



**Submission by The Australian Association of  
Social Workers  
For the Special Commission of inquiry into  
Child Protection Services in NSW**

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*The AASW acknowledges the excellent work of Dr Gail Winkworth, Institute of Child Protection Studies for the draft of this submission.*

## **AASW submission to the Special Commission of Inquiry into Child Protection Services in NSW**

### **EXECUTIVE SUMMARY**

The Australian Association of Social Workers (AASW) is the key professional body representing more than 6,000 professional social workers in Australia, about half the social work workforce.

The Special Commission of Inquiry into Child Protection Services in NSW provides a welcome opportunity for the Australian Association of Social Workers (AASW) to review systemic and practice issues which have wide ranging implications for the children, families and communities served by its members. The Association has a key role to strongly advocate on behalf of our members and the profession more generally as they are a key and longstanding part of the workforce in child welfare. Another key role of the AASW is to advocate on behalf of the most vulnerable groups in society.

#### **The need for fundamental change**

Our submission argues that a focus on surveillance, hazard detection and risk assurance [1] has paradoxically served to decrease attention on what children need to keep them safe and improve their lives. The current system is unsustainable and dangerous. Furthermore risk focused practices inadvertently undermine respectful relationships with children, families and communities; fail to deliver sustained, supportive and collaborative interventions with other service providers and unquestionably detract attention from the needs of children in out-of- home care.

We hope that this inquiry will result in far reaching change which sees the Department of Community Services genuinely broaden its focus from child protection, to child and family wellbeing and social inclusion.

#### **Rethink principles and assumptions**

We call for a rethinking of principles and assumptions underpinning statutory child protection which recognizes the need for,

- 1) A renewed focus on the child in their families and their communities which includes not only the protection of children in danger but the wider perspectives of wellbeing, prevention, therapy, family and community capacity building and social inclusion.
- 2) A new ethical framework which is more nuanced than the current singular focus on the best interests of the child, to underpin all aspects of the way systems deliver services to children, families and communities[2].
- 3) A focus on relationship based practice with children, parents, extended families, carers, other people in their local communities who know children well and are committed to their welfare.

- 4) Inclusive service delivery approaches that genuinely incorporate the perspectives and experiences of the children and families (who are the consumers) in the design and implementation of services
- 5) A more integrated service system which not only recognises the importance of primary, secondary and tertiary levels of prevention but uses collaborative, local strategies to bridge the interface between these levels.
- 6) Work with children and families to be assisted by public education which recognises the impossibility and the iatrogenic nature of efforts to control all risks to children [1, 2] and which creates a more humane and inclusive child and family wellbeing narrative for the 21<sup>st</sup> century.
- 7) A workforce strategy which builds organisational and systems capability consistent with its renewed focus on child and family wellbeing, relationship and community based approaches.
- 8) A performance framework which focus on a much broader range of indicators, open to public scrutiny, for monitoring whether departmental interventions has succeeded in meeting broad social, health, and educational needs of children.

## **STATUTORY CHILD PROTECTION SERVICES**

Fundamental changes are needed to the 'front end' of the statutory system to enable it to both respond expeditiously to children in danger whilst also building the capability of families, the local service system and local community to keep vulnerable children safe and improve their lives.

The current legal framework is uncertain of its purpose. There is a clear disjuncture in law between the threshold for reporting abuse/neglect (a suspicion that it may be occurring or a likelihood that it may occur in the future) and the standard of proof required in the children's courts. Pursuing matters (in an investigative, adversarial way) which are unlikely to achieve legal protective outcomes causes further damage to children and their families and also wastes significant resources.

The following structural changes would assist in bringing about reforms which genuinely broaden the current system's focus from child protection, to child and family wellbeing and social inclusion

### **A differential response system**

We call for a differential response system that enables families to be helped and helped as early as possible. This will require:

- Abolishing the centralized intake. The first point of contact between the public, mandated professionals and DoCS should be with their local or regional office. A central point of first contact only makes sense in a system focussed on investigation and risk assurance rather than child and family wellbeing and community capacity building.

- The location of child protection workers in community agencies to assist other professionals and members of the public identify the best level of intervention for children and families to increase child safety and family wellbeing. These workers would increase local community knowledge about child protection processes, thus facilitating better targeted reporting.
- Moving away from investigating incident based allegations unless they clearly reach the threshold for possible court action. Instead the system should be changed to enable DoCS professionals to undertake family assistance visits which are aimed at supporting families and connecting them with helpful services. Undertaking a formal investigation and 'substantiating' allegations should not be necessary to link families with help.
- Retaining but increasing the interdisciplinary nature of investigation teams who work with families at the point where there are clear concerns for children's safety. These teams should consist of a range of professionals such as police, social workers, psychologists, psychiatric nurses and others from DoCS, Mental Health and Drug and Alcohol systems, who are trained to work with very difficult and dangerous families.

The Inquiry is urged to examine reform processes in Victoria and Western Australia as well as other international reforms such as the 8 year child welfare initiative, *The Community Partnerships for Protecting Children (CPPC)*, in four urban localities in the United States, which are successfully implementing differential approaches.

### **Reconceptualise Mandatory Reporting**

The unintended negative consequences of mandatory reporting in its current form should be addressed. There needs to be:

- A review of the legislative requirements for reporting abuse. The current category of neglect is too broadly defined. Professionals should be mandated to report suspected neglect if they believe a child's life may be in danger.
- An end to emotional abuse as a category for mandatory reporting. This should occur alongside a parallel public education campaign which makes clear the harmful impacts of family violence and substance misuse and provides information to families and communities about how to seek help. The campaign should endeavour to create a sympathetic narrative about causes. It should seek to motivate communities to help rather than to use reporting as their only response to families who are struggling
- An accessible point at the local level should be made available for people to express concerns about children and engage in a dialogue about how best to improve the safety and wellbeing of children and their families.

- A much greater use of participatory family decision making strategies (eg: family group conferencing) at multiple points of contact which aim to help families by linking them with a range of community and other support services
- Research conducted into the nature of reports of emotional abuse by police who have attended incidents of domestic/family violence to inform a strategy to more effectively connect these families with help.

### **Review the use of Risk Frameworks**

The Association takes the view that a sole reliance on risk frameworks is not a helpful foundation for relationship based practice. Such frameworks fundamentally ask the question “is this child at risk of child abuse and/or neglect?” rather than the more inclusive needs based question: “what kinds of interventions can best assist this child and family now and how can these interventions be facilitated?” The latter question opens the way for more collaborative systems of care to intervene earlier to support children and young people who are vulnerable.

Practice including statutory interventions should be built on a better understanding the needs of children, families and communities. The submission assesses the evidence surrounding risk frameworks including the limitations of actuarial tools. It takes the view that there is no substitute for well trained multi disciplinary teams of human services professionals making critical, ethically based decisions about risk *and* need in child protection.

### **More relevant data collection**

Current data collection simply tells us about reporting behaviour rather than providing meaningful information that helps achieve increased safety and wellbeing of children, build the capacity of families and communities to care for children and increase social inclusion.

We draw the Inquiry’s attention to the work currently undertaken in Victoria’s Outcomes Framework which is an evidence based “catalogue” of the key markers of a child/young person’s development from 0-18. Collecting data such as this provides a clearer picture of whether social policy responses have been effective for any cohort of children (for example Indigenous children, children in out-of-home care or children from a particular geographical area).

### **Review the Children’s Court**

The current adversarial nature of proceedings in the Children’s Court leads to long and protracted decision making which is not consistent with children’s needs including their need to achieve stability within critical developmental timeframes, undermines ongoing relationships and is a major cause of worker turnover and burnout.

We call for a study of the differences between court processes in the so called Anglo American systems and the less adversarial/inquisitorial systems in places such as France and Belgium as a basis for reform.

Greater use of family conferencing also offers possibilities to reduce adversarial process within Court proceedings.

### **EARLY INTERVENTION**

This section of the submission argues for the importance of well integrated, locally based systems of social care which not only provide primary, secondary and tertiary level programs but use specific cross-sectoral strategies to bridge the interface between these programs. Specifically we examine the need to:

- **Research ‘multiple reports’ to better inform early intervention approaches** - undertake specific research which helps us know much more about the large cohort of children who are reported on multiple occasions, and the effectiveness of early intervention programs in actually reaching and assisting them.
- **Better Integrate State, Commonwealth and local programs** - There are significant opportunities for collaborative work between Centrelink and the new Family Relationship Centres. Both come into early contact with troubled families and should be leveraged much more effectively to connect families earlier to supportive and if necessary, protective interventions.
- **Bridge the interface between primary, secondary and tertiary levels** - Professor Dorothy Scott’s vision of a public health approach to child protection has much to offer the Inquiry’s consideration of early intervention as it reinforces the need for a whole of systems approach to primary, secondary and tertiary interventions to assist vulnerable families.

### **OUT OF HOME CARE**

We argue that forensically driven systems are so preoccupied with managing their problematic ‘front ends’ that precious resources: financial, human and intellectual, are diverted away from the development and maintenance of effective systems of care for children who cannot live with their families.. We choose to focus on the following key issues that warrant further attention:

- **Children’s participation in decisions that affect them**  
It is imperative that children and young people participate (both formally and informally) in decision making and are able to express their feelings and wishes. This could happen by:
  - Increased use of models of family decision making/problem solving such as Family Group Conferencing

- Children and young people being provided with information about child protection processes including how to make complaints
- Children and young people being informed as soon as possible, preferably the same day, of legal and administrative decisions which affect them [3]
  
- **Increased resources and support for children leaving care** -The Association joins the call for uniform in-care and leaving care standards across Australia. It also joins the call for an affirmative action plan to provide them with the “same ongoing resources and opportunities that any responsible parent in the general population would offer their child” [4] (p.76).
- **Greater attention to Kinship Care** -We note the lack of Australian research into outcomes for children in kinship care compared to children in other forms of out-of-home care. There is a need for research to increase understanding of the needs of and issues confronting kinship carers. There is also a need for greater social, financial and service supports in view of what can only be regarded as a serious crisis in the availability of carers for children in out of home care, and policy rhetoric about the importance of extended families
- **Relevant models of Residential Care** -Further development of workable models of residential care for the 21<sup>st</sup> century is required and research into feasible models which have a therapeutic orientation becomes a priority for the research agenda.
- **Direct assistance to children and young people-** There is a need for highly trained child practitioners who can help children construct positive narratives about their families and their futures. This is a significant workforce issue for DoCS and for the other systems which have a responsibility to help children heal and to build the capacity of those who care for them, to sustain the healing process.

