



# **Rethinking Child Protection: A New Paradigm?**



## **A Discussion Paper**

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## Introduction

Child protection systems in Australia as well as overseas are experiencing unprecedented pressures. They are faced with alarming increases in reports of suspected child abuse and neglect. There is also ongoing media criticism often in relation to the serious injury or death of children who have been in contact with statutory child protection authorities. All jurisdictions are struggling to appropriately respond to the increasing number of reports and to meet the needs of the children, young people and their families who have been reported.

Paradoxically, increasing reports and concern about child abuse and neglect appear to be decreasing the child protection system's capacity to protect children and young people from the very abuse and neglect it seeks to identify and prevent. As a result, the sustainability of the current approach to the protection of children and young people is increasingly being questioned both in Australia and internationally (Ainsworth, 2006; Scott, 2006; Melton, 2005; Wolfe, 2001; Barter, 2006).

In 2006, PeakCare Queensland held a 'roundtable' on child protection with representatives of key non-government organisations. The report of the roundtable and consultations with members acknowledged the endemic nature and depth of the issues facing the child protection system in Queensland. It outlined the impact of continuing increases in reports of suspected child abuse and neglect and the number of children and young people entering the child protection system (PeakCare, 2006a). PeakCare Queensland supports the Government's focus on child safety and more recently has called for consideration of how child safety can be integrated within a broader approach of child, family and community well being (PeakCare, 2006b).

It is against this backdrop that PeakCare Queensland commissioned the research and preparation of a discussion paper to promote and inform debate about the future of child protection.

## Overview

The dramatic increase in notifications of suspected child abuse and neglect throughout the English speaking world has placed child protection systems in those countries in crisis. However there has been a reluctance to challenge the prevailing paradigm about child abuse and neglect services. Instead the focus has been on doing the same things "better".

Child protection in the 21<sup>st</sup> Century requires a radical shift from the forensic investigative approach that commenced in the 1960's. This model is based on a number of underlying assumptions that have not stood the test of time. The earlier understanding of child abuse which assumed that it was essentially an individual, or at most a family problem, that the problem was largely hidden, that there were small numbers of children affected, and that once the problem was uncovered the response was reasonably clear, has been proven to be largely incorrect.

The Anglo American model through which the western world engages with the problem of child abuse and neglect is now comprehensively failing us. But significantly it is also



preventing us from developing new and effective ways to approach the problem. Each response grows out of the perspective of the existing system. Even those models that propose innovative responses still assume the existing system will continue, but more importantly view the new responses from “inside” the existing system. The system is so embedded in our mind that we see the problem of protecting children entirely through this lens.

The existing system cannot be sustained from a scientific, philosophical, or economic perspective. It is imperative for us to move philosophically from seeing the world through the existing system and look anew at the problem. We will be unable to develop new and different ways to protect children until we take off the blinkers that stop us questioning the existing paradigm. We must “unlearn” what we think we know so that we can open up possibilities we have not been brave enough to consider.

This paper argues for the development of a new and radically different paradigm for the protection of children. It is important that this new world view is shared. This paper offers a framework to allow us to begin the conversations that will move us from our current world view and develop a radically new way of responding to vulnerable children and their families.

## **Section 1**

### **History Of Responses To Child Abuse And Neglect**

While the abuse and neglect of children has been a feature of life since recorded time (Wolfe, 2001) it is only a little over 100 years ago that public concern over the fate of 10 year old Mary Ellen led to important changes in social policy. In 1874 there were no laws in New York which governed the treatment of children. Mary Ellen’s parents refused to change their abusive and neglectful treatment and so intervention occurred under legislation covering the treatment of animals (Tomison, 2001). It is significant that intervention occurred after neighbours expressed concern and that intervention had to be “forced” on the parents.

The end of the nineteenth century in Australia saw the establishment of the specialist Children’s Court and the development of legislation to offer some protection to children. A number of charitable organisations were established to help children (Tomison, 2001). The lack of social services meant many parents struggled to care for their children and concern about the abuse and neglect of children gave way to concern about children being placed in “moral danger”. Child Welfare Legislation right up to the 1960’s focuses on concern about children exposed to adults who were gambling, drinking alcohol, and in other ways likely to “contaminate” children.

The “rediscovery” of child abuse occurred in the 1960’s and was in large part due to the work of Dr Henry Kempe (Kempe et al, 1962). Kempe was a medical doctor and the recent introduction of x-rays allowed Kempe and his colleagues to see fractures in babies in various stages of healing. The limited mobility of babies meant that it was highly unlikely that they could have sustained these injuries accidentally. It is significant for the future responses to child abuse and neglect that the parents denied their involvement and that medical technology allowed for a diagnosis of non-accidental injury.



In 1965 in Australia, Wurfel and Maxwell published their findings on 26 abused children at the Adelaide Children's Hospital, including eight who died of their injuries (Wurfel and Maxwell, 1965, cited in Tomison, 2001). From the 1970's Child Welfare Legislation in Australia specifically addressed the protection of children and increasingly specified the powers and responsibilities of governments and government employed child protection workers.

In the 1970's and 1980's more formalized responses to child abuse and neglect were developed with the current language of notification/intake, investigation, assessment and case planning used to describe a process whereby community members, and professionals made a report to a specified government agency who took responsibility for implementing the required steps. An "outcome" usually described as substantiated abuse or neglect, suspected abuse or neglect, or unfounded was formally recorded. National standards for data recording were established and the Australian Institute for Health and Welfare took responsibility for publishing Australia wide data.

This system assumed a small number of cases would come to the attention of the authorities. In the 1960's, Henry Kempe thought that fewer than 1,000 children in the US were subject to abuse, primarily physical abuse. However by the 1990's reports of child abuse had exploded beyond anything imagined by Kempe and his colleagues. In 1993 (over 10 years ago) 2.8 million children were identified as abused or neglected in the US (Wolfe and Yuan, 2001).

Throughout the Anglo American world this dramatic increase in reports of child abuse and neglect placed child protection agencies under enormous pressure. In the 1990's governments struggled to find ways to manage the workload (Tomison, 2001). It became apparent that many of the children and families referred to agencies did not fit the case profile envisaged by the writers of the 1960's. In addition there was a questioning of the "forensic" or legally driven approach to child protection which often excluded the community sector and alienated families (Tomison, 2001).

Many saw the answer as re-embracing family support and placing child protection within a broader framework of child and family services (Tomison, 2001). A range of options were implemented throughout the Anglo American world including differential responses, family preservation and family group conferencing.

Notwithstanding these innovations the twenty first century has seen an exponential growth in notification of suspected child abuse and neglect that has left child protection systems bruised and battered. In 2004-05, 252,831 notifications of suspected child abuse and neglect were recorded across Australia. This is a doubling of notifications over the last 6 years. (AIHW, 2006a)

In Queensland the rate of child abuse notifications (that is the number of children 0-16yrs/1,000 children in the population, notified of suspected child abuse and neglect) went from 5.6/1,000 in 1999-00 to 14.1/1,000 in 2004-05 (AIHW, 2006a). It must be abundantly clear that these increases are unsustainable.

A series of Inquiries in almost every State and Territory in Australia has been intensely critical of government service delivery with high profile "failures" discussed in graphic



detail in the media. All these Inquiries have proposed extensive reform of child protection systems. However, this paper argues that these reforms fit within the existing child protection framework.

Additionally, Inquiries have resulted in significant additional dollars injected into the child protection systems. Queensland has tripled the child protection budget from 98-99 to 04-05 (SCRCSSP, 2003; SCRCSSP, 2006). It is unclear what gains have been made as a result of the injection of these additional funds.

## **Section 2** **Current Approaches**

### **The existing framework**

Whilst the safety and well being of children and young people is everyone's business, statutory responsibility rests with state and territory governments and their respective departments. In Queensland that department is the Department of Child Safety. Queensland is the only state or territory that has a stand alone department for child protection. In other states and territories, child protection is part of a broader portfolio of family and community services (New South Wales) or human services (Victoria). There is, however, across Australia an increasing acknowledgement of the role that other government departments play in child protection.

