

EVIDENCE BRIEF

CHILD PROTECTION INTAKE AND DIFFERENTIAL RESPONSE

Prof Leah Bromfield, Dr Sarah Cox, Dr Amy Bromley
and Danielle Perfect



Australian
Centre for
Child Protection

KEY MESSAGES

- There is no 'best practice' model of intake that has successfully reduced demand on statutory child protection or sustained reports to child protection intake at a manageable volume.
- Reforms that have developed alternative visible entry points for family support and other preventative interventions (and a corresponding increased service capacity) appear to have had the most success in reducing and slowing demand.
- Differential response enables a more proportionate and supportive approach to child protection by matching the type of intervention to the level of risk. While it can reduce unnecessary statutory involvement and promote earlier help-seeking, it is not a standalone solution.
- Implementing differential response requires reforms that promote a holistic, coordinated responses that includes prevention, early help, and sustained support for families. Accurate assumptions about the scale of abuse and neglect may help to further refine these promising models.
- Mandatory reporting laws and reporting practices of those groups that are the source of the greatest volume of reports are critical to success in changing pathways into services.

PURPOSE

The purpose of this brief is to provide an analysis of significant intake reforms in Australia that have shaped, how child protection intake models operate across jurisdictions in order to inform future intake reform.

The brief also highlights that intake reform alone cannot reduce demand. A broader, system-wide shift is needed to prevent harm, reduce unnecessary statutory involvement, and ensure that all children and families can access timely and appropriate support.

EARLY HISTORY OF CHILD PROTECTION

Australian statutory child protection systems have their roots in the first wave of the 'child rescue' movement in the early 1900s (Bromfield, 2005). This movement focused on destitute children living in the streets, leading to the establishment of institutions like orphanages, where neglected, destitute, and 'uncontrollable' children were placed (State Records of South Australia, 2023).

Countless inquiries have exposed the extensive and horrific abuse and neglect that children endured in orphanages and other forms of state care, with the full extent of these abuses still being revealed today (e.g., Bringing Them Home, 1997;

Lost Innocents: Righting the Record - Report on child migration, 2001; Forgotten Australians, 2004; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017; Mullighan, 2008).

For Aboriginal peoples, the history of child protection is closely interlinked with colonisation, where child protection systems were used as tools to remove Aboriginal children on racial grounds under the pretext of 'Protection', a practice now recognised as the Stolen Generations. The forced removal of Aboriginal children and the systemic control of Aboriginal people throughout the history of colonisation systematically fractured and tore apart families and communities (Human Rights and Equal Opportunity Commission, 1997)—a legacy that continues to impact Aboriginal peoples today (Lawrie, 2024). The enduring impacts of colonisation on Aboriginal families is discussed further in a separate evidence brief (Wanganen et al., 2026).

The 1960s saw a shift into a new era of child protection catalysed by US medical research that named the 'battered child syndrome', identifying children with multiple bone fractures and severe physical injuries. Governments across the globe responded with the creation of a new statutory child protection service, initially with a focus on detecting extreme cases of physical abuse and removing children experiencing this extreme harm from abusive parents (Bromfield, 2005).

A 'residual' approach to social welfare underpinned these foundational systems (see Box inset). The approach relied upon suspected maltreatment being detected and reported to child protection services, who were charged with investigating the allegations to determine their veracity and removing children for whom extreme harm was verified.

The placement functions of this system were grafted onto the existing largely church and charitable run systems of institutional 'care'. Early welfare systems had little emphasis on keeping families together or attempting to reunify them. Parental rights were often deliberately severed and contact between children and birth parents was actively discouraged.

Anyone could make a report to the 'new' statutory child protection service. However, there were concerns at the time about a reluctance on behalf of professionals to report to statutory child protection services as they perceived reporting to be an intrusion into family life and the rights of parents.

The Residual Approach to Social Welfare

Wilensky and Lebeaux (1958, as cited in Ife & Fiske, 2003) conceptualised the typology of "residual" compared to "institutional" approaches to social welfare. Under a residual approach to social welfare, people are expected to meet their own needs through the primary institutions of the market and the family. Welfare is a secondary institution, which only comes into effect where the primary institutions have failed. In comparison, an institutional approach sees welfare applied to all as a dominant institution with a preventative focus, under which the state is responsible for providing comprehensive and universal programs of health, education, housing, social security, personal services, and so on. Theoretically, under a residual approach, costs are kept to a minimum, as selective services are provided only to those most in need, whereas the provision of universal services dictated by an institutional approach are seen to be very costly. The two philosophies are fundamentally opposed and represent alternative views of the place of welfare (in the form of the welfare state) in modern society (Ife & Fiske, 2003).

