

# **Submission to Protecting Victoria's Vulnerable Children Inquiry**

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**Warren Cann**  
Chief Executive Officer

**Robyn Mildon**  
Director of Knowledge Exchange



**Parenting Research Centre**  
*raising children well*

## **About the Parenting Research Centre**

The Parenting Research Centre is an independent not-for-profit parenting research and development centre, dedicated to helping all parents raise happy, healthy children.

We believe that parenting is a critical factor in a child's development and quality of life. We believe the science of parenting can make a difference in the everyday lives of families and communities. Since 1997, we have conducted research, and developed evidence-based parenting support programs. Many of the programs we have designed are now delivered across Australia.

Our work bridges the gap between research and practice by building scientific knowledge of effective parenting, and translating this into usable information, policy and professional practice. We specialise in developing research based practical solutions to contemporary parenting challenges and providing leadership on parenting issues for policy makers, professionals, research institutes and the broader community.

Our research focus includes:

- Factors that have an impact on parenting
- Parenting in adversity where children are at risk of harm or neglect
- Parenting children with high and complex needs
- Parenting for health and wellbeing
- Developing effective universal and targeted parenting interventions

## Overview

We are grateful for the opportunity to contribute to the work of this important inquiry. This submission is about the role of parenting support in preventing child maltreatment. In the opening comments section we provide some context for the focus of this submission, noting the many excellent and important reports from recent Australian studies and inquiries that have clearly articulated the issues facing modern child protection systems and proposed constructive and feasible solutions to the systemic issues that beset the field.

Next we set out a brief rationale for taking a public health perspective focused on strengthening families in preventing child abuse and neglect. In the remainder of the submission we argue the need for greater parenting support across the prevention-treatment spectrum. We also argue that what parenting interventions are implemented and how they are implemented is just as crucial. In summary, we argue that the government should invest in:

1. Primary prevention of child abuse and neglect by enhancing the quality and nature of parenting support provided through universal services, especially in early education and care.
2. Strengthening secondary prevention of child abuse and neglect by delivering evidence based parenting support interventions to families indicating early difficulties in the parent child relationship, as well as groups within the community who are at higher risk of child maltreatment, and that secondary prevention services should be delivered from universal service platforms.
3. Increase the capacity of family services to address problems in adult functioning such as mental health, learning difficulties, drug use and domestic violence that they routinely encounter in supporting families with high and complex needs.
4. Implement an outcomes focussed approach across the child protection system, and build the capacity of all elements of the service system to identify and implement evidence based interventions and practice in parenting support.

## Opening comments

Sadly, child abuse and neglect will never be entirely eradicated. No child protection system can achieve this, just like no system can eliminate robbery or murder. However, there are extremely strong moral and social imperatives to reduce harm done to children.

### *The Victorian Context*

Many would argue that Victoria's child protection system is the most advanced and professional in Australia, but like any system, it can be improved. This is the opportunity provided by the current inquiry.

Occasional high profile tragedies put the spotlight on the child protection system. Simplistic and sensational media reporting have helped create an undeserved sense of chaos and crisis in child welfare, obscuring the good work as well as the real challenges faced by the dedicated professionals who work in the sector in Victoria.

It is also extremely unfortunate that a bi-partisan approach to child welfare has not been achieved in this State, and instead of both sides of politics working together—such as the case in early childhood and aspects of disability for example—child welfare has been made a political football. This is not helpful and does not provide an environment conducive to identifying workable solutions in a highly complex area of human life. Instead, the way forward will be found through careful synthesis and evaluation of the available evidence, and building on the system we have with systematic implementation of approaches that have been shown to work.

### *Many of the challenges to modern child protection systems are well known, and solutions have been proposed*

Previous authoritative reports produced for various Australian governments have thoroughly documented the difficulties facing modern child protection systems: mandatory reporting, high rates of unsubstantiated notifications, workforce issues, domestic violence related notifications, and the ever widening definition of child abuse and neglect to name a few (see for example, Cashmore, Scott & Calvert, 2008; The Allen Consulting Group, 2008; Northern Territory Government, 2010).

