

Australian Institute of Family Studies
Submission
to the
Special Commission of Inquiry into
Child Protection Services in NSW

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Australian Government

**Australian Institute of
Family Studies**

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Overview

The Australian Institute of Family Studies draws on research to analyse systemic issues in child protection services and their underlying drivers, and to identify innovative and promising approaches to addressing the key challenges in the delivery of child protection services. It is not the role of the Australian Institute of Family Studies to recommend specific reforms to the service system. Rather than providing recommendations in relation to each of the terms of reference, this submission provides an evidence-based analysis of high-level systemic issues in child protection. Specifically, in this submission, we:

- discuss international trends in responding to abuse and neglect that have influenced current demand on child protection services;
- identify the key challenges and strategic directions for Australian child protection services;
- provide a more detailed discussion of trends in NSW relative to other states and territories, along with some of the critical events that have influenced demand for NSW child protection services;
- identify systemic issues affecting service delivery for both children *in need of support* and children *in need of protection*, along with strategies for addressing these issues; and
- provide snapshots of innovations and promising approaches to service delivery for vulnerable children and families.

Historical drivers influencing demand: An international perspective

In 2006–07, there were 309,517 notifications to child protection services in Australia, 189,928 (61%) of which were made to child protection services in NSW. Similarly, NSW comprises 79% of all Australian child protection investigations and 63% of all Australian child protection substantiations.¹ Consistent with national trends, in NSW emotional abuse (which typically includes witnessing domestic violence) and neglect are the most commonly substantiated maltreatment types. Aboriginal and Torres Strait Islander children are over-represented on all indicators.

In Australia, notifications and substantiations have increased 45–50% over the past five years, and rates of children in care have risen from 3.0 to 5.8 per 1000 children in the population.

¹ All data regarding child protection activity are based on the data reported in the Australian Institute of Health and Welfare's (2008) annual *Child Protection Australia* report.

However, trends observed during this timeframe are in part an extension of existing historical drivers (both national and international) that have given rise to the current shape of Australian child protection systems. The scope of child protection services, which were originally established to respond to serious physical abuse, slowly evolved to incorporate physical abuse, sexual abuse, emotional abuse, neglect and witnessing family violence. Over the same period, and in response to changing social values, the threshold at which statutory child protection services intervened to protect a child decreased: the threshold in the 1960s was severe physical harm (i.e., bone fractures); three decades on, the threshold for intervention includes outcomes such as bruising, developmental delay and psychological harm.

Key message: The increase in scope and decrease in threshold for child protection services has been a major driver of global increases in indicators of child protection activity (i.e., notifications, investigations, substantiations, children on orders and children in care) over the past 30–40 years.

Table 1. Child protection services: International trends

1962	Battered Child Syndrome identified by Kempe and colleagues
1960s	Mandatory reporting introduced in the United States
1970s	Legislation introduced to protect children in all Australian jurisdictions
1970s	First mandatory reporting requirements introduced in Australia
1980s	Sexual abuse recognised on the world stage
1990s	Neglect re-discovered
1990s	Emotional abuse started to be recognised
2000s	Exposure to family violence recognised as a distinct maltreatment sub-type
2000s	Some degree of mandatory reporting in all Australian jurisdictions
Source: Bromfield (2005)	

The influence of professionalising child welfare on community behaviour

Over the same time period, there has been a shift in community behaviour in relation to responses to suspected child abuse and neglect. With the first social work degrees being introduced into universities from the mid-1900s, work with families in need gradually moved from a charitable endeavour to a therapeutic and professional one. At present, the minimum entry-level requirement for a child protection worker in Australia is a relevant degree followed by additional vocational training on appointment (Bromfield & Ryan, 2007). The delivery of child protection services in Australia has become a specialisation.

An unintended consequence of this development is the privileging of expert knowledge and action over other types of knowledge and action (for example, the work of other health and welfare professionals and the role of community members) in responding to family needs. The privileging of expert knowledge and action can lead other professionals and community members to: (a) feel disempowered or reluctant to intervene to assist a family (as this is thought to be the role of specialists), and (b) feel that they have discharged their responsibility for a child and family’s welfare by notifying child protection authorities of their concerns. It is possible that the growth of visible “specialist” departments designed to respond to child maltreatment has also contributed to the growth observed in notifications.

Key message: The professionalisation of child welfare, ultimately culminating in child protection being perceived as the responsibility of “the child protection department” rather than a

community or broader child health and welfare sector responsibility, may have contributed to increased notifications.

Risk assessments, risk aversion and changes in practice

It is important when discussing increases in child protection activity to recognise that changes to the threshold at which members of the public choose to contact child protection services are a reflection of changing social values regarding acceptable child rearing practices, children's rights, child maltreatment and the role of child protection services. Changes to thresholds at critical decision-making points within child protection services (i.e., decisions to investigate, substantiate or forcibly remove children) may reflect a combination of changing social values *and* factors internal to the service system. Science and technology have impacted practice in child protection services through the increasing systemisation of child protection processes, such as risk assessment and record-keeping. Such initiatives are generally intended to increase accountability and consistency in child protection services.

Key message: Changes to thresholds at critical decision-making points within child protection services (i.e., decisions to investigate, substantiate, or forcibly remove children) may reflect a combination of changing social values *and* factors internal to the service system.

Researchers have argued that risk assessment, as a practice tool in child protection, has its roots in what Beck (1992) termed the “risk society”. The term “risk”, rather than being a neutral term to describe statistical probability, is value-laden and implies heightened risk (e.g., groups are referred to as “at risk” rather than “high risk”). Within this discourse, risk to children is considered to be measurable and manageable. The implication of this is that harm to children both can and should be prevented—and if it is not, that someone is to blame (Gillingham, 2006; Gillingham & Bromfield, 2008). Child protection services have been the subject of negative media attention when the “wrong” decision is made, particularly in the case of child deaths (Connolly & Doolan, 2007). (It is noteworthy that this same standard is not applied in comparable situations, such as mental health services in cases of suicide.) In response to such attention, the process of assessments, as well as general child protection practices, have become increasingly risk-averse; to the extent that Spratt (2001) argued that risk assessment in child protection involved an additional un-stated dimension—risk to the individual or organisation of making the “wrong” decision. Connolly and Doolan (2007) argued that high-profile child death reviews and the media response to them, which tend to create an “alarmed community reaction”, have reinforced increasingly risk-averse practice in recent years.

