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A systems perspective on child abuse and neglect: If we care about the child, care for the birth family

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Abstract

A commitment by policy makers and practitioners to the best interests of the child is uncontroversial. The child's right to be with their birth family is enshrined in the UN Convention on the Rights of the Child, unless 'separation is necessary for the best interests of the child', (Article 9).

How do we understand best interest of the child? Does this encompass only childhood, or extend across life? Can best interest be determined by ideology or principles alone. How does the permanency principle interact with best interest? For children exposed to serious abuse or neglect and removed, will 'locking-in' long-term care arrangements yield best outcomes in childhood, adolescence, adulthood, parenthood? Should reunification be prioritised?

In this opinion piece I argue that evidence must inform understandings of whether specific child and family support strategies are likely to do more good than harm, and that this must consider the child's full life trajectory, including parenting capacity - the driver of intergenerational outcomes - and pay attention to the entire family. In the context of child removal, support and healing for the parent – with the possibility for reunification - will enhance the wellbeing of the entire family, including the removed child and any siblings (including yet to be born).

To achieve the desired response, budget allocations must be aligned with aims. In Australia, budget allocations massively favour child removal, over intensive support for birth family, and also spending to address the harmful consequences of child abuse and neglect rather than disrupting the harm cascade. A refocus on birth-family is critical. Treating birth parents with compassion is a good idea for the child, for the family, for society, and the budget bottom-line.

Key points

- Best interest of the child is enshrined in the UN Convention on the Rights Child – but operationalising 'best interest' in the context of child abuse and neglect is not straightforward.
- Child abuse and neglect has large negative consequences across health and social domains, especially for children with substantiated abuse and especially where the child has been removed to out-of-home care.
- A tiny proportion of the child protection and wider human services budget is allocated to supporting families caught up in intergenerational cycles of child abuse and neglect.
- Shifting resources to high quality intensive support for families is an ethical imperative – which also promises better outcomes for children, disrupting the dominant intergenerational pathway into child maltreatment and achieving huge budget savings.

A systems perspective: If we care about the child, care for their birth family

OVERVIEW

A commitment by policy makers and practitioners to 'the best interests of the child 'is widely adopted and uncontroversial. The child's right to be with their birth family is enshrined in the UN Convention on the Rights of the Child *(OHCHR 1990)* (Article 9). Removal is only justified where 'such separation is necessary for the best interests of the child. 'See Appendix 1.

But how to ascertain and operationalise 'best interest of the child? 'This piece argues that best interest cannot be determined by ideology or principles alone, but rather must be informed by evidence. Where a child's circumstances are considered unsafe, decisions will be dominated by immediate safety concerns, as is appropriate; but the response must also consider likely consequences beyond childhood, across the whole of life, including capacity to parent the next generation.

Maxims such as 'the permanency principle 'dictating an urgency and rigidity in deciding the child's future, or that 'abusive birth families are irredeemable 'are just value-laden judgments, unless based in evidence. By evidence we refer to empirical data from large observational linked-data studies, intervention studies, to qualitative research such as gathered through in-depth case studies and theoretical models. Drawing on diverse types of evidence provides the best chance of developing effective options to enhance children's lives and opportunities. Sound theoretical models of causal mechanisms, that explain observed relationships between child abuse and neglect and the harm cascade help us to make sense of these observations and devise effective responses.

From the evidence it is apparent that outcomes for children who have been removed are, at the group level, shocking for almost every health and social outcome. This confirms the disturbing effects of child abuse and neglect, especially at its most severe that can precipitate removal. This is not to say that some children do not do well when removed, they do, or that children exposed to severe abuse cannot be helped and outcomes improved. But it should give us pause to consider how we can better support troubled families, especially early in the life of the child, (and on-going as needed), also prioritising healing for teenagers to interrupt perpetuating cycles of abuse and neglect.

An understanding of policy settings, not just policy statements or written guidelines, but budget allocations is crucial to achieve the desired response. Budget settings are not neutral. They directly circumscribe the available service options. If minimal government funds, relative to need, are allocated to intensive family support services and workforce upskilling, these services cannot be provided at the required level. The families that need these services are hardly in a position to coordinate the necessary skilled team and meet the costs of delivery.