These issues, and the potentially effective solutions that have already been proposed, do not need to be reiterated here. Nor will the focus of this submission be on 'systems change'. It is our contention that the lives of children are changed when the behaviours of those that care for them are changed for the better<sup>1</sup>. The goal of any system designed to protect children is to support their parents to create a safe and acceptable social and

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<sup>1</sup> For convenience and efficiency, we will use the term 'parent' to describe the person or persons with the primary care responsibility for a child – effectively, the person who does the 'parenting' whether they be biological or non-biological mother or father or other carer.

physical environment in which to grow<sup>2</sup>. The ultimate question is how we best support parents: this comes down to a question of effective interventions and practice. Ultimately, system design should address the question of how best to deliver effective interventions in the community. After all, a well designed system delivering ineffective interventions will make no difference at all.

## Introduction

Despite being in the best shape nationally, there is general consensus that Victoria's child protection system is massively over burdened and facing an unsustainable rate of growth. Investing more money in protective service workers is tantamount to purchasing more ambulances to address the road toll. Ambulances do not prevent injury and death on the roads. Rather, the road toll has been effectively reduced by a mix of strategies including better road design, public awareness campaigns and better driver training. We need a change in paradigm from reacting to abuse and neglect, to preventing abuse and neglect. We need to begin to view child protection through a public health lens (O'Donnell et al, 2008).

### *A public health perspective*

The need for a public health perspective in child protection has been clearly articulated in a number of recent inquiries and major reports (e.g., The Allen Group, 2008; Northern Territory Government, 2010).

A public health perspective attempts to reduce risk factors and enhance protective factors at a social, family and individual level. There is no doubt that addressing social inequalities, and social problems such as alcohol and drug abuse, homelessness, unemployment, mental illness, and domestic violence will create a safer community for children. Efforts to address wide scale social problems must continue. Social change of this nature, however, takes time and concerted political effort. In the meantime, there are good reasons why public health strategies designed to reduce harm to children should focus primarily on the family and home milieu of children at risk.

### *Why focus on families?*

Children are raised in families. More particularly, children are raised by parents, who exert the most powerful influence on child wellbeing and development. A community interested in improving the safety of children will support parents in the task of raising their children.

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<sup>2</sup> This submission is focused on child neglect and physical and emotional abuse. It does not address the issue of sexual abuse. It is our view that the prevention of sexual abuse is not one primarily addressed through parenting support.

Given the crucial role played by parents, and the demonstrated effectiveness of family based approaches to intervention, a child-focussed community will adopt a 'family centred approach' to preventing and treating child abuse and neglect. A family centred approach aims to engage and empower parents; working with them as partners motivated by a shared interest in the health and wellbeing of their children, rather than seeing parents as part of the problem or as adversaries to the child's 'best interests'.

The history of child welfare has taught us that children are exposed to a high risk of harm in State care. It is now almost universally agreed that children are best cared for in the family in all but the most severe and intractable cases of neglect and abuse. The need for the State to take practical steps to resource and support parents in the task of child rearing is also now widely recognised by governments of all persuasions as a key strategy to protect children and prevent intergenerational disadvantage (see Allen and Smith, 2008 for an international example).

The family should be the focus of a system designed to protect children because the etiology of abuse and neglect can, in part, be found in family related factors. Children are more likely to experience neglect and abuse when their parents experience social and personal adversity, such as mental illness, drug abuse or family violence, or lack the personal means to address their children's needs. Children are also at greater risk when their parents have themselves experienced neglectful parenting or are impaired in their ability to tune in to their children, be empathetic or flexible in their responses. Particular parental attitudes and beliefs can also put children at risk: a common factor in physical abuse is parental overestimation of a child's developmental capabilities and responding harshly when they disappoint. Parenting challenges are also related to abuse. Children negotiating phases of normal development, such as crying in infancy, are at greater risk of abuse. The risk of abuse also increases when a child has a challenging temperament, a disability, or difficult to manage behaviours. These family factors need to be addressed or ameliorated to make children safer, and this is done through parent and parenting support.