Key message: A risk-averse approach to practice can result in a decrease in the threshold for statutory intervention, such that greater numbers of children and families enter and progress through the child protection system.

Key challenges and strategic directions in Australian child protection: The National Approach for Child Protection Project

The consequences of these and other trends in the delivery of child protection services significantly heightened levels of child protection activity. Having cast a “wide net”, governments are now left with the fundamental question: What is the role of child protection services? They were originally established to provide a crisis response for cases of severe

abuse. This crisis response is not working for families “in need” of support,² yet there is a continuing need for “forensically astute” court-based interventions to protect children from severe maltreatment.

The Community and Disability Services Ministers’ Advisory Council (CDSMAC) commissioned the Australian Institute of Family Studies to investigate, under the guidance of the National Approach for Child Protection Working Group, the current challenges and strategic directions in Australian responses to protecting children. As part of this project, state and territory child protection departments and the Australian Government (as represented by the Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA]) were asked to describe the key challenges for their jurisdiction in enhancing the protection of children.³ These responses were collated to form a national perspective. The eleven key challenges for enhancing the protection of children in Australia, ranked from highest to lowest were:

1. Responding to the pressure of demand at the front end of child protection services.
2. Building prevention and early intervention services (especially for families in need).
3. Enhancing and monitoring practice consistency and quality.
4. Reforming policy and practice frameworks and implementing reforms.
5. Recruiting and retaining a skilled workforce (including, for example, reviewing organisational structure, the operating model, job design, specialist roles, supporting staff and so on).
6. Implementing and enhancing culturally appropriate interventions for Aboriginal and Torres Strait Islander children and their families, and services to assist in preventing their over-representation in statutory care and protection services.
7. Providing a quality out-of-home care service.
8. Breaking down silos at all levels (between government departments and non-government agencies, and between individual practitioners).
9. Supporting families with multiple complex problems (especially parental substance abuse, family violence, mental health and chronic involvement with child protection services).
10. Providing staff with the tools necessary to perform their respective roles (e.g. information systems).
11. Designing and delivering community education (in terms of managing community expectations of child protection departments and promoting the message that child protection is everyone’s responsibility).

2 In research investigating families chronically re-entering child protection services in Victoria, Bromfield and Higgins (2005a) reported that the majority of families initially referred to child protection services were subsequently re-referred. Notifications to child protection occurred in groups and recurred while the underlying problem or circumstances were present. A regulatory approach (record-keeping, investigating, directing families) did not address the underlying problem or circumstances being experienced by the families and thus did not prevent re-referrals and/or re-notifications from occurring. However, interventions that linked families with appropriate support services tended to alleviate family problems and were related to the prevention of re-notifications (and presumably further maltreatment).

3 Methodological note: Jurisdictions were asked to provide five key challenges. This number was a guide only and jurisdictions were advised that they could list more or less than five challenges. The number of challenges provided ranged from 4 to 10, and the length and detail under each challenge also varied. Responses were analysed and all responses were able to be coded into one of eleven categories of challenges. The challenges were then ranked according to how many jurisdictions’ responses could be coded into that challenge.

Findings from the project indicate that, in an attempt to address these challenges, significant reform agendas have been or are being implemented across Australia. Between 2002–06 every Australian jurisdiction embarked on substantive reforms to practice frameworks, legislation, and/or the structure of the service system.

The catalysts for reform varied across jurisdictions and included: dated legislative and practice frameworks, self-initiated research and review, and external inquiries. Drivers of reform can be broadly separated into *planned* reform (e.g., reform driven by dated legislation, self-initiated research and review) or *responsive* reform (e.g., reform driven by an external enquiry). Responsive reform appears more likely to occur in the public and media spotlight and to be implemented quickly than planned reform. Media scrutiny may therefore have contributed to the reform direction or pace. Responsive reform typically focuses more heavily than planned reform on tertiary services rather than early intervention and prevention.

Australia-wide, review and reform of the child protection system over the past five years has been unique from previous reform agendas for child welfare. Instead of focusing on the operation of “the child protection department” per se, reviews have tended to focus on the whole service system, the role of government and the way in which services to protect children are delivered. As a consequence, substantial change to the whole service system has occurred in many jurisdictions.

Multiple strategies were being implemented to address critical challenges. Reflecting the focus on “joined up solutions for joined up problems”, the strategies and directions were generally inter-related, and individual strategies targeted several key challenges (discussed above). Broadly, state and territory departments were directing reform to those areas identified as key challenges in enhancing the care and protection of children:

- an integrated service system;
- quality services;
- quality out-of-home care;
- clear articulation of underlying practice principles;
- providing an appropriate Indigenous response; and
- evidence-informed policy and practice.

Child protection in Australia: How is NSW positioned?

The trend for increased demand on child protection services in NSW is consistent with global trends towards increased child protection activity. However, the growth in child protection activity within NSW has been substantial compared to growth in most other Australian jurisdictions.⁴ Further, NSW has the highest level of child protection activity.

4 Tasmania, the ACT and NSW consistently feature among the jurisdictions with the highest rates for child protection activity per 1000 children in the population. This reflects some shared trends (e.g., centralised intake, family violence reports). However, as smaller jurisdictions, child protection activity in the ACT and Tasmania are also more likely than NSW to be impacted by the capacity of the wider service system (e.g., health and family support services). The rates in NSW are very high compared with the rates in other jurisdictions with more comparable populations.