Excerpt from Bromfield et al, (2014). Contemporary issues in child protection intake, referral and family support, p. 123 in Hayes, A. and Higgins, D., (Eds). (2014). Families, policy and the law: Selected essays on contemporary issues for Australia. Melbourne: Australian Institute of Family Studies

Mandatory reporting requirements were established to address this reluctance. In 1969, South Australia was the first state in Australia to introduce a mandatory reporting obligation – initially only for doctors and dentists to report physical abuse (Mathews, 2014). In Tasmania, mandatory reporting provisions initially required probation officers, child welfare officers, officers under the education act, psychiatrists, social workers, and medical practitioners were prescribed to report a "child who has not apparently attained the age of 12 years who has suffered injury through cruel treatment" (Mathews, 2014).

EVOLVING DEFINITIONS OF ABUSE AND NEGLECT AND THE SCOPE OF MANDATORY REPORTING

Over time, laws and definitions of child maltreatment evolved and expanded, until by the 1990s child protection encompassed physical, sexual and emotional abuse, and neglect. A further evolution in the 2000s saw witnessing domestic

violence also recognized as a form of child maltreatment. What were considered to be abusive or neglectful behaviours also changed and expanded in response to changing social values (Bromfield, 2014; Bromfield, Arney & Higgins, 2015; Mathews, 2014).

Reporting practices expanded over time in line with changes to definitions of what constitutes abuse and neglect (Bromfield, Arney & Higgins, 2014; Bromfield, 2015). In some jurisdictions, mandatory reporting requirements were also changed to reflect the changed scope of a child in need of protection (Mathews, 2014). Tasmania, for example, has evolved to have a relatively broad scope for mandatory reporting obligations (Cox et al., 2026).

The value of preserving and reunifying families slowly gained acceptance as a key objective of the

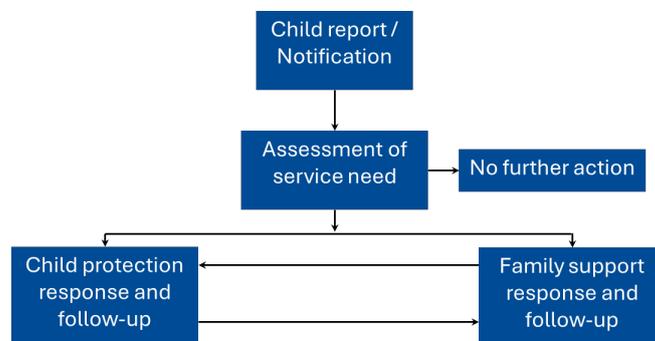
child protection system, and principles of earlier intervention emerged. However, child protection services continued to provide a service model underpinned by a residual response to a very different problem, substantially larger in scale.

The residual approach to social welfare originally represented a “good fit” for the relatively small problem of severe maltreatment. However, child protection systems based upon a residual approach are best suited to problems that are low in prevalence. As the scope of child protection expanded, the capacity for a residual response to manage demand diminished.

DIFFERENTIAL RESPONSE IN CHILD PROTECTION

Since the mid-1990s, many child protection systems across Australia have adopted differential response. Implemented in various forms in all Australian jurisdictions, differential response enables systems to match the intensity of the response to the level of risk and to direct families to supports that aim to prevent escalation and reduce unnecessary statutory involvement (Bromfield & Higgins, 2005a).

Figure 1
Differential Response Process



There are two broad response arms to the differential approach: if the child is assessed to be at high risk, a formal child protection investigation is carried out. If the concerns are less severe, the family is offered voluntary, community-based support services, such as parenting programs, financial counselling, or housing assistance, without going through a statutory investigation (Connolly, 2005). An example of this response is shown in **Error! Reference source not found.**

This approach is based on two core principles:

- Responses should be proportionate to the level of risk and the specific needs of the family.

