of these changes evidenced a widespread and ongoing reform movement across these jurisdictions, albeit with considerable variation occurring.

Front Door Processes and Systems

There was considerable variation found among the institutional front door configurations to access services. While most jurisdictions had centralized arrangements, some had localized ones instead, or a combination of a centralized intake system combined with assessment done locally. Many systems, but not all, had an initial screening process undertaken centrally along with collection and collation of available information from key health, law enforcement, education, and human services. Depending on

the screening and assessment processes, and in particular the thresholds for involvement of statutory services, referrals to appropriate help and support were then made.

Some systems had this initial screening undertaken by a number of key health and human service agencies rather than a single, central helpline, or notification/reporting call center. A limitation of centralized systems was that they need to have up-to-date information about the range and accessibility/eligibility requirements of supports/services available across many communities, and the logistics of achieving this can be complex and costly. Localized front door arrangements were found to be more attuned to their available community resources, but they sometimes lacked the resources to deal adequately with demand spurts and ensuring consistent compliance with established policies and standards could be problematic.

Risk Assessment Tools

While there was evidence of increasing use of these sorts of decision-making tools, we identified that there was nevertheless considerable caution within many jurisdictions about embracing them into their front door processes. Uncertainty was evident concerning which tools were “best” empirically, and whether the associated uptake and ongoing licensing costs made the investment worthwhile when compared to the benefits of having an evidence-based approach. Moreover, many systems had experienced reluctance by some staff in using the tools, and inconsistencies in their use by staff. There was apprehension in many jurisdictions that fully embracing risk assessment tools may paradoxically lead to declining professionalization of their staff as a result of them blindly relying on the tool—“if I have followed the procedure and used the tool I have done a good job.”

Practice Frameworks/Models

We noticed that there was general recognition that decision-making tools were limited if used in isolation to an overall organizational or system practice framework/model. Hence, many jurisdictions had embraced products such as the Signs of Safety, or other relationship-based practice frameworks to address the systemic problems outlined earlier. We noted that some jurisdictions (e.g., Alberta, Canada; Victoria, Australia) had assessed commercial products and decided to instead develop their own practice frameworks. This seemed to be their preferred approach to ensuring the issues they faced were addressed through local arrangements congruent with their own system characteristics and service delivery mechanisms. Moreover, research-driven analysis in Kirklees and Leeds councils, and others, in England has led to the development of a revised intake and assessment procedure that utilizes a “conversation” at the front door with any referrer and, in doing so, the focus is on identifying the needs of children, including their safety rather than simply categorizing them on a risk scale. Developing culturally safe practice frameworks was another case in point, such as working effectively with Indigenous children, families, and communities in ways which acknowledge the historical and socio-economic determinants of child maltreatment (e.g.,

Alberta, see Duthie et al. 2019; and New Zealand's 2017, Tuituia framework see Tamariki 2017).

Differential Response

Lisa Merkel-Holguin and her colleagues recently outlined the variations found in differential response systems in the USA and elsewhere, and argued that it could be a very important component in system reform because it focuses on reshaping intervention relationships. Our scoping analysis found that there appeared to be increasing use of community-based services to provide voluntary supports to struggling families, although this was typically accompanied by significant work towards achieving system integration through greater information sharing, closer organizational collaboration, and clearer roles and reporting arrangements. For example, Washington State was utilizing differential response and their Family Assessment Response to provide better access for families to evidence-based services. Colorado showed moves toward having assessments undertaken later in the process when more detailed information was available. Nonetheless, despite the positive evidence base, differential response in the USA remains controversial (Merkel-Holguin et al. 2019).

Collaboration and Integration

Some jurisdictions (e.g., Quebec and Alberta, Ireland, and New South Wales Australia) are emphasizing collaboration and system integration as central to effective reform (see, for example, Barraclough et al. 2019 and Canavan et al. 2019). This is a lot more difficult than it appears as organizational rivalries, incongruent policy frameworks, and tussles over power and authority can thwart cooperative endeavors to build accessible inter-agency support networks. Yet, a stronger role for both universal services and community-based ones provides a necessary foundation for a child maltreatment service system that is non-stigmatizing and which can provide timely and accessible assistance to children and families without a requirement for a prior investigation by the statutory agency.

Public Health Prevention Approaches

Herrenkohl and colleagues (2019a) highlighted the growing trend toward public health prevention strategies within protective systems around the globe, yet the pace of change has been glacial (Herrenkohl et al. 2019b). Our scoping analysis found that broad system reform was mainly changes to the statutory agencies' policies and processes rather than primary and secondary level programs and services although; overall, there was evidence of moves towards earlier interventions. For example, Pennsylvania's Allegheny County has been developing predictive modeling in order to identify communities where maltreatment is likely to occur at higher rates.