Figures 1–5 illustrate the rates per 1000 children of total notifications, investigations and substantiations, and children on orders and in out-of-home care across Australian jurisdictions. In brief, the following trends were apparent in child protection activity in NSW for the 6-year period 2000–01 to 2006–07:

- The rate of total notifications exhibited an overall increase of 364%.
- The rate of total investigations exhibited an overall increase of 352%.
- The rate of total substantiations exhibited an overall increase of 394%.
- The rate of children on orders exhibited an overall increase of 29% (the rate ranged from a low of 5.1 per 1000 children to a high of 6.6 per 1000 children).
- The rate of children in out-of-home care exhibited an overall increase of 49% (the rate ranged from a low of 4.9 per 1000 children to a high of 7.3 per 1000 children).

Key message: The rapid growth in child protection activity in NSW relative to other Australian jurisdictions suggests that there are factors unique to the NSW child protection response that are contributing to demands on child protection services.

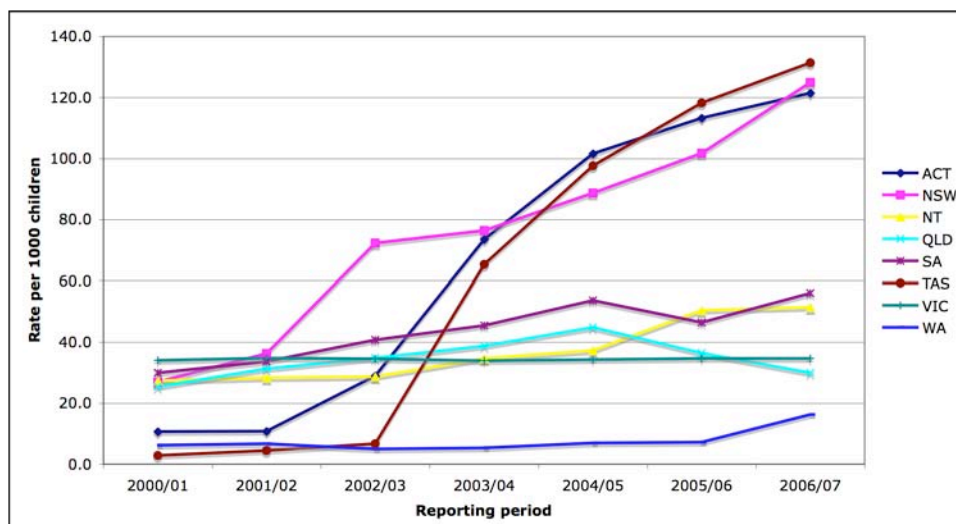


Figure 1. The rate of total notifications in each state and territory during the period 2000–01 to 2006–07

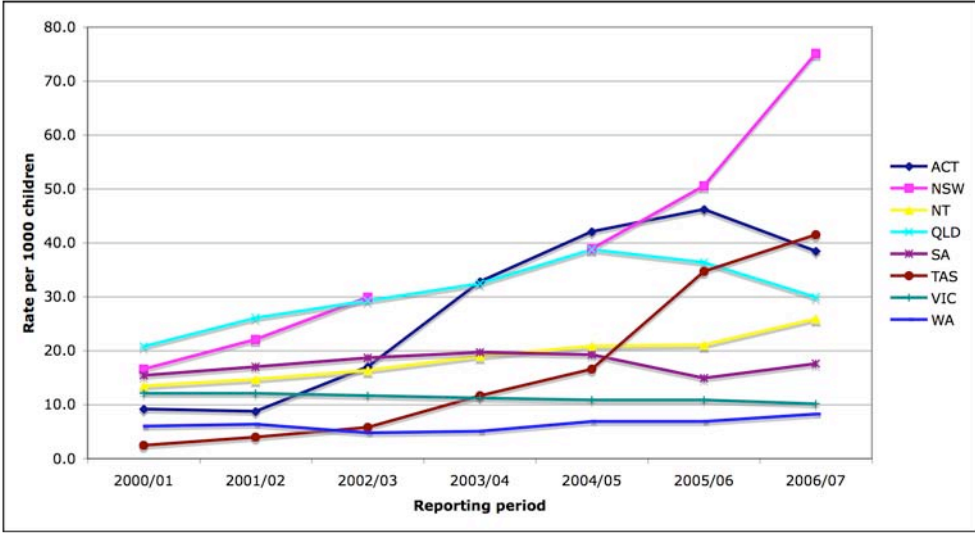


Figure 2. The rate of total investigations in each state and territory during the period 2000–01 to 2006–07

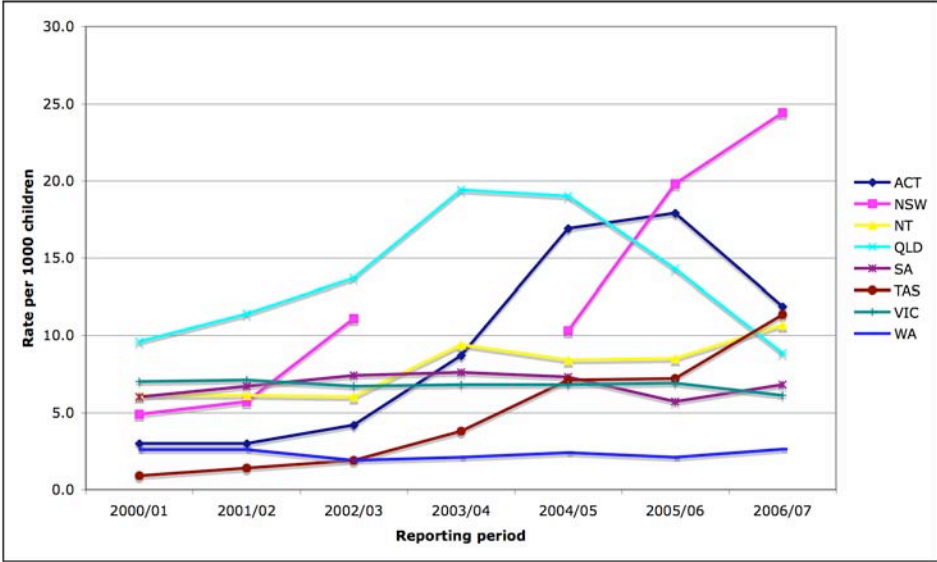
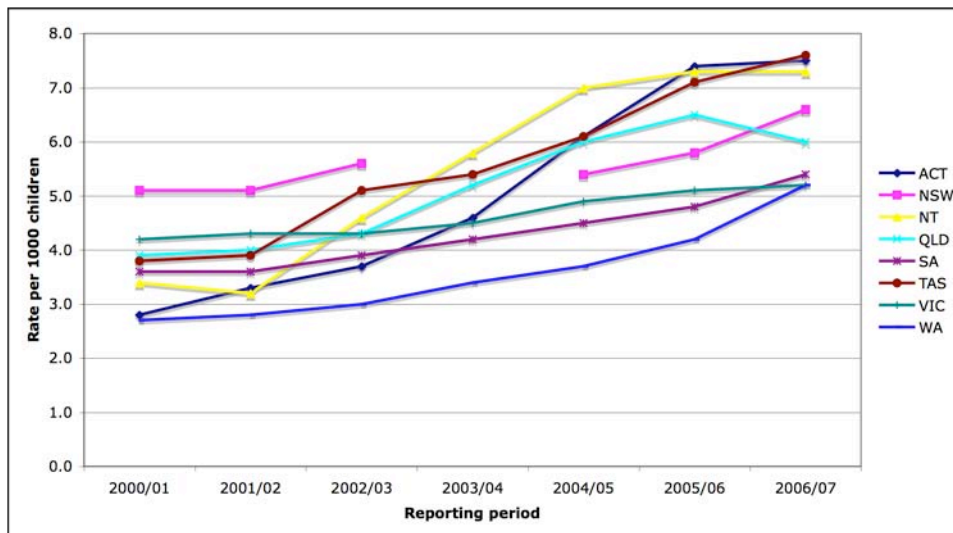