The child protection process is focused on identifying children and young people who have been harmed, or are at risk of harm, and where necessary, preventing further harm by taking action to secure their protection. Bromfield and Higgins (2005) note that the core components of child protection services of intake, assessment, investigation and case management were similar across jurisdictions. In fact, these core components are consistent in all Anglo American models of child protection.

In Queensland, the child protection process essentially involves:

- receiving and screening reports of concerns for the safety of children and young people
- determining an appropriate response from the provision of information and advice or referral to another agency (child concern) or investigation and assessment (notification)
- where a matter is investigated and assessed, determining an outcome and the need for, and type of, ongoing intervention required to address the child protection concerns
- providing ongoing intervention through a support service, agreement with the parent/s or through a child protection order.



The focus of the intake and investigation phases is screening and assessment of reports for the purpose of risk management (Bromfield and Higgins 2005).

In 2005, as part of its reform of child protection, the Department of Child Safety (2006) introduced 'Structured Decision Making' (SDM). This is an assessment and decision making model to support decision making about the safety of children (SDM was developed by the Children's Research Centre – Wisconsin, US). SDM, as adopted by Queensland, involves the use of eight assessment and decision making tools from the intake of information about child protection concerns to when a case is closed.

Table 1 summarises the decision making points and identifies the relevant SDM assessment tool (DChS, 2006 p9).

Table 1: SDM assessment tools

Decision Point	SDM assessment tool
Does the information constitute a child protection notification?	1. Screening criteria
How quickly do we need to respond and investigate and assess the alleged harm?	2. Response priority
Is the child safe? If not, what does the child need now in order to feel safe?	3. Safety assessment
What is the likelihood of future harm for the child in their family?	4. Family risk evaluation
What strengths and needs exist for the child and for their parents?	5. Child strengths and needs assessment 6. Parental strengths and needs assessment
Should statutory intervention continue or close?	7. Family risk re-evaluation
Should the child be returned home or should the overall case plan goal be changed?	8. Family reunification assessment

The key child protection activities undertaken by the Department of Child Safety in Queensland and other government departments across Australia during 2004-05 (AIHW, 2006a) are summarised in Table 2. It details how reports of suspected child protection are received and acted upon by statutory child protection authorities.

'Notifications' refer to how many reports of suspected child abuse and neglect are recorded by the authority, whilst distinct children notified refers to the number of individual children recorded (some children are notified more than once in the same year).



Notifications may be investigated by the authorities or they may be 'dealt with by other means'. Investigations refer to actions taken by the authorities to assess and verify the notifications, whilst 'dealt with by other means' refers to actions taken other than investigations including referral to police, referral to family services or provision of advice. 'Investigations finalised' refers to investigations that were completed and outcomes were recorded during the reporting period.

'Substantiation' refers to the outcome of an investigation where there was "reasonable cause to believe that the child had been, was being or was likely to be abused or neglected or otherwise harmed." (AIHW, 2006 p74-75). 'Distinct children substantiated' refers to the number of individual children substantiated (some children are investigated and have notifications substantiated more than once in the same year).

'Children admitted to protective orders' refers to the number of children admitted to a child protection order by the Children's Court within the reporting period (2004-05), whilst 'Children subject to protective orders' refers to the number of children subject to child protection orders at a certain point in time (30<sup>th</sup> June 2004).

'Children in out of home care' refers to the number of children who are placed away from their parents or guardian. Children may be placed in out of home care with the agreement of the parent/guardian or through a child protection order made by a Children's Court.

Table 2: Statutory child protection activities

	Queensland		Australia	
	No.	p/1000	No.	p/1000
Notifications	40,829	na	252,831	na
Distinct children notified	29,633	32.1	160,021	35.3
Notifications to be investigated	35,361	na	121,292	na
Investigations finalised	23,401	na	89,377	na
Notifications dealt with by other means	4,679	na	123,580	na
Substantiations	17,307	na	46,154	na
Distinct children substantiated	12,985	14.1	33,871	7.5
Children admitted to protective orders	3,705	na	11,492	na
Children subject to protective orders	5,857	6.0	25,065	5.2
Children in out of home care	5,657	5.8	23,695	4.9

In addition, Queensland reported that it had 1,861 'intensive family support cases open' as at 30<sup>th</sup> June 2005 (DChS, 2005). Intensive family support refers to ongoing voluntary work with a family without the use of a child protection order issued by the Children's Court. This activity is not reported on nationally.

## Pressures on the system

Throughout the Anglo American world child protection systems have become increasingly stressed and crisis driven.



If we in Canada were assigned the task to deliberately design systems that would frustrate the professionals/para-professionals who staff it, anger the public who finance it, alienate those who require or need its services and programs, that would invest in reactive responses to cope with symptoms of problems as opposed to being proactive, systems whose mandate is not shared and embraced by other public child serving organizations, and systems that would serve to be the scapegoat and bear the brunt of public criticisms should a child be harmed in any way, we could not do a better job than our present children's protection systems (Barter, 2005 p 317 in Barter, 2006).

### **Sustainability**

The existing system was designed over 30 years ago in response to concerns about the physical abuse of children. A system designed to deal with several hundred cases of abuse a year cannot be expected to respond to the over 40,000 suspected cases in Queensland alone. An individually focussed response to reports of suspected child abuse and neglect cannot be expected to deal with the ever increasing number of reports.

A doubling of reports nationwide in the last 6 years with an even more dramatic increase in Queensland is clearly unsustainable. Recently both Victoria (McNaughton, 2006) and New South Wales (DoCS, 2006a) have reported that 1 in 5 children will be reported for suspected child abuse and neglect before they turn 18 years of age.

Indigenous children and young people are significantly over-represented at all stages of the child protection process. In Queensland in 2004/05, notifications of Indigenous children were substantiated at a rate of 20.4/1,000 children compared to a non indigenous rate of 13.7/1000. In Victoria the rate of substantiation for the same year is 63/1,000 compared to 5/1,000. In South Australia the rate was 43.2/1,000 compared to 4.2/1,000 (AIHW, 2006a).

While the sheer number of reports is unsustainable the type of abuse notified has now changed. In the 1970's the concern was with physical abuse. The 1980's saw the emergence of sexual abuse. Now three quarters of all abuse reported in Queensland is for neglect or emotional abuse (AIHW, 2006a). While physical abuse can be expected to result in some marks or physical injury to the child, emotional abuse and neglect are much harder to identify, prove and deal with. The applicability of the existing system with its short investigative phase, largely relying on observation and questions by child protection workers must be seriously questioned.

In 1998, Waldfogel identified five distinct criticisms of the child protection service system that were emerging, these were:

**Overinclusion:** Some families are unnecessarily referred to child protection services.

**Capacity:** The number of families referred to the system exceeds the system's capacity to respond effectively.



**Underinclusion:** Some families who should be referred to child protection services are not.

**Service Delivery:** Some families are referred appropriately and receive services but do not necessarily receive the right type of services.

**Service Orientation:** The authoritative approach of child protection services is not appropriate for many of the families referred to it.

More recently in an address to parliamentarians in Canberra, Dorothy Scott stated

“Most of the statutory child protection services in Australia are in crisis. They are potentially harmful to the children and families they are designed to serve. The dedicated people doing this excruciatingly difficult work operate under hazardous conditions. Media moral outrage which erupts when children die or are hurt, and which politicises that which should be above politics, further weakens fragile services and exacerbates staff vacancies. In some states child protection systems are imploding. They have become like huge Casualty Departments unable to cope with a flood of referrals.” (Scott, 2006 p2).

Further, Scott suggests that

“Australian child protection services have thus become demoralised, investigation-driven bureaucracies which trawl through huge numbers of low income families to identify the small minority of cases which reach the criteria for statutory intervention.” (Scott, 2006 p3).

Scott (2006) identifies the following dangers of overloaded child protection services:

- Children who are in serious jeopardy can be missed as the system struggles under the weight of escalating notifications by doing superficial assessments and/or prematurely closing cases,
- Children who are at risk of abuse or neglect but below the threshold for statutory intervention are put at greater risk because families may not receive assistance that may have prevented abuse and neglect,
- The impact on children of the alienation, humiliation and fear felt by many parents in the wake of an unsubstantiated investigation is likely to add to child abuse and neglect, and
- Children and young people already in state care are adversely affected when resources are redirected to deal with more investigations.

