

13. General discussion

‘Prevention on a broad scale requires a web of complementary programs and strategies. No single program or service can be expected to solve the problem on its own, but each can make its own contribution to an environment which is safe for children and supports their development’ (NSW Child Protection Council 1997:31).

The findings of this Audit provide evidence of the development of a strong foundation of child abuse prevention activity across the nation. Importantly, the development and operation of prevention initiatives is associated not only with large government departments or non-government agencies, but with ‘grass roots’ community groups or small agencies. An assessment of the range and type of programs currently in operation enabled the identification of a number of specific program models that have been widely adopted (albeit with local modifications) across and within the States and Territories. Such programs include the NAPCAN community education programs, Protective Behaviours, volunteer-based home visitation and Triple P parent education programs. It is also apparent that substantial progress has been made in the creation of new programs and the modification of concepts and programs developed overseas for Australian conditions, resulting in the creation of a vast range of innovative programs. Finally, there is some evidence of the professional recognition of the benefits of interagency and cross-sectoral collaborations in the prevention of a variety of social ills, including child maltreatment.

An holistic approach to prevention programs

Child maltreatment is a complex phenomenon that may reflect the degree of underlying social problems in a family, community or society (Melton & Flood 1994). The adequate prevention of child maltreatment requires that an holistic approach be adopted in order to address what are often multiproblem, disadvantaged, dysfunctional families. It has been demonstrated that attempts focusing primarily on remedying a single family problem are often not as effective as approaches that utilise a multivariate, holistic approach. Such programs target the influence of constellations of family factors and/or problems, often working in collaboration with other services (Tomison 1996d; Durlak 1998).

A clear example in the Audit of an holistic approach, was the finding that the majority of all programs included in the Audit attempted to address domestic violence, in combination with the various forms of child maltreatment. That is, many programs were involved in holistic, *violence prevention*, rather than focusing only on either the prevention of child abuse and neglect, or the prevention of domestic violence. The magnitude of the violence prevention programs provides evidence of cross-sectoral acknowledgment of the need to prevent violence holistically. Many of the agencies involved in violence prevention were adult-focused services (such as women’s refuges or domestic violence centres), agencies traditionally not occupying a central child abuse prevention role. Yet these services had perceived a need to take an holistic approach to the prevention of family violence and to address the needs of children by incorporating some form of child abuse prevention in their service provision.

The adoption of an holistic, multidisciplinary approach was also exemplified by the continued development and refinement of Child and Family Centres. These centres aim to offer a non-stigmatising service incorporating elements of primary, secondary and tertiary prevention. The intention is to engage children and families in the local community, to promote health and wellbeing, and to encourage families proactively to seek assistance in order to ameliorate a variety of family problems prior to the development of a crisis. While retaining the flexibility to cater for more traditional preventative strategies, the centres are ideally placed to take early intervention and health promotion approaches, underpinned by their holistic service philosophy.

Involving the wider professional community – cross-sectoral partnerships

A *developmental prevention* approach (the enhancement of protective factors in combination with a reduction in risks) (Tremblay & Craig 1995) has been adopted in order to prevent a variety of social ills. As part of a developmental preventative strategy, most sectors have adopted universal, early intervention and health promotion approaches to prevent social ills and to facilitate optimal child development; and many of these interventions and initiatives share the same underlying philosophy and constructs. Overall, taking into account the need to consider and address a variety of sector-specific issues, what is apparent is the current, high degree of congruence between the prevention of the various forms of violence and/or social ills, in terms of the priorities and strategies for action that have been proposed and undertaken.

Thus, the prevention of child maltreatment and other social ills, and the promotion of health and wellbeing would appear to be facilitated by greater cross-sectoral collaboration and coordination from government, researchers and non-government agencies from policy-level linkages down to the enhancement of relationships between sectors and agencies at the service provision level. As Durlak notes:

‘those working with prevention in different fields must realize that the convergence of their approaches in targeting common risk and protective factors means that the results of their programs are likely to overlap. . . We are just beginning to learn how this occurs. Categorical approaches to prevention that focus on single domains of functioning should be expanded to more comprehensive programs with multiple goals. Future prevention programs, therefore, will need to be more multidisciplinary and collaborative. Also needed are comprehensive process and outcome assessments of how risk and protective factors influence outcomes in multiple domains’ (Durlak 1998:518).