Figure 3. The rate of total substantiations in each state and territory during the period 2000–01 to 2006–07



Note: There are no supervisory orders reported in data provided by NSW DoCS. There are legislative provisions in NSW for supervisory orders to be issued. It is not clear whether (a) these orders are not being used, or (b) the orders are being used, but NSW DoCS is not providing these data. If supervisory orders are being used, the actual rate of children on orders is higher than that reported.

Figure 4. The rate of children on orders at 30 June in each state and territory during the period 2001–07

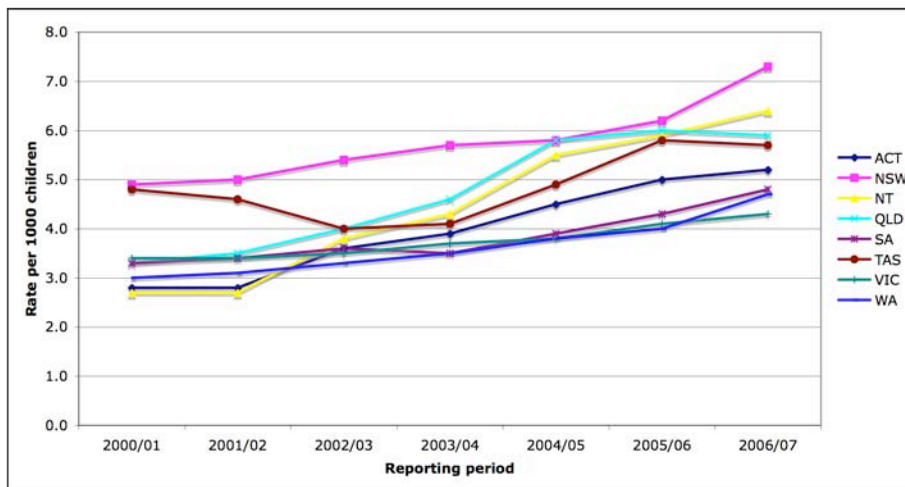


Figure 5. The rate of children in out-of-home care at 30 June in each state and territory during the period 2001–07

Critical events that have influenced demand for NSW child protection services

It is likely that several factors in combination have contributed to the increases observed in statutory child protection activity in New South Wales over the past five years. These include:

- the establishment of the centralised DoCS Helpline;
- the inclusion in legislation of domestic violence as a ground for referral and intervention;
- internal and external scrutiny of child protection services;

- the progressive implementation of a \$1.2 billion reform package, resulting in increases in staff numbers;
- media attention regarding the proclamation of the *Children and Young Persons (Care and Protection) Act 1998*; and
- increased reports contributing to increases in successive headline indicators.

The establishment of the centralised DoCS Helpline

It is likely that the development and implementation of the centralised DoCS Helpline (an inbound-only call centre) has contributed to the increases observed in the statutory child protection activity data over the past five years. The Helpline was established in response to the Police Royal Commission's recommendation that the Department of Community Services improve its child protection intake services. Before the introduction of the Helpline, local DoCS Community Service Centres received and recorded child protection information locally. Centralised intake services have been linked with higher rates of notifications than local area intake services. Likely reasons for this are that the Helpline:

- provides a centralised and visible intake point: the visibility of the Helpline is likely to contribute to the wider community seeing it as the first point of contact if they are concerned about a family;
- standardises the threshold at which screened reports are classified as a notification: it is possible that the process of standardisation resulted in the threshold drifting towards the lowest common level rather than the highest;
- is likely to have resulted in improved record-keeping processes, thus increasing the number of *recorded* notifications; and
- centralises intake services, which prevents the threshold where a report becomes a notification from being influenced by the capacity of local area teams to conduct investigations within nominated timeframes (Mansell, 2006), resulting in increased notifications and investigations.

The establishment of the DoCS Helpline as an inbound-only call centre has required the introduction of secondary screening and assessment of referrals from the Helpline at local district centres (Bromfield & Higgins, 2005b), putting additional constraints on the capacity of the service system.

Key message: The establishment of the centralised DoCS Helpline is likely to have contributed to increases in reports to the Helpline and notifications.