Key intake-related assumptions and features of the foundational child protection model

- **Problem:** There are a population of children experiencing severe and potentially life-threatening abuse by parents
- **Systemic response:** A service system needs to be created to receive reports of suspected abuse, with legal powers to investigate and forcibly remove children if deemed necessary
- **Scale of problem:** The incidence of child abuse is rare
- **Theoretical underpinning:** Residual response
- **Reporting culture:** Reluctance to report, mandatory reporting introduced
- **Scope:** severe physical abuse only
- **Intake location:** Local response embedded within local child protection services
- **Primary purpose:** child safety
- **Pathway for reports deemed out of scope for child protection:** Nil
- **Family support referral pathway:** not included in the response

- Families are more likely to engage with non-adversarial, supportive help than with investigative or punitive processes.

Differential response is an adaptation to a child safety intake model. It remains a residual model primarily intended to respond to concerns from mandated reporters and concerned public who believe or suspect a child's safety is at risk. By referring families in need away from formal investigation and toward voluntary, community-based supports, differential response helps divert cases away from child protection. However, the effectiveness of differential response depends heavily on the availability and accessibility of service pathways outside of child protection. This includes family support, mental health, alcohol and other drugs, domestic violence, disability, and housing supports.

Differential response is intended to provide a pathway for reports that do not require a child protection response. It was not intended to become the primary referral pathway into family supports and other services. Existing direct community referrals into preventative supports remained the primary intended referral pathway for voluntary services. While differential response helps refine how reports are handled, it does not reduce the number of reports being made (Schene, 2005). In fact, it can increase intake volumes by making the child protection report line a more visible and accessible entry point for families needing help, particularly for professionals seeking a pathway into support services (Bromfield, 2015).

ALTERNATIVE VISIBLE INTAKE PATHWAYS FOR FAMILIES IN NEED

By the early 2000s, social conditions had changed over time, such that there was a significant concern about a culture of reporting. Where reporting was seen to contribute to an abrogation of responsibility for supporting children and families in community and among other professionals (Bromfield, 2015). Demand increasingly outstripped capacity to respond in child protection intake models across the country. Earlier intervention and the application of a public health model were key underpinning frameworks informing reform. Funding of family support programs were frequently inter-related with or considered as an intake reform. Over the past two decades a variety of reforms to child protection and family support intake models have been trialled within Australia.

The public health model, and particularly the primary, secondary and tertiary levels of prevention influenced reformative thinking at this

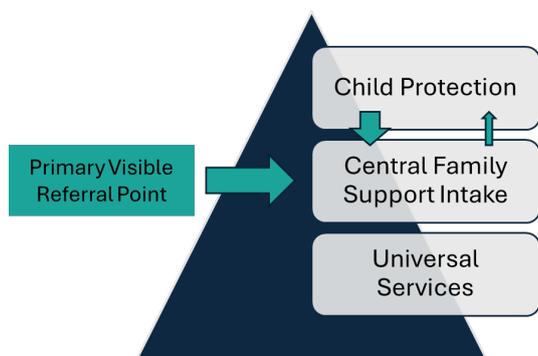
Key intake-related assumptions and features of the differential response model

- **Problem:** There are a population of children experiencing abuse and neglect who require a child protection response. There are a further population of children at risk of abuse or neglect who come to the attention of child protection, for whom harm could be prevented if families are provided earlier help.
- **Systemic response:** A modification to the child protection intake model to provide a referral pathway for families in need for whom reported concerns were outside of the scope of child protection
- **Scale of problem:** The incidence of child abuse and neglect is low, the population of families in need of support is greater than the population in which abuse or neglect has occurred.
- **Theoretical underpinning:** residual response and early intervention
- **Reporting culture:** increased willingness to report
- **Scope:** physical abuse, sexual abuse, neglect, emotional abuse, exposure to family violence
- **Intake location:** Local response embedded within local child protection services or a centralised intake service for a jurisdiction or region
- **Primary purpose:** child safety
- **Pathway for reports deemed out of scope for child protection:** Yes
- **Family support referral pathway:** differential response pathway as a supplement to direct report pathways into services for families and professionals.