Clearly, interagency partnerships and effective communication and collaboration between agencies can produce a range of benefits for service providers, including the creation of opportunities for professional development and the strengthening and expanding of professional networks. In the Audit, the service providers involved in approximately one-quarter of all programs could be said to be working collaboratively or in partnership with another agency. These partnerships generally involved a family support agency working with another, more specialist agency (for example, drug rehabilitation service). Most of the partnerships identified in the Audit however, were not cross-sectoral in nature, but merely involved different agencies with a shared understanding or focus on the development of particular *child abuse prevention* initiatives. This was not entirely surprising, given that most prevention work has traditionally been done in isolation, focused primarily on addressing one form of violence or social ill in particular. For example, in an earlier assessment of the Commonwealth’s role in the prevention of child abuse and neglect, Rayner (1994) found that prevention was a very fragmented exercise, with many institutional structures not geared towards perceiving or identifying aspects of their work that had a preventative role.

In the Audit, a number of programs demonstrated acknowledgment of cross-sectoral issues, although most of these were not usually conducted in partnership with other agencies. Health education and a variety of universal, community development programs both recognised and attempted to address a number of social ills and/or to promote general health and wellbeing. In general, these programs were not truly 'cross-sectoral' in that they did not involve the pooling of shared resources or the collaborative development of programs by services from a variety of sectors, where the prevention of child maltreatment was merely one facet of a program addressing a variety of social ills.

In order to facilitate the development of cross-sectoral work, a first step would appear to be ensuring that service providers recognise the role (or potential role) they play in child abuse prevention, and that they are aware of the potential for various sectors to collaborate under a broad developmental prevention approach. In the National Audit attempts were made to access those agencies or community groups not traditionally considered to be part of the child abuse prevention network, but who might be involved in child abuse prevention work. Such groups included: child care services; neighbourhood community centres; community nursing services; drug and alcohol services; disability services; and migrant resource centres.

A substantial number of these agencies were identified as operating programs that were clearly aimed at preventing child abuse and neglect (for example, they ran a parent education program), yet the agency staff did not view their work as child abuse prevention. This finding appeared mainly to be a reflection of services' differing priorities and/or the multiple aims and functions of many services. That is, child abuse prevention may have been an accidental or unforeseen benefit of a program with another focus, such as substance abuse prevention, with these unexpected child abuse prevention benefits going unrecognised.

The failure to articulate or acknowledge child abuse prevention as an aim within services, particularly in urban areas where service networks are more dissipated, is likely to impact on the extent to which services access interagency support, receive feedback on the value and relevance of their work and contribute to the development of the child abuse prevention field as a whole. The reduction of any sense of shared purpose between agencies in a local network will reduce opportunities to disseminate information both within and between agencies and the potential for collaborative and/or cross-sectoral work. Thus, one option to facilitate the development of cross-sectoral work, would appear to be assessing the extent to which child abuse prevention is formally (and informally) acknowledged as an objective of various services across the health, welfare, education and criminal justice sectors, and then identifying mechanisms to ensure that the potential for child abuse prevention is acknowledged, and the opportunities for interagency networking, information sharing and cross-pollination are enhanced.

Overall, despite the shift to addressing family violence holistically, and greater recognition of cross-sectoral issues that may be successfully incorporated into programs where child abuse prevention is a key component, the potential benefits offered by involvement in interagency, and particularly cross-sectoral, collaborative partnerships remain relatively untapped.

Adapting programs for Australian conditions

In the past, Australian State and Territory government departments and non-government organisations have been criticised for adopting international prevention programs without assessing their suitability for Australian populations (James 1994). Further concerns that have been raised, and which merit further discussion, relate to the adoption of programs for populations for which the program is untried or unsuited, or

the adaptation of primary and secondary programs for secondary and tertiary purposes. This can result in the delivery of programs unsuited for children and families needs, and a gradual decline in universal or primary preventative initiatives. Conversely, while a degree of caution should therefore be exercised when importing or modifying a prevention program, it is equally important that a prevention program be evaluated and that considered alterations are undertaken (if necessary), to enhance the 'fit' between service provision and the needs of the Australian population.

Levels of prevention

It was noted above, that the classification of programs into primary, secondary and tertiary prevention under the Public Health model has previously been criticised on the grounds that it makes somewhat artificial distinctions between programs that are not reflected in the realities of case management practice (Rayner 1994; Tomison 1996a; 1997b).

The findings of this Audit would appear to support such a perception. Despite a predominance of secondary prevention activity (see Table 5), a high proportion of programs appeared to address child maltreatment issues, or the potential for child maltreatment, across more than one level of prevention. The classification of programs appeared to be exacerbated by the failure of service providers to understand or utilise the public health classification, and/or to share a uniform definition of what constitutes each level of prevention.

