



Reducing child maltreatment: what works?

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Snapshot

- Child harm and maltreatment can have profound impacts on children’s wellbeing and physical, psychological, emotional, behavioural and social development.
- The Department of Communities and Justice (DCJ) commissioned Western Sydney University to complete a rapid review to identify evidence from international and Australian research about programs that reduce harm and maltreatment and improve outcomes for vulnerable children aged 0-5. Only systematic reviews, meta-analyses, or studies that used a randomised controlled trial or quasi-experimental design were included.
- 25 programs were found to contribute to reducing maltreatment and improving safety for vulnerable young children. These programs vary greatly in setting, mode and length.
- The review identified four core components that are common across these effective programs:
 - Engagement
 - Building supportive relationships and social networks
 - Building parental capacity
 - Case management
- The review highlights a need for more high quality research examining the effectiveness of Australian programs and the implementation of international programs in diverse Australian contexts, particularly with Aboriginal and culturally and linguistically diverse families.


Introduction

Child harm and maltreatment can have profound impacts on children’s wellbeing and physical, psychological, emotional, behavioural and social development. These impacts can extend into adulthood and lead to poorer outcomes in economic opportunity, educational attainment, housing security, community participation, empowerment and health.

This Evidence to Action Note describes research on programs and activities that have been designed to help reduce child harm and maltreatment and improve outcomes for vulnerable young children age 0-5.

The evidence review was undertaken by Western Sydney University.¹

The review was carried out following the [technical specifications](#) for the conduct of reviews for DCJ’s [Evidence Portal](#). This ensures a rigorous and consistent approach to the assessment of program effectiveness.² The research team critically assessed the strength of evidence for reduction of child harm and maltreatment programs using the [Evidence Portal rating scale](#). Of the 34 programs that were rated according to evidence



of their effectiveness, 25 programs were found to contribute to reducing maltreatment and improving safety for vulnerable young children.

The majority of programs (22) identified in the review are designed to improve parenting competency and family functioning. Eighteen programs aim to prevent neglect and abuse, and reduce the incidence of contact with child protection services. A number of programs (14) target harsh and/or dysfunctional discipline and punishment. A small number of programs specifically address child health, child safety and domestic violence.

Common core components and flexible activities of programs shown to prevent child maltreatment were identified.

Why is this important?

Child harm is any significant detrimental effect on a child's physical, psychological or emotional well-being. Child maltreatment is any non-accidental behaviour directed at children which is outside accepted norms of conduct and poses a significant risk of causing physical and/or emotional harm.³ Child harm and maltreatment are associated with adverse outcomes in childhood and later life. Children who are subjected to neglect or abuse are more likely to experience physical injuries, growth delays,⁴ learning difficulties and cognitive delays,^{5,6,7} low self-esteem and difficulty forming relationships with peers,⁸ and mental health issues such as anxiety, depression, withdrawal and post-traumatic stress disorder.^{9,10} They are also more likely to engage in crime, delinquency,^{11,12,13,14} substance abuse,¹⁵ self-harm¹⁶ and suicidal ideation.¹⁷ Experiences of harm and maltreatment in childhood can affect outcomes later in life, such as economic opportunity, educational attainment, housing security, community participation, empowerment and health.¹⁸

It is vital that children are able to grow and develop in safe, supportive families where they can experience psychological, emotional, behavioural and social wellbeing. Multidimensional support, including programs that help parents to develop positive parenting skills and address the underlying causes of negative parenting practices, is an important resource for vulnerable families and children.¹⁹



What did the evidence review find?

Method

The rapid evidence review was guided by the question: ‘Which programs reduce harm and maltreatment for vulnerable children aged zero to five years?’

The evidence review followed the method outlined in the [Evidence Portal Technical Specifications](#).