In an analysis of increased reports and cost of child protection services, Ainsworth (2006) questions the effectiveness of compulsory reporting systems. He states “The search for a more effective way of managing this phenomenon is now overdue” (Ainsworth, 2006 p.39).



It is important to understand the full extent of the criticisms from both practitioners and academics.

It is apparent that at this time, the start of the 21st Century, child protection in Australia and in many places in the world is in a state of crisis. Child death inquiries abound, politicians and populations panic, simple and complex solutions to the 'problem' are accompanied by increasingly strident rhetoric about protecting more and more children from ever more toxic events and families and about punishing offenders. Workers get caught up in a cycle of fear as they undertake punishing hours of hard work working for the welfare of children and young people while desperately trying to avoid being the next media victim themselves. Families become ever more alienated as they undergo assessments of their parenting and receive little help so they don't ask for help again and expend valuable energy avoiding the arm of 'the welfare'. (Harries, Lonne and Thompson, 2005, p1)

#### **Effectiveness and efficiency**

The efficiency and effectiveness of the current approach is increasingly being questioned as child protection workers struggle under the weight of ever rising reports.

The system is inefficient as large numbers of reports are screened and assessed to identify a relatively small number of children and young people who have been abused or neglected and who require statutory intervention.

In 2003-04 in Queensland, 25,009 children were notified (AIHW, 2005 p20). Of those more than 25,000 children notified, less than 2,000 were subsequently admitted to a child protection order within 12 months (AIHW, 2006a p58). Large numbers of families are subjected to the stress of a child protection investigation with less than 8% requiring a child protection order.

Significant numbers of children and young people are being reported many times. In Victoria in 2000-01, only 39% of children notified were first time clients. In Queensland in the same year only 56% of children notified were first time clients (Tilbury, 2003).

The effectiveness of the system must be questioned as significant numbers of children are subsequently abused **after** an investigation has been completed. In Queensland in 2003-04 15.1% of children who were the subject of a decision not to substantiate a notification during the year were found to have been harmed within 12 months of the earlier report. In addition, 25% of all children for whom harm was substantiated during 2003-04 were found to have been harmed again within 12 months(AIHW, 2006b).

The low level of statutory intervention, the high renotification rates and the rates of reabuse of children indicate that current approaches are both inefficient in terms of resources and ineffective in terms of meeting the needs of children and families.

Further, between 1998-99 and 2004-05 expenditure on child protection (including out of home care) has doubled across Australia and tripled in Queensland (SCRCSSP, 2003; SCRCSSP, 2006).



Table 3. Expenditure on child protection (including out of home care)

	1998-99	2004-05
	\$'000	\$'000
Australia	599,606	1,230,753
Queensland	84,401	277,051

Whilst increasing numbers of notifications of suspected child abuse and neglect and children and young people being placed in out of home care clearly requires increased expenditure, providing more and more money to do more and more of the same thing is neither effective nor efficient.

#### **Indigenous issues**

While the criticisms of the child protection system are equally valid for Indigenous communities there are additional factors to be considered. The Task Force Report by Robertson and the Gordon Inquiry Report both articulate the endemic problems within Indigenous communities which are linked to violence and child abuse. These factors place child abuse and neglect within a broader context of dispossession, poverty, racism, previous government removal policies and ongoing economic and cultural issues. If the individually focussed response to child abuse and neglect is failing mainstream communities, it is demonstrably failing the Indigenous children and families who are caught within its web (Robertson, 2000, Gordon et al, 2002). Rates of abuse for Indigenous children that are up to 12 times the rate for non indigenous children (AIHW, 2006a), demonstrate the unequivocal failure of the current system for Indigenous children and families.

## **Options for change within the existing system**

A range of responses have been formulated to deal with the ongoing crisis. The vast majority build additional features into the existing system. The appropriateness of the existing system is very seldom questioned.

The most common responses have been the development of differential responses, and early intervention services. Other responses developed include community based reporting of concerns currently being introduced in Victoria, a systems perspective proposed in the United Kingdom, and a community partnership approach introduced in part of the United States.

This section provides a brief overview of these responses.

#### **Differential responses**

One of the major developments in response to growing reports of suspected child abuse and neglect has been an increasing emphasis on the screening, risk assessment and differential responses. 'Differential response' is a form of practice in child protective



services that allows for more than one method of response to reports of child abuse and neglect. This approach recognizes the variation in the nature of reports and the concomitant value of responding differentially (Schene, in AHA, 2005).

In 1998, Waldfogel described 'differential response' as a new paradigm for child protection involving three key elements:

- A recognition of the diversity of families and the need to deliver a customised response
- A community-based system in which CPS continues to take the lead role but works with the criminal justice system and other public and private agencies to provide preventive and protective services for the full range of children in need of protection
- A more active role for informal and natural helpers, drawn from families and communities, in protecting children in partnership with CPS and other agencies.

In 2004-05, 4,679 (11%) of Queensland's notifications were 'dealt with by other means', whilst other States report much higher proportions of notifications being 'dealt with by other means'. In New South Wales it was 56%, Victoria 68%, South Australia 64% and Tasmania 63% (AIHW). It is difficult to interpret these differences due to the variations between jurisdictions in what constitutes a report and how reports are processed. Nevertheless it is clear that large numbers of notifications are being 'diverted' from investigation, and the statutory child protection system.

In Queensland reports of concerns for the safety and well being of children are screened at intake and responses are classified as a general enquiry, a child concern report or a notification. A screening tool is used in response to child protection allegations of harm or risk of harm to determine if the matter is recorded and responded to as a child concern or a notification.

"The departmental threshold for recording a notification requires that there are allegations of harm or risk of harm to a child, and a reasonable suspicion that the child is in need of protection (*Child Protection Act 1999*, section 14). Harm in this context, refers to any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing (*Child Protection Act 1999*, section 9 [1][3])."

There are three possible responses to a child concern report:

- information and advice
- referral to another agency, and
- provision of information to the police or another state authority.

At this stage, there does not appear to have been any review or evaluation of the initial screening process and, in particular, the referral of families to another agency and outcomes of those referrals.

Queensland does not use a differential response once a decision has been made that a report of concern meets the threshold for a notification. "The departmental response to



all notifications is completion of an investigation and assessment to determine the safety and protective needs of children." (DChS 2006)

The practice of differential responses in other states is outlined in Appendix 1.

Schene (in AHA, 2005) identifies lessons learned by various US states in implementing differential responses:

- "Systematic structures for selecting a path of response (assessment, investigation, or other) need to be delineated, and staff require training to make these decisions.
- Because differential response counters some traditional CPS practices, when moving from an exclusive investigatory focus, staff and supervisors need to be clear as to how safety and risks will be assessed, how to engage parents to identify their needs and participate in services, how to follow up on voluntary involvement, and when and how to take another path if necessary for child safety.
- Services must be available and accessible for all cases, but most significantly for the assessment/services path. CPS has to join with others to identify the needs and gaps in services if more families are going to access them in a timely manner.
- Community service providers must be sensitive to the protective issues present in families referred by CPS so that risks that may emerge can be rapidly addressed. This also requires a higher level of coordination between CPS and community agencies, especially when CPS may close the case after the referral is secured." (Schene, 2005 p 7)

In the light of these lessons it is interesting that some Australian jurisdictions have developed specific early intervention (child and family support services) to meet the needs of vulnerable children and families, and to reduce notifications of child abuse and neglect and harm or further harm to children.

### **Early intervention services**

One of the difficulties with the effective implementation of differential responses is the availability of services to which children, young people and their families can be referred.

More recently Victoria, New South Wales and Queensland have developed and implemented initiatives aimed at providing services for vulnerable children and their families. They are often referred to as "early intervention services", however in reality these services are often for families who have already come to the attention of statutory child protection services.

In New South Wales and Queensland this link between statutory child protection and early intervention is made explicit as services may only take referrals from the statutory child protection departments.