Inclusion in legislation of domestic violence as a ground for referral and intervention

The *Children and Young Persons (Care and Protection) Act 1998* (NSW) served to extend mandatory reporting requirements to people who work with children in health care, welfare, education, children's services, residential services, or law enforcement (section 27). The Act made it mandatory for such professionals with reasonable grounds to suspect that a child is at risk of harm to report to the Director-General. The Act defined a child to be at risk of harm in a range of circumstances and as a result of a variety of behaviours, including, for example, where the child or young person is living in a household where there have been incidents of domestic violence and, as a result, is at risk of serious physical or psychological harm (section 23). The proclamation of the Act was accompanied by much media attention, which is likely to have heightened the community's awareness of child protection and their reporting responsibilities.

Key message: The inclusion in legislation of domestic violence as a ground for referral and intervention is likely to have contributed to increases in reports to the Helpline, notifications, investigations, substantiations, children on orders and children in care.

Internal and external scrutiny of child protection services

The Department of Community Services has also been the subject of much internal and external scrutiny over the past six years. For example, in December 2002, the Standing Committee on Social Issues report, *Care and Support: Final Report on Child Protection Services*, was released. The Standing Committee's report contained a variety of recommendations, including that the Department of Community Services required clear direction and considerable resources to pursue a program of reform to address continuing demand and better meet the needs of vulnerable children and families. In recent years, the Department has also been the subject of negative media attention in relation to its perceived "failings" in protecting children, particularly with respect to child deaths. In relation to negative media attention, Mendes (2000) argued that "social workers are labelled as 'bungling and incompetent wimps' when they do not act decisively enough to protect children from abusive caregivers and alternatively as 'zealots' or 'child-stealing bullies' when they remove children too hastily" (p. 53). As discussed in the section titled "Risk assessments, risk aversion and changes in practice", scrutiny of this nature can contribute to the development of a risk-averse practice culture, which ultimately results in lowered thresholds and therefore greater child protection activity.

Key message: Internal and external scrutiny of child protection services is likely to contribute to the development of a risk-averse practice culture, which ultimately results in lowered thresholds and therefore increases in notifications, investigations, substantiations, children on orders and children in care.

The progressive implementation of a \$1.2 billion reform package

Another factor that is likely to have contributed to the increases observed on all indicators is the New South Wales Government's move to reform the child protection system in 2002. The New South Wales Government announced a funding increase of \$1.2 billion to implement a child protection reform package. One of the components of the reform package was the creation of 1,025 new caseworker positions in early intervention, child protection and out-of-home care (NSW Treasury, 2008). Increases in staff numbers can increase the rate of headline indicators, as it provides the capacity for the Department to respond to more cases.⁵

Key message: Increases in staff numbers is likely to have contributed to increases in notifications, investigations, substantiations, children on orders and children in care, as it provides the capacity for the Department to respond to more cases.

Proclamation of the Children and Young Persons (Care and Protection) Act 1998 (NSW)

It is likely that a proportion of the increase observed in the rate of total notifications in New South Wales over the past seven years can be explained by the proclamation of the *Children and Young Persons (Care and Protection) Act 1998* (NSW) in 2000 and the media attention and professional training associated with changes to mandatory reporting requirements; in

⁵ Such an explanation assumes (a) an existing level of demand that had previously exceeded the Department's capacity to respond, and/or (b) that the threshold for statutory intervention lowered in response to increased capacity.

particular, section 27, which states that those individuals who fail to comply with their mandatory reporting obligations are liable for a fine up to 200 penalty units (i.e., \$22,000).

Key message: Media attention regarding the proclamation of the *Children and Young Persons (Care and Protection) Act 1998* is likely to have increased public awareness (including mandated professionals) regarding abuse and neglect, and thus have contributed to increased reports to the Helpline.

Increased reports resulting in flow-on effects to other headline indicators

The combination of factors that led to rapid increases in reports to the Department may have had flow-on effects to other headline indicators (i.e., total investigations, substantiations, and children on orders and in out-of-home care). Increased reports may lead to increased detection of children in need of protection. In addition, as reports could reasonably be viewed as representing those issues to which “the community” expects child protection to respond, it is possible that with increasing reports the threshold for statutory intervention has been lowered across the continuum (notifications, investigations, substantiations, and children on orders and in out-of-home care) in response to changing social expectations.⁶

Key message: Increased reports may lead to both (a) increased detection, and (b) lowered thresholds, and therefore result in increases in notifications, investigations, substantiations, children on orders and children in care.

Pathways to prevention

Changes in the scope and threshold at which child protection services intervene, the prevailing attitude that protecting children is a statutory rather than a community responsibility, and increasingly risk-averse approaches to practice have culminated in very high levels of child protection activity (particularly at the “front end”), with a large administrative burden related to the processing of referrals. However, the majority of cases referred to and investigated by child protection services are assessed as not requiring a child protection response (only 19.5% of notifications received in NSW in 2006–07 were substantiated). These data show that the NSW DoCS assessment process has a high rate of “false positives” (see Figure 6). The aim of child protection assessment is to accurately predict “true positives” and “true negatives” while avoiding “false positives” (e.g., investigating and finding no grounds for intervention) and “false negatives” (e.g., a child death following case closure). The less sensitive an assessment is, the greater the likelihood that there will be a high rate of false positives.

		Observed	
		-	+
Predicted	-	True negative	False negative
	+	False positive	True positive

Figure 6. Assessment accuracy

According to the public health model,⁷ there should be sufficient universal interventions for all families. Universal services can then be used to leverage secondary or targeted services. That

6 It is interesting to note that, in South Australia, despite similar pressures leading to increased notifications (e.g., centralised intake, police reporting all incidents of domestic violence in which children are present), the rate for investigations has remained relatively stable.
 7 For a description of the Public Health Model as it pertains to child protection services, see Holzer, Higgins, J., Bromfield, Richardson, and Higgins, D. (2006).

is, when necessary, families can be identified at the universal stage and referred for more intensive (secondary) services in a non-stigmatising way. However, for the public health model to be operational, it requires that there be sufficient secondary services available to meet the needs of identified families. From this perspective, tertiary child protection services are a last resort, and the least desirable option for families or the state. As families that require a court response to ensure the safety of children form the “tip of the iceberg”, in the public health model, primary and secondary services are represented as being significantly larger than tertiary services (see Figure 7).