The search strategy returned 15,981 publications. The publications were screened to ensure that they fell within scope and were directly relevant to the guiding research question. Only systematic reviews, meta-analyses, or studies that used a randomised controlled trial or quasi-experimental design were included. A risk of bias assessment was then carried out and only studies found to have a low to moderate risk of bias were included. Following all exclusions, 45 studies were included in the review. These 45 studies described 34 different child harm reduction programs. The majority of studies and programs were from the US. Of these 34 programs, **25 programs were identified as contributing to a reduction in harm and maltreatment for vulnerable young children.**

The research team then conducted a content analysis of each program to identify core components and related flexible activities common across the evidence-informed programs. Core components are the fixed aspects of an intervention or program, while flexible activities are the different ways the intervention may be implemented, according to the local context.

For more information about how the evidence review was conducted see the Reducing Child Harm and Maltreatment Evidence Review Protocol.

Key Findings

Outcomes

The review identified five different models of harm and maltreatment reduction.

The review identified five different models of harm and maltreatment reduction among the 34 eligible programs. These models are not mutually exclusive – some programs align with two or more of the models. The five models are:

- home visiting programs
- programs mainly delivered in early childhood education settings
- therapeutic parent-child interaction programs
- programs delivered in clinical settings
- family therapy.

Parenting was the most common outcome domain identified.

The review identified outcome domains and client outcomes to determine program effectiveness. A total of six outcome domains, with 66 unique client outcomes, were identified – see Table 1.

Table 1: Outcome domains

Outcome domain	Number of client outcomes	Number of programs targeting the outcome
Parenting	23	22
Child abuse and neglect	24	18
Discipline/punishment	9	14
Child health	5	5
Child safety	4	4
Domestic violence	1	2

The most common outcome domain was parenting, with 22 programs designed to reduce harsh, hostile and/or neglectful parenting, increase parenting competency and improve family functioning. The next most common outcome domains were child abuse and neglect with 18 programs, and discipline/punishment with 14 programs. The child abuse and neglect outcome domain encompassed programs that aim to prevent neglect and abuse, and reduce child abuse reports, contact with child protection services and out-of-home care placement. The discipline/punishment outcome domain covered programs that aim to reduce dysfunctional discipline strategies and attitudes, and prevent harsh and corporal punishment. A small number of programs had outcome domains relating to child health (5 programs), child safety (4) and domestic violence (2).

Evidence-informed programs

Of the 34 programs identified:

- None of the programs achieved a ‘well supported by research evidence’ rating, which requires at least one high quality systematic review with meta-analyses based on randomised controlled trials to report statistically significant positive effects.
- Two programs (Parent-Child Interaction Therapy and Nurse-Family Partnership) were ‘supported’ by research evidence, meaning that at least two high quality randomised controlled trials or quasi experimental design studies report statistically significant positive effects.
- There was ‘promising’ research evidence for 17 programs, meaning that at least one high quality randomised controlled trial or quasi experimental design study reports statistically significant positive effects.
- Six programs were rated as having ‘mixed research evidence with no adverse effects’.
- Five programs were rated as having ‘mixed research evidence with adverse effects’.
- The research evidence was rating as failing to demonstrate effect for four programs.

In total, the review identified 25 programs which contributed to a reduction in harm and maltreatment for vulnerable young children. Table 2 outlines all 34 programs identified in the review along with the outcomes they address and their evidence ratings.

Table 2: Evidence ratings of child harm and maltreatment reduction programs

Program	Outcomes	Evidence Rating
Nurse-Family Partnership	Child abuse and neglect Domestic violence Child safety Child health Discipline/punishment	Supported research evidence
Parent-Child Interaction Therapy	Discipline/punishment Parenting	Supported research evidence
Australian Nurse-Family Partnership Program	Child abuse and neglect	Promising research evidence
The Incredible Years Preschool BASIC Parenting Program Enhanced with Home Visits	Discipline/punishment	Promising research evidence
The Incredible Years Shortened Basic Version	Discipline/punishment Parenting	Promising research evidence
Chicago Parent Program	Discipline/punishment Parenting	Promising research evidence
Child-Adult Relationships Enhancement in Primary Care	Discipline/punishment Parenting	Promising research evidence
Group Attachment-Based Intervention	Parenting	Promising research evidence
HeadStart	Child abuse and neglect Parenting Discipline/punishment	Promising research evidence
Healthy Steps for Young Children Program	Parenting	Promising research evidence
Johns Hopkins Children and Youth Program	Child health Child abuse and neglect	Promising research evidence
ParentCorps	Parenting	Promising research evidence
Parents as Teachers	Child abuse and neglect	Promising research evidence
Pride in Parenting Program	Parenting	Promising research evidence