## **WORKFORCE ISSUES**

Workforce issues are of great relevance to the Association because we understand they are central to the delivery of humane, ethical systems which care for children and families. Our members and their colleagues often feel that the system and the public is blaming and punitive. Burgeoning reports are not the only threat to the system’s sustainability. There is a serious need to implement better staff care arrangements so that professionals who can implement a child and family wellbeing approach can be retained. This submission recommends

- **The development of a national child protection workforce plan** which incorporates recruitment, training and retention strategies that meet current and future industry needs.



- **That recruitment continue to be primarily focused on graduates with professional qualifications** eg social work, psychology, welfare. We are not convinced that a broadening of the range of qualifications (eg police, nursing, OT etc) is either appropriate nor will it be effective due to the pressure that other systems are also experiencing in attracting these staff.
- **Recruitment is assisted by DoCS developing stronger relationships with tertiary providers** to encourage more child protection specific curriculum in undergraduate degrees and increase field placement opportunities.
- **The introduction of other incentives** eg funding support to students, internships, holiday work, higher pay for those graduates who have direct, specialised child protection knowledge and experience.
- **Effective professional supervision** and the introduction of an integrated, specialised professional development program is required to increase retention of practitioners and to implement a new child protection framework. This includes supporting staff to complete specialised postgraduate courses.

An appropriate workforce investment, which includes education, training and professional development is critical for reform to be sustainable. A comprehensive learning approach that aligns with system reforms, including a differentiated response to children's wellbeing and safety will be essential.

### **Research agenda which supports the new directions**

Throughout the submission we make a number of suggestions for further research to support the transformation of the current forensically based system to one that genuinely seeks to keep children safe, support families and build socially inclusive communities. These suggestions include:

- Research into the nature of reports of emotional abuse by police who have attended incidents of domestic/family violence to inform a strategy to more effectively connect these families with help.
- A study of the differences between court processes in the so called Anglo American systems and the less adversarial/inquisitorial systems in places such as France and Belgium.
- Research which helps us know much more about the effectiveness of early intervention programs in actually reaching and assisting the large cohort of children who are reported on multiple occasions
- The need to study the scope for collaborative working arrangements between Centrelink, the Commonwealth funded Family Relationship Centres and state child protection system in NSW and across Australia
- Australian research is needed into outcomes for children in kinship care compared to children in other forms of out-of-home care
- Australian research into workable models of residential care for the 21<sup>st</sup> century

## **Full Report**

### **AASW submission to the Special Commission of Inquiry into Child Protection Services in NSW**

#### **INTRODUCTION**

The Special Commission of Inquiry into Child Protection Services in NSW provides a welcome opportunity for the Australian Association of Social Workers (AASW) to review systemic and practice issues which have wide ranging implications for the children, families and communities served by its members. The Association has a key role to strongly advocate on behalf of our members and the profession more generally as they are a key and longstanding part of the workforce in child welfare, whether they work in DoCs or in the sector generally. Another key role of the AASW is to advocate on behalf of the most vulnerable groups in society.

This submission is evidence based and draws on knowledge from policy, service provider and service user perspectives and peer reviewed research. In it we will argue the case for change in the existing set of assumptions and paradigms that underpin Child Protection Services.

In NSW, other Australian states and internationally there are concerns about the capacity of child protection agencies to cope with demand; the quality of practice; children in out of home care and outcomes for children and families generally [5]. The submission will address the need for structural and systemic change in NSW. It will call for “ethical, value driven and relationships based practice that is grounded in and facilitative of neighbourhood and community based social care systems” [2].

#### **The need to rethink principles and assumptions**

The Association calls for a restatement of principles and assumptions underpinning statutory child protection which recognises the need for,

- 1) A renewed focus on the child in their families and their communities which includes not only the protection of children in danger but the wider perspectives of wellbeing, prevention, therapy, family and community capacity building and social inclusion.
- 2) A new ethical framework which is more nuanced than the current singular focus on the best interests of the child, to underpin all aspects of the way systems deliver services to children, families and communities[2].
- 3) A focus on relationship based practice with children, parents, extended families, carers, other people in their local communities who know children well and are committed to their welfare.

- 4) Inclusive service delivery approaches that genuinely incorporate the perspectives and experiences of the children and families (who are the consumers) in the design and implementation of services
- 5) A more integrated service system which not only recognises the importance of primary, secondary and tertiary levels of prevention but uses collaborative, local strategies to bridge the interface between these levels.
- 6) A well resourced public education strategy which recognises the impossibility and indeed the iatrogenic nature of efforts to control all risks to children [1, 2] and which creates a more humane and inclusive child and family wellbeing narrative for the 21<sup>st</sup> century.
- 7) A workforce strategy which builds organisational and systems capability consistent with its renewed focus on child and family wellbeing, relationship and community based approaches.
- 8) Performance measures which focus on a much broader range of indicators, open to public scrutiny, for monitoring whether departmental interventions has succeeded in meeting broad social, health, educational needs of children.
- 9) A commitment to a research agenda which supports the new directions

### **Social Work commitment to reform in Child Protection**

Professional social work has a long history of engagement with child and family welfare systems in Australia and internationally. It is a major field of practice for social work graduates who work in multidisciplinary teams in human services departments and non government agencies throughout Australia and at all organisational levels in operational and policy areas. In thirty years of inquiries, and other high profile reviews of the actions of systems and individuals within these systems, social workers have featured largely as practitioners and decision makers.

The Association recognises that problems in Child Protection in NSW and in other Australian states have come about as a result of complex pressures: political, organisational and structural and therefore seeks not to apportion blame to practitioners, managers or senior executives within the bureaucracies and agencies delivering services. On the contrary, it regrets that the efforts of human services professionals in this field go largely unrecognised. Many have worked long and hard to improve the lives of children, young people and their families and have done so amid a chorus of personalised criticism from those who do not fully understand the complexity of their task. We honour their talents and their resilience.

### **A call for fundamental change**

In recent years a growing body of international social work research, and more recently Australian research has directed attention to the need for major changes to structures and processes within the increasingly beleaguered area

of public policy known as Child Protection [2, 6-8]. The core of the critique in Australia and other Anglo/American countries [2] is structural and systemically based. An overwhelming focus on surveillance, hazard detection and risk assurance [1] has paradoxically served to decrease attention on what children and families actually need to keep them safe and improve their lives. Politically motivated promises that all children can be kept safe by the agencies of the state, rather than the families, extended families and the communities in which they live, have characterised the aftermath of countless inquiries. We believe this is as misguided as promising no person will ever be injured or die on our roads or no person will commit suicide. In no other area of public policy are public servants held so personally accountable for safety outcomes over which they have so little direct control.

These promises have led to processes and practices which: undermine respectful relationships with children, families and communities; fail to deliver sustained, supportive and collaborative interventions with other service providers and unquestionably detract attention from the needs of children in out-of-home care. Furthermore Child Protection as a public policy which continues to direct the vast majority of its resources including its intellectual capital into surveillance and risk detection has failed to increase the level of social inclusion in our communities and has arguably increased the exclusion and isolation of marginalised groups.

With reports and re reports continuing to increase there are good reasons for the broader child protection and family support systems in Australia to reframe the way they view and respond to vulnerable families. This reframe would recognise the cumulative and interlinked nature of problems and the need to develop integrated service systems which are shaped around the needs of children and their families rather than determining whether or not children meet “risk” thresholds for statutory intervention.

Incident based risk frameworks which have dominated Child Protection Systems for decades are problematic as a basis for early intervention and for achieving collaborative systems of care for vulnerable children. Such frameworks fundamentally ask the question “is this child at risk of child abuse and/or neglect?” rather than the more inclusive needs based question: “what kinds of interventions can best assist this child and family now and how can these interventions be facilitated?” The latter question opens the way for more collaborative systems of care to intervene earlier to support children and young people who are vulnerable.

We take note that the terms of reference of the Inquiry seek submissions about the changes necessary within the Child Protection System required to cope with future levels of demand once the current reforms are completed. Too often high profile inflammatory media stories, unforeseeable child deaths and other scandals lead to reactive changes within Child Protection Systems

which are not based on rigorous evidence. We call upon the Inquiry to be mindful of what usually happens after such an event: reporting rates increase, new training programs are devised, risk tools are tightened or changed and agencies are called upon to tighten interagency guidelines. We hope that *this* inquiry will result in more far reaching change which sees the Department of Community Services genuinely broaden its focus from child protection, to child and family wellbeing and social inclusion.

That said, it is important that the set of reforms currently being rolled out, including additional caseworkers and support staff, the early intervention initiative, “Brighter Futures” (which is being comprehensively evaluated by the Social Policy Research Centre at the University of NSW) and other reforms need to be fully implemented and evaluated, and integrated into other changes that the Inquiry might recommend. We acknowledge the genuine efforts in the Department to increase resources for research, Early Intervention and staffing. However, the Association is of the view that the investment in such reforms can be aligned with a much wider paradigm shift which positions the current area of social policy known as Child Protection as a major state government player in collaborative efforts to improve child and family wellbeing and increase social inclusion of marginalised groups.

The terms of reference for the Inquiry offer a chance to submit the Association’s views on many aspects of the existing system which we believe require change. This submission is not intended to address the detail of existing processes and practices but instead calls for a transformative process which shifts the focus from a forensic, crisis driven model to a sustainable whole of community approach to the wellbeing and protection of children[9].

We will do this by addressing the Terms of Reference in accordance with the four groupings recommended by Counsel assisting the Inquiry, Ms Gail Furness on 17 December, 2007. The areas we will specifically address are: the statutory child protection services; services which intervene early in the lives of children and their parents; the provision of out of home care, and finally, workforce issues. Notwithstanding the decision to structure our submission in this way so as to help the Inquiry organise data from a wide range of submissions, the Association would like to point out that we do not consider these groupings as conceptually very helpful in rethinking the Child Protection System. To this end we will include other recommendations which go to the heart of a fundamentally different relationship and community based system underpinned by an ethical framework which recognises the importance of child-centred practice but is also respectful of all stakeholders.