Treating with compassion families caught up in intergenerational child maltreatment is demanded on ethical grounds – for families facing multiple adversities and especially when a child is removed - it is surely inhumane to leave birth parents unsupported. Secondly, a compassionate and skilful response is demanded on effectiveness grounds - better supporting birth parents while attending to the needs of the child will ensure better outcomes for the child and future generations. And thirdly, supporting birth families is demanded on efficiency grounds. The cost impacts of the harm cascade associated with family dysfunction means that getting this right has to be cost saving.

EVIDENCE: CONSEQUENCES OF CHILD ABUSE AND NEGLECT

Introduction

In recent years quantitative evidence on the impacts of child abuse and neglect has expanded exponentially through the generation of large linked administrative data sets (Segal et al 2020, MacLean et al 2016, O'Hare et al 2023). These studies generate de-identified person-level, information on child protection (CP) contact history linked to a range of administrative data to describe outcomes across life in relation to child development, mental and physical health, and social and economic domains. Using parent child genealogical mapping, intergenerational outcomes can also be explored.

One of the most comprehensive examples is the iCAN (impacts of child abuse and neglect) data set covering 600,000+ persons born in South Australia (SA), Australia, between 1986 and 2017, *(*Segal et al., 2019). The iCAN project designed to quantify the causes and consequences of child abuse and neglect, incorporates the SA Birth Registry, SA Perinatal Data, National Death Registry, including cause of death, SA Department for Child protection (DCP), child development assessment (Australian Early Development Census, AEDC), SA public hospital emergency department attendances and admitted patient data, Australian Centrelink income support payments, and the SA school census. The generation of the linked data set was facilitated by SANT Datalink, creating a data set of very high quality (Schneider et al., 2019).

The SA birth cohort has been classified into levels of child protection concern to indicate potential severity of child abuse or neglect, ranging from no contact with CP - indicating low likelihood of serious child maltreatment exposure, to notification(s) and whether investigated or not, record of substantiated child abuse or neglect, and record of removal to out-of-home care (OOHC) - foster, kinship or residential care. Each successive level indicates greater child safety concerns. Child protection data is increasingly used to identify cohorts exposed to child abuse and neglect, and the likely severity of this exposure. In the context of mandatory reporting, as occurs in Australia, this approach has been found to be highly robust at the group level.

Relationships between child protection classification and selected outcomes were analysed, adjusting for a range of child and family factors, to estimate the impact on health and social outcomes, by seriousness of child safety concern.

From our research and that of other teams it is clear that exposure to child abuse or neglect has disastrous impacts on health and social outcomes. Risk ratios, for persons with any child protection concerns, versus no such concerns are large, and on average the more serious the CP concern the worse the outcome. These findings highlight the urgency of doing more to support troubled families caught up in intergenerational cycles of child abuse and neglect. Furthermore, noting the high level of complexity typical of these families, the service response needs to be resourced at an intensity and skill level commensurate with this complexity.

An overview of findings from the iCAN study are summarised here.

Early Death: The likelihood of death during childhood (before 16 years) were much higher in children with any child protection system contact, compared with none, even after adjusting for socio-economic status and birth related risk factors - such as pre-term birth (Segal et al., 2021). Risk ratios ranged from nearly 3 times in children notified to CP to nearly 4 times in children ever placed in OOHC, (a minority of deaths occurring while in formal care). Deaths from external causes, including assault were considerably over-represented in children with CP contact. Deaths in youth/young adulthood (to age 33) were also more likely in persons with CP contact (Segal et al., 2020). Risk ratios ranged from 2.5 times in persons with a 'screened in 'notification, up to 4.7 times for children ever placed in care (first placed from age 3, but lower if placed in care before 3). Death from substances and suicide were far more likely in children with CP contact.

Emergency Department ED visits - are an indicator of underlying health conditions or injury. Persons with substantiated child maltreatment, and those who had entered care were most likely to attend the ED with risk ratios relative to persons with no CP contact especially high in teenagers and young adults (Gnanamanickam et al., 2022). Attendances for self-harm, substance use, or mental illness were particularly high. In adolescents, ED visits related to mental health were up to *49 times* that of persons with no CP contact, *34 times* for poisoning/self-harm and *24 times* for substance-use related visits and. These extreme rate ratios during adolescence and early adulthood highlight the enduring mental health needs of victims of child maltreatment.