Right@Home	Parenting Child safety	Promising research evidence
SafeCare	Child abuse and neglect Parenting	Promising research evidence
SafeCare+	Child abuse and neglect Parenting Domestic violence	Promising research evidence
Safe Environment for Every Kid	Child abuse and neglect Child health Discipline/punishment	Promising research evidence
Self-Directed Triple P	Discipline/punishment Parenting	Promising research evidence
Early Start	Child health Parenting Child abuse and neglect	Mixed research evidence (with no adverse effects)
Family Support Program	Child abuse and neglect	Mixed research evidence (with no adverse effects)
Parent Training Program	Parenting	Mixed research evidence (with no adverse effects)
Promoting First Relationships	Child abuse and neglect	Mixed research evidence (with no adverse effects)
Relief Nursery Program	Parenting Child abuse and neglect	Mixed research evidence (with no adverse effects)
SafeCare Dad to Kids (Dad2K)	Child abuse and neglect Discipline/punishment Parenting	Mixed research evidence (with no adverse effects)
Adults and Children Together against Violence / Parents Raising Safe Kids Program	Discipline/punishment Parenting	Mixed research evidence (with adverse effects)
Hamilton Nurse Home Visiting Program	Child abuse and neglect	Mixed research evidence (with adverse effects)
Healthy Families America Program	Child abuse and neglect	Mixed research evidence (with adverse effects)
Parents as Teachers + SafeCare at Home	Child safety Child abuse and neglect Child health Discipline/punishment	Mixed research evidence (with adverse effects)
Video-Feedback Intervention to Promote Positive Parenting	Discipline/punishment Parenting	Mixed research evidence (with adverse effects)

and Sensitive Discipline

Video-Feedback to Promote Positive Parenting and Sensitive Discipline in Foster Care	Discipline/punishment Parenting	No effect
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Together We Can	Discipline/punishment	No effect
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Family Group Conferencing	Child abuse and neglect	No effect
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e-Parenting Program	Parenting Child abuse and neglect	No effect
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Core Components and Flexible Activities

The review identified four core components and thirteen flexible activities in programs that contribute to a reduction in child harm and maltreatment. The four common **core components** are: **engagement, building supportive relationships and social networks, building parental capacity, and case management**. See Table 3 for descriptions of the core components and flexible activities. See Appendix 1 for practice examples.

While it helps to identify common components of programs across the evidence base, the core components approach does not indicate which components are critical to program effectiveness, nor does it provide a measure of the acceptability of components with different groups. Many of the effective programs identified in the review had other components that may have been critical to their success in local contexts. Furthermore, the evidence of effectiveness relates to programs delivered in their entirety and does not indicate whether a new combination of components will be equally effective in achieving specific outcomes.

Table 3: Reducing Child Harm and Maltreatment Core Components and Flexible Activities

Core Component	Description and Flexible Activities
Engagement	The way that services engage with families is crucial to ensuring parents/carers participate in a program until they have achieved their goals. The most significant flexible activities that engage families are sustained home visiting , and engaging and relevant delivery of curriculum material . Overcoming barriers to engagement or attendance in a program increases the positive impact of the program. This can be done through providing practical support for attendance , and ensuring the program is flexible enough to be tailored to the needs of the family .
Building Supportive Relationships and Social Networks	Supportive relationships between parents/carers and their children are fundamental to reducing harm and maltreatment. The relationship between the service provider and the family is important to achieve this aim. Supportive relationships enable parents/carers to seek advice and respite from others when needed. Flexible activities are focused on relationship-building. The curriculum material of the program includes activities to support parents to build supportive relationships with their