### **Queensland**



In 2006, Queensland developed a prevention and early intervention initiative, the *Referral for Active Intervention (RAI) Service*. “The RAI initiative involves the development of intensive support services with a specific focus on families with children (0-8) who have had involvement in the statutory child protection system. The Department of Child Safety will refer to RAI services:

- Families who are the subject of a recent Child Concern Report and which have previously been the subject of one or more earlier Child Protection Notifications; and
- Families which are the subject of a recent Child Protection Notification where the investigation and assessment conducted by the Department of Child Safety has indicated that the family would benefit from intensive early intervention.” (Department of Community Services, 2006 p.3)

“The purpose of this funding is to improve the safety and wellbeing of vulnerable children and their families. The objectives of the RAI initiative are to:

- Improve outcomes for vulnerable children and their families by supporting the development of a comprehensive prevention and early intervention service system;
- Reduce the number of (re) notifications and minimise progression through the statutory child protection system;
- Reduce the number of statutory child protection investigations and assessments in Queensland and thereby increase the capacity of the Department of Child Safety to respond immediately to those children identified at highest risk; and
- Assist in reducing the over-representation of Aboriginal and Torres Strait Islander children in the statutory child protection system.” (Department of Communities, 2006 p.4)

“Action Network Teams (ANTs) will also be established in each location to support the development of the RAI model. These Teams will assist in the development of the local networks, local protocols and referral pathways.” (Department of Communities, 2006 p.3). The ANT will comprise a core group of government agencies and key non-government agencies.

Appendix 2 outlines similar services in New South Wales and Victoria.

### **Community based reporting of concerns**

As part of the reform of child protection services (including new legislation) Victoria has placed renewed emphasis on connecting vulnerable children and families to prevention and early intervention services. They have also attempted to respond to the concern that child protection investigations are incident based with a new focus on cumulative harm (DHS, 2005).

Of particular interest is their move to include community based intake in response to concerns for children. All States and Territories in Australia have required those



concerned about possible abuse or neglect to report to the statutory child protection agency (or in some instances police). Victoria has moved to include non government organisations as the first point of contact for those concerned for the welfare of children.

A person who has a significant concern for the wellbeing of a child can refer to a community-based intake (CBI) run by a community-based child and family service ...community-based intakes and Child Protection intake can be contacted regarding child wellbeing concerns. These are called referrals when made to a CBI and a report when made to Child Protection.  
(DHS, 2006a, p2-3)

This has not been universally welcomed. The Centre for Excellence in Child and Family Welfare based in Victoria reflects a number of the concerns raised by the non government sector (2005). They specifically raise concerns about:

- The shifting of risk from statutory child protection services to community services
- Resourcing levels in the non government sector
- The move of “early intervention” from primary and secondary levels of prevention to the tertiary end
- The ability for community services to work openly and transparently with families when they are a referral point for child concerns
- Anonymity in relation to a referrer of a child concern.

Further, Liddell et al (2006) express concern with the establishment of provision for public reporting of concerns to community agencies. They suggest that “The community sector, by default will become a de facto child protection agency .... Its role will be confused and its status as a (relatively) non-stigmatising sector will almost certainly be diminished” (p.35).

While these issues may be legitimate concerns for the non government sector and academics they do not address the more fundamental philosophical question of the best ways to manage the identification and reporting of concerns about children and their families.

The move to community based intake is part of a broader emphasis on establishing a contemporary approach to responding to the needs of vulnerable and at risk children and families, as described in the Victorian Department of Human Services *Family Services Strategic Framework* (DHS, 2006b).

### **A systems perspective**

There have been some attempts to address the broader problems with the child protection system.

Cooper and his colleagues in the UK argue that a more comprehensive understanding of systems theory will provide directions for child protection. Uncertainty and change



underpin any child protection system. They argue that the focus on structures instead of systems does not take into account this highly changing and uncertain area of practice and damages the child protection system. They propose three principles to underpin the child protection system. These are trust, authority and negotiation (Cooper et al, 2003).

The re-establishment of trust, they argue will enable the development of relationship based child protection practice. Authority refers to the confidence of the practitioners in their knowledge and understanding and the confidence that they will be supported by management and the wider community. This will reduce the over emphasis on bureaucracy and procedures. The principle of negotiation refers to the use of dialogue and discussion applied generally to practice both at an individual and systems level.

Some strategies to begin implementing these principles are articulated including;

- a greater use of 'confidential spaces' where child welfare concerns can be discussed by anybody within designated boundaries
- a relocation of more social workers from town halls to multidisciplinary teams based in schools, health centres and the community
- non-managerial supervision of social workers
- more autonomy for individual social workers within a team so that they are given responsibility for their own work in a similar way to GPs
- the introduction of negotiation forums as part of child protection proceedings; trained mediators should be part of these forums as well as a part of the overall system
- changes in Area Child Protection Committees to allow more community involvement and the introduction of statutory powers. (Cooper et al, 2003 p12)

#### **A community partnership approach**

Community Partnerships for Protecting Children (CPPC) developed by Farrow and colleagues at the Center for the Study of Social Policy (Farrow, 1997) seeks to shift responsibility for the protection of children from child protection services to the broader community. The initiative suggests that community partnerships implement four strategies to more effectively protect children. These are:

- developing an individualised course of action focused on child safety for each child and family who is identified by community members as being at substantial risk of child abuse and neglect
- organising a network of neighbourhood and community supports that ensures that families identified as being at substantial risk of child abuse and neglect are reached, connected to resources that can provide ongoing support, and actually helped
- establishing new policies and practices, as well as new roles and responsibilities, that will be required within the CPS agency in order to support the community and neighbourhood-based approaches



- developing a collaborative decision-making capacity to guide and sustain the partnership, and to ensure that its strategies have the scope, resources, and public support needed to achieve the desired results. (Farrow, 1997)

An outcome evaluation of the CPPC (Daro et al, 2005) found that the CPPC initiative, as designed and implemented in four pilot sites, did not demonstrate consistent impacts on subsequent reports during the evaluation period. Participants who received an 'individualised course of action' (ICA) made modest but significant changes in measures of depression and parental stress. Over 90% of workers considered the ICA process helpful in improving child safety. However, these improvements were not correlated with a reduction in the likelihood of subsequent reports and placement rates. ICA practice was found to have marshalled additional service resources for families, but there was minimal evidence of increased collaboration and no evidence of improved service availability or service quality.

The implementation of CPPC strategies was found to have established important foundations for strengthening child welfare practice in terms of:

- Case assessment and service planning,
- CPS agency culture and worker satisfaction,
- Shared decision making around child protection, and
- Perceptions of child welfare agencies.

Further, four areas in which the current CPPC theory failed to provide sufficient direction to ensure strong and consistent implementation were:

- "How to create a supportive context that will assist all families in recognising and addressing their parenting challenges,
- How to integrate informal supports into overall efforts with high-risk families,
- How to sustain interagency collaboration and community service networks in times of fiscal uncertainty, and
- How to alter community's normative values and capacity to protect children." (Daro et al, 2006 p 4-5)

Lessons from the evaluation are now being considered in the ongoing development of the CPPC initiative (CSSP 2005).

The solutions outlined in each of the reform measures assume that the current system of reporting, investigation, assessment and case management continues. The question that is addressed is "What is the best way to undertake these activities?" But what if we have been asking the wrong question?



## Section 3

### A New Way of Thinking

#### Questioning the child protection paradigm

There are a number of researchers and academics who are beginning to ask some more fundamental questions about the nature of child protection. Maybe the crisis in child protection is so severe that the time has come to question our beliefs and received wisdom in a much more fundamental way.

Scott argues that we have incorrectly focussed on reports as the major strategy to protect children.

"The answer is that the community has been encouraged to think that making reports is the best way to protect children. This is reinforced by legislation requiring professionals to report their concerns." (Scott, 2006 p3)

Barter (2006) suggests that risk assessment and risk management paradigms currently dominate child protection work. They create within the general public and professionals working with children, the idea that child protection consists of reporting and investigation, being "forensic" units with a blaming dimension attached and a focus on establishing who is accountable.

Melton also raises concerns about the focus on reporting and investigation. He argues that this leaves statutory child protection with the primary responsibility for responding to a wide range of child protection matters. The scope and complexity of child abuse and neglect was seriously underestimated, and the expansion in the definitions of what constitutes abuse and neglect has led to dramatic increases in reports. The theme that statutory child protection is now responsible for, and responding to, a large number of referrals that it is ill equipped to handle is reinforced. He also argues that the system is not based on solid empirical assumptions (Melton, 2005).