## **STATUTORY CHILD PROTECTION SERVICES**

Fundamental changes are needed to the so called 'front end' of the statutory system to enable it to both respond expeditiously to children in danger whilst also building the capability of families, the local service system and overall community to keep vulnerable children safe and improve their lives.

The Inquiry asks a number of questions about mandatory reporting. It canvasses views about triaging arrangements and the risk instruments currently used to determine what kinds of responses, if any, reports will receive and how harm is determined. It calls for views about the appropriateness of the Children's Court as a legal forum for making decisions about children. While all of these questions have deep relevance for the children, families and communities served by our members we must state unequivocally that they all presume the continued existence of a forensically based system which is more focussed on determining whether abuse or neglect has occurred than developing strategies to increase childhood safety and wellbeing, build social inclusion and at the very least do nothing to further exclude vulnerable families from networks of people and services which can help and support them. Notwithstanding our reservation about the narrow scope of the terms of reference for the Inquiry we offer the following views about the NSW system for receiving and responding to information about children.

### **Re-thinking the front end**

The Association is of the view that the current system (including its legislative framework) is uncertain of its purpose. On the one hand the law calls for people both mandated and non-mandated to refer all concerns about children to a centralised intake and for the statutory department to deal with these concerns. On the other, the legislative framework and a substantial investment of economic, human and intellectual capital works to exclude matters which do not meet the 'threshold' for statutory action. There is a clear disjuncture in law between the threshold for reporting abuse/neglect (a suspicion that it may be occurring or a likelihood that it may occur in the future) and the standard of proof required in the children's courts (which is increasingly moving to the same standard as the criminal court) for ongoing departmental involvement.

To legally pursue (in an investigative, adversarial way) matters which are unlikely to achieve legal protective outcomes presents a number of problems for child protection services and the children whom they seek to protect. Not only does it constitute a waste of resources which would be better diverted to the very high risk end of the continuum (including and especially children who are already in the care of the system); the adversarial nature of statutory proceedings including investigations and taking matters before the court, may undermine relationships which can support families and build their parenting

capabilities. The critically important UK 'Messages from Research' [10] made very clear the potentially damaging impacts of statutory interventions that are not well targeted.

However, the failure to act on reports understandably creates disappointment and frustration among professionals and the public. Our members say many professionals no longer report because they believe this may keep children safe: they do so because they are required to report all suspicions (however minor) by law; furthermore, they have lost confidence that their concerns will be heard or responded to at all. Others hope there will in fact be no response to their reports by the statutory agency because they fear the investigative nature of the response will distress and further marginalise families and will bring no tangible benefits to children.

We are mindful of a plethora of recommendations that warned states across Australia about the negative unintended consequences of mandatory reporting and the importance of ensuring public confidence as well as humane practices with children and families. The Community Reform Commission in the ACT in 1993 (Report No. 7), for example, offered two critical pieces of advice which we think are more relevant today than ever: that people should be able to have a conversation with child protection services about whether their concerns have substance and the best way to assist children; and secondly, it should never be easier for someone to pick up the phone and report than it is for a parent to pick up the phone and call for help.

We think two important changes are needed to heed this good advice. Firstly more attention needs to be given to helping professionals and members of the public know the best way to assist children about whom they have concerns. We urge the Inquiry to examine programs overseas, several of which have adopted differentiated approaches with a number of positive outcomes [11-17]. Notable among overseas programs is the 8 year child welfare initiative, *The Community Partnerships for Protecting Children (CPPC)*, in four urban localities in the United States. One of the core elements of these initiatives includes child welfare workers located in a range of 'primary' and 'secondary' level community centres so that they can better connect neighbourhoods and residents to services and, so that professionals and others can engage in a consultative process about the best way to assist children and families [17].

Victoria, also, has re engineered its front end so that it has a much greater focus on building the capability of local communities. The placement of child protection workers in local community based centres is also occurring as part of the Victorian Innovations projects. Our personal communications with the Victorian Department of Human Services indicate that one of the problems contributing to re-notifications is that 'people in local communities just don't know who child protection workers are ...' and that there is a need for 'local

service networks in each local area which include an on site child protection presence' (personal communication with DHS).

The roles currently undertaken by out posted child protection workers in Victoria include:

- Supporting the establishment and maintenance of a local service network;
- Assisting in the development and implementation of transition plans which actively link and engage families with family (support ) services;
- Trouble shooting and seeking creative solutions for family engagement;
- Providing agencies with knowledge on child protection assessment, decision making and planning processes.

Secondly, although 'Differential Response Systems' have a variable history internationally and in Australia [16, 18], there remain very good reasons to continue to try to make this approach work. 'Differential response systems' move away from incident based, adversarial investigations for all reports, towards assessment and services to most families without having to undertake a formal investigation and 'substantiation' of allegations [2].

Naturally it is important that 'differential response systems' retain the capacity to 'investigate' actual concerns about abuse and neglect. However it should be factored into the targets and performance systems which under pin the system that across systems internationally (including those systems which favour a family support approach over a forensic approach such as France, Belgium and Sweden ) that it is only a relatively small but constant proportion of families (between 7-10%) which prove very difficult or impossible to work with [19] without statutory legal intervention.

Unfortunately our systems in Australia are not good at identifying such families quickly. Risk Frameworks which are the foundation for practice in contemporary Child Protection are only geared towards identifying immediate risks to children and are not effective in helping to determine how to work with families on a longer term basis. This figure nevertheless indicates that referral to a 'child protection investigation team' should really only occur in about 10% -20% of cases since less than 10% ever result in statutory legal action [20].

We think that Investigation teams who work with these families at the point where there are tangible concerns for children's future safety and wellbeing should consist of a range of professionals trained in work with very difficult and dangerous families. These teams should consist of police (since abuse of children is illegal) and other specially trained tertiary level professionals such as social workers, psychologists, psychiatric nurses and others from DoCS, Mental Health and Drug and Alcohol systems.



On the other hand, the majority of families, who, as we later point out, are overwhelmingly the subject of 'unsubstantiated' reports of emotional abuse and neglect, should be contacted by child and family welfare teams and offered a relationship based service from departmental professionals until such time as they can be connected with family support and other helpful local services.

This approach would be based on voluntary agreements; it aims to minimise confrontation [2] and strengthen the family's ability to link up with local support. It also allows matters that appear not to require child protection investigatory action at the beginning to be referred to Child Protection Investigation teams later if it becomes clear that this is the best level of intervention to keep children safe. Some critics may view this as risky. We adopt the view that this approach would result in a greater number of children and families being assisted and assisted earlier. At present more than half of the concerns about children to DoCS do not receive any response because as reports of abuse or neglect they do not reach a legal "threshold" for investigative action or action through the Children's Court.

Our members tell us that the most that can realistically be hoped for in visiting many vulnerable families who are struggling with addictions, family violence and mental health issues is a positive relationship-based 'connection' with parents and children such that trust develops and help is sought at a later point when needed. Although seemingly a small achievement, this may pave the way for successful help seeking in the future, and at the very least will not cause further harm and mistrust. By contrast, the forensic nature of the current system does not lend itself well to the development of relationships based on trust. Instead what often happens is that the investigation fails to reach a legal threshold for substantiation, the family is humiliated and frightened and seeks to hide its vulnerability, other services involved in the making of a report believe that by fulfilling their mandatory reporting requirement the family is now the responsibility of the Child Protection Authority. In this way the larger service system, including DoCS, effectively 'pulls up the drawbridge' on help and support for families who down the track, when children are older and far more damaged, become the unquestionable responsibility of the statutory department.

### **The Centralised Intake**

There is an ongoing need for a centralised function which audits information received about children and the departmental response to that information. However, the fundamental changes to the system proposed in this submission can only be fully realised if the responsibility for receiving and responding to concerns about children is returned to either DoCS local Community Centres or Regional Offices.

In 2000 Intake became a centralised function in NSW and since that time the number of reports received has more than doubled [21]. The Association is opposed to the current central point as the sole point of contact for receiving concerns about children. While it is appropriate that a central line exists for emergencies and where people are unable to make contact with their local office the idea that the first point of call about concerns should be so far removed from the communities in which children and families live only makes sense in a system focussed on investigation rather than holistic service delivery aimed at child and family wellbeing and community capacity building. As Professor Dorothy Scott says “this is like going to a hospital casualty department to get to a GP”.

A helpful analysis of New Zealand’s central intake by James Mansell [1] explains the rationale for a centralised intake system which he says is intended to separate resource decisions from professional decisions. The argument against a local intake has been that there are continual adjustments to the threshold for statutory action based on capacity issues in local offices. However he notes that there are problems with feedback loops when decisions are made centrally. The majority of intake decisions are ‘de coupled’ from the consequences of these decisions and it becomes impossible for the system to learn about what works and what does not work.

Critical opportunities for local offices to educate and engage their ‘communities’ in ways of helping children and families are lost. Central to this kind of constructive engagement is the relationship on the ground between professionals at the local level and their colleagues. A decision not to proceed with a child protection statutory response (investigation) needs to be made as part of a dialogue with people who can then join with the department in a more supportive response to the child and family. This is also the way people with very little knowledge of what constitutes reportable child abuse learn what to do in the future including possible other options to reporting.

### **Mandatory Reporting**

We agree with the assessment of many experienced practitioners, researchers and managers [1, 2, 6, 9, 22-28], that the escalation in reports across Australia, especially in NSW, has occurred primarily as a result of system and definitional changes and changes in the reporting behaviour of populations, rather than actual increases in child abuse and neglect. Over the thirty years since mandatory reporting was introduced in NSW the system has engaged in significant net widening to capture a much broader range of concerns about children than non accidental injuries and sexual abuse required by the 1977 legislation [21]. Both of these categories clearly refer to illegal acts; furthermore very clear definitions of what constitutes non accidental injury and sexual abuse were specified in 1977 and these definitions have not substantially changed.