The theory of “responsive regulation” provides another useful framework for understanding these issues. Harris (2008, in press) writes:

Responsive regulation ... focuses our attention on how decisions are made (Ayres & Braithwaite, 1992; Braithwaite, 2002): are they made by families (self-regulation), are they made in cooperation with families (supported-self-regulation), or are they made by others and imposed on families (coercive regulation)? Normatively, the theory argues that agencies should decide how to intervene in each individual case based upon how successfully problems can be solved through dialogue and persuasion (Braithwaite, 2002).

Parent education, home visiting programs and other similar interventions for families in need are forms of “supported regulation”. In comparison, child protection services are involuntary services and as such are a form of “coercive regulation”. Tertiary/child protection services must exist to provide a forensically astute response to those children whose parents are unable or unwilling to protect them even with support (e.g., children who have been sexually abused).

The current intake model in NSW assesses substantial numbers of vulnerable families in order to identify those that require “coercive regulation” to ensure the safety and wellbeing of children. In the Public Health Model, primary and secondary services assess and provide services to vulnerable families. One of the assumptions that forms the foundation of this model is that secondary as well as primary services will identify families in which there are significant protective concerns and refer them to tertiary services.

From a public health perspective, the capacity of health and welfare services are conceptualised as a pyramid. However, spending in these areas more closely resembles an inverted pyramid or an hourglass⁸ (see Figure 7). Such observations are emblematic of a critical problem within the continuum of child welfare services: child protection is currently the most visible entry point for raising concerns about families in need and facilitating their access to services.

This suggests that the critical issue driving demand for child protection services is actually the need for appropriate responses for those families who fall below the threshold for statutory intervention, but would benefit from targeted services to address current problems and to

8 If primary prevention services are defined as those programs and initiatives designed specifically to prevent child abuse and neglect, spending resembles an inverted pyramid. If primary prevention services include universal services such as education and health, spending resembles an hourglass.

prevent escalation.⁹ The need to reduce demand on child protection services is perhaps the most critical challenge for child protection services.

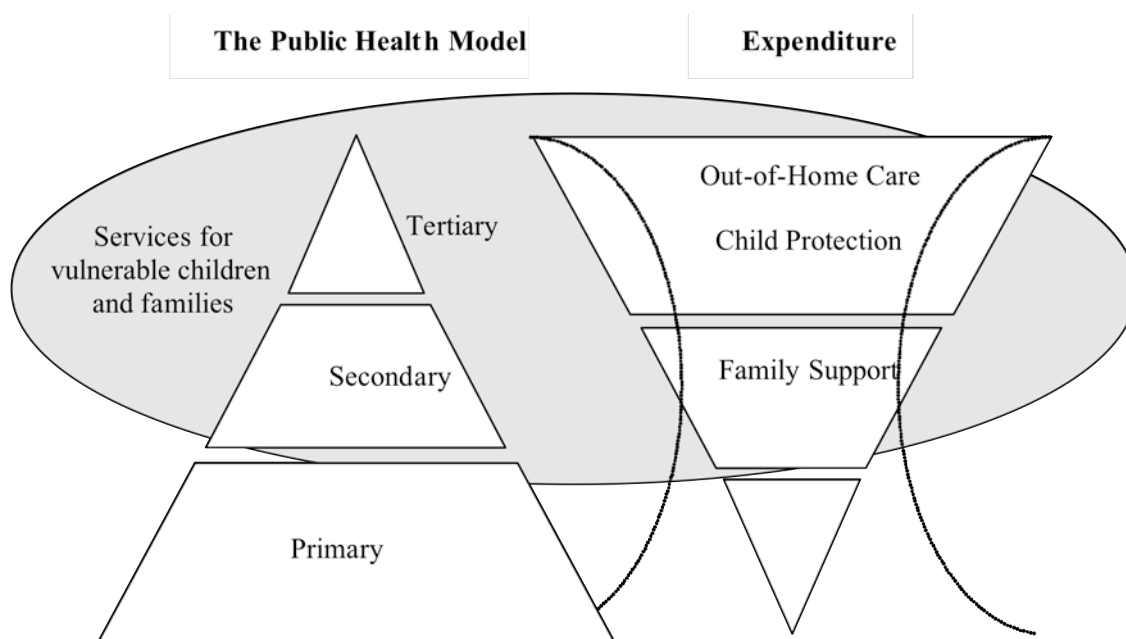


Figure 7. Services for vulnerable children: The Public Health Model compared with government expenditure

Families referred to child protection services who could benefit from some form of intervention, but who fall below the threshold for statutory child protection involvement, are at the nexus between risk and need. One of the critical issues facing government is ensuring that there are sufficient family support and targeted services available with the capacity to provide services to vulnerable families. There is unanimous agreement among Australian states and territories regarding the need for this to occur. A second critical issue on which there is considerably more variation across jurisdictions is the referral pathways for families entering these targeted/secondary services.

Figure 8 shows the pathways for referral of vulnerable families to and from secondary services. The community may make referrals directly to any point in the service continuum, at which time services within that continuum may provide interventions directly to the family, or refer the family to more appropriate services at another point in the continuum. At present, a significant proportion of referrals for secondary and tertiary services are made by the public and professionals to tertiary services, which in turn refer a large proportion of these referrals to alternative non-statutory interventions (i.e., approximately 80% of notifications to child protection services are unsubstantiated; a large proportion of these cases are referred to secondary services). In building the capacity of the secondary service sector, state

9 An alternate argument is that the investigation is flawed or that gatekeeping is employed to drive substantiations down. There is likely to be an element of this. However, research into families chronically re-entering child protection services showed that referral to appropriate services was associated with lengthening the time between re-entry (Bromfield, 2005). Further, in Victoria investment in the secondary service system has been associated with a flattening of referrals to child protection services (Thomas & Naughton, 2005).

governments have been exploring the option of expanding referral pathways. There are several possible options:

- promoting and enhancing referral pathways from tertiary services to secondary services (at an operational level this option would require consideration of how statutory child protection clients may move or be referred from tertiary services to secondary services during assessment and post-assessment/intervention, where the plan is to exit the family from the child protection system (e.g., differential response options following assessment at child protection intake and investigation);
- promoting and enhancing referral pathways directly into secondary/targeted services (e.g., ChildFIRST in Victoria);
- creating a single visible entry point where families are assessed and referred to the most appropriate service response (e.g., primary/secondary family services or tertiary child protection services) (the DoCS Helpline appears to be performing in this way); and/or
- not creating a specific visible referral point, but enabling community members and professionals to make referrals to those services that exist within the local area to meet the identified need (the limitation of this approach is that community members often will not know what services are available).