The perception that statutory child protection is able to protect children diminishes the safety of children, given the:

- multiplicity of problems in child maltreatment cases, the
- inability of CPS to constantly monitor families, and the
- likely reduction in action by the public and professionals outside of the child protection system to reduce risk (Melton, 2005).

Barter suggests that "There is a consensus in child welfare literature and research that the status-quo is unacceptable. Juxtaposed to this is an understanding that whatever approach is considered must be responsive to the following:

- Existing power relationships between parents requiring protective intervention services and workers must be altered. The voice of the professional cannot substitute for the voice of parents.



- Inclusion is essential. Families and youth, professionals and their organizations and citizens and their communities must be collaborative partners.
- People's welfare at both individual and group levels must stop being treated as a commodity that can be rationed for the purposes of controlling people and their aspirations.
- Reinforcing the idea that professionals and their organizations are the sole experts must be stopped. It must be acknowledged that parents and communities are critical resources and partners with strengths and knowledge.
- Protecting children is a community responsibility requiring the collaboration of all stakeholders. Collaboration is more than co-ordination or co-operation. It is the willingness to mutually invest in a common vision, goals and to do things differently.
- Innovation is required, stressing opportunities rather than problems, collective intelligence, strengths, diversity and the emergence of new systems that will facilitate individual and community empowerment." (Barter, 2002 in Barter 2006 p12)

It is no secret that everyone has opinions about child welfare services - child protection services in particular - and that the universal opinion is that the system is broken and that something needs to be done to fix it. However, most people have no comprehensive ideas on how to "fix" the problem and any discussion on the subject generally deteriorates into complaints about everybody else (Barter, 2006 p 3).

## What price failure?

Governments boast that they have increased spending and indeed a tripling of Queensland child protection funding in 4 years is remarkable.

But the costs of child abuse and neglect are not just the dollars spent directly on responding to the problem. Child abuse results from, and causes, a range of social and human problems that directly and indirectly cost those affected and the taxpayer billions of dollars, as well as physical and psychological trauma.

The annual cost of child abuse and neglect in Australia in 2001-2002 was estimated at more than \$4.9 billion (Keatsdale Pty. Ltd. 2003). The costing covers the following.

- The human impact resulting from child abuse and neglect including fatal child abuse, suicide, medical costs, psychological trauma, required educational support and pain and suffering.
- The social costs including mental disability, lost productivity, juvenile delinquency, adult criminality, homelessness, substance abuse and intergenerational transmission of abuse.



- Public sector services and funding including child protection services, out of home care, child abuse prevention programs, law enforcement, judicial systems, prison costs, treatment of perpetrators and victims.
- The community sector services relating to child abuse and neglect, which involves both government funds as well as community funding and the time and resources of volunteers.

A recent study by the Centre for Excellence in Child and Family Welfare (Raman et al, 2005) estimated the total 'lifetime costs' (to age 60) per person who has left the care of the State at \$738,741.

This is all the more concerning when considered alongside Heckman and Canerio's (2003) analysis of early intervention programs, which concluded that they provide the best value for investment. They wrote that investing in agriculture, mining and other industry brings an 8-9% return while investment in programs that support infants, young children and their parents can bring a 14% return for monies spent.

## **Statutory child protection as the focus**

This paper argues that existing critiques start with a questionable assumption. The assumption is that is that the standard Anglo American statutory child protection system, which for all its variations, relies on an assumption that reporting, intake/notification, assessment (of that notification) investigation and case management are at the heart of keeping children safe. All debates in the Anglo American system argue about where changes fit in relation to this system. So discussions about prevention or diversion are about preventing or diverting children "from" the statutory child protection system. Family support debates are about "either" child protection or family support, or the "fit" between child protection and family support.

For example, Connolly refers to family support as an "alternative track" (Connolly, 2004). The frame is the statutory child protection system and therefore everything else is seen through that lens.

The major reform agenda in Queensland, as outlined in the Crime and Misconduct Commission's Report (CMC, 2004) does not question the system but rather looks at how to improve it. Reform is about "fixing" the system. Arguments and debates are about the best ways to "fix" the system, assuming that the system itself is appropriate.

A system developed to respond to a small number of physically abused young children whose parents tried to hide the cause of the harm just cannot work when we now have 252,831 notifications of abuse and neglect in Australia (AIHW, 2006) and over 200,000 reports (not all reports may reach the standard for a notification) in New South Wales alone (DoCS, 2006). When the vast majority of cases are emotional abuse or 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.



We encourage everybody to report their concerns to statutory child protection. And of course people are concerned – there's a lot to be concerned about! Parents faced with the above list of problems will almost inevitably struggle. And what happens after a notification is made? Child protection workers may pay a visit to the family, and, when they do, in most cases offer no help because they are assessing risk to the child, not the needs of the family. Action will not be taken until the situation deteriorates and then the action is likely to take the form of goals for the parents to meet. This is not to criticize the workers at all; they are just implementing the system that operates in the Anglo American world. Maybe this system does work for some children and families, but for which ones?

We must urgently move beyond the existing system. Additions, subtractions and modifications will not solve the fundamental problems present within the current system. More money and more workers, doing what they do now will also not solve the existing problems.

## **Making the system safe is not the same as making children safe**

One common outcome of reform processes is the requirement for standardised processes and procedures and high levels of documentation of activities. In addition statutory child protection often requires court action which also requires high levels of documentation. Standardised assessment tools, management tools and case management processes are proposed as the answer to the problems faced by statutory child protection agencies. It is hard to argue from an accountability perspective that these are all wrong, however the consequences are dramatic.

For many front line workers, time spent on paper work outstrips, by far, time spent working directly with families and children (Swift and Callahan, 2006 in Barter, 2006 p8 ).

(S)ituations for children and families and for workers in child protection systems have not dramatically changed. What has changed however is the emphasis on rules, tools, techniques, conformity to procedures and mechanisms for obtaining and measuring competencies. This emphasis endeavours to reduce the complex personal, professional and social issues associated with child protection work to problems of bureaucratic administration. (Barter,2006 p9)

Section 2 of this paper has outlined indicators that suggest the system is in crisis. However these indicators are interpreted what is manifestly clear is that the range of tasks now required of front line workers has little or nothing to do with engaging with families and assisting them to make changes that will keep their children safe and assist their development in the long term. This is not because of the desire of the workers, although soon we will have created a generation of child protection workers who know no other way of working. It is because each time there is a public perception that the system has “failed” the response is to increase the administrative requirements and



reduce the focus on, and capacity to, engage and work with families in a meaningful way.

If one reads the philosophy, values and intent of statutory child protection systems it would be hard not to be impressed with the good intentions. With the best of intentions how can it be that Canada, the US, Britain and Australia apparently gets it so wrong? We believe that if we make the system “safe” (bureaucratically accountable) we will make children safe. It is time to question in a more fundamental way whether the current focus on the system itself is making life better for children.

## **Mixed Messages**

What exactly do we want people to do? The language of much reform is about keeping children and families “out of the system”. Diversionary, dual track, screening, minimum intrusion are, as the language suggests, strategies for keeping children and families out of the statutory child protection system. However we want people to report child abuse and neglect to these same statutory systems. Western Australia alone has withheld the call for mandatory reporting. As has been demonstrated in earlier sections of this paper the call to report child abuse and neglect has been enormously successful. But are children any better protected?

At least part of the problem is that, notwithstanding our rhetoric about prevention and early intervention, statutory child protection has become almost the only way we respond to abuse and neglect. But even if there were a plethora of services we have shaped the child protection system so that the so called “front end” – intake, assessment, investigation, is the door through which all must enter. In a very practical way we link services to levels of risk assessed through this system. But philosophically we cannot think of child protection without this system. This has **become** child protection. So we have designed a system that requires reporting (often within a legal mandate) and then spend enormous effort trying to keep families out of it.

The second confused message is that reporting equals service. In the clear majority of cases this is not true. 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.

## **A Risky Business**

Ken Barter has succinctly outlined this problem. This quote is from his speech in Mackay this year.