The legislation has been amended several times since then to include more categories of mandatory notifiers and more categories of abuse. The problem with emotional abuse and neglect which now make up three quarters of the reports in NSW [20] is that these are normative concepts which are more reflective of shifting community attitudes and beliefs than about absolute, empirically verifiable measures of harm to children. While some mandated reporters may regard a child sleeping in a car due to lack of housing a clear case of neglect others will vehemently declare this is an indication of poverty and exclusion and should be addressed by family support and advocacy rather than by way of a child protection investigation. Still others will view it as undesirable but trivial and not the business of the state. Anyone who has ever worked on a child protection hotline will know well the wildly variable opinions from both the general public and mandated professionals about these two categories. As Peltola and Testro point out, with emotional abuse and neglect:

there are no broken bones to find on x-rays, no bruises to assess. These children are not even particularly hidden. Their families are often in contact with a range of service providers as they struggle with a range of problems – housing, lack of employment, low income, poor parenting, poor transport, little support from family, and lack of community and societal supports to help them raise their children [28].

These observations are not meant to minimise concerns about neglect and emotional harm to children. Studies show very poor outcomes for these children who typically are multiply disadvantaged through poverty, parental substance use, geography, unemployment, homelessness and exposure to family violence. We also recognise that it is the cumulative, repeated low level, non specific nature of concerns about these children that typically make up these reports which cause them to fall under the radar of risk instruments and interventions by the court. We do however question the effectiveness of mandatory reporting of these families and forensically driven investigative responses to these reports. The Association hopes the Inquiry will call for

- A review of the legislative requirements for reporting abuse. The current category of neglect is too broadly defined. Professionals should be mandated to report suspected neglect if they believe a child's life may be in danger.
- An end to emotional abuse as a category for mandatory reporting. This should occur alongside a parallel public education campaign which makes clear the harmful impacts of family violence and substance misuse and provides information to families and communities about how to seek help. The campaign should endeavour to create a sympathetic narrative and should not overuse emotive terms such as emotional abuse and neglect. A more helpful and humane discourse about how some families are struggling to care for their children

should underpin this campaign. It should seek to motivate communities to help rather than to use reporting as their only response to families who are struggling. The emphasis should be on help seeking/consultative strategies for professionals and others who want to assist families, locally, but do not know how.

- An accessible point at the local level which is available for people to express concerns about children and engage in a dialogue with professionals about how best to improve the safety and wellbeing of children
- A much greater use of participatory family decision making strategies (eg: family group conferencing) which aim to help families by linking them with a range of community and other support services [29]
- Research into the nature of reports of emotional abuse by police who have attended incidents of domestic/family violence to inform a strategy to more effectively connect these families with help.

Many of these new directions can be found in recent changes to Victoria's system, the foundations of which are clearly articulated in the 2005 White Paper 'Protecting Children...the Next Steps'[30]. To indicate what is possible in a community and relationship based differentiated system, we have attached a paper on a "Child First" initiative arising from these new directions, in Victoria's North East. It demonstrates how

.....the statutory Child Protection and voluntary Family Services work more closely together, where abused and neglected children get timely and comprehensive help and where vulnerable families are supported so that their problems are addressed, averting the need for statutory Child Protection (John Cheshire) [31][At Attachment 1).

### **Risk frameworks**

In recognition that the vast majority of children reported (90%) [20] are not subject to a legal action in the Children's Court, the question for the 'front end' should become: how can the system best respond to the needs of children and families so that they will not be subjected to processes which repeatedly undermine their confidence and further exclude them from support within their own communities. Responding to concerns about these children should be based on need rather than the current forensically driven set of service responses which are driven chiefly by risk considerations.

However the Inquiry asks about the appropriateness of the current risk instruments used at the intake stage in Child Protection Services. The Association rejects the notion outright that departmental responses to information about children should be fundamentally based on risk. It is very clear to us that risk assurance is predominantly focused on political risk. This is becoming increasingly transparent to many in contact with "the system" and ironically presents an increasing 'risk' to successive regimes who seek

surety through the use of instruments and tools. Risk instruments (ever changing) have been used over the past decade to 'ensure' that all children reported who are at risk will be identified and then offered the protection of the State. All, predictably, have failed in what they set out to do.

We note that the original intention of risk instruments was to provide child protection workers with additional resources they could use when assessing the risk of abuse or neglect to a child [32]. Furthermore the structured risk frameworks developed in the late 1980s and 1990s were influenced by cost effectiveness and efficiency criteria and strongly predicated on the need to identify and prioritise immediate and visible harmful acts. Such frameworks work well for concerns about non accidental injury and sexual abuse; they are less successful in guiding responses to very vulnerable families, where there are concerns about neglect and emotional harm.

There are four main criticisms of risk frameworks as the dominant paradigm for decision making which are particularly relevant to the inquiry:

- Their over complexity and the lack of agreement between jurisdictions and within jurisdictions about their scope and purpose;
- The poor record of existing frameworks in adequately addressing neglect and other conditions associated with substance abuse, mental health problems and domestic violence;
- The tendency of risk frameworks to drive practice which is inconsistent with early intervention approaches including the focus on broader aspects of children's safety and wellbeing;
- The existing reliance on risk frameworks alienates key people who are important to children's safety and wellbeing and is not conducive to collaborative approaches; within the existing paradigm children are either 'in' or 'out' leaving no room for discussion with other concerned people about how they can be helped [1, 33-39]

The Inquiry specifically asks if the system should adopt a model of 'actuarial' risk assessment. If risk frameworks *are* to be used it is our view that 'structured professional decision making' approaches are preferable to actuarial approaches. Actuarial tools lack practical usefulness and confine the user to a set of fixed risk factors. They do not help the decision maker consider "unique, unusual or context -specific variables that might require intervention" [40]. They are particularly problematic in the assessment of low level cumulative risk such as the concerns received about emotional abuse and neglect. Furthermore the literature indicates actuarial tools are increasingly favoured where there is an absence of a professional workforce [32, 41] in a mistaken belief that staff without professional qualifications are able to undertake mechanical decision making which will be of help to vulnerable children and families assisted by these instruments. The Association is of the view that there is no substitute for well trained multi

disciplinary teams of human services professionals making critical, ethically based decisions about risk and need in child protection.

### Focus on needs

The Association takes the view that risk frameworks of any kind on their own do not form a helpful foundation for relationship based practice. A preferable basis for working with children, families and communities is to focus on needs. As one insightful child protection worker has put it:

*'The risk will remain as long as they have needs.'*

Rather than continue a fruitless search for the perfect risk instrument resources would be better deployed in examining the possibilities of a broad based assessment framework, along the lines of the UK's Assessment Model[2, 8] (see figure 1) Assessment Framework. The UK, in response to a major, sustained program of research has embarked on far reaching reforms including a much wider strategy to "safeguard and promote the welfare of the child" [8]



Figure 1: The Assessment Framework (UK Department of Health, 2000)

In our view there is much to be gained from a close examination of this evidence based framework and its implications for Australia. Such a framework would provide the basis for a more comprehensive approach to children's welfare. It could also lead to a different set of indicators of child and family wellbeing other than the current focus on reports of abuse and neglect.

### **The collection of data- what does it really tell us about children?**

The way information about children is collected by the States including NSW reflects

- 1) a political imperative to be accountable for every piece of information received in the event of a child death and the subsequent media frenzy, and high profile inquiries that follow
- 2) The need to measure workload associated with reports and investigations so that resources will continue to be forthcoming to the investigative end of the system

Most statutory child welfare departments in Australia are understandably cautious about changing arrangements for collecting data because they fear resources will be taken away from the investigative end leaving them vulnerable, with the next inevitable child death, to further attack by politicians and the media. We fully appreciate that this is what makes it so difficult to break out of a focus on collecting data about reports and 'substantiations'.

However many people are concerned that the focus on reports of child abuse and neglect dominates the discourse we have as a nation about how children are actually faring, particularly vulnerable children. Reported on annually by the Australian Institute of Health and Welfare (AIHW) escalating reports, substantiations (the meaning of this concept has almost no consensus across the states and even within the states), rising numbers of court orders and children in out of home care leave the public bewildered about what is actually happening to the children. As Eric Scott asks

*What does it say about our society that one in ten children are reported to the authorities?[21]*

To focus so much attention on what many regard as data which tells us about the reporting behaviour of populations, [6] distracts from the need to collect meaningful data that can actually help us achieve important social policy goals: increasing child safety and wellbeing, building the capacity of families and communities to care for children and increasing social inclusion.

Claire Tilbury's excellent analysis of performance measurement and child protection [5] is recommended to the Inquiry, as it explains clearly how performance data gathered by an organisation is value based and can have both positive and negative impacts on policy and practice. She argues that the data collected by the AIHW has concentrated attention on the "child rescue" construction of child protection. In other words it conceptualises child protection fundamentally in terms of two key measures: investigation and placement in care. Despite the recognition in the 1990s of the importance of working with families to maintain children safely at home, the vast majority of state and national indicators of performance make no reference to efforts by

the system to achieve this and instead relate to the effectiveness and efficiency of investigation and placements (p.57). There are no indicators, open to public scrutiny, for monitoring whether departmental interventions have succeeded in meeting the broader social, health, educational needs of children.

Accountability in Child Protection is thus undermined by narrow range of indicators used in state and national performance measures. The point of using performance indicators, according to Tilbury is to “facilitate an open and reflective approach, bringing more clarity to how problems are understood and therefore where to look for solutions” (p. 57). We agree that it is well over time to increase public, political and professional awareness of what is happening to vulnerable children, including how they are progressing against a set of universal child indicators.

We draw the Inquiry’s attention to the work currently undertaken in Victoria’s *Outcomes Framework* which is an evidence based “catalogue” of the key markers of a child/young person’s development from 0-18. There are 35 of these markers which relate to the child, their family, their community and their capacity to access the services provided by the wider society, for example, schools. Victoria has agreed on 154 indicators to depict these 35 outcomes and have identified ways of collecting data on most of these. The significance of this is that the department and the wider public can know how effective social policy efforts actually are with any cohort of children (for example Indigenous children, children in out-of-home care or children from a particular geographical area).

By drawing on the administrative data collected through the Looking After Children (LAC) framework it can monitor progress in out of home care covering the health, safety, learning, development and well being domains. Victoria is also using this framework to collect and monitor useful population data about children in the child protection system.

[Personal Communication with Department of Early Childhood Development, Victorian Government].