Absenteeism - influences educational success and ultimately connection to the job market and income. Nearly 50% of children with substantiated abuse or neglect had a period of chronic truancy (more than 10 days unexplained absences in a school term), compared with 11% of children with no CP contact. Children who had entered OOHC tended to have better attendance than other children with substantiated maltreatment, especially in the context of earlier removal and longer time in care (Armfield et al., 2020).

Developmental readiness at school commencement - Based on the Australian Early Development Census assessed during the first year of schooling (ages 5 to 6 years), children were more likely developmentally vulnerable if exposed to child abuse or neglect, (Lanais et al., 2024). Likely vulnerability tended to increase with seriousness of maltreatment exposure across all five developmental domains of Physical health and wellbeing (gross and fine motor skills, being tired or hungry etc), Social competence (how the child relates to other children), Emotional maturity (self-control, unhappy or sad), Language and cognitive skills, Communication skills and general knowledge. For example, on social competence in children with substantiated maltreatment 47% of boys and 28% of girls were vulnerable, compared with 15% of boys and 6% of girls with no CP contact. Children with substantiated abuse or neglect who had entered OOHC prior to school start were more likely vulnerable on social competence and emotional maturity, but less likely vulnerable on physical health and wellbeing, language and cognitive skills, and communication skills than children with substantiated maltreatment not removed. This is compared with children with substantiated maltreatment never removed. Starting school so far behind puts these children at a clear disadvantage.

Intergenerational transmission of child abuse and neglect – The best data is based on the iCAN study which drew on data on 38,556 mother-child pairs, (Armfield et al., 2021). By 12 years of age, 30% of the children of mothers with substantiated child maltreatment history were the subject of substantiated maltreatment themselves and 13% had been removed to OOHC, compared with 5% substantiated and 1% removed in the children of mothers with no CP contact. The children of mothers with substantiated maltreatment and removed were at greatest risk, 40% experienced substantiated maltreatment and 26% had been removed. These were 14 times and 26 times respectively the rate for children of mothers with no CP contact.

Welfare dependency/employability **-** Receipt of any income support payment, indicating low engagement in the workforce and low income was considerably higher for individuals with any CP contact versus none - adjusted odds 3.01, (Gnanamanickam et al., 2024). Among those receiving any payment, adjusted annualised mean benefit payment was $3,754 in individuals with no CP contact, and $9,747 in persons who had been in OOHC. Modelled for the Australian population to age 33, the extra cost of child maltreatment exposure added 39% to the government's income support budget.

Overview

Child abuse and neglect has huge impacts across every health and social domain studied, with outcomes worsening with severity of child maltreatment exposure. Observed associations remain after adjusting for potential confounders, such as socioeconomic status (SES) and child and family adversities. Socioeconomic status has only a small influence on outcomes, far less than child abuse and neglect. Child abuse and neglect is *the* underpinning social determinant of health and warrants a commensurate public health policy focus and investment.

Children who have entered care are doing worse on almost all outcomes, especially those ageing out of care (Gunawardena & Stich 2021). But more study is needed to understand the contribution of the severe maltreatment precipitating the removal, the removal itself and the care experience in explaining the observed harms. Little is known about how child outcomes would have compared, had the birth family received anything like the investment that accompanies removal.

Causality: Child abuse and neglect *leads* to poor health and social outcomes

The reported associations between child abuse and neglect and poor health and social outcomes are causal. And the observed cooccurring adversities, such as low income, homelessness, intimate partner violence, parental separation, criminal justice involvement, harmful drug and alcohol use, acquired head injury are not mere correlates, but part of the pattern of escalating harms.

We know this drawing on the scientific method which underpins rigorous inquiry and which at its core is about using rules of logic to understand the world. There are a number of ways of establishing a causal link between two observed phenomena:

- There is a clear causal pathway or mechanism of action between the risk factor (e.g. child abuse and neglect) and observed outcomes.
- There is a strong and clear directional underpinning – the risk factor precedes the observed outcomes.
- Dose response – the larger the risk the worse the outcome.

- Observations are consistent with the theory - there is *nothing* that is inconsistent.
- Randomised control trials/other experimental approaches demonstrate that when the risk factor is changed, for example by an effective intervention, outcomes change in the way predicted by the theory.
- The theory, when used to develop and test hypotheses, confirms the postulated causal relationship.

The randomised control trial is not the only way to demonstrate causality. The majority of things that we know work, where a causal link is taken for granted, does not rely on RCTs. Think of the use of a parachute, the value of swimming lessons, the impact of blunt head trauma, excessive alcohol intake during pregnancy and FASD, inadequate nutrition and failure to thrive and countless other examples.