.....risk assessment and risk management paradigms currently dominate child protection work. Child abuse and neglect investigations, which is(sic) essentially crisis work, take precedence. ... As a result, child welfare agencies are coerced in devoting the majority of resources to these activities. Evidence gathering and preparation of actual or potential court action have shifted human and fiscal



resources from prevention, early intervention and family support to activities that usually result in significant disruption of family life with little by way of positive outcomes. Investigative work tends to place workers in positions of doing more judging than helping, more investigation than relationship building, more following rules and protocols than creative intervention and risk taking, more relying on tools and instruments than professional integrity and assessments, more attending to the needs of the organization to avoid scandal than to the needs of families and children, and more reacting after family breakdowns than interventions to prevent breakdowns. Investigative work has distracted child protection agencies from ways in which the law and policy can be used to help families and communities become safer for children. These realities in children's protection organizations make it practically impossible to carry out the necessary interventions to realize desirable outcomes for children and families (Lindsey, 2004; Wharf, 2003; Turnell & Edwards, 1999; Kim Berg & Kelly, 2000; Prilleltensky et al., 2001). (Barter 2006, p11)

But of course within the existing system the focus has to be on risk because that is how the system is judged. The death or serious injury of a child is "failure". Children whose lives are forever damaged by their poor environment are not seen as failure because they are not seen at all in the public eye. We have to pretend that the child protection system can stop children from death and serious injury. Once, only doctors could cheat death. Now we ask our child protection workers to do it.

The focus on a short term assessment of risk within an uncertain science for ever increasing numbers of families is risky indeed. It is risky for the children, the families, and the workers. The secondary outcome is however, much worse. The resources are sucked into this black hole of investigation with little left over to offer services even to those who have been identified as having been abused or neglected or at risk.

Often the rhetoric of reform is about a focus on prevention and early intervention, engaging with families, the best interests of children. So why don't these things happen? Because the statutory system itself is not designed to provide them, nor is it designed to allow these activities to occur elsewhere. If we attempt to provide them outside the statutory system without questioning the system itself then very quickly the system is overwhelmed. Workers hear the rhetoric and embrace the concept of working with families but they will very quickly be overtaken by the number of notifications they have to investigate. Our system is like a cancer that eats everything in its path. Prevention activities have largely not slowed the rate of notifications. They, of course, will simply identify more children who are at risk that then feeds the statutory system.

Gillingham states

The implication of a rationalised discourse on risk is that risk is ultimately controllable, as long as expert knowledge can be properly brought to bear on it (Lupton, 1999) ...liability and accountability have become key features of risk: when an (adverse) event ..occurs someone must be held to account (Douglas, 1992). (F)ailure ...is reconstructed as an individual failure...Social problems become reconstructed as individual choices and responsibilities and, consequently, governments are able to avoid risk to themselves by displacing



responsibility onto the individual or, as a last resort, on the mediating professionals within the agencies of social welfare provision (Kemshall, 2002). ...This new discourse of risk in child protection practice has changed the nature and focus of social work with children and families, affecting the relationships between practitioners and clients and the organisation of practice (Parton, 1998)..Formalised assessments and bureaucratic risk management systems have become a key response to the uncertainty of risk (Kemshaw, 2002). The specific implication of the modern discourse of risk for child protection practice is that harm to children can be prevented (Lupin, 1999) (Gillingham 2006, p2).

Cooper also raises the political risks when child protection is seen to go terribly wrong.

One reason child abuse is so risky to professionals is its politicisation, and consequently the media attention which it attracts (Cooper et al, p55).

This scenario has been played out in most States and Territories and almost inevitably the result is a more bureaucratic risk averse system. The reports of the Victoria Climbié inquiry (England 2003), the Foster Care inquiry (CMC, 2004), and most other inquiries and reviews of deaths focus on what went wrong rather than why it went wrong. They focus on the existing system and how to make it better. This intent is admirable but ultimately inadequate if there are fundamental flaws in the system itself.

## How safe is the road to child safety?

The result of the CMC and associated inquiries in Queensland has been to focus on the known problems within the statutory child protection system. The criticisms of the Queensland system were no different from the criticisms of other Anglo American systems. Any experienced child protection scholar could have foreseen the findings. The solutions were also not vastly different from other attempts to "fix" the system. The creation of a separate department is different in scope not strategy, as structural solutions are nearly always proposed.

The Department of Families, I think, is dangerously becoming like one of the children for whom it has a statutory obligation ... that is, it is like a neglected child. Major reforms need to be planned and implemented to ensure the safety and well-being of children and young people ... (CMC Report, 2004, p ix)

But some 2 years later concern is growing again with workers taking to the streets to complain about workloads. The current situation is not the Department's fault, it's not the Government's fault, it's nobody's fault. Everybody is doing their best but we're stuck. We're stuck in a system that has stopped us from seeing the big picture. It's heresy to question the basics of child protection. Almost 300 million people do it like this. And because it's all we know, everything we do is seen through the lens of the accepted dogma of statutory child protection. We talk about reforming the system but can't examine the problem properly because we see everything through the lens of our existing system.



At the turn of this century the child protection system was seen to be in crisis. Some 6 years later the number of notifications has doubled yet we continue to tinker at the edges of the existing system and look for scapegoats for the continued “failures” of child protection. Rather than blame the people within the system let’s look at the system itself and accept that it simply cannot do the job we are asking it to do.

## **Section 4**

### **A New Paradigm**

The fundamental shift in perspective that is required is to change the focus of child protection from the existing statutory response. This response is really an acknowledgement that we have already failed the child. This is the end point of a system, yet we always begin there. Let’s move our consciousness from what we currently do which is framed within the forensic coercive model. We must actively explore our assumptions and beliefs about protecting children and look afresh at the problem. We may well always need a statutory child protection system. But we must not start there. That system is the end, not the beginning.

Let’s consider the bigger world of health, wellness, and strong emotional, social and intellectual development. We must focus on what we are trying to achieve, not what we’re trying to stop. How do we develop healthy, happy emotionally robust children? How do we develop healthy strong supportive communities?

For those who do not share this vision then self interest alone should compel action. The consequences at an individual, family, and community level go far beyond financial costs. We may think that child abuse is tragic but somehow not our problem. We must begin to understand that we will all suffer the consequences of lives damaged from abuse and neglect. Abuse and neglect impact on our world through mental illness, crime and violence, alcohol and drug abuse, and other antisocial activities.

To help us move out of our known world let’s examine some approaches and models that challenge the status quo.

### **Models to consider**

#### **Indigenous approaches**

In a review of international perspectives on Indigenous child welfare issues Libesman emphasises the need to focus on the positive and uses the language of “family and community wellbeing” as well as strengths and healing. She argues for a move away from an individually focused approach to a “whole of community” approach. (Libesman, 2004)

While many of the programs and approaches examined look at a transfer of responsibility from mainstream service delivery to Indigenous organisations, many



require a new approach that looks to a more holistic response based on more informal and family support.

Blackstock argues for responses that address the underpinning problems that lead to the overrepresentation of indigenous children in the child protection system, such as poverty, substance abuse and housing.

However, the likelihood of improvement is limited, as long as the problems are defined within the narrow scope of child protection systems. (Blackstock, 2004, p 26)

The review of Indigenous child protection in Australia by the Child protection Clearinghouse again emphasises the disconnect between the individually focused model of child protection which sees the problem and solution at an individual or family based level, and the Indigenous view of community and relationships as a starting point. While there are serious questions about the current model within the non indigenous community, for the Indigenous community the lack of focus on the broader issues that impact on them is deeply problematic. In addition the broader community must be involved in both preventing and responding to child abuse (Stanley, Tomison and Pocock, 2003)

“Conventional individualistic responses to child protection” have not been found to be successful in either Australia or overseas. What appears to be required is a community-based, holistic response (Cunneen and Libesman 2002). This will require a paradigm change where Indigenous people are given, and take, the primary responsibility for preventing violence and protecting their children. (Stanley, Tomison and Pocock, 2003, p 27)

The criticisms and concerns about statutory child protection are echoed in the literature on Indigenous children. It is evident that the Indigenous community is also sorely in need of new ways of protecting their children. Ways that focus on the positive and involve the whole community. Ways that understand the needs of children in the broadest context and take a holistic view of children within their families and communities. Clearly, such approaches also have a lot to offer non-Indigenous children, families and communities.