### **The Children’s Court**

The Inquiry notes that some jurisdictions elsewhere have established less formal and less legalistic forums than the Children’s Court to make decisions about children and asks if the Children’s Court is the appropriate forum in NSW for these matters. Our members are of the view that the adversarial nature of proceedings in the Children’s Court results in long and protracted processes and decision making that is not consistent with children’s needs including their need to achieve stability within critical developmental milestones.



These adversarial processes undermine ongoing relationships with families and are a major cause of worker turnover and burnout. While not canvassing this complex issue in any detail here the Association calls for a study of the differences between court processes in the so called Anglo American systems and the less adversarial/inquisitorial systems in places such as France and Belgium. Unlike the current adversarial system in NSW an inquisitorial jurisdiction seeks not only to gather facts and to determine best outcomes for children [2] but also to do this wherever possible, in a respectful relationship with professionals and others concerned about children's wellbeing.

Greater use of family conferencing also offers possibilities to reduce adversarial process within Court proceedings. In SA family decision making under the Children's Protection Act through the mechanism of family care meetings can avert court proceedings or ensure that the application to court is based on consent, if family are able to agree on plans which satisfy the concerns held by the statutory agency, and secure the care and protection for the child. Referral for a family meeting is a requirement before a Care and Protection order may be sought in the Court<sup>1</sup>. The child's wishes must also be represented by a child advocate, unless the child is capable of representing his or her own views.

## EARLY INTERVENTION

We understand the Inquiry is interested in the design of early intervention programs including whether the department itself should be involved in providing such programs. It will no doubt receive many submissions about good program design in the area of early intervention. In recent years this has been the subject of a great deal of international evaluation research (we would point, in particular to the work of Chapin Hall, Chicago and the Sure Start evaluation in the United Kingdom [7, 42-46]). We will therefore not focus on the now well known attributes of good program design in primary and secondary level services. Instead we will address the importance of well integrated, locally based systems of social care which not only provide primary, secondary and tertiary level programs but use specific cross sectoral strategies to bridge the interface between these strategies.

### **Engaging early with families who are hard to reach**

Despite a substantial injection of funds into early intervention programs (in NSW and the other states) an enduring problem remains: how can such programs really engage with families who most need help? These are families who hover below and just above the 'threshold' for legal intervention by Child Protection Services. Research (though limited across Australia) indicates that many vulnerable families are not effectively linked with the

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<sup>1</sup> For example see Harris, N. (in press, 2008). Family group conferencing in Australia 15 years on. *Child Abuse Prevention Issues*, 27, 1-19.

services specifically set up to assist them[18, 23, 47-49]. We note this could be the case with potentially 90% of families reported to Child Protection Services since more than half are not 'investigated' and less than 10% are subject to legal action [50].

The majority of children reported to statutory child protection will only be investigated, with no service provided. This leaves families and often reporters angry and/or disillusioned. We can talk all we like about services but as long as most families only get investigated then we must question the value of implying that notifications or reports keep children safe. The exponential and unsustainable growth in reports of child abuse must make us question the system we designed to deal with a few hundred children a year[28] (Telstro and Peltola, 2007: 22).

One of the problems with many early intervention programs world wide is that services designed to target the most disadvantaged families, are instead used by the relatively well off who have the personal resources to actually access them [51]. Although services may indeed exist and in many instances are universally offered or offered in a 'targeted' way to vulnerable families the reality is that many families who may benefit do not access them at the point where it may be very helpful to do so. What happens instead is that these families are referred a long way down the track for help; often long after the critical time when such services may have been helpful. In the Australian context there is a need for research which helps us know much more about this very large cohort, especially those who are reported on multiple occasions, and the effectiveness of early intervention programs in actually reaching and assisting them.

### **Better integration of State, Commonwealth and local Government programs**

For many years, in part associated with the division of responsibilities between the Commonwealth and the States in Australia, Early Intervention and Child Protection have been cast as mutually exclusive functions. State tertiary level services should be major contributors to planning and implementation of these services; they know vulnerable families well and should be at the table as key service providers with the Commonwealth and non government service providers who roll out wave after wave of early intervention programs.

Furthermore, social security and employment which are social policy areas of great significance to families involved with Child Protection (the majority of whom are parents raising children on their own) are Commonwealth functions. Centrelink's national reach and local presence means that it is well positioned to strengthen its focus on families. It can leverage its specialist staff and its local connections to work much more proactively with state, local and commonwealth funded services to assist families. Yet the early intervention potential of Centrelink and other Commonwealth funded programs has been

untapped in local communities largely due to the policy disconnect between State , Commonwealth and Local Government programs.

Another example of an untapped 'Commonwealth' resource for Early Intervention is the new Family Relationship Program which includes 65 new Family Relationship Centres (FRC's) in local communities throughout the country and a Family Relationships Advice Line. There are interesting opportunities here for collaborative work between DoCS and these services, especially in relation to problems experienced by many families where there are family violence issues between separating and separated partners. We need to study the scope for collaborative working arrangements between the Commonwealth funded FRCs and state child protection system in NSW and across Australia.

### **A whole of systems approach**

We consider that Professor Dorothy Scott's vision of a public health approach to child protection based on primary, secondary and tertiary prevention strategies has much to offer the Inquiry's consideration of early intervention as it reinforces the need for a whole of systems approach to primary, secondary and tertiary interventions to assist vulnerable families. The focus of interventions has traditionally been specifically and discretely at either the primary level (designed to keep problems from emerging at all), the secondary level (designed to reverse or prevent the impact of known risk factors) or the tertiary level (strategies to reduce harm among those most severely affected) [6, 52].

Professor Scott calls for the need to integrate these levels of service delivery, including the re-engineering of universal (primary) health and education services so that they work more effectively with vulnerable families and communities [6]. Using the public health model of prevention advocated by Professor Scott the Association argues that an integrated system to assist families who hover below and just above the threshold for tertiary intervention requires a much stronger interface between services at the primary (universal), secondary (targeted) and tertiary (intensive) levels. Key strategies for integration are increasing collaborative outreach strategies involving child protection, health, education and the non government family support sectors. As Scott points out

The major thrust of a secondary prevention strategy needs to be firmly focused on those services which are already connected to families such as: maternal and child health services; early childhood education and care; schools; adult mental health services, and drug treatment services[53] (Scott, 2006 p5).

### **Good examples of integrated programs**

The Association notes that the Victorian reforms are demonstrating a considerable degree of success in this way of working, as various unpublished practice papers testify (see Attachment 1). Published research also indicates that there are a number of collaborative cross sectoral programs which successfully bridge this interface. Good examples are the sustained nurse home visiting programs in Victoria and South Australia [2], the *Schools as Communities* Program in the ACT [54, 55], and the *Schools as Community Centres* Program in NSW [56], and the *Strongfamilies* program in WA. Certainly there is convincing evidence that the most successful initiatives to bridge the interface thereby reaching vulnerable young children, are programs which are non-stigmatising, are universally provided within “high risk” neighbourhoods and are offered through natural environments such as schools, child care centres and preschools [57-60]. In WA the Department for Child Protection has remote community child protection workers whose role is to both build community capacity and undertake child protection interventions. This program has been evaluated as particularly successful in increasing community engagement in issues affecting children and families, raising community consciousness that family violence and child abuse are not acceptable, and increasing confidence that reports will be taken seriously.

All early intervention programs whether they are directed at Indigenous children or non Indigenous should only be funded and supported if they can demonstrate they are part of this integrated approach. It is not, we think a question of whether the Department of Community Services itself should be involved in delivering services; there are many good reasons for it to do so if this assists with bridging the interface with early intervention services.

Furthermore it is frequently the departmental programs in some communities that are prepared to involve themselves with families who are very hard to reach. Rather it is a question of *how* such programs are delivered and whether the Department can gain public confidence by transforming into a social policy department with a broad *raison d'être*: to promote the wellbeing of children and young people and build the capacity of their families and communities to keep them safe.

### **THE PROVISION OF OUT OF HOME CARE**

Alongside the responsibility of the state to build the capability of families and communities to look after their children is also its responsibility to care for children and young people unable to live with their families. We note that the focus of the Inquiry is Child Protection Services in NSW, and that reference to out of home care is made under the umbrella concept of Child Protection as indeed it is in the government’s administrative arrangements. That this fundamental responsibility is framed as a subsidiary of Child Protection we believe is evidence of its poor status and its overall neglect within the broader

system. We argue that forensically driven systems are so preoccupied with managing their problematic 'front ends' that precious resources: financial, human and intellectual, are diverted away from the development and maintenance of effective systems of care.

The Inquiry will receive submissions on many aspects of the care system. Notwithstanding the main focus of this submission which is on 'Child Protection' rather than out of home care makes brief reference to some key issues that we consider require particular attention and that may otherwise be overlooked. These are: the participation of children and young people in decision making, leaving care and other transitions, kinship care, residential care, and direct attention to children and young people.

### **Participation of children and young people in decision making**

Children and young people, in contact with the care and protection system, should be provided with direct and indirect opportunities to express their feelings and wishes; in this they can be greatly assisted by an adult (other than their carer) whom they trust, who provides regular emotional and practical support and who is likely to have continuous involvement with them. The ability to work with children in this way is predicated on relationship based practice by professionally qualified staff who know how to work directly with children and young people. Some specific recommendations for increasing participation by children and young people in the care of the system include:

- Increased use of models of family decision making/problem solving such as Family Group Conferencing should be used wherever possible to maximise the participation of children and young people. (For example family conferencing in SA requires either that the child attend and/or be represented by a child advocate
- Children and young people should be provided with information about child protection processes, including how to make complaints. They should be well prepared for forums in which they are expected to participate through the provision of developmentally appropriate information, including multimedia packages, to supplement information conveyed verbally.
- Children and young people must be informed as soon as possible, preferably same day, of legal and administrative decisions which affect them [3]

## **Leaving Care**

Young people transitioning from the out of home care system (and other systems closely associated such as Juvenile Justice) are one of the most vulnerable and disadvantaged groups in society. They often suffer multiple disadvantages as a result of their trauma and neglect prior to entering care; many suffer negative experiences in care; and the lack of formal and informal support provided to them as they transition from care. Phillip Mendes [4] points out that a consequence of child protection as the separate responsibility of each State and Territory is that there are no uniform in-care or leaving care standards across Australia. While it is now normative that parents continue to 'offer love and support to their children well beyond 18' (and indeed are expected to provide for them until the age of 25 according to Commonwealth Government social security legislation) this is not the case for young people in the legal care of the State.