#### *Parent and parenting support*

Working with and supporting parents of children at risk of abuse and neglect should be the central function of the child protection system. A useful distinction to be made when discussing parenting support, is the difference between 'parent support' and 'parenting support'.

Parent support focuses on the parent as an adult. Any service designed to enhance the parent's resilience, coping or individual functioning could be considered parent support. Examples include helping a parent manage depression, stress or adult relationship difficulties, or reducing social isolation. Parent support interventions range from informal peer to peer support to more intensive interventions of a clinical nature (e.g., counselling).

Parenting support, on the other hand, includes any interventions designed to influence parent-child interaction. Such programs might attempt to alter parental beliefs, attitudes or behaviours to bring about changes in the way parents raise their children. The assumption is

that positive change in parental behaviour will result in improved developmental outcomes for children. Parenting support has been provided in a range of formats and service types (self-directed, individual, group, telephone, online) and settings (home, clinic).

The remainder of this submission will focus on the role of parenting support in the prevention of child abuse, and the role of parent and parenting support in services provided to complex and multi-problem families that are already the focus of tertiary interventions.

## **Preventing child abuse and neglect—Parenting support**

A comprehensive parenting service system would deliver evidence based interventions and practices across the full prevention spectrum from primary or universal prevention (whole of population) to secondary or targeted prevention (focus on higher risk groups or individuals showing early signs of difficulties).

### *Primary prevention strategies*

Primary prevention services provide support to the whole population. Community education campaigns, such as the confronting advertisements produced by the TAC in this State, are an example of a universal preventative intervention. Although frequently politically attractive, there is currently little or no evidence for the effectiveness of community and public awareness campaigns related to parenting (especially those focussed exclusively on child abuse awareness), so caution is recommended in investing heavily in parenting focussed advertising campaigns before further research clarifies the impact of such campaigns. On the other hand, it makes sense to increase the range and accessibility of practical parenting information in the community. We note the federally funded Raising Children Network information system—website<sup>3</sup> and DVD—is a promising platform for the delivery of accessible and practical information that can be self-accessed by parents and/or provided in hard copy to parents by professionals.

Another example of a primary prevention approach is universal health or education services (e.g., Maternal and child health, kindergartens or schools). The advantage of providing parenting support interventions through universal services is the non-stigmatizing nature of such services. Parents are often initially reluctant to participate in parenting education or seek help from tertiary services because they fear being viewed negatively by the community or anticipate being blamed for child developmental and behavioural problems. Parents may be particularly fearful of engaging with tertiary services because of the perceived threat of child removal (Thorpe, 2008). Victoria's maternal and child health service is the envy of other states and a strong platform for provision of parenting support in the early years. It makes sense to build on and leverage the high community acceptance of maternal and child health services.

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<sup>3</sup> [www.raisingchildren.net.au](http://www.raisingchildren.net.au)

However, availability of parenting support weakens through the preschool years as parents discontinue their contact with maternal and child health nurses. Victoria's universal parenting support system could be further strengthened by developing the capacity of early childhood education and care services to provide greater parenting support. The Parenting Research Centre's AusParenting in Schools (Giallo et al., 2010) or the Mind Matters program<sup>4</sup> are examples of parenting support practice frameworks for enhancing the capacity of universal care and education service platforms to engage and work with parents. Engaging parents effectively in schools will have a twofold benefit: it will improve academic outcomes (see Desforges & Abouchaar, 2003) and potentially improve parenting outcomes. Childcare centres, kindergartens and schools could potentially become a parenting resource service. Our experience is that to do this, schools need:

- A framework for helping them become more parent-friendly (i.e., physical environment, policies, information provision)
- Training for personnel in how to talk and work with parents (e.g., responding to requests for help, responding to parent concerns, raising concerns with parents, using information effectively, referring parents to services)
- Reliable parenting information resources that can be made available to parents (creating a parent resource corner or room)

#### **What should be done?**

- Support the development and expansion of practical parenting information, with a view to increasing accessibility of information to higher risk groups and integrating research informed information with service delivery
- Build the capacity of universal education and care services to provide evidence based parenting interventions.