	children , and interaction between parent and child is often a focus of the delivery sessions . The relationship between parents and the service provider is often built through regular delivery sessions over a long-term timeframe .
Building Parental Capacity	Parents/carers can be supported via parenting education, coaching and modelling sessions, focusing on topics such as child development and needs, child behaviour management strategies, and practical advice about routines. Sessions are also intended to develop parents' general living skills to increase their parental capacity and ability to manage other aspects of their lives. Flexible activities include a standard curriculum of parenting skills, trained service providers, and life skills development . Activities to improve parenting capacity are often delivered by service providers trained in a specific curriculum or program. Delivery is mainly via home visiting and parenting classes.
Case Management	Understanding and addressing the material, emotional and practical support needs of families is crucial to improving outcomes. Programs that aim to reduce harm for children specifically target at-risk families. Universal programs are often not appropriate given the complex needs that families have. Further referrals are often required. Flexible activities therefore include appropriate referrals, targeted recruitment and screening, and integration with other services and onward referrals to other services and agencies . These activities can be delivered with different levels of intensity and for short or long periods of time.

Limitations

This evidence review is subject to some limitations.

- The technical specifications for the review limited inclusion to programs that have been subject to a randomised controlled trial or a high quality quasi experimental design study, and excluded non-peer reviewed and grey literature. This means the findings only relate to programs that met the narrow scope for inclusion and had a very rigorous evidence base. The search strategy was also confined to specific age and vulnerability criteria, and excluded hand searching. Consequently, there may be additional studies addressing relevant programs and program outcomes that were not captured. It is important not to confuse a lack of evidence unearthed in the review with a lack of program effectiveness.
- Requiring such a high standard of evidence resulted in a positive bias towards US-based programs – 22 of the 34 programs reviewed relied exclusively on US-based studies, and only four programs included Australian studies. Consequently, the review included only two studies that directly reported on outcomes relevant to First Nations families (one with Aboriginal families and one with Maori families). The review is therefore limited by the paucity of Australian research, particularly as this relates to children who experience marginalisation and adversity, including Aboriginal children and children from culturally and linguistically diverse (CALD) backgrounds.



Where to from here?

The findings from the review allow us to assess current practice against evidence-informed models and build more of what works into program design and practice across services targeting vulnerable children. Some of the programs identified in the review are already being implemented in NSW by DCJ (e.g. SafeCare, Parent-Child Interaction Therapy and Family Group Conferencing), or in a broader early intervention setting (Australian Nurse-Family Partnership and Triple P). DCJ is applying evidence from the review to improve child and family support services.

In applying a core components approach, which seeks to overcome some of the implementation challenges posed by manualised programs, the review helps to build a common evidence-informed framework that DCJ and service providers can use to develop and implement flexible, tailored services.

The review highlights a need for more high quality Australian research examining the effectiveness of childhood interventions and the implementation of international programs in diverse Australian contexts, including specifically with Aboriginal and CALD families. It is vital that governments invest in rigorous evaluation of programs to build the body of evidence.

The findings have implications for the selection and implementation of programs. While program ratings are one key consideration in deciding which programs to fund and deliver, the local context is also important. The best programs on offer should be implemented, however careful consideration should be given when adapting international programs to ensure that they are relevant to diverse Australian contexts. Programs should only be implemented after extensive consultation with practitioners and community members with cultural knowledge. Although the evidence base is currently limited, programs developed in the Australian context should be considered.

Implementation considerations

- whether the program has been manualised to help service providers deliver it with fidelity
- whether the program is flexible enough to be adapted to meet the needs of different groups without compromising program effectiveness
- characteristics of the target group/s that the program has been delivered effectively to
- the required skills and qualifications of the service provider
- how the program will work with other available services
- the purpose of implementing the program and how this aligns with current funding priorities
- program dosage.



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Appendix 1: Core Components Practice Examples

Practice example

Core component: Engagement.