When assessing programs it appeared that what one program defined as 'abuse' (therefore requiring tertiary prevention), another program viewed as an early indication of a more serious problem (secondary prevention). Children's 'witnessing' of domestic violence was a case in point (see also Tomison 2000b), with some agencies creating programs to deal with the *risk* of maltreatment and others creating programs where the objective was to prevent re-abuse. The level of prevention appeared to be dependent on service provider views of the nature of 'witnessing domestic violence', the severity of the family's violence, and the reported level of children's exposure.

Universal or targeted prevention

Despite the preponderance of secondary prevention initiatives identified in the Audit, much of the impetus for child abuse prevention work is currently being driven by the recent international and national-level 'rediscovery' of the benefits of universal, early intervention and health promotion programs for children, families and communities work with families (for example, the Commonwealth's *Stronger Families and Communities* strategy). The renewed focus on 'prevention' is on primary prevention, health promotion and the development of social capital was reflected in the formal inclusion of health promotion programs (10 per cent of all programs) in the Audit, where the objective was to develop 'wellness' and the promotion of universal health and wellbeing.

However, while the universal development of children, family and community wellbeing is a vital (and cost-effective) means of preventing child maltreatment and other social ills (for example, Tomison & Wise 1999), there will always be families for whom more intensive, targeted interventions will be required. As the NSW Child Protection Council (1997) noted, a comprehensive approach to prevention is required, one that incorporates a variety of interventions across levels of prevention. Thus, to effectively prevent maltreatment there is a requirement to ensure the adequate investment in services for 'at risk' children and their families. The demands of the tertiary sector, however, continue to negatively impact on the services available to address the needs of 'at risk' families.

Secondary vs tertiary family support

The supplanting of secondary prevention work because of the demands for service from tertiary clients was reported on in the 1997 NSW Audit (Tomison 1997b). This trend was still evident in the National Audit, as was the continued high demand for service provision at the secondary and tertiary levels. Yet there was also evidence of renewed government and non-government efforts to enhance 'at risk' families' opportunities to access professional supports, as demonstrated by an influx of funding and the development of new secondary-level programs. Despite better resourcing, however, the availability of secondary prevention services remains outstripped by demand, with the work balance still decidedly in the favour of tertiary clients (for example, Parton 1999).

The changing nature of child abuse prevention programs

Evidence of program adaptation, and the dynamic nature of the child abuse prevention field, was clearly demonstrated by the comparison of the NSW child abuse prevention programs included in the 1997 NSW Audit with the NSW programs included in the current National Audit. As mentioned above, the Clearinghouse initially decided not to intensively target New South Wales as part of the Audit process. When it became apparent that nearly *all* of the programs from the NSW Audit database had changed in some way, for the sake of accuracy the entire database of NSW Audit programs was revisited, and where possible, the entries updated or deleted (where programs were no longer running). Upon closer inspection it was discovered that at least half of the NSW programs had changed significantly in the two intervening years, with some organisations no longer operating, or having substantially changed their roles and functions. Most common was a shift to programs specifically tailored to meet particular target groups' needs.

For example, in the 1997 Audit there were a number of support groups set up to cater for the needs of women who had experienced domestic violence. In 2000, many of these had been replaced (or refined) by service providers who now provided a mix of parent education programs and women's support groups that dealt with domestic violence issues, often run in conjunction with programs for children who had witnessed the domestic violence perpetrated against their mothers. This highlights the changing nature of the prevention programs, recognition of the needs to address the specific needs of a variety of family members, and in terms of child maltreatment, it reflects the greater recognition of the need to address children's witnessing of domestic violence and non-offending caregivers' parenting and support needs.

The high level of change evident in New South Wales in only 36 months highlighted a service environment that could be characterised as a never-ending continuous cycle of program implementation, refinement and development and reconfiguration. This trend may be a reflection of the responsiveness and dynamic nature of the government and non-government sectors and a response to the changing needs of the local community. It is also likely to result, in part, from the current trend of funding predominantly short-term pilot or demonstration projects (Melton & Flood 1994; Tomison 1997b) requiring agencies to develop new initiatives in order to maintain funding and an ability to provide programs to the community.

Such dynamism may be a double-edged sword; rapid change and frequent shifts in focus may have a negative impact on program and sector development. A lack of continuity can impact on clients and may result in the loss of valuable professional expertise and knowledge regarding the development and running of particular types of programs. In some cases it was reported that the loss of a key staff member (such as a hospital social worker who was running a parent education program) resulted in the cessation of service delivery. Further, it is argued that such rapid turnover reduces the potential for

interagency and cross-sectoral information sharing and collaboration, hinders the development of professional knowledge and may lead to a failure to prioritise and develop prevention opportunities. Overall, despite general optimism regarding program 'success' by service providers, the relative dearth of comprehensive evaluations in the sample hindered any determination of the extent to which the development and modification of programs had been successful.