#### *Secondary prevention*

Secondary prevention services are aimed at specific groups who are at higher risk of experiencing difficulties, or individuals where early signs of the difficulty are already evident, respectively. In comparison to universal services, there are far fewer dedicated secondary prevention services in Victoria.

Secondary prevention would provide additional support to parents of children at risk of poorer developmental outcomes, or where early signs of difficulties in parent-child interaction are evident (see The Boston Consulting Group, 2008), but before more intensive was required from tertiary services. An example of a secondary prevention intervention is the well known home visiting program developed by David Olds. An example of a secondary prevention service in Victoria is the Enhanced Maternal and Child Health Visiting service.

Secondary prevention services should be designed for parents who are expressing concerns or early difficulties with their children as well as reaching out to groups known to be at risk of coming into contact with the child protection system such as parents with a

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<sup>4</sup> <http://www.mindmatters.edu.au/default.asp>



learning difficulty, parents with a mental illness, single parent families, young parent families etc. To reduce the risk of child harm, specific areas of focus for intervention by secondary services ought to be on parents raising infants evidencing high irritability, young children with difficult temperament, and early behavioural problems in preschoolers.

To increase community acceptability of secondary services, and avoid stigmatization of service users, we argue that secondary services should be provided from or alongside universal services. However, most existing universal services are not configured to provide the more intensive support needed at this level of prevention. Many evidence based parenting programs are delivered in group formats and require up to 10 or more sessions, which is beyond the capacity of universal services such as maternal and child health. Because of workforce issues, this may mean transitioning to multidisciplinary staffing models or accelerating the trend towards integrated service delivery. Integrated children's services could be an effective platform.

A Victorian initiative that could provide one feasible way of delivery secondary prevention is the Early Home Learning Study. Local governments are being funded to employ staff who will deliver interventions from established Supported Playgroup and MCH platforms. Project staff (in the main early childhood professionals) will work with and complement the work already being done by professionals in the existing services without undermining the primary care activities central to that work.

#### **What should be done?**

- Build secondary services that can provide targeted evidence based parenting interventions to parents expressing concerns and or high-risk groups.
- Offer these services from universal service platforms, prioritising integrated service models

### **Preventing abuse and neglect —parent support**

Parent support is also an important element in supporting and empowering families. All parents need personal and practical support at one time or another. First time parent groups are a successful and low cost universal way that parents in Victoria are linked to peer to peer based parent support. However, the intensity and complexity of parent support required increases in families at risk of involvement with child protection. Such families frequently come to the attention of family services.

Victoria has a strong family service system, delivered by capable non-government agencies. This service sector has been instrumental in establishing Victoria's much admired Child First program.

Many parents encountered by family services have mental health problems, or are affected by alcohol and drug abuse, or domestic violence. Many experience more than one of these difficulties. The overriding presenting issues (particularly in relation to child

neglect) relate to adult functioning. For example, a parent failing to provide adequate supervision because they are frequently drug affected, or a depressed parent failing to meet basic child care needs. What is required in most cases is intensive parent support – these are parents who need personal assistance to meet the basic needs of their children.

Unfortunately, family services are not funded or equipped to deal directly with adult drug or mental health issues. The standard approach is multi-agency involvement with complex case management. However, in reality considerable difficulties exist in achieving effective interagency collaboration, and the involvement of multiple agencies adds a further burden on already stressed families.