time (e.g. ARACY, 2009; O'Donnell et al., 2008). Common features of reforms to child protection intake and family support referrals at this time were that universal, secondary and tertiary responses were needed as part of a comprehensive response to child abuse and neglect. Within this conceptualisation, universal services such as primary health, education, income support were

framed as primary prevention, family support was the key secondary prevention response and statutory child protection was framed as the tertiary response (e.g. the National Framework for Protecting Australia's Children 2009-2020). The population distribution was assumed to mirror the population distribution represented in the public health pyramid (Bromfield, 2015). Additional key assumptions were that child protection intake had become the primary visible referral pathway into secondary and tertiary intervention, and that direct referral pathways into secondary services had relatively poor visibility (KPMG, 2011). Common features of intake reforms were the creation of alternative visible entry points into secondary services, with the intent of this becoming the primary referral pathway into the service system and reducing the demand pressures on child protection intake, and in turn, statutory child protection services. The intended mechanism of change for reduced demand was two-fold:

- (a) providing an alternate pathway into services for families with risk that was sub-threshold for statutory child protection services, and
- (b) preventing problems in those families from escalating to the point that they reached the threshold for child protection intervention (Bromfield, 2015).



The Victorian ChildFIRST model was arguably the most successful, preventing growth for a sustained period (Mathews et al., 2016). The Tasmanian Gateways model was closely modelled on the Victoria ChildFIRST reforms with some legislative differences due to different mandatory reporting requirements in each state. NSW Child Wellbeing Units and Family Referral Services were also implemented in the decade between 2005-2015, all with similar assumptions and objectives.

These reforms were positive in slowing demand, for a period of time, particularly in Victoria. However, a key barrier to their success was an incorrect assumption regarding the prevalence of abuse, neglect and exposure to family violence. A further barrier was reporting practices, with reforms highlighting the centrality of reporter

behaviour and the difficulty in changing reporting practice.

Key intake-related assumptions and features of the alternative visible pathways

- **Problem:** Reports to child protection were overwhelming. The largest volume of reporting was assumed to be families in need and for children experiencing chronic neglect and cumulative harm that did not require a child protection response.
- **Systemic response:** Investment in family support and creating of an alternate visible central referral point into family support services
- **Scale of problem:** The incidence of child abuse and neglect is relatively low, the population of families in need of support is greater than the population in which abuse or neglect has occurred mirroring the population distribution represented by the public health pyramid.
- **Theoretical underpinning:** the public health model
- **Reporting culture:** reporting as the primary means of dispensing responsibility to protect children
- **Scope:** physical abuse, sexual abuse, neglect, emotional abuse, exposure to family violence
- **Intake location:** Local response embedded within local child protection services or a centralised intake service for a jurisdiction or region
- **Primary purpose:** child safety reaffirmed as primary purpose of child protection intake
- **Pathway for reports deemed out of scope for child protection:** Yes
- **Family support referral pathway:** alternate visible referral pathway into family support, in some models this was the only pathway with direct community referral restricted or prevented as a means of rationing services to those families most in need.

INTAKE APPROACHES

There are a range of different approaches to key elements of intake models operating across Australia (Bromfield & Higgins, 2005b). There are differing views on the preferability of localised or centralised intake models and the restriction of intake models to inbound only calls. Documentation of views on the strengths and limitations of different models are based on observations made to the first author by leaders in statutory child protection over the last two decades and have not been identified from research evidence.

Strengths of de-centralised intake models are greater knowledge of local families, greater connection into investigation and response teams and potential to use outbound calls to rapidly inform information gathering and make more accurate screening decisions. Criticisms of localised models are lack of consistency in thresholds, challenges with scale and out of hours responses. Challenges in inbound/outbound call centres are inefficiencies impacting timeliness of response and the workflow and resource implications of outbound calls to inform screening decisions.

Conversely, the strengths of a centralised intake line are greater consistency in decision making and thresholds, efficiencies of scale. Criticisms are disconnection from families and communities. A further criticism of a centralised model is that they contribute to the visibility of child protection intake as the primary referral pathway for referrals for

families with safety or wellbeing concerns and contribute to a reporting culture and abrogation of local professional and community responsibility for protecting children and supporting families (i.e. erosion of the social cohesiveness required to create 'the village').