Flexible activity: Home visiting, where a program is substantially delivered through the service provider visiting the family in their home.

Implementation: During home visits, the home visitor builds a relationship with the family, and curriculum content is delivered through activities and conversation. The number of visits varies by program, as does the time over which they occur, from 10 weeks to three years.

Target groups: First time mothers who are vulnerable, Aboriginal mothers, families at risk, families with prior contact with child protection services.

Programs that use this flexible activity: Nurse-Family Partnership, Australian Nurse-Family Partnership Program, Healthy Families America, Early Start, Right@Home, Parents as Teachers, Pride in Parenting, Healthy Steps for Young Children, Parents as Teachers + SafeCare at Home, SafeCare, SafeCare+, SafeCare Dad2K, Hamilton Nurse Home Visiting Program, Promoting First Relationships.

Practice example

Core component: Building supportive relationships and social networks.

Flexible activity: Building the parent-child relationship.

Implementation: The program uses curriculum material that aims to build parenting skills and nurture a positive relationship between parent and child. It facilitates activities between parent and child, such as playgroups that children and parents attend together, or video-recording parent-child interactions and giving coaching feedback to parents.

Target groups: First time mothers who are vulnerable, families at risk, families with prior contact with child protection services, multi-generational migrant families, low-income migrant families, foster families, families with a child showing signs of problems with socio-emotional or cognitive development, families with a child with behavioural concerns.

Programs that use this flexible activity: Healthy Families America, Parents as Teachers + SafeCare at Home, Promoting First Relationships, Relief Nursery Program, Parent-Child Interaction Therapy, Self-Directed Triple P, The Video-Feedback Intervention to Promote Positive Parenting and Sensitive Discipline, Child-Adult Relationship Enhancements in Primary Care.



Practice example

Core component: Building parental capacity.

Flexible activity: Trained service providers.

Implementation: Service providers who deliver the program as home visitors, facilitators or clinicians are trained in the program and often have professional qualifications, skills, and experience. They sometimes also have relevant lived experience and cultural knowledge.

Target groups: First time mothers who are vulnerable, Aboriginal mothers, families at risk, families with prior contact with child protection services, families with a child showing signs of problems with socio-emotional or cognitive development, families with a child with behavioural concerns, parents lacking parenting skills, culturally diverse communities, mothers at risk of maltreating their children because of a heavy trauma burden, mental health challenges, or prior removal of a child.

Programs that use this flexible activity: Nurse-Family Partnership, Australian Nurse-Family Partnership Program, Early Start, Right@Home, Pride in Parenting, Healthy Steps for Young Children, Parents as Teachers + SafeCare at Home, Promoting First Relationships, Johns Hopkins Child and Youth Program, Hamilton Nurse Home Visiting Program, HeadStart, Relief Nursery Program, Family Support Program, ParentCorps, Parent-Child Interaction Therapy, The Incredible Years Preschool BASIC Parenting Program Enhanced with Home Visits, The Incredible Years Shortened Basic Version, Safe Environment for Every Kid, Child-Adult Relationship Enhancements in Primary Care, Group Attachment-Based Intervention, Adults and Children Together Against Violence.

Practice example

Core component: Case management.

Flexible activity: Integration with other services and onward referrals.


Implementation: Programs achieve integration with other services in a variety of ways, including embedding the program in paediatric clinical practice, incorporating health visits in the program, and integrating parenting programs and support with childcare delivery at HeadStart centres.

Target groups: First time mothers who are vulnerable, Aboriginal mothers, families at risk, families with a child showing signs of problems with socio-emotional or cognitive development, parents lacking parenting skills, culturally diverse communities.

Programs that use this flexible activity: Nurse-Family Partnership, Healthy Families America, Healthy Steps for Young Children, Johns Hopkins Children and Youth Program, Hamilton Nurse Home Visiting Program, HeadStart, Relief Nursery Program, Family Support Program, ParentCorps, Safe Environment for Every Kid.

Endnotes

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