An alternative is family services building in-house expertise in the key areas of adult functioning related to child abuse and neglect. Staff with expertise in adult focussed therapy, particularly in mental health and AOD treatment, could be recruited and trained in family focussed approaches to working with parents. Organisational linkages between family and adult focussed services could be created for the purposes of providing secondary consultation, support and training for adult workers embedded in family service agencies. A trans-disciplinary model<sup>5</sup> could be relevant here: a team based approach with a key worker assigned to a family based on the primary presenting concern (i.e., child management, AOD, mental health, domestic violence) supported by a team of other specialist staff in a coordinated process of planning and monitoring. Parenting support will also always be an important component of an effective approach to multi-stressed families, because child management difficulties can exacerbate difficulties in adult functioning.<sup>6</sup>

#### **What should be done?**

- Evolve the family services model so that it has the capacity to address the adult functioning issues that are at the core of much abuse and neglect.

### **Implementing evidence based practice in parenting support**

There is still much to learn about how to effectively help parents with complex needs to care for and protect their children. More research in this area is greatly needed. However, there are evidence based approaches to parenting support, and there is a growing body of empirical research around treatment effectiveness in the child welfare area. Over the past decade, researchers have begun defining and cataloguing evidence based practices and

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<sup>5</sup> Transdisciplinary approaches involve the blurring of professional boundaries and cross-professional training and support. This would seem ideal when working with parents from high need complex families where the issues related to adult functioning and challenges in the parenting role frequently interconnect and need to be addressed in a holistic fashion.

<sup>6</sup> We also note and support various efforts to build the capacity of adult focussed services to work with clients who are parents to both ensure the safety and wellbeing of children and to increase the effectiveness of the adult service in meeting the complex needs of clients who are also parents.

programs in child welfare (see, for example, Kluger, Alexander and Curtis, 2000; Macdonald, 2001).<sup>7,8</sup>

Children and families deserve programs and approaches that have a high chance of being successful. It makes sense that agencies delivering family services adopt interventions that will produce the outcomes they are seeking to achieve. Yet, our experience is that family services on the whole do not deliver interventions that have the best evidence base.

There are many reasons why evidence based practice in family services is rare. From a community agency or service point of view, evidence based practice is not easy to implement. Evidence based interventions may not exist for particular target groups, or the evidence might be poor. Where they do exist they may not be easy to translate into the service context in which the agency works. It may not be practical to implement evidence based interventions that were originally implemented and evaluated under strictly controlled conditions that do not mirror the realities of service delivery on the ground. Identifying, synthesising and evaluating the evidence can also be challenging. Community based agencies don't always have the staff with the skill set needed to engage with the evidence base effectively. Or there may be inadequate support available to help agencies skill-up to deliver the evidence based intervention.

Adoption of new evidence bases approaches is not always easy even when appropriate interventions do exist. In some quarters there is resistance to the idea of evidence based practice. In others, there is strong commitment to practice as usual, or approaches based on 'practice evidence or wisdom' regardless of what the available evidence suggests about its effectiveness. Frequently, the programs and practice of agencies can relate more strongly to individual staff theory bias rather than what the evidence says.

Development in parenting support practice is further hampered by a general lack of rigour in defining the target population, poor or no definition of intended outcomes, and a disconnect between intended outcomes and the mechanism of change that is theoretically or empirically linked to the desired outcomes. For example, low level personal support is offered to a parent with learning difficulties who really needs a structured parenting skills program tailored to their special learning needs if they are to acquire the basic child rearing skills needed to independently care for their own children. A general lack of valid and reliable outcome data also makes it difficult to determine whether current family service approaches are making sustainable differences for families.