### **Continental European models**

In Australia we operate within the Anglo American model of child protection. While there are significant variations, particularly in relation to mandatory reporting, in essence the UK, Canada, the USA, New Zealand and Australia all operate within a shared model (Waldgrave, 2006).

Early comparisons between England and France showed a much greater emphasis on the significance of blood and kinship ties in France. The individual rights perspective of England gave way to a focus on family responsibility (Waldgrave, 2006).

Later studies involved a larger number of continental European countries. Key differences were identified as:



- Subsidiarity which emphasised decision making close to those affected by the decision, with state support for local and regional institutions;
- Welfare pluralism with the involvement of community groups and non-government organisations in service delivery, and social work practice more autonomous with less government control;
- Solidarity with the family where the family is seen as a fundamental part or building block of society rather than a series of private relationships, so that the welfare of the state is linked to the welfare of families;
- Republicanism which emphasises the obligations between the state and families with the state playing a paternalistic role;
- Intermediate institutions which sit between the family and the state, such as mediation structures which are an alternative to court actions;
- Rights and social rights which supports a more collective understanding of rights which are family based rather than focused on the individual;
- Rights and family support which allow, for example, families to argue for help in the form they wanted rather than what the social worker thought was needed;
- The citizen and the state which saw the state as reflecting the will of the people rather than a regulating force;
- Ideologies of training of social workers which relate to understanding families in a more holistic, less compartmentalised way (Waldgrave, 2006).

More broadly the Anglo American systems rely on problems reaching a certain “threshold” before state intervention can be justified, with evidence gathering an important aspect of workers activities. Investigation protocols often minimise or overlook broad family needs (Waldgrave, 2006). While acknowledging the different underpinning legal and societal frameworks Waldgrave states that the

consensual approach to families, which primarily focuses its resources on enabling parents to create safe environments for their children, and its coordinated cooperation of legal, welfare and non-government organisations, may offer valuable pointers to improving child protection work (Waldgrave, 2006 p 69).

A seminar comparing a number of Western European systems with the Anglo American model developed the following table.

Table 4. Contrasts in Welfare State and child protection systems

BROAD SYSTEM	TYPE OF	UK-North American-Australian	Continental European	West
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COUNTRIES COVERED AT THE SEMINAR	Australia, Canada, Scotland, Belgium, Sweden, France, England	Germany
TYPE OF WELFARE STATE	Tendency to residual and selective provision	Tendency to comprehensive and universal provision
PLACE OF CHILD PROTECTION SERVICES	Separated from family support services	Embedded within and normalised by broad child welfare or public health services
TYPE OF CHILD PROTECTION SYSTEM	Legal, bureaucratic, investigative, adversarial	Voluntary, flexible, solution-focused, collaborative
ORIENTATION TO CHILDREN AND FAMILIES	Emphasis on individual children's rights. Professionals' primary responsibility is for the child's welfare	Emphasis on family unity. Professionals usually work with the family as a whole
BASIS OF THE SERVICE	Investigating risk in order to formulate child safety plans	Supportive or therapeutic responses to meeting needs or resolving problems
COVERAGE	Resources are concentrate(d) on families where risks of (re-)abuse are immediate and high	Resources are available to more families at an earlier stage

Hill, Stafford and Lister (ed) 2002.

### Public health model

Professor Dorothy Scott, Director of the Australian Centre for Child Protection, University of South Australia, in her address to Parliamentarians Against Child Abuse outlined a framework to respond to child abuse and neglect (Scott, 2006).

She proposed a public health model which is multi-tiered. The three level response of primary, referring to strategies aimed at the population as a whole, secondary which targets those at risk, and tertiary which responds after the problem has manifest itself is not new (Tomison, 2000). What Professor Scott emphasises is that responses need to recognize that the majority of cases of abuse and neglect are cases of emotional abuse or neglect. Over two thirds of substantiated cases of abuse and neglect in Australia are in fact emotional abuse or neglect. Most of these do not result in the children coming into care. (Scott, 2006)



Professor Scott argues that if there were more primary and secondary services, and if existing services such as education and health worked more effectively with at risk families, the need for statutory child protection services would not be as great.

Community intake (referring to the Victorian model which shares intake between government and community services) should not be seen as the key secondary prevention strategy in child protection or it may also become an overloaded service, with all the risks entailed. 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 (Scott, 2006 p5).

With one in five children predicted to come to the notice of statutory child protection services in some jurisdictions, this system is unsustainable and the public health model is proposed as offering a multi layered system with a reduced focus on statutory child protection (Scott, 2006).

### **Community capacity building**

Barter advocates for a change through community capacity building. He argues that a focus on relationships and connecting the personal with the political so that abuse is not seen as an individual or personal problem (Barter 2006). He compares the two approaches in the following table.

Table 5. Approaches to child protection

<b><i>traditional approach</i></b>	<b><i>community capacity building</i></b>
social control	social change
abuse and neglect (parents)	abuse and neglect (society)
children at risk	children with "promise"
protection primary	determinants of health
parents and children (cases)	parents & children (partners)
child welfare (needs)	justice for children (rights)
foster care (substitute)	foster care (family support)
foster parents (resource)	foster partners (partners)
professionally driven	empowerment driven
parents (powerless)	parents (powerful)
reactive (crisis)	proactive (prevention)
organizationally based	community based
bureaucratic paradigm	community paradigm
change	innovation/creativity

(Barter, 2006 p 22)

### **Wellbeing**

Prilleltensky argues that we need to focus on a broader and more positive understanding of wellbeing to underpin our work with children and families. This understanding is predicated on the importance of relationship and community.



My claim is that the well-being of any one person is highly dependent on the well-being of her/his relationships and on the community in which she/he resides. Well-being may be defined as a positive state of affairs in which the personal, relational, and collective needs and aspirations of individuals and communities are fulfilled (Prilleltensky, 2005 p 2)

He argues against the dominant deficit based model which focuses on individuals and takes action only when a problem emerges, and suggests that we

give strength-based, preventive, empowering, and community-oriented approaches a chance to promote personal, relational, and collective well-being (Prilleltensky, 2005 p 7)

The shift to a holistic community development approach to the prevention of child abuse and neglect reflects an emphasis on the broader community and society as both important and significant in terms of wellbeing. (Blakester, in NCPCH, 2006; Peltola and Testro, 2006).

While wellbeing may be supported broadly, Ora and Isaac Prilleltensky in their recent book develop a comprehensive framework for developing wellbeing, which takes us beyond a simple understanding of a “feel good” approach to wellbeing. The key elements are as follows.

#### **1. Individual, organisational and community wellbeing.**

They emphasise the links between individual wellbeing and organisational and community wellbeing. Therefore individual wellbeing cannot be considered on its own. They describe our lives and fates as “interwoven in webs of wellness and webs of sorrow” (Prilleltensky and Prilleltensky, 2006, p353), and that unless we respond to these interconnections we will fail.

#### **2. A critical attitude.**

We need to develop a critical attitude, not just at the individual level, but at the organisational and institutional level. They believe that individual creativity and questioning cannot be sustained without structures which support and encourage this approach.

#### **3. Making well being democratic.**

This requires a shift from dependence on professionals and a skilling of the population to be empowered to be actively engaged in their own wellbeing. They seek to give a voice to those who have previously been passive consumers of health and human services.

#### **4. Encourage risk taking.**

We need to create a safe environment to allow risk taking. By encouraging diversity and dissent we will be able to discover better ways of improving wellbeing.

#### **5. Private ills and public policies.**

We must encourage an understanding of the link between private ills and public structures and policies. We must help people to understand that social problems such as



unemployment are not individually based problems, and assist communities to make those links.

**6. Respect for individual dignity.**

Individual dignity is sacred and must not be compromised. People cannot be sacrificed as means to an end, no matter how important the end.

**7. Choose your own path.**

Each person is required to choose their own path. They believe that there is no one 'right way' and that diversity and choice are important.

**8. Link the personal and political.**

We must link the personal and political. Power is a part of all interpersonal and institutional interactions. Consciousness of how we use power is critical. Individuals should not be held solely responsible for the difficulties they face.