Special populations

There is evidence to suggest that generalist family support programs are appropriate for some groups who may be 'at risk' of developing family problems such as child maltreatment. Parents with a mental disorder and/or families where a parent or child has a disability, for example, appear to benefit from generalist prevention programs provided that the program is flexible and resources are made available to provide long-term support where needed (Tomison 1996b; Tomison 1996c). Yet it would also appear that prevention programs targeting Aboriginal and Torres Strait Islander communities or people from culturally and linguistically diverse backgrounds, need to be culturally relevant in order to attract clients and successfully reduce the potential for child maltreatment.

Thus, another area where there had been clear adaptation of programs for an Australian context, was the development or tailoring of programs to cater for specific sections of the community (such as Aboriginal and Torres Strait Islander peoples and people with a disability). As a consequence, in addition to the service providers who catered for the needs of special populations within pre-existing 'mainstream' programs, there were a variety of programs identified that had been developed specifically to meet the needs of Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds.

Catering for the needs of special populations therefore raises an important issue. Should generalist programs able to encompass a variety of client needs be developed, or should special programs be produced for particular segments of the community? What should be the balance between generalist and specialist programs?

Finding the balance between generalist and specialist programs appears to depend on the population being targeted and the clients' needs, with the crux of successful prevention being flexibility of program planning and resourcing. This conclusion again highlights the need for the adequate evaluation of prevention programs in order to provide a clear determination of whether or not a program is able to first, attract clients from target populations, and second, adequately meet the needs of clients and prevent child maltreatment. Despite improvements in evaluation methodology, it is apparent that much remains to be done to enable agencies to identify 'successful' programs.

Program evaluation research

The US National Committee on the Assessment of Family Violence Interventions concluded that:

'the field cannot be improved simply by urging researchers and service providers to strengthen the standards of evidence used in evaluation studies. Nor can it be improved simply by urging evaluation studies be introduced in the early stages of planning and design of interventions. Specific attention is needed to the hierarchy of study designs, the developmental stages of evaluation research and interventions, the marginal role of research in service settings, and the difficulties associated with imposing experimental conditions in service settings' (Chalk & King 1998:60-61).

The importance of an adequate program evaluation (incorporating an assessment of process and outcome) for the purposes of planning future programs and/or the improvement of pre-existing programs cannot be over emphasised. Clearly, while there is general acceptance that the evaluation of programs should be a core element of service provision, the difficulties associated with applying such methods in the real world, and the lack of specialist knowledge available to many service providers, has meant that most child abuse prevention program evaluations are non-experimental studies that provide no firm basis for determining the relative impact of a program or intervention, or of examining the impact of a particular program or activity on specific populations (Chalk & King 1998).

The majority of evaluations identified in this Audit were modest, internally focused studies that assessed client (mainly parent) satisfaction, documented the services delivered, and in some cases, described program implementation (for replication) and/or the immediate effects of service provision. It has been contended that in order to cater for the needs of service providers undertaking such evaluations there must be 'greater pluralism' in evaluation, where the research questions and the level of explanation required will determine which of a variety of methods and tools will be used, along with the degree of experimental rigour that is desired and/or is possible (Brennen 1992).

Evaluations may be highly complex, experimentally rigorous projects or simple, informal internal assessments, but regardless of the size, cost and degree of rigour, all evaluations should follow the same general guidelines or rules to ensure that as accurate and precise an evaluation outcome is produced (Schalock & Thornton 1988). In addition, all service providers should work to provide a solid base for any evaluation work by ensuring the adequate documentation of program activity.

Ensuring accurate records are kept is a valuable, achievable, first step in evaluating service delivery that may provide a richness of data able to be collected relatively easily. In preparing for an evaluation the following aspects of the program therefore should be clearly documented (Schalock & Thornton 1988; US Department of Health and Human Services 1995; Chalk & King 1998):

- *knowledge of other services that are currently operating in the community and the evaluation context;*
- *the theory of change that guides such interventions;*
- *the problem to be addressed;*
- *a clear description of the program (this should include the assumptions used to develop the target population and subsequently, the program or activity);*
- *the stages of implementation;*
- *the client referral, screening, and baseline assessment processes;*
- *the client population (the characteristics of the participant population should be mapped as a diversity of clients within a program will require thought as to how the evaluation may take this diversity into account during analysis);*
- *a statement of measurable objectives (in process terms, this will involve the identification of the interventions to be carried out with the target population, the staff assigned to do it and who and how many participants will be accessed. In outcome terms, the service provider will outline the specific changes in knowledge, attitudes or behaviour that are expected to occur).*