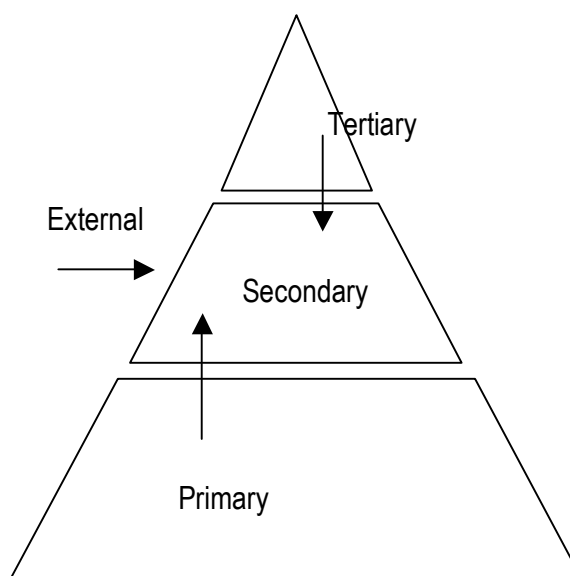


Figure 8. Pathways for referral of families into the secondary service system

Promoting and enhancing a particular pathway as the primary and most visible entry point into family support services does not prohibit referrals directly to services at different points on the continuum by members of the community and other professionals. The emphasis is more subtle and aimed at the message: Who would you think of first if you were concerned about a family or needed parenting support for yourself? Decisions regarding what referral pathways will be provided, and which of these will be promoted to the community can have a significant impact on the role that child protection services play in the child welfare continuum and demand on tertiary services.

Innovative and promising approaches in service delivery

In the midst of examining the problems with the service system, we can lose sight of positive programs and approaches and examples of “good” practice within child protection services and the wider health and welfare system. There are various strategies and approaches that can be implemented to address the critical issues within the NSW child protection system. In this section of the submission, we provide “snapshots” of various approaches to service delivery that evidence suggests are innovative or promising. We have selected a range of projects that aim to demonstrate: whole-of-government approaches, the role that non-government organisations and the community can play, and promising initiatives targeting the over-representation of Aboriginal and Torres Strait Islander peoples in child protection services.

Family Support Innovation Projects

The Victorian Government Family Support Innovation Projects provide longer-term and/or episodic support for children and families where chronic and/or complex needs are present. The objectives of Family Support Innovation Projects are to:

- divert a significant proportion of families currently notified to child protection services to community-based services;
- minimise client re-notifications and the progression of families into the child protection system; and
- provide an improved service capacity for families who may not come into contact with child protection services.

A key feature of the Family Support Innovation Projects is the community-based intake, which provides a community-based referral point into family services. Child protection practitioners have been based in family service intake teams to ensure that vulnerable children, young people and their families are linked effectively into relevant services—be that child protection, family support, or other health and welfare services.

The state-wide evaluation of the Family Support Innovation Projects has identified that in the non-Indigenous Family Support Innovation Projects, child protection notifications for the 2002–03 projects reduced by 9–10% compared with an increase in notifications of 2.9% in the rest of the state. The 2003–04 projects demonstrated a 9.4% reduction in notifications compared with growth of 0.9% across the rest of the state. Fewer children and families are involved with child protection, but more services are being provided (Victorian Government Department of Human Services, 2006b).

Family Support Innovation Projects were implemented as a pilot in 2002. The integration of existing family services and Family Support Innovation Projects into a single service description, which includes the new Child and Family Information Referral and Support Teams (Child FIRST) community-based intake services are one of the main platforms in the current reform agenda in Victoria (Victorian Government Department of Human Services, 2006a).

Sustained Nurse Home Visiting program

Home Visiting is a South Australian Health Department program. Universal nursing services are provided to all families with a new baby. The Sustained Nurse Home Visiting service is offered to those families identified through universal services as having higher needs. Early data shows that over 80% of women accept the offer of sustained nurse home visiting.

The Sustained Nurse Home Visiting program is an example of a whole-of-government approach to protecting children, which is a key feature of the South Australian child welfare agenda. South Australia's Strategic Plan provides the overarching agenda for social and economic policy development. The plan has key target areas that set out the policy framework for the state with regard to the prevention of problems and the enhancement of quality of life and wellbeing. Rather than focusing on modes of service delivery or what each agency does, the Strategic Plan identifies the outcomes South Australia aims to achieve and what each agency has to contribute towards these goals. There is also a South Australian Social Inclusion Agenda. *Keeping Them Safe* is the specific child welfare agenda for the state. Consistent with the overarching state Strategic Plan, its primary purpose is to harness an improved "all-of-

community” response to ensuring safety, wellbeing and shared opportunities for all children in South Australia. *Keeping Them Safe* challenges the view that child protection is the responsibility of only one government department or agency, and identifies a range of short- and long-term priority areas for system improvement across the community. One of the primary mechanisms for ensuring cross-departmental collaboration is the preference given to bilateral budget submissions. As a consequence of these initiatives, government departments in South Australia, including Families SA, Health, Police and Education are funding programs jointly to enhance the wellbeing of children.

The Sustained Nurse Home Visiting program illustrates the current approach in South Australia to: (a) integrate universal and targeted services, and (b) promote multilateral departmental approaches to protecting children.