That the observed relationship between child abuse and neglect and the distressing health and social outcomes is causal is well-supported. The causal mechanism consists of three distinct, inter-woven pathways:

i) *The direct impact of trauma and gross neglect* – an obvious and irrefutable link. Examples include blunt head trauma causing brain damage, sexual abuse of a young child, supervisory neglect resulting in serious accident or injury and permanent disability, medical neglect, substance abuse during pregnancy causing FASD etc.

ii) *Impact on physiological systems* – including altered brain structure and function, an elevated stress response with the dysregulation of regulatory systems, such as the autonomic nervous system, neurohumoral systems, and immune system. These physiological responses have long lasting and wide-ranging effects (Shonkoff et al., 2012, Child Welfare Information Gateway 2015).

iii) *Relational patterning* - in circumstances of intergenerational maltreatment, the mother (parent) and infant child will adopt a relational model that is protective/stabilising under threat, but potentially counter-productive for engaging in the wider society or seeking to create a nurturing family environment (Amos et al., 2015, Amos 2016, Amos & Segal 2018). Drawing on evolutionary biology, ethology, attachment, and trauma theory this pathway posits that families caught up in maltreatment cycles adopt the threat-based *agonic relational model* characterised by punitive dominance/submissive hierarchy, loss of an agent self, limited flow of information, person as object not subject, and a failure of compassion and empathy. This becomes the relational blueprint that impacts all aspects of life, including the capacity to nurture one's own child, unless therapeutically addressed, with wide-ranging negative consequences.

Reflecting on these three powerful and reinforcing causal pathways explains why such strong relationships and extraordinarily large impacts are observed between child abuse and neglect and every outcome studied. It also explains the co-occurring adversities, whereby children exposed to abuse or neglect typically have a parent with their own abuse or neglect history and carrying the consequences of their own childhood trauma (unsafe drug or alcohol use, serious mental illness, intellectual disability, justice involvement, low income/welfare dependency, homelessness, young parent, parental relationship break up, intimate partner violence). Multiple adversity does not

represent confounding but is a core part of the story, reflective of the intergenerational transmission pathway. It means that extreme complexity will be the norm in child protection involved families.

Empirical research findings together with the theory describing mechanisms and pathways provides a strong and coherent story. Abused children are more likely to grow into adults with poor impulse control, a heightened sense of shame, an over-alertness to threat, multiple triggers, with extreme levels of distress and inadequate resources to cope. This can result in disengagement from learning, early substance use, and mental illness, compounding harms. When these children become parents, their capacity for emotional regulation and trust can be impaired, they may not be able to see the needs of their own children and so can find it extremely difficult to provide the nurturing parenting environment that they so want to offer. This explains the urgent need to do more to help these children and families, from early in life, both for their own well-being and as an intervention opportunity to protect their unborn children and the children of their children - the next generations.

POLICY IMPLICATIONS

Whatever we are doing in Australia, it is not working. Outcomes for children exposed to abuse or neglect are shocking and the number of children who are the subject of abuse or neglect is not falling. The system is good at identifying children and families at risk – through contact with departments for child protection, education, health services, corrections, housing and the like. But these families are not being offered the support that they need.

Theory, clinical experience, case studies and intervention research confirm that patterns of escalating harm across life could be disrupted. There are effective interventions in the prenatal/early years (including mother-baby programs, trauma-integrated maternity care, support for parents after infant removals) (Pause, 2023), during early childhood through trauma-informed inter-disciplinary early childhood services/early years hubs and during middle childhood and adolescence, (Barlow et al., 2019; Domoney et al., 2019; Price et al., 2024, Furber et al., 2013). High-quality intensive family support services (Amos et al., 2022; Coram et al., 2022) can be successful across all life stages.

The most effective programs include highly skilled teams with the requisite training to work therapeutically with complexity and trauma, the flexibility to respond to individual family circumstances and the resourcing to engage families at the level of intensity required. Best results are seen with a combination of trauma-based therapeutic response and practical family-based supports. A beautiful example is the case study describing intensive work with a dad exposed to shocking childhood trauma whose infant was removed, where with a compassionate intensive highly skilful trauma-driven 'what-ever-it-takes 'response, promoted healing for the dad and enhanced relational and parenting capacity supporting successful reunification, (Amos et al 2022).