Furthermore, in the jurisdictions that we examined, where public health approaches and strategies were being adopted these primarily concerned the development and coordination of the universal and formal community-based service systems rather than the mobilization of informal community support systems. Yet, community

development approaches to child maltreatment prevention have been receiving increasing research and academic attention (Herrenkohl et al. 2019b; Kimbrough-Melton and Melton 2015; Maguire-Jack and Showalter 2016; McLeigh et al. 2018). As Swenson and Schaefer recently noted (2019, p. 152) “When families have few or no natural supports and are struggling, the role of the community in child protection becomes critical.” They called for greater collaboration by child protection agencies with community-based agencies and informal support mechanisms. We concur.

Historically, Scandinavian countries have been characterized by a heavy emphasis upon the provision of a range of helping supports through earlier, voluntary interventions, especially for those families with young children, and a decreased accent upon forensic investigations. Our investigations of Norway and Sweden showed movement towards more investigatory approaches alongside their public health approaches, a trend that Gilbert and his colleagues had identified in their 2011 examination of international trends for protecting children.

The Key Trends Worldwide

Our examination of the front door policies, processes, and tools showed that a number of broad trends are evident across many, but not all, jurisdictions. System reforms are widespread and often complex. Perhaps the most critical issue being grappled with is the never-ending increases in reports of concern regarding children and young people, which consume scarce budgetary resources in order to assess and evaluate whether further examination and statutory involvement is necessary. That the safety of children requires the assessment of risk of harm is indisputable. However, many jurisdictions are grappling with is the question about whether or not there is an over focus upon risk to the detriment of broader considerations of well-being and other needs. What was evident was that the importance of the “front door” was recognized in many jurisdictions and reform agendas were including this system process as central to the overall changes being undertaken.

At present, many agencies are managing this uncertain environment by the adoption of actuarial or consensus tools, which do have an established evidence base that shows they are more reliable than professional judgment alone. However, these tools are not so superior in their results as to render professional assessment redundant. Jurisdictions often struggle to work out which tool is most effective and suitable for their particular system and its needs. There was apprehension voiced about the costs of getting the tool and assessment selection process wrong.

The available tools also bring with them their own issues: e.g., the need for regular staff training to enable shared understandings of risk and the process of its determination, and the potential for instruments to be misapplied by staff and to supplant rather than supplement professional judgment and decision-making. Hence, many jurisdictions are opting for risk tools to sit within an overall organizational or system practice framework/model, whether they purchase it or develop it themselves. Cultural considerations are one feature that we found was getting far greater attention than was previously the case, and given the over-representation of particular groups within child protection; this development is critical and timely.

We found that there was a broad emphasis evident in the system reforms concerning improving the relational interactions between staff and service users in order to re-cast

the propensity for hostility and distrust into more collaborative working relationships. Differential response approaches, particularly those that emphasize the use of community-based, voluntary support services were apparent in many jurisdictions. Similarly, and often in conjunction with these were moves to build mechanisms and processes to facilitate greater system and inter-agency communication, collaboration, and integration. This was particularly the case in jurisdictions where the policy framework was embracing public health prevention and earlier intervention strategies.

Nonetheless, reform strategies appeared to be primarily focused upon rebuilding formal service responses rather than promoting informal community support systems, despite increasing evidence that demonstrates how critical these are for highly vulnerable families and children, and those neighborhoods and communities that are significantly economically and socially disadvantaged. In our view, this is a shortcoming in contemporary reforms being implemented.

The front door processes and tools to protective and supportive interventions for children at risk of maltreatment, and their families and communities, are critical to the effectiveness and success of policies that aim to reduce or eliminate these sorts of social harms. It was evident from our multi-jurisdictional examination that there is considerable effort being undertaken around the world to change and improve the ways in which risk, well-being, and needs are being assessed and addressed.

While the reforms are not the same everywhere, there are nevertheless some common approaches, including public health approaches, being taken to improve system capability to identify those who most urgently require intervention, while also providing support to those less urgent cases where earlier intervention can prevent things from deteriorating. These trends are encouraging and are indicative of both recognition of the need for system reform as well as a willingness to embrace broader strategies to prevent and minimize harm by providing more accessible and timely help to struggling families and communities.

Compliance with Ethical Standards

Conflict of Interest The desktop research undertaken of the established efficacy of risk assessment tools and front door policies, processes, and practices in the 25 jurisdictions examined by the authors was funded by the New South Wales (Australia) government as one component of *Their Futures Matter*, a broad-scale initiative for reform of the child protection system. The system re-design entails as follows:

... developing a whole-of-government strategy and outcomes framework to guide the reforms. This strategy comprises: a multi-agency ten-year vision, supported by specific goals for the reforms. It also includes four strategic priorities:

1. The needs of children, young people and families are at the centre of decisions.
2. The needs of children, young people and families will be addressed earlier.
3. Children, young people and families receive the right service at the right time.
4. A responsive and highly skilled workforce for better outcomes.

The system transformation will produce significant benefits by delivering a system that provides timely support to prevent harm and keep families together where it is safe to do so (see <https://www.theirfuturesmatter.nsw.gov.au/>)

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