Lakidjeka Aboriginal Child Specialist Advice and Support Service

The Victorian Aboriginal Child Care Agency (VACCA) *Lakidjeka* Aboriginal Child Specialist Advice and Support Service (ACSASS) is an Indigenous-specific response to statutory child protection intervention in the lives of Aboriginal and Torres Strait Islander children and families. Child protection services are required to consult with the *Lakidjeka* before making any key decisions. *Lakidjeka* staff provide support to Aboriginal children and their families and cultural guidance to child protection practitioners at the key decision-making points of investigation, substantiation, removal and reunification or permanency planning.

Since *Lakidjeka* has been in operation, there has been an 85–95% compliance with the consultation process by the Department of Human Services when they receive a notification, a reduction in Indigenous children being removed from their families, and an increase in compliance with the Aboriginal Child Placement Principle in Victoria. There has been an increased understanding by child protection staff and other child and family welfare workers of cultural identity and community connection being critical to Aboriginal children’s best interests. *Lakidjeka*’s involvement has resulted in a more flexible and creative response to addressing risk issues. Fundamentally, the program has been instrumental in assisting child protection staff to make more informed decisions about Indigenous children (Higgins & Butler, 2007).¹⁰

Creating Capable Communities

Family Life’s Creating Capable Communities is a community development program that aims to strengthen social connections to create safe, healthy and supportive communities on housing estates in inner Melbourne, Victoria. Family Life’s core values of respect, empowerment, inclusion and community shape the way in which programs are developed and implemented. The Creating Capable Communities program embodies these values when working with clients in a number of ways:

- They draw heavily on a volunteer pool of community members who work alongside staff.
- They consult with the community regarding what kind of services are needed and how they should be implemented.

¹⁰ For more information about Promising Programs out-of-care programs and services for Aboriginal and Torres Strait Islander children, their carers and their families go to:
www.aifs.gov.au/nch/pubs/reports/promisingpractices/booklets/menu.html

- They deliver both general and targeted services to the community so that the whole community is strengthened and involved.
- They work in the places and spaces where people are, rather than expecting clients to come to them.
- They use a sustainable model of change so that families, neighbourhoods and communities have the skills and resources to maintain positive change, even when the agency is no longer involved.

The program has led to reduced involvement with child protection and police and greater community participation on the housing estate. Family Life was awarded the inaugural title of National Child Protection Week 2006 Child Friendly Community Champion (Higgins, 2007).

Schools as community hubs

In 1999, Jesuit Social Services rated Windale as the most socially disadvantaged community in NSW. Windale was in the worst 1% in terms of child protection notifications in NSW. As part of a three-year community renewal process, a community centre attached to the local primary school was established to create the school as a community hub. The initiative was led by a community committee with broad representation and included a range of strategies, such as:

- joint exercise and sociability groups for isolated mothers;
- involvement of fathers in contributions to the life of the school;
- parenting classes; and
- provision of academic extension opportunities.

Over time, Windale Primary School became a hub of the community and in 2003, Windale was ranked in the best 25% for child protection notifications in NSW (Blakester, 2006). It is worth noting that funding for the Windale School as a Community Hub was discontinued, despite positive outcome data at a population level.

The role of individual practitioners in system reform

In a study examining factors impacting families repeatedly re-entering Victorian child protection services, it was concluded that:

Organisational culture change may need to occur along with a re-clarification of the role of statutory child protection services to address the preoccupation with risk management that appeared to preclude practitioners from engaging with families (Bromfield, 2005, p. 287).

Researchers have pointed to the need to encourage and acknowledge the difference individual practitioners can make from the ground up through relationships based on empathy, respect, genuineness, and optimism (Scott, 2007). Research by Lambert (1992) regarding the relative contribution of different factors in psychotherapy outcomes showed that the therapeutic relationship contributed to 30% of change, compared with only 15% for the specific intervention technique. This finding can be applied to child protection services and suggests that the relationship between statutory child protection workers and families may have a greater impact on children's outcomes than the structure of the service system. Observations made by Dr Marie Connolly (2007), Chief Social Worker, NZ Ministry of Social Development, provide some support for the idea that individual caseworkers can have a significant impact on families. Connolly noted that, due to the proceduralised nature of child protection, staff had limited autonomy. However, she argued that they still had a large degree of autonomy in their relationships with families and in the way in which they engage them.

This submission has focused on systemic issues within child protection. In highlighting the need for systemic change, we need to be careful not to diminish the impact that can be made by the individual through respectful partnerships between child protection practitioners and:

- professionals in the health and welfare sector;
- members of the community; and
- vulnerable children and their families.

In improving protection for children in New South Wales, the greatest challenge is to develop an integrated service system, formed on the basis of trust and collaboration. This means not only a clear delineation of roles, but also methods for improved communication and respect for responsibilities of all professionals within the health and welfare sector, not just tertiary child protection services. Child protection services are mandated by the state to provide coercive intervention to protect children when their parents are unable or unwilling to do so. In an integrated service system, the responsibility for working with vulnerable families—and identifying those families that require child protection services—is more evenly shared.

Relevant Clearinghouse publications and resources

- “*Getting the big picture*”: A synopsis and critique of Australian out-of-home care research. Child Abuse Prevention Issues, 26. Available from www.aifs.gov.au/nch/pubs/issues/issues26/issues26.html
- *The effectiveness of parent education and home visiting child maltreatment prevention programs*. Child Abuse Prevention Issues, 24, Available from <http://www.aifs.gov.au/nch/issues/issues24.html>
- *National comparison of child protection systems*. Child Abuse Prevention Issues, 22. Available from www.aifs.gov.au/nch/issues/issues22.html
- *Child abuse prevention: What works?* Paper presented at the Australian Centre for Child Protection, University of South Australia, Seminar Series, Adelaide. Available from <http://www.aifs.gov.au/nch/pubs/presentations/diary.html>
- *Promising practices in out-of-home care for Aboriginal and Torres Strait Islander carers, children and young people: Profiling promising programs*. Booklets 1–4. Available from www.aifs.gov.au/nch/pubs/reports/promisingpractices/booklets/menu.html

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