Yet in Australia most resources for child protection involved families are allocated to managing the harmful health and social consequences during late adolescence and across adulthood. Considerable budgets are allocated to treating major mental illness, on disability pensions and other income supports for persons unable to work, on criminal justice including prisons, costs reflecting a failure to disrupt the harm cascade. There is no 'Ministry for Families 'that publishes data on where resources are going across the prevention consequence spectrum, but it is clear that far fewer resources are

allocated to supporting at-risk and highly distressed children and families to disrupt the harm cascade, than the large spend on tertiary services to deal (often poorly) with the consequences.

In 2022-23, just $562 million of Australia's spend on child protection was allocated to intensive family support services, compared with $5,920 million on OOHC (Productivity Commission 2024). Considering also money spent on maternal and child health and community mental health for families caught up in intergenerational cycles of child abuse and neglect it is likely that in total *less than $1.5 billion* was allocated to intensive support for these families. Most of the community mental health budget is delivered to adolescents (not infants, children or families), and maternal and child health services are largely 'light touch 'universal services. Similarly with early childhood education and care universal services dominate, with little capacity to offer an intensive service for troubled families. The hospital sector runs a small number of inpatient and outreach services for child protection involved families - such as Helen Mayo House in SA for new mums with serious mental illness (WCHN), but such services are not being delivered at anything like the scale needed for system-wide impact.

In comparison *more than $27 billion* was spent on managing the harmful consequences of child abuse and neglect - on OOHC, on extra public hospital services, on income support payments across life, on criminal justice costs (see Appendix 2).

Current budget allocations in Australia for families with child protection concerns are heavily weighted to the downstream consequence end. This represents poor public policy. It is both failing to meet the identified need of distressed children and families and is also inefficient- involving considerable budget cost and disappointing health and social outcomes. In sum, the spend on persons with abuse and neglect histories is large; but is not allocated in a way that is most helpful to them, or society or the budget bottom line. What we are doing is entrenching rather than disrupting the harm cascade and intergenerational cycles of maltreatment. With intervention effort focused on entrenched harms (serious mental illness, involvement in crime, unemployability) the more strategies need to be put in place, across more sectors and at escalating budget and human cost, just to contain the damage. And this doesn't even touch on the human toll of our failure to intervene effectively and compassionately with troubled families.

Way forward – A systems approach

Governments must start taking a life course and systems view. Many of the harms from child maltreatment escalate across the teenage years into early adulthood and beyond. Attending to the urgent needs of the infant/child must be a priority. But it is crucial that the response not only helps the child over the next few months, but supports their wellbeing across adolescence and adulthood, and in their future role as parents.

While governments say 'child protection is everyone's business 'the system does not operate in that way. If it did there would be clarity around the roles and responsibilities and commensurate resourcing of the potential actors and agencies. What is the role of early childhood education, of maternal and child health, of community health, of mental health, of justice? Where is the

assurance that there are no service gaps or tasks that no-one takes responsibility for, and that budgets and resourcing (staffing, infrastructure, consumables), and modes of working match the nature and level of community need.

The role of agencies cannot just be that of 'notifier 'to the statutory child protection system – seemingly the current position of most agencies. Notification is *not* a support service, and rarely elicits support service engagement. It may even leave a family more vulnerable and less inclined to engage with services. This is not to say that notification is not required under mandatory reporting, but it is incumbent on agency notifiers to consider what active responses they can offer within their own service to support distressed families. And if referral pathways aren't working, there is an advocacy role to highlight unmet needs. (Legislation is being introduced to address some of these issues, (SA government 2024) and if backed by resource shifts, considerable change will be possible).

Considering the average cost of $335 per placement night ($122,275 per year) for a child in care (PC 2024), (foster/kinship ~$55,000/year, residential ~$650,000/year), limiting the spend on intensive family support, which could prevent the need for removal or reduce the time in care does not make sense. And despite the massive spend on children placed in out-of-home care, outcomes are disappointing. Knowing the seriousness of the trauma and family dysfunction that leads to removal, the challenge is to better support these children, in care or with their birth family.

Investing in well-funded, well-designed programs, staffed with highly skilled teams to support best connection with birth families for removed children should be a priority, on the grounds of compassion, need and efficiency. This would require a delay in moving to long term orders, noting evidence to support haste is slim. Combined with time-limited therapeutic foster care - where the role is to provide a safe environment but also therapeutic support for the child and connection with birth parent would increase the chances for safe reunification.