Overall, to promote evaluation best practice in applied settings (real world) requires acknowledgment of the circumstances of the average service provider – the availability

of physical and professional resources; consideration of the appropriateness and limitations of empirical studies; a willingness to explore the variety of evaluation methods and techniques currently available in order to find those best suited for the purposes of the evaluation; and an understanding of the benefits that may be attained for program development via evaluation and, in particular, by the adoption of a developmental sequencing of program evaluations, that enables service providers to build a picture of a program's success incrementally.

Generalisability

Finally, the success or failure of an audit is predicated on the ability to identify, access and collect information on current programs as comprehensively as possible. The Clearinghouse was dependent on the voluntary responses submitted by the wider community. Despite managing to identify and access the majority of service providers across the nation who were potentially running child abuse prevention programs, the responses to the Audit entries represent only a sizeable proportion of the prevention programs currently being undertaken across the nation.

Given that the resultant collection of programs constituted a non-random, accidental sample (de Vaus 1995), it is not possible to determine precisely how representative the resultant database is of the current state of child abuse prevention programs in Australia. Yet given the size and breadth of the Audit database and the geographical distribution (which approximates the nation's population distribution – see Figures 2 and 3), and in spite of the sampling limitations, it is contended that the issues and trends that have been identified are likely to reflect the trends in child abuse prevention activity currently occurring across the nation.

There appeared to be two main reasons precluding a better response rate. First, agency workload pressures meant that staff often did not have the time to prioritise the Audit and to submit material (despite various Clearinghouse attempts to facilitate the data collection process). Second, it was apparent, from the 700+ requests for clarification that were received, that many agencies did not perceive their programs or aspects of their work as having a preventative role. For example, a day care service might run a parent education program with the aim of enhancing parent-child attachment, but may perceive it merely in terms of enhancing parenting, rather than as a means of preventing child abuse or neglect, and therefore fail to submit program material to the Audit. The failure to perceive a program as having a child abuse prevention focus and thus, to fail to identify with the child abuse prevention field, has been identified in the literature (see Rayner 1994) and has been discussed above.

Congruence with previous Clearinghouse audits

Although the basic Audit methodology has remained constant, over time the process has become more sophisticated, utilising the ever-increasing information resources of the Clearinghouse and closer relationships with government and non-government agencies to develop more effective means of accessing service providers. The data collection process has also been enhanced by the addition of 'facilitators', such as the NSW Child Protection Council staff who promoted the 1997 NSW Audit across the State; and the greater use of telephone and internet resources (National Audit 2000).

It should also be recognised that the nature of the Audit has also changed to cater for changes in service provision, and the changing informational needs of the Clearinghouse, governments and service providers. Data collection has been targeted more precisely to specific aspects of program delivery, collecting information on a wider

variety of program descriptors, target groups, and geographical location, with more detailed assessment of the nature of program evaluations that have been undertaken. Such changes reduce the comparability of the current Audit data with the previous audits that have been undertaken. It is argued however, that the Audit process itself is not entirely precise (despite the best of intentions) and that broad-based comparisons are often still possible, such as the obvious increase in program evaluation activity from 1994 (James) till 2000.

In conclusion

Despite the difficulties associated with gathering information from a multitude of agencies scattered across the nation, it is contended that this National Audit provides governments and service providers alike, with a useful 'state of the nation' report of the child abuse prevention policies and programs currently in operation across Australia. The Audit has highlighted the diversity of service providers involved in the field and the wide variety of programs that have been created and implemented. Further, the Audit has been able to reflect the volatility of the child abuse prevention field and the rapidly changing nature of service provision, identifying some clear policy and service delivery trends.

Clearly, the development of national and State child abuse prevention policies or strategies requires governments to maintain a grasp on the current state of prevention activity and to learn from what has already been achieved in order to build more effective initiatives. Similarly, at the service provision level, the coordination and collaboration between agencies and sectors in the development and provision of prevention programs requires an understanding of current directions in prevention, and knowledge of existing service models and programs that have already demonstrated their effectiveness.

The Audit, and the resultant Clearinghouse Prevention Programs database provide a national resource that can be drawn upon to assist in the fulfilment of these tasks. Given the utility of the National Audit of Child Abuse Prevention Programs, the Clearinghouse must give priority to ensuring that information in the database is kept up-to-date as a means of monitoring progress and identifying changes, issues and trends in child abuse prevention across Australia.