

Campaign in Brief 2:

Every Child – advancing a public health approach to child wellbeing and safety

What is a public health approach to the wellbeing and safety of children, young people and families?

A public health approach aims to prevent problems occurring in the first place by:



targeting policies and actions at the known risk indicators for the problem



quickly identifying and responding to problems if they do occur, and



minimising the long-term effects of the problems

(World Health Organization [WHO], 2006).

A public health approach is based on evidence that shows harm, hardship and developmental challenges for children and young people are largely preventable and manageable. Child health and early years education that are delivered to the whole community – that is universal services – can prevent problems for children and young people before they occur. This universal focus must be combined with targeted approaches for those who face greater challenges and require more intensive, and lasting support.

Why is Every Child promoting a public health approach?

There are five compelling reasons why a public health approach to the wellbeing and safety of children and young people makes good sense.

- It works. There is now abundant evidence to show that early and lasting support targeted to those at risk of harm or hardship can prevent and minimise major problems from occurring.
- It is internationally recognised as leading practice. The public health approach to wellbeing is recognised and promoted within the National Framework to Protect Australia's Children, and by reputable researchers and organisations, such as the Australian Institute of Health and Welfare (AIHW). It is acknowledged as comprehensive framework for understanding and advancing the wellbeing and safety of children and young people.

- It is cost effective. There is extensive evidence to show that the cost of prevention and early support is a much better investment than the high costs of reacting to complex problems through the health, education, justice and community service systems.
- It is based on evidence. Evidence shows that access to good health care, housing, income, education and more can reduce and prevent problems before they occur.

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The current approaches are not working well enough. There is consensus among many opinion leaders that a public health, preventive approach to child development makes good sense. Yet our response to child development is reactive – the majority of funds and effort are directed at fixing problems. Far too many children and young people endure harm and hardship. On some of the indicators of health, education and wellbeing, Australian children and young people fall short of international standards. The numbers of substantiated child abuse and neglect cases in Australia continue to increase every year. The over-representation of Aboriginal and Torres Strait Islander children and young people in our child protection and youth justice systems is a major injustice and public health challenge.

Spending on health, children protection and the legal system as a result of violence against children costs the national economy \$34.2 billion.

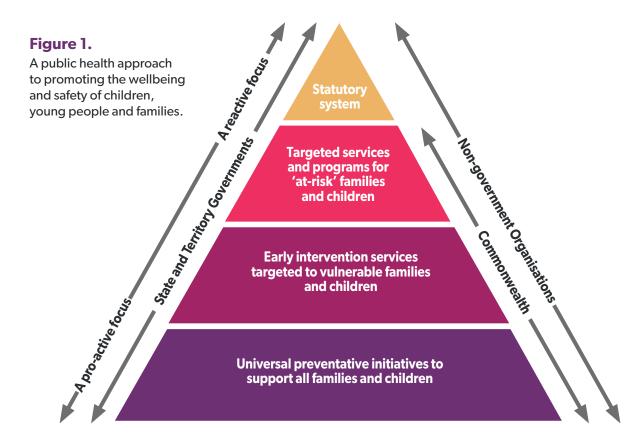
NSW Office of the Children's Advocate, Deloitte Access Economics, 2018. Research into the cost-effectiveness of early intervention programs has shown that \$1 spent early in life, can save \$17 by the time a child reaches mid-life.

Blakester, 2006.

Australia's service system for child wellbeing and safety is reactive rather than preventive. For example only 17% of national child protection expenditure is dedicated to primary and secondary family support and intensive family support services.

How does a public health approach apply in practice?

A public health approach to child wellbeing and safety comprises three types of responses: primary, secondary and tertiary services.



Source adapted from Council of Australian Governments. (2009). Protecting children is everyone's business: National framework for protecting Australia's children 2009–2020.

The three levels of responses in a public health approach are:

Primary or universal services.

Services accessible to the whole community in order to provide support before problems occur.

These include pre-school and early years education; health and education screening and assessment services, and public awareness and education campaigns that seek to improve attitudes and actions.

They are most effective when many agencies (such as, health, education, child and family services) work together and when they are guided by the perspectives of young people and parents/carers.

Secondary services.

These target children, young people and families at a higher risk of harm or hardship. Risk indicators for harm and hardship can include poverty, family violence, mental health problems, drug and alcohol misuse. The likelihood of harm occurring increases when these experiences are present and persistent.

Secondary responses usually involve early assessment and screening to identify children, young people and families whose well-being is at risk.

Tertiary services.

These target children, young people and families where harm or hardship is already present.

Typically, these services can include government child protection services as well as therapeutic services to address trauma.

There are known factors that promote child safety, development and wellbeing.

These factors include:

- pre-natal support and screening to identify and overcome birth and early years risk factors;
- daily living conditions, including secure housing, adequate household income, education and care, and access to social services and supports when required;
- building strength and pride in culture and identity;
- efforts to address broader community and social issues that contribute to risk for Aboriginal and Torres Strait Islander children across areas such as housing, justice, violence and poverty;
- a stable and supportive parent-child relationship;
- ensuring access to high quality services and support in regional and rural communities;
- the socio-political context, including social norms and values that promote respect and fairness;
- removing the barriers and stigma that can arise for those experiencing disability and poor physical and mental health, and overcoming the trauma and injustice endured by many refugee and migrant families.

Children from remote and very remote areas were most likely to be the subject of a child abuse substantiation (16.2 per 1000 and 23.5 per 1000 respectively) compared with children in major cities (6.2 per 1000).

(AIHW, 2017).

What action is Every Child promoting?

The Every Child campaign is building a coalition of organisations and individuals across Australia with expertise and commitment to advancing a public health approach to the wellbeing of children, young people and families.

To ensure that all children, young people and families in cities and regions, get the right support at the right time, we are calling for a national commitment to the most significant and valuable nation building project that has ever been undertaken in Australia - The Every Child National Wellbeing Commitment.

Through the Every Child National Wellbeing Commitment governments will be called on to:

- Establish a National Child Development Fund and mechanism, such as a Council for Children, Young People and Families that reports on national child wellbeing indicators, facilitates innovation in service delivery to focus on prevention and early support, service and workforce reform, and expansion of the evidence base for action. This Council is to comprise of government and non-government, as well as young people from diverse backgrounds.
- Adopt national wellbeing indicators and targets for child health, education, justice and wellbeing.
- Establish an effective mechanism, within the National Council for Children, Young People and Families to support the active participation of young people in advancing their wellbeing.
- Recognise the leadership and strategies advocated by Aboriginal and Torres Strait Islander people, to improve the wellbeing of their children and young people, as a priority for action.

References and further reading

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