Supporting parents when a child has been removed should be standard practice. The Breathing Space program implemented by Centacare, offering up to 18 months intensive support for mums who've had an infant removed, in addressing underlying trauma and adversities resulted in one third of mums being reunified with their infants before program end, despite that not being a program aim, (Coram, 2022). The similar Pause program in the UK has prevented next generation removals (Pause 2023). That high-quality trauma-based support for parents when a child is removed, whatever the age of the parent or the child, is not standard policy is surprising. It is good policy on four counts: first on ethical grounds, second in achieving better health and social outcomes for parent and child – especially into adulthood, third in terms of budget bottom line and fourth in reducing next generation maltreatment and removal.

Conclusion

More of the same is not an option, if we want to improve outcomes for children and families caught up in intergenerational cycles of child abuse and neglect. Developing an approach that draws on a deep understanding of causal pathways and mechanisms of transmission of child abuse and neglect and harms is crucial. The primary pathway into child abuse and neglect is from child abuse and neglect. Thus, preventive and therapeutic efforts must work intensively with already troubled families. This differs from the conventional chronic disease model which is about working with

persons with none or low risk to prevent risk factor development, delay disease incidence and complications. This is simply the wrong model for addressing child abuse and neglect, where it will be most effective and efficient to start with the more distressed, not the least.

Healing the trauma is an ethical imperative which also offers large health and economic payoffs to families and the wider community. If trauma can be healed and the intergenerational transmission disrupted, the potential benefits span the full range of health and social outcomes, across the life course and into the next generation.

Central to this endeavour is the provision of skilful support to children and families with an abuse or neglect history to facilitate healing. But noting the multiple adversities common in these families, combining intensive therapeutic work with practical supports is likely needed to create the nurturing environment for that child and so they can become a nurturing parent.

Birth parents at risk of losing their children are often in very difficult financial circumstances and yet it is only foster and kinship parents that receive payments to meet child related costs. While understandable this arrangement may not ensure the best outcomes.

The successful engagement of distressed families and vulnerable infants and children requires an intensive and skilful response. Generations of relational trauma with the accumulated harms will rarely be resolved by an off-the-shelf standard parenting program. Intensive engagement over 6 to 18 months involving a lead practitioner supported by a team is more likely what will be needed. Considerable funds are spent on other children and families – often on-going - why not on these children and families? Perhaps society is locked into a predominantly punitive response, rather than responding with compassion and skill to what is profound distress (not simply troubling behaviour).

A systems approach is needed, which is more than saying ‘child protection is everyone’s business’, but ensuring roles and responsibilities, target clients and budgets are well-defined and in sync, and that service supports are available before harms escalate. Investing in high quality trauma-based training will be crucial. The entire human services workforce needs to be upskilled to work sensitively, effectively, and safely with the most troubled families.

Cross-sectoral partnerships will be invaluable, between those delivering intensive family support and early childhood education and care, child and adolescent mental health, justice, human services etc. Investing in the early years, before children start school is a current priority for governments across Australia. This is an opportunity to allocate considerable additional funding to offer the necessary intensive support for vulnerable children, who are developmentally behind, and too often child protection involved. Continuity of funding and a focus on skill development and retention of trained staff will be crucial.

For the clinicians working with these families, this work is so important – not only can you help the persons and families you are directly working with, but this will have flow on benefits for future generations. What I hope with this opinion piece is to change policy and budget settings to better support workers on the ground to deliver the high-quality therapeutic trauma-based support families

stuck in intergenerational abuse and neglect cycles need. If we could only do this, the promise is better outcomes for our children, for our families, for our communities and the budget bottom line.