OTHER MODELS OF INTAKE OUTSIDE OF AUSTRALIA

Approaches to child protection across Western Europe comprise more substantial differences, such as the 'Confidential Doctor' model of intake for child safety concerns, notably mandatory reporting is not a feature of these European models (Price-Robertson et al., 2014). Models of intake and associated challenges in Australia most closely resemble the systems and responses in the US and Canada. The UK and New Zealand, while having comparable models and approaches to Australian child protection systems, do not have mandatory reporting. There is growing criticism globally of mandatory reporting as surveillance, recognising that it disproportionately disadvantages Indigenous and Black peoples (Merritt et al., 2025). Initiatives such as "mandatory supporting not mandatory reporting" are being tried (Holland et al., 2021), at this stage there is no evidence-based model of intake for child safety and wellbeing concerns that have been found to be effective and successfully scaled to reverse 'reporting culture' in jurisdictions with mandatory reporting.

REFERENCES

- ARACY. (2009). *Inverting the pyramid: Enhancing systems for protecting children*. T. A. C. Group. https://aracy.org.au/wp-content/uploads/2024/09/Inverting_the_pyramid_-_Enhancing_systems_for_protecting_children-EDITED-COVER.pdf
- Bromfield, L. (2015). The role of mandatory reporting in preventative child welfare reforms: an uneasy fit? In *Mandatory reporting laws and the identification of severe child abuse and neglect* (pp. 467-490). Springer.
- Bromfield, L., & Higgins, D. (2005a). *Chronic and isolated maltreatment in a child protection sample*. Australian Institute of Family Studies. <https://aifs.gov.au/research/family-matters/no-70/chronic-and-isolated-maltreatment-child-protection-sample>
- Bromfield, L., & Higgins, D. (2005b). *National comparison of child protection systems* (Vol. 22). Australian Institute of Family Studies Melbourne.
- Connolly, M. (2005). Differential responses in child care and protection: Innovative approaches in family-centred practice. In L. Merkel-Holguin (Ed.), *Protecting Children* (Vol. 20). American Humane Association. https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG_INST:01CWIG/1218887710007651
- Cox, S., Bromfield, L., & Bromley, A. (2026). *Key legislative definitions for child protection intake*. Australian Centre for Child Protection: Adelaide University.
- Holland, K. J., Hutchison, E. Q., Ahrens, C. E., & Torres, M. G. (2021). Reporting is not supporting: Why mandatory supporting, not mandatory reporting, must guide university sexual misconduct policies. In (Vol. 118, pp. e2116515118): National Academy of Sciences.
- KPMG. (2011). *Evaluation of the child and family services reforms*. <http://www.dhs.vic.gov.au>
- Mathews, B., Bromfield, L., Walsh, K., & Vimpani, G. (2016). *Child abuse and neglect: a socio-legal study of mandatory reporting in Australia (report prepared for the Federal Department of Social Services)* (Vol. 1). Department of Social Services.
- Merritt, D. H., Ludeke, R. D., Halverson, J., Chewe, J., & Kaul, U. (2025). Mandated Reporting and Child Welfare Surveillance: Protection or Subordination. *Families in Society*, 106(2), 480-499.
- O'Donnell, M., Scott, D., & Stanley, F. (2008). Child abuse and neglect--is it time for a public health approach? *Aust N Z J Public Health*, 32(4), 325-330. <https://doi.org/10.1111/j.1753-6405.2008.00249.x>
- Price-Robertson, R., Bromfield, L., & Lamont, A. (2014). International approaches to child protection. *CFCA Paper*, 23, 1-11.
- Schene, P. (2005). Protecting Children. In A. H. Association (Ed.), *Differential response in child welfare* (Vol. 20).
- Wanganeen, J., Krakouer, J., & Bromfield, L. (2026). *Child protection risk assessment and Aboriginal and Torres Strait Islander Children and Families*. Australian Centre for Child Protection: Adelaide University.



ACKNOWLEDGMENTS

The authors acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of the lands across Australia and pay respects to Elders past and present. In particular the authors acknowledge the Palawa people of Lutruwita (Tasmania).

This development of this Evidence Brief was funded by the Tasmanian Department for Education, Children and Young People to provide evidence to inform the ARL Renewal project.

SUGGESTED CITATION

Bromfield, L. Cox, S., Bromley, A., and Perfect, D (2026). *Child Protection Intake and Differential Response*, Australian Centre for Child Protection, Adelaide University: Adelaide.

© COPYRIGHT ADELAIDE UNIVERSITY, 2026



Australian
Centre for
Child Protection

Contact:
childprotection@adelaide.edu.au

**Improving the lives
of vulnerable children.**