Mendes draws attention to the limited public concern about the plight of young people leaving care and a 'silence' that reflects the powerlessness of this small group who is significantly over represented in studies on homelessness, drug and alcohol misuse, poor mental and physical health, poorer education and employment, juvenile prostitution, crime and early parenthood.

The Association joins the call for uniform in-care and leaving care standards across Australia. It also calls for an affirmative action plan to assist better outcomes for young people leaving care which will provide them with the "same ongoing resources and opportunities that any responsible parent in the general population would offer their child" [4] (p.76).

## **Kinship Care**

Kinship care is the fastest growing type of out of home care in Australia and has obvious relevance for Indigenous children in care. However we note that there has been no Australian research to investigate the outcomes for children in kinship care compared to children in other forms of out-of-home care. Kinship care is a key tenet of policy and practice for Australian Indigenous children (i.e., the preferencing of kinship placements for Indigenous children formalised in the Aboriginal Child Placement Principle).

There is an urgent need to assess the applicability of the existing policy framework for recruiting, assessing, training and supporting kinship carers and to provide evidence-informed strategies to better meet the needs of kinship carers [61]. Research shows that grandparents, who form one of the largest groups of kinship carers, are disappointed and feel let down by both state/territory and Commonwealth governments, especially in relation to the financial and legal issues that they face and the lack of recognition and support that they receive (Council on the Ageing National Seniors, 2003).

In view of what can only be regarded as a serious crisis in the availability of carers for children in out of home care, and policy rhetoric about the importance of extended families for children, there is an urgent need for greater social, financial and service supports in this area[61].

### **New models of residential care**

Thirty years of deinstitutionalisation in Australia has led to a heavy reliance on foster care, a system now under considerable strain as the preferred method of looking after children who are unable to live with parents [62, 63]. Whilst residential care may often be seen as a last resort option, others argue that for some young people, at a certain stage of their lives it can be regarded as a preferred option [64]. There is, however, a lack of relevant Australian research into workable models of residential care for the 21<sup>st</sup> century. We recommend that research into feasible models which have a therapeutic orientation becomes a priority for the research agenda.

### **Direct assistance to children and young people**

We recognise that in recent years DoCS has directed considerable resources into the out of home care area in NSW. However, one area that has been consistently overlooked is the provision of therapeutic services to children and young people who have suffered considerable trauma, including multiple losses of parents and caregivers. As a society we recognise the need for adults to have someone to talk to when they suffer trauma and loss. Much less attention is given to ensuring that children have age appropriate opportunities to make sense of what is happening in their lives and why they are in the care of others and not their parents. There is a great need for highly trained child practitioners who can help children construct positive narratives about their families and their futures. This is a significant workforce issue for DoCS and for the other systems which have a responsibility to help children heal and to build the capacity of those who care for them, to sustain the healing process.

## **WORKFORCE ISSUES**

Workforce issues are of great relevance to the Association because we understand they are central to the delivery of humane, ethical systems which care for children and families. We also have many members who work in Child Protection systems throughout the country and continually identify the need to rethink the recruitment, training and retention issues which impact on the capacity of the system to deliver effective services. We are concerned on behalf of our members and their colleagues about how the current system impacts on practitioner working conditions and job satisfaction. Our members and other practitioners face difficulties in the current systems that are stressful, blaming and often punitive toward them. We want to emphasise that these systems need to care for their staff if they are to be sustainable and effective in improving outcomes for children and their families.

The Inquiry specifically asks what strategies should be developed for recruitment and training, particularly so as to ensure that there are adequate staff numbers to provide the necessary services in regional and remote areas of the State? It is to these questions that we now turn our attention.

The AASW supports the key areas for action described in the recent discussion draft "Towards a National Child Protection Strategy for Australia" developed from a National Forum of experts in the field and held in August 2007. This includes the need to improve the capacity of the workforce to meet the needs of children, young people and families involved in the child protection system. Forum delegates called for the development of a national child protection workforce plan which incorporates recruitment, training and retention strategies that meet current and future industry needs. Such a strategy we believe needs to build organisational and systems capability consistent with a renewed focus on child and family wellbeing, relationships and community based approaches.

Although workforce planning alone cannot be expected to balance out the economic, political and social forces at play in workforce supply and demand it is a vital process [65]. It is important for example, for the sector to know who comprises the care and protection workforce at a number of levels, to understand the emerging demographic and demand trends in different areas, as well as the key practice and other issues that impact specifically on the care and protection workforce. As this workforce is fluid and moves across national and international boundaries a national plan is essential.

For NSW and other jurisdictions to specifically deal with its workforce strains, effort to address the resource issues of supply and demand of the workforce now and into the future is required. It is important for example, as a specific workforce planning issue for the sector, to recognise that there are human factors that strongly impact on the nature, retention and quality of the care and protection workforce. The work of protecting children involves a complex and wide set of skills, abilities, experience and knowledge in order to be effective in a challenging and changing work environment.

At the same time, this complex and difficult work has been pressured by ever-increasing notifications of child abuse, the constant scrutiny and pressure to perform in difficult practice contexts, and the challenges that emerge from the increasingly interdisciplinary nature of the professions involved in child protection practice. Successful workforce planning for the whole system will require a full understanding of these pressures and human factors and their implications for recruitment, retention and workforce development. This requires DoCs to raise their efforts in planning capability and activity.



We briefly examine a range of strategies at each level of workforce planning. There are at least three main workforce issues experienced by child protection organisations. The first is what constitutes the 'best training' / qualifications of workers – thereby ensuring 'quality services' for children and their families, second how to recruit appropriate staff and finally how to retain practitioners.

### **Who to recruit?**

Healy and Meagher's important study identifies the wide diversity of educational backgrounds of practitioners who work in care and protection systems across Australia [66]. There is some overseas evidence and our own experience points to the appropriateness of social work qualifications as an entry level qualification for child protection practice [67, 68]. Social work education, with its required field placements and emphasis on reflective practice, along with the profession's ethical framework and supervision practices, assist practitioners to withstand some of the challenges and dilemmas of child protection practice, such as using authority within a relationship context, and balancing the social care and social control nexus.

Whilst we recognise the need for recruitment from a range of different disciplines to increase the pool, and provide the range of relevant skills, we are concerned that calls to further diversify educational backgrounds, for example, to include police, nurses and those with diploma qualifications will not be an effective strategy. (May be helpful to recruit from other disciplines for particular roles – e.g in the more forensic or legal interventions for the 10% - police, and legal backgrounds may be helpful).

Attracting enough graduates with these qualifications to make a difference is doubtful and fails to recognise that many disciplines face equally severe staff shortages (eg. Nursing, OT, Law, and Education)[66]. The issue of recruiting staff with diploma level qualifications (or with no qualifications at all) is not supported but if this is to occur in areas where professional staff are not available (eg rural and remote areas) it is essential for those staff to be provided with appropriate support and professional development pathways to increase their qualifications.

An important finding from Healy and Meagher, (2007), was that those with professional qualifications remained in front-line practice longer (approximately 30% longer) than those with general social science degrees. They also found that those who had undertaken a placement in child protection as part of their undergraduate degree were more substantially satisfied with their role as a child protection worker than those who had not. This is similar to US research that found that graduates who had received specialist education in child and family welfare were more satisfied with their work and less likely to leave than those with generic degrees [69].

### **How to increase the recruitment of suitable staff?**

With the ever increasing numbers of notifications to child protection authorities and continued “bad press” about child protection practitioners’ failure to ‘prevent harm’ to children it is unlikely that unless there is significant re-casting of the system there will never be enough practitioners to keep up with the ever increasing demand.

However there are a number of strategies that could be implemented to encourage and attract appropriate staff. The first is the need to develop strong partnerships with universities to encourage undergraduate students in social welfare, psychology and other human service courses to undertake specialist pathways in child protection. This can occur by including specific child welfare input and opportunities for a child protection field placement which can often lead to employment on graduation [70]. This would also include the provision of financial support to students whilst studying, by providing supported employment during academic breaks and by developing internships. These incentives could be followed up by recognising these workers enhanced child protection experience by paying them more when they start full time work

### **How to more effectively retain staff?**

Recruitment action alone does not deal with the issues that underpin high rates of staff turnover. A key element in that task is to increase staff confidence, competence and job satisfaction [71]. We are aware from our members that the over-emphasis on identification of ever increasing numbers of cases, the constant need to gate-keep referrals, the awareness of harm caused by the system itself, bureaucratization of practice, and the barriers to providing helpful interventions for children and families are all factors that influence social workers (and other professionals) to leave the child protection workforce.

We have argued above that the Child protection system requires significant reform. A new conception of child protection practice requires the promotion of an ethical, child centred practice; strengthened focus on children's wellbeing and an emphasis on early intervention and prevention by better developed collaborative approaches to child safety including the strong inclusion of families in decision making.

Supporting practice by improving supervision and, increasing training and flexibility in the workplace is believed to increase workers’ satisfaction [70, 72]. Staff, when asked, have identified a range of key determinants of whether or not they will stay, including: commitment to children [73] reducing stress levels, [74] hiring and induction practices [75] and focusing on strategies that reduce the chance of burnout [74].

The stressful nature of child protection practice points to the need to provide adequate support through the use of professional supervision. There is strong evidence that the lack and quality of professional supervision is a key reason for staff attrition and the reported low levels of job satisfaction [72, 76]. Some authors [77] believe the experience of supervision of front line child protection workers parallels that of the system where crisis driven practice is common and attention to the detail of practice and skill development is neglected.