The way forward is through systematically building, sharing and implementing what works. To begin with, a much stronger focus is needed on getting clarity in services aims and identified outcomes which match the needs of families. In our experience many services try to do too much and spread themselves too thin. Outcomes clarification also needs to include an assessment of what can be reasonably achieved given service parameters such as time and staff expertise. In many cases, doing less better will make an impact. This shift toward a focus on outcomes needs to be supported by the use of outcome data decision

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<sup>7</sup> Also see [http://www.childwelfare.gov/pubs/issue\\_briefs/parented/programs.cfm](http://www.childwelfare.gov/pubs/issue_briefs/parented/programs.cfm).

<sup>8</sup> Also see Californian Evidence Based Clearing House for Child Welfare <http://www.cebc4cw.org/>

making, monitoring the effectiveness of the intervention (i.e., outcomes) as well as the effectiveness of its implementation (more on this below). Without both sets of data we will not know whether intervention outcomes are due to the program or to the way it was implemented. And then we need to better support organisations to make decisions on what interventions to implement based on what the evidence says is the best way to achieve the outcomes they have identified.

### **What should be done?**

- Implement an outcomes focussed approach and support agencies to achieve greater clarity in the target group, intended outcomes, and how those outcomes will be measured.
- At a policy level, government could begin requiring funded agencies to demonstrate that they are delivering evidence based or informed practice<sup>9</sup>. Where interventions are not evidence based, require and support more rigorous evaluations to determine effectiveness.
- Support services in selecting evidence based interventions, or adapting the core elements of evidence based approaches, and contextualising them to better fit with local conditions.

Finally, in the complicated service environments in which child welfare agencies operate, execution is paramount. Organisations need support and resourcing to not only select what is to be implemented (to match their context) but also support to ensure it is actually implemented. There is now an increasing recognition that improving services designed to support and protect children is influenced as much by the process of implementing evidence based and promising practices as by the practices selected for implementation (Aarons and Palinkas 2007; Crea et al. 2008; Fixsen et al. 2009; Greenhalgh et al. 2004). In fact, implementation is so critical that a less efficacious program implemented well is likely to be more effective than a more efficacious program implemented badly (Lipsey et al., 2010).

The delivery of complex social interventions requires carrying out a comprehensive implementation strategy, including specific actions (core components) carried out within a planful implementation process. Whilst more research is needed to build the science of implementation, there are a number of existing theories and frameworks that provide useful places to start. Most frameworks have in common the need to address a range of factors to ensure successful implementation including staff selection, training, post training support and coaching, organisational development, change management, facilitative leadership and administrative supports, and systematic collection and analysis of implantation as well as outcome data. Workforce development is crucial. However, one-off

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<sup>9</sup> There are a growing number of examples of jurisdictions directing or limiting funding to evidence informed interventions, particularly in the United States. See Lipsey et al (2010) for a discussion of evidence based practice in juvenile delinquency)

training events are rarely sufficient for ensuring accurate implementation, and post-training supervision and in situ coaching and practice support are also required.

In many cases, community organisations attempting to implement evidence based interventions would benefit from the involvement of intervention and implementation specialists. 'Program purveyors' are organisations, often the organisation that developed an intervention, who provide support to other agencies adopting and implementing the new approach. 'Intermediary organisations' have expertise in particular programs and expertise in implementation; such organisations can support agencies where a program purveyor provides insufficient implementation support (see Franks, 2010).

### **What should be done**

- Funding agencies should recognise the challenge of implementing and maintaining evidence based practice in child welfare settings, and make allowance for effective implementation planning in funding formulas and decisions.
- The service system needs organisations that can play effective purveyor or intermediary roles, providing specialist expertise in implementation and change management.

### **Contact for this submission**

Warren Cann  
Chief Executive Officer

#### **Parenting Research Centre**

Level 5, 232 Victoria Parade  
East Melbourne VIC 3002  
P: (03) 8660 3557 (direct line)  
P: (03) 8660 3500 (reception)  
F: (03) 8660 3599  
E: [wcann@parentingrc.org.au](mailto:wcann@parentingrc.org.au)  
W: [www.parentingrc.org.au](http://www.parentingrc.org.au)

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