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Appendix 1

Convention on the Rights of the Child adopted 20 Nov. 1989, enforce on 2 Sept. 1990

Ref: https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

Preamble

The States Parties to the present Convention,

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Bearing in mind that the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom,

Recognizing that the United Nations has, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status,

Recalling that, in the Universal Declaration of Human Rights, the United Nations has proclaimed that childhood is entitled to special care and assistance,

Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community,

Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding,

Considering that the child should be fully prepared to live an individual life in society, and brought up in the spirit of the ideals proclaimed in the Charter of the United Nations, and in particular in the spirit of peace, dignity, tolerance, freedom, equality and solidarity,

Bearing in mind that the need to extend particular care to the child has been stated in the Geneva Declaration of the Rights of the Child of 1924 and in the Declaration of the Rights of the Child adopted by the General Assembly on 20 November 1959 and recognized in the Universal Declaration of Human Rights, in the International Covenant on Civil and Political Rights (in particular in articles 23 and 24), in the International Covenant on Economic, Social and Cultural Rights (in particular in article 10) and in the statutes and relevant instruments of specialized agencies and international organizations concerned with the welfare of children,

Bearing in mind that, as indicated in the Declaration of the Rights of the Child, "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth",

Recalling the provisions of the Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally; the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules); and the Declaration on the Protection of Women and Children in Emergency and Armed Conflict, Recognizing that, in all countries in the world, there are children living in exceptionally difficult conditions, and that such children need special consideration,

Taking due account of the importance of the traditions and cultural values of each people for the protection and harmonious development of the child, Recognizing the importance of international co-operation for improving the living conditions of children in every country, in particular in the developing countries,

Have agreed as follows:

Article 9

1. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.

2. In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known.

3. States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.

4. Where such separation results from any action initiated by a State Party, such as the detention, imprisonment, exile, deportation or death (including death arising from any cause while the person is in the custody of the State) of one or both parents or of the child, that State Party shall, upon request, provide the parents, the child or, if appropriate, another member of the family with the essential information concerning the whereabouts of the absent member(s) of the family unless the provision of the information would be detrimental to the well-being of the child. States Parties shall further ensure that the submission of such a request shall of itself entail no adverse consequences for the person(s) concerned.

Appendix 2: Indicative budget allocations to Child Protection involved families

Table A2.1 Estimated budget allocations attributable to Child Protection involved families 2022-23

Program Area	**Early Intervention Services To Prevent Child Abuse & Neglect And Reduce Harms**		**Dealing With Consequences Of Child Abuse & Neglect**		**Source**
	Program	*AUD million*	*Program*	*AUD million*	
Child Protection	Intensive family support services	562	Out-of-home care	5,920	ROGS (a)
Health					
Public Hospital				3,800	iCAN (b)
Community Maternal & Child Health	For DCP involved families	<500			c
Community Mental Health Services	For distressed infants, young children, and their families	<300			c
Private Medical / Allied Health Services	For distressed families	?		?	
Income Support	Welfare benefit payments through Centrelink		to age 33 years	5,260	iCAN (d)
			to age 65 years	13,060	iCAN (d)
Criminal Justice	Community support programs	?		4,339	e
Education	Specialised early childhood services for vulnerable children	?	Activities assoc. with behavioural issues, expulsions, suspensions, class-room disruption, high staff turnover.	?	
	Targeted well-being supports in schools	?		?	
TOTAL		**<1,500**		**27,119**	

Notes to Table 2

(a) Child Protection: Report on Government Services Part F [16] Table A.8 (Productivity Commission, 2024)

(b) Public hospital costs - Persons exposed to child abuse and neglect have higher public hospital use and cost increasing with child protection concern level. Modelled for Australia from infancy to 65 years, excess public hospital costs were estimated at $3.8 billion, imposing a cost penalty of 18% on the public hospital system, (Gnanamanickam et al., 2023).

(c) Modelled from SA data, prepared as an input to health services planning.

(d) Drawing on income support payments by Centrelink, child abuse or neglect was estimated to impose an additional annual cost of AU$5,263 million from birth to age 33 years adding 39% to the government income support budget (Gnanamanickam et al., 2024) or modelled to age 65 years (applying a 25% cost penalty) totally $10.45 billion. Noting Australian government spending for 23-24 on the disability pension

was $21.1 billion, carer payments $11.2 billion, job seeker $13.8 billion, parenting payments of $7.2 billion - a total of $52.24 billion (Australian Government, 2024).

(e) Justice services budget in 2022-23 for Australia was $15.04 billion for policing, $2.14 billion for courts, and $6.02 billion for corrections (Productivity Commission ROGS Part C table CA.1). Persons with child abuse and neglect histories are hugely over-represented in Australia's prison system and police contacts. If conservatively 12% of policing were attributed to CAN (noting for example police involvement in family violence), 5% of courts (noting court orders around child removal) and 40% of corrections - this would represent a cost of $4.34 billion attributed to CAN.