One explanation as to why professional supervision is not strongly in evidence in child protection and other human services is the emergence of the New Public Management (managerialist) paradigm which has dominated public sector management for nearly two decades. Managerialism is a set of beliefs and practices that assume better management will resolve a wide range of economic and social problems. It emphasizes procedures and decision making, direction, the reduction of professional autonomy, and increasing accountability. This does not fit well with a professional discourse concerned with effective client engagement and need, relationship building, reflective practice and professional discretion. One way of managing crises in organisations such as child protection is through the development of policy and procedure manuals and performance audits. Hough goes further by suggesting that organizations respond to scandals most frequently by 'the throwing of an even heavier blanket of administrative law over welfare practice' [78, p 220]. As Nigel Parton points out:

There is clearly some tension in accommodating both managerialist and professional discourses, within the one organization. The growth of managerialization, audit, procedural guidance and new systems of information technology and information management all seem to have contributed to an increasing complexity in the nature of the work as far as frontline professional are concerned. (cited in Wyles, Parton, 2004 p.89) [79]

In an analysis of three Australian child protection reviews carried out over the last ten years Paul Wyles [80] points to the virtual absence of comment about supervision and the potentially important role it has to play in improving the performance of child protection workers. He argues that without a focus on improving supervision the system will continue to struggle with inexperienced staff, high staff turnover and poor decision making. We would hope that the current Inquiry does not continue this trend by ignoring the critical role supervision plays in human service professions as a strategy for building quality practice and thereby increasing staff retention.

The emphasis needs to be on supportive and developmental supervision, which is not solely driven by administrative accountability, and occurs in a context that values professional judgment and decision making, and avoids blame. The AASW promotes supervision standards for its members, and is particularly mindful of the needs of rural and remote social workers, including consideration of a range of mechanisms to ensure that such workers have access to professional supervision.

### **Specialised Education and Training**

One potentially powerful strategy to ensure that staff have the appropriate knowledge, values and skills leading to increase retention is the provision of specialised professional development. This can occur at an undergraduate level with specific child welfare input and opportunities for a child protection field placements [70]. Other solutions include accredited courses at the post-graduate level assisting workers to develop the particular skills and knowledge required for child protection practice. To date there have been few post graduate qualifications in child welfare offered by Australian tertiary institutions to meet this need. The exceptions are Australian Catholic University (ACU National), University of Western Australia, University of Queensland and James Cook University. ACU National has recently introduced a Masters in Human Services with a child protection major reflecting a broader approach to child protection practice. Units include Working with children and young people, Families with High and Complex Needs and Ethics of Human Services Practice. It builds on the Postgraduate certificate in Human Services (Child Protection) providing a staged, professional development pathway. There is evidence from the ACT that retention of staff who are engaged and supported to complete postgraduate study has increased[71].

The AASW is strongly committed to the development of standards in child protection practice and is currently identifying specific practice standards for the profession. The Association requires members to participate in ongoing professional education to achieve accredited membership status, and state branches provide a range of professional development opportunities. The AASW and the Australian Centre for Child Protection (Professor Dorothy Scott) in conjunction with the Heads of Schools of Social Work have recently undertaken a curriculum mapping project on child protection in social work education, with the aim of identifying best practice and developing specific and increased curriculum relevant to child protection practice. These initiatives will be critical to increasing the skills and knowledge of undergraduates in key areas relevant to working with vulnerable children and their families.

Successful systemic change is significantly reliant on the level of skills, knowledge and values of the people to implement and sustain the reform agenda. This will require an appropriate workforce investment, which includes education, training and professional development. A comprehensive learning approach that aligns with system reforms, including a differentiated response to children's wellbeing and safety will be essential.

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## ATTACHMENT

### **What have we learned so far in building Child FIRST? John Cheshire**

*Paper for the Australian College for Child and Family Practitioners 'Borders and Bridges' Conference on 20 May 2007*

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On 23 April 2007 the Victorian *Children, Youth and Families Act 2005* came into effect. That Act and the *Child Wellbeing and Safety Act 2005* that accompanies it, represent the culmination of the most significant reforms to child welfare in Victoria in the last decade.

Central to the direction of that reform is the creation of an integrated system of child, youth and family services. The integrated system that the Government has enabled is one where statutory Child Protection and voluntary Family Services work more closely together, where abused and neglected children get timely and comprehensive help and where vulnerable families are supported so that their problems are addressed, averting the need for statutory Child Protection.

This paper focuses on one aspect of that reform: the establishment of a central intake for Family Services at a sub-regional catchment level (known as Child FIRST) and the integration of local Family Service agencies into an alliance at the catchment level that undertakes catchment planning, prioritises and coordinates case allocation and provides services in accordance with agreed quality standards.

#### **What is Child FIRST?**

Child FIRST is a neat acronym that stands for *Family Information, Referral and Support Team*. Child FIRST is a community based intake to Family Services at a sub-regional catchment level. Child FIRSTs are being progressively rolled out across Victoria, with nine Child FIRSTs established from 23 April 2007. As a term, Child FIRST has slightly different meanings depending upon the model that has been established in each catchment. In some instances, Child FIRST tends towards being a shorthand term for integrated Family Services, while in others it is more limited to its function as a central intake.

In every case Child FIRST is incorporated with what is known as a Family Services Innovations Project (FSIP), which provides a means for joining up

Family Service providers around the needs of vulnerable families. The Victorian Government has invested significant funds through FSIPs providing substantial growth for Family Services. From 1999-2000 to 2006-07, the Victorian Government has increased funding to Family Services from \$25M to \$61M – some \$36M or 144%. While \$4-5M of that would be indexation, the rest is real growth. Moreover, as Child FIRST and FSIPs are rolled out over the rest of Victoria in the next two years, a further \$9.7M recurrent will be spent on Family Services. In other words, Government policy has not just been about working smarter and working together, its been about increased capacity too.

The key elements of Child FIRST and FSIPs at a catchment level are:

- Establishment of an Alliance of Family Service agencies within a catchment, with responsibility for catchment planning
- A central (not necessarily a single) intake, known as Child FIRST
- A legislative provision that allows Family Service agencies to share information without consent in limited circumstances
- A legislative requirement that Family Services prioritise services on the basis of need
- A requirement for 'Active holding' of cases assessed as appropriate for Family Services but unable to be allocated a service due to temporary limited service capacity
- A requirement for case allocation to be coordinated between services
- An emphasis on culturally competent practice
- An expectation that Family Services will actively engage with hard to reach clients
- A legislative requirement that Family Service agencies be registered, and that in order to maintain their registration they conform with prescribed quality standards

### **Child FIRST in the North East Metro Child and Family Services Alliance**

Kildonan UnitingCare, the agency where I manage Family Services, is part of an Alliance of nine agencies in the North Eastern suburbs of Melbourne. Our sub-regional catchment covers five local government areas (LGAs):

- Yarra City Council
- Darebin City Council
- Banyule City Council
- Whittlesea City Council
- Nillumbik Shire

The nine agencies that comprise our Alliance are:

- Children's Protection Society
- Anglicare Victoria
- Kildonan UnitingCare
- Berry Street Victoria

- North Yarra Community Health Services
- Brotherhood of St Laurence/Ecumenical Migration Centre
- Victorian Aboriginal Child Care Agency (VACCA)
- Darebin City Council
- Yarra City Council

We also count the Victorian Government Department of Human Services (DHS) as part of our Alliance.

The population in our catchment is approximately 0.5 million people, comprising 10 percent of Victoria's population. The catchment includes a growth corridor in the City of Whittlesea, where population is expected to rise by 32 percent in the next 15 years. It is an area of significant disadvantage, with three of the LGAs ranking fifth, sixth and thirteenth respectively among the most disadvantaged of Melbourne's thirty LGAs on the Socio-Economic Index for Areas (SEIFA). It is also an area of high demand for Child Protection, particularly in regard to Aboriginal children and young people.

The name we have given to our model of integrated Family Services in the North East is North East Metro Family Services (NEMFS).

**Key learning:**

**There are significant benefits in a strong partnership between government and community service organisations**

Establishment of NEMFS has been remarkably successful to date. One of the most critical factors that contributed to that success is the healthy relationship between the DHS and community service organisations in the sub-region. This may sound trite, but let me assure you that that relationship is not something to be taken for granted. The relationship, and the way it has translated into a partnership, is of fundamental importance, and it is a feature strongly valued by CSOs and DHS alike.

That partnership was reflected in the means by which the Victorian Government operationalised its policy to establish Child FIRST and create an integrated family services system. Had this been 1997 instead of 2007, the means for implementing this reform would have been completely different to our own experience in the North East.

In 1997, there would have been much less consultation on the reform. Child FIRST and all funded family services would have been put out to competitive tender. My own agency, Kildonan, might have formed a consortium with one or two of the other CSOs to compete against all the rest in a winner take all approach.

You would all be familiar with the analogy that was commonplace at the time to describe the purchaser-provider relationship that government should be steering, not rowing. (As an aside, I recall that Mary Draper, a social policy academic now working at the Royal Women's Hospital, observed that the then treasurer, Alan Stockdale, obviously had never had experience with a cox-less four.) But for government to steer and not row, it needed to distance itself from the rowers. Moreover, it had to encourage the rowers to compete with one another for the privilege of rowing.

We are very fortunate that in this instance, government adopted a truly partnership-based approach both to service development and to funding.

Firstly, it should be noted that the process of reform that led to the establishment of Child FIRST, including the introduction of new legislation for child welfare in Victoria, has advanced deliberately, but carefully since 2001. Over the past six years ideas have been explored, researched, put out for consultation a number of times, as well as energy put into actively engaging sector leaders in advisory roles to the Minister and the department. Considerable effort has gone into bringing the sector along with the key directions of the reform.

Since publication of 'An Integrated Strategy for Child Protection and Placement Services' in 2002<sup>2</sup>, government and CSOs alike have worked together to find ways of preventing child abuse and neglect and of diverting families from the child protection system. This included what has been known in Victoria as *Family Services Innovations Projects* (FSIPs). In essence, FSIPs were set up with additional funding within areas with high child protection notifications in order to improve the integration between family services, to increase family service capacity and divert families from Child Protection. Key features include the establishment of a central intake for family services in the local area, and dedication by Child Protection of a Community Based Child Protection Worker to the project as a consultant on cases.

DHS was successful in securing funds from Treasury for Family Services growth via Innovation Projects on the basis of increased complexity, and because these projects would reduce demand for Child Protection – demand that had come close to swamping Child Protection ever since the introduction of mandatory reporting in 1992. Treasury was persuaded on the basis that something needed to be done to stem demand.

What that approach to partnership has meant in the case of our development of a model for Family Services integration in the North East catchment, is that

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<sup>2</sup> Department of Human Services, Community Care Division (2002) *An Integrated Strategy for Child Protection and Placement Services* Victorian Government Printer.

senior representatives of the DHS both from Child Protection and the Department's Partnerships Unit (the aptly named unit that establishes funding arrangements for community service organisations) sat at the table with the nine agencies and worked with us to develop a new service model.

Rather than submitting a proposal for consideration by DHS, the department had contributed to the development of the proposal. There were no surprises, and we were confident that we had come up not only with the best possible model, but with a proposal that would suit our funder.

The relationship between the DHS and the agencies in our Alliance is a critical success factor in the development of our model. Indeed, the organisational arrangements that we have designed for our Alliance, which I will discuss later, have allowed for the DHS to be a signatory not just to the Service Agreement between DHS and agencies, but to the Memorandum of Understanding that binds our Alliance together.

**Key learning:**

**Having a local family service orientation in a sub-regional context requires maintaining the role of local agencies in their local areas, while establishing strong links to the central intake**

One of the key elements of the new integrated family services system is the provision of a central intake for family services in the service catchment. As mentioned previously, the catchment for our integrated service covers five local government areas comprising 12% of Melbourne's total land area and almost 14% of its total population. The sub-region's 0.5 million people is larger in population terms than the Northern Territory (0.21 million), Australian Capital Territory (0.33 million) and Tasmania (0.49 million).

In a geographic area of this dimension, with a population this large and diverse, what does 'local service' mean?

Each of the nine agencies that form our Alliance is familiar with service provision at a local level in the sense of responsiveness to a local government area. Across the five LGAs, the nine agencies have 15 service sites. While the extent to which clients attend at these service sites for service delivery is variable between the sites and the agencies, up until implementation of the new legislation on 23 April 2007, each agency has had its own local identity, promoted its own suite of services at the local level and conducted its own local intake arrangements.

From that starting point, integration to a catchment wide model was a significant challenge. Alliance members agreed that there is most definitely an advantage in promoting a central intake as a means of improving service visibility, creating simple user-friendly intake procedures that are easy to

understand, and in establishing one point of relationship between family services and Child Protection. However, each agency was also wary about losing its local profile, and losing its relationship with local service users. Engagement at the point of first contact, particularly for self-referrals, is particularly important. Moreover, given that each agency has its own identity, the issue of service user choice needed to be considered. For instance, there are likely to be parents who may feel comfortable in approaching their local council for a service, but would be wary about approaching a community service organisation that is associated with the Christian faith. In establishing a central intake, we did not want to throw out the baby with the bathwater.

Our Alliance's approach to this problem was, firstly, to argue that intake to Family Services in the catchment should be via a central, not a single, intake point. Our Alliance agreed that Child FIRST, the central intake, should be promoted widely as the main intake point to family services. We agreed that third party referrals, including referrals from Child Protection, should be made via Child FIRST. We also agreed that self referrals could be made, not only to Child FIRST, but to local agencies, on the basis that if a parent had contacted a local agency, every effort should be made at that point in time to engage the parent with a service.

The second, and more interesting, element of our approach to balancing the provision of local services at a sub-regional level was the decision to establish four Local Family Service Coordinator positions. (The reason why we made four, not five of these positions is that, while our catchment covers five LGAs, one of those, Nillumbik Shire, has a smaller population and generally higher socio-economic level, with concomitant lower demand for support services. For our planning purposes, we considered Nillumbik Shire and the City of Banyule together as one network.)

The role of the Local Family Service Coordinators (LFSCs) is:

- To provide 'active holding' for those cases assessed at intake as appropriate for Family Services, but are unable to be allocated directly to an agency due to lack of current service capacity.
- To convene local intake allocation meetings at which non-urgent cases would be prioritised for allocation. These meetings also provide an opportunity to discuss service throughput blockages and emerging service demands.
- To work at Child FIRST for one day per week in intake, thereby increasing intake capacity, but also providing a link between local agencies and central intake.

The four LFSCs are each employed by one of the four main service agencies, thereby establishing a level of 'buy in' from each of those agencies in the direct provision of Child FIRST services.

By establishing a coordinating function at the LGA level, as well as at the catchment level, our model maintains a 'local' focus within the sub-region. This arrangement also accommodates the agency orientation of those agencies that do not provide services outside of the LGA in which they are based. By engaging those LGA specific agencies in local case-based discussions with a view to establishing priority and subsequently allocation, agencies are necessarily linked to one another, and to Child FIRST, the source of most referrals.

By joining together as an Alliance at a sub-regional level, we are able to address service coordination issues that relate at a level wider than the LGA level alone. For instance, services such as the police or mental health relate more naturally to larger geographic catchments, and will best be engaged in questions of service coordination and improvement at the Alliance level. Each of our nine agencies therefore now have a means for entering into those discussions, while not losing touch with those services that relate best at the more truly 'local' level, such as individual schools or maternal and child health nurses.

**Key learning:**

**An effective multi-agency Family Service model is assisted by building on strong partnerships; agencies contributing to and committing to the direction of reform; and establishing 'mutual accountability' between agencies.**

It is not insignificant that nine agencies managed to come together and agree on a means by which they could integrate their services. Not only are we working with a large and diverse population within a large geographic area, we are forming an Alliance between nine very different agencies, with differing histories, accountabilities, orientations, not to mention different services. In fact, it's quite incredible that nine agencies managed to come together and agree about anything at all! The level of complexity involved in pulling together the model for our Alliance is very high.

A number of factors contributed to making our Alliance a successful one.

Firstly, we had the advantage of being able to work from an existing effective partnership between four agencies in the City of Darebin, where a Family Services Innovations Project was already in operation. That project, the Darebin Integrated Family Services (DIFS), already had a central intake and had established an organisational arrangement, supported by a Memorandum of Understanding. We were able to build on the leanings from DIFS as we expanded to provide integrated services across five LGAs.



Secondly, there was broad support for the Government's policy directions, as described in its White Paper, *Protecting Children ... the next steps*<sup>3</sup>, particularly in relation to earlier intervention and prevention. We are fortunate in Victoria to have a government that has committed itself to supporting vulnerable families before problems become so serious that they require Child Protection intervention. In Victoria, we've shifted the ambulance from the bottom to the top of the cliff. (Mind you, it's still quite close to the cliff!) The shared support for the Government's reforms meant that, when agencies sat down together to consider how best to work together, the question wasn't 'why' it was 'how'.

This is not to say that each of the nine agencies in our Alliance have simply been operational arms of government policy. On the contrary, the agencies in our Alliance have been active and outspoken participants in the policy development process. For instance, Muriel Bamblett, CEO of the Victorian Aboriginal Child Care Agency, Jan Black, the General Manager Community Services at Darebin City Council and Sandy de Wolfe, CEO of Berry Street Victoria were members of the former Minister for Children's Advisory Council on Vulnerable Children, Young People and Families that provided advice to the then Minister on the direction of the reforms. Two of our agency CEOs, Poul Bottern from Kildonan and Bernadette Burchell from the Children's Protection Society, are members of the board of the Centre for Excellence in Child and Family Welfare, our peak body that worked with Government on details of the policy. Our agencies provided extensive comments on various position papers and draft policy papers that were produced over the years leading up to the current iteration of the Government's vision for vulnerable families. Indeed, I can recall working long into the night on Kildonan's nine pages of comments on the draft Strategic Framework for Family Services that has since been implemented.

The outcome of that policy development process is that agencies are by and large safely 'on board' with the directions of the reform. That support has had a highly positive effect on the level of commitment that each of our agencies has been prepared to offer. It is worth noting that, in addition to the increasing the capacity to reach agreement, agency commitment has a dollar value that has been demonstrable in our case, in that each agency has committed substantial staff hours at a senior level to work on this reform.

Thirdly, we agreed upon a model of organisational arrangements that accommodated each agency's autonomy and accountability requirements. We also managed to do so without recourse to lawyers. Our Alliance is not a legal entity. We are not a legal partnership, nor a consortium, nor a separate company. We are a group of individual organisations that are bound to one another by the commitments we have made to undertake certain actions, in

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<sup>3</sup> Office for Children (2005) *Protecting children ... the next steps* Victorian Government Department of Human Services, Melbourne.

accordance with an agreed set of procedures. Some of those procedures are determined through external policies and guidelines, such as the new *Strategic Framework for Family Services*<sup>4</sup> or the Specifications for Child FIRST written by the DHS; while other procedures are written by the Alliance members themselves, such as our submission to the DHS, in which we describe a model of operations, a budget and spell out plans for service delivery by each of the agencies over the next three years.

Our legal contracts are individual ones between DHS and each agency. Our Alliance agreement is a Memorandum of Understanding between all agencies, including the DHS, to undertake certain actions in an agreed manner. (This MOU is still in development, but the commitment and much of the procedures we have agreed to are well established.)

The nine agencies that constitute our Alliance are mutually responsible to one another for the activities we have agreed to undertake. We are mutually responsible for the performance of the family services system in our catchment. We are mutually responsible to one another for the throughput of cases, the business that we are funded to perform.

Let me elaborate on this notion of mutual accountability. While our model allows for self referrals to agencies directly, most referrals will come via Child FIRST, the central intake. Agencies are therefore dependent upon Child FIRST's capacity to process referrals, as if Child FIRST is unable to perform its intake function efficiently, screening out and allocating in appropriately, agencies will be unable to perform their function. They will not have cases to work with, and will not meet their targets. On the other hand, if agencies do not provide adequate throughput, then Child FIRST will have nowhere to allocate cases to, and there will be a log jam effect that would mean Child FIRST would be unable to perform its function adequately. The Local Family Services Coordinator positions provide a level of flexibility in between Child FIRST and agencies, by holding cases until they can be allocated, but these positions, which belong to individual agencies, not Child FIRST, are mutually responsible to local agencies and to Child FIRST.

In closing, I would like to acknowledge the strong partnership that has been developed between the nine agencies plus the DHS in the development of our project. It is indeed a welcome reform of child welfare, and one that stands to provide, not only for a workable system, but most importantly, for better lives for children, young people and families.

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<sup>4</sup> Office for Children (2007) *A strategic framework for Family Services* Victorian Government Department of Human Services, Melbourne.