**9. Beware of systems.**

While systems and institutions are important they can be damaging and stigmatising.

**10. Consider others.**

This requires us to understand that wellbeing is not evenly distributed and that our own wellbeing may come at the expense of someone else. (Prilleltensky and Prilleltensky, 2006).

**Strengths based, Prevention, Empowerment, and Changing Community Conditions (SPEC's)**

The commitment to a broader approach is outlined in the outcomes of an American project to examine the human services. The report "New SPEC's for Human Services" aims to change the way human services work. In particular they seek to move from a deficit based, crisis driven, individually focussed, professionally driven service. They argue for one that is strengths based, focuses on prevention, changes the conditions within communities (SPEC) that lead to problems and empowering communities to become involved and take action (SPEC's Annual Report, 2005).

In a survey of American human service agencies, the majority of agencies spent 20% or less of their time on changing community conditions, or primary prevention (SPEC's Annual Report, 2005).

*Note: Box the above approaches and models*

**What might the future look like?**

While we can learn from other models we must remember that these models are embedded within an existing social, legal, and political framework, which operate within a particular set of values and beliefs. Our new paradigm must acknowledge and be framed by our own values, culture and existing social and political structures.



### **An individual focus or family and community wellbeing?**

Common sense and child protection literature make clear that it is not just parents who determine the developmental outcomes for their children. We know that poor social environments impact negatively on children. We know that raising children is a shared responsibility, yet our existing child protection system focuses almost exclusively on investigating parents who are suspected of harming their children. We must fundamentally change our perspective that it is parents alone who should be the focus of our intervention. We need to move from our parent focused blame perspective and develop a more comprehensive, less judgemental understanding of the responsibilities of raising children. We must give much more attention to the broader family, community and societal conditions that impact on the safety and well-being of children and reduce children's opportunities.

### **Child rescue or child wellbeing?**

The existing language of child protection is largely child rescue. Indeed the naming of the new Department of Child Safety in Queensland grows out of this model. If we are to develop a new world view we must change our language and focus in a more holistic way on shared responsibilities for enhancing children's development, not just acting when children are harmed. Major health outcomes have occurred as a result of primary interventions such as immunisation. While there has been significant progress in treating disease, the big impacts have occurred by preventing disease. In the health field we are moving from a notion of illness to one of health. This analogy is not meant to suggest support for a medical model of child abuse. Rather it offers us another perspective on the problem. There has been an admirable focus in Queensland on the role of all government departments in protecting children. However, this has largely focussed on responding to children and families who are in contact with the statutory child protection system. We cannot continue to respond to the crisis. We need to focus on the wellbeing of children and working to create the conditions that will result in happy healthy, children who have fulfilled their developmental potential.

### **A single problem focus or an interconnected response?**

Many social problems are interconnected, yet our responses are shaped and structured by individually labelled problems. Individuals and agencies then spend inordinate amounts of time trying to coordinate responses to the "problems". People are complex and it is almost impossible to separate out responses to individual labels of pathology such as drug addiction, or social issues such as inadequate housing. The "problem" of child abuse is almost always linked to other challenges in the person's life.

### **A deficit based model or a strengths approach?**

The investigation of suspected child abuse and neglect focuses on what is "wrong". There is a requirement that the deficits are identified and demonstrated to the parents with a plan developed for them to overcome these deficits. It is difficult if not impossible to develop healthy supportive relationships with families with such a negative focus. Given that parents may lose custody of their children it is not surprising that they



minimise problems and enter into an adversarial relationship. A focus on strengths encourages a shared approach and enables relationships to be established.

#### **A professionally defined response or a client and community focus?**

The definitions of the problem, the approach taken and the suggested solutions are usually defined by the professionals involved. While a professional approach is important it is important that the clients or recipients of services are at least equal participants in defining and responding to the needs of their children. In addition, community members must be more than just volunteers implementing a plan decided by professionals. Community members, families, children and young people must be empowered to be actively involved in improving the lives of children and families.

#### **Notifications of suspected abuse or monitoring welfare and wellbeing?**

The current system of urging and mandating the reporting of suspected child abuse and neglect to statutory child protection agencies is clearly failing. It is failing the children, the child protection workers, the taxpayers, and the community. Responding to reports or notifications of suspected child abuse and neglect is both inefficient and ineffective. A system of monitoring children's welfare and wellbeing, through existing systems such as health and education, offers hope of identifying children whose development is compromised. Rather than focussing on labelling children as neglected or emotionally abused we could focus more broadly on the needs of these children and develop innovative non stigmatising ways to intervene when their wellbeing is compromised.

#### **Fixed ideas or new questions?**

We need to be realistic about the difficulty of moving to a new paradigm. Our existing system is "locked in" to the existing way of doing business in the child protection world. The first step is to move out of our existing world view and begin to explore possibilities. De Bono states "(i)t is always very difficult to look at our own perceptions, because we cannot get outside ourselves". We need to remember the pain and anguish of other paradigm shifts. Threats to our existing world view are inherently painful and we have a strong tendency to adhere to the existing system no matter how difficult that is for us. We must all be willing to ask new questions; to explore a world beyond what we think we know. But even if we all embrace a new world view the move from the existing system to a new one will be extremely difficult. It will be important to explore not just "what" but "how".

## **Conclusion**

The existing child protection system cannot continue. The increasing rates of notifications, increasing costs, increasing criticisms, stressed staff, and angry clients all demonstrate that the current system is not working. The belief that minor modifications and more resources will solve this crisis just cannot be sustained.

PeakCare seeks to begin a new conversation about the future of child protection. We do this not to be critical of those who are giving of their best at the moment. Rather we have come to a belief that the existing system is unsustainable and that caring and



professional workers are being crushed under the weight of unrealistic demands that stem from an unrealistic system.

We must all be courageous and put aside the way we have been conditioned to think about child protection. It is only by exploring radical new ways to grow healthy, happy children that we can begin to shape a sustainable and effective system. One that engages with parents and others involved in the child's life, that recognises the broad range of factors that can support or damage a child's future, that uses positive language, that encourages rather than judges, and that acknowledges our existing social and political system and is based on our values and beliefs.

We invite all those who care about the future of our children to come on this journey with us.



## Appendix 1 Differential Responses

All Australian jurisdictions undertake some form of screening to assess reports of concerns about the safety and well being of children and young people and to determine and prioritise responses. There are two points at which jurisdictions can screen reports and determine responses. Firstly, at intake in determining what cases meet the threshold for statutory intervention what action, if any, is taken in relation to those cases that do not meet the threshold? Secondly, at the point that allegations are assessed as meeting the threshold for statutory intervention, what responses can be made to allegations other than investigation?

However, it is difficult to clearly identify what each jurisdiction does in differentiating responses to reports that do or do not meet the threshold for statutory intervention. As noted by Bromfield and Higgins (2006) "Intake is the most procedural aspect of child protection services in Australia, and therefore the area subject to the greatest variability." Nevertheless, a review of child protection data indicates that of 252,831 notifications recorded by states and territories in 2004-05 123,580 (49%) were 'dealt with by other means' including referral to police, referral to family services or provision of advice.

### *South Australia*

South Australia uses a three tiered response to notifications:

- Tier 1 – imminent danger
- Tier 2 – no immediate danger
- Tier 3 – low risk of immediate harm, however children may experience harm in the future if conditions do not change.

An actuarial based risk assessment tool is used to determine the priority rating and response.

Tier 3 cases receive a voluntary family support response provided by the department or through referral by the department to a non-government agency.

### *Western Australia*

At intake, Western Australia classifies cases as:

- Child maltreatment allegation
- Child concern report
- Family support.

Child concern report is a temporary holding category for reports that are not clearly defined as child maltreatment or family support at intake.

A professional based risk assessment framework is used to determine the response. Departmental workers provide both family support and investigative responses. Referrals may be made to non government agencies for family support.



Connolly (2004) notes "Evaluation of the *New Directions* (Western Australia) response suggests that it is indeed resulting in a better targeting of resources for high risk families, enabling the department to better prioritise its work and respond appropriately to the more serious cases of maltreatment (Parton and Mathews 2001). However, although this looks promising, caution has been expressed about the model, as it has the effect of increasing the threshold for investigative action and also for provision of services for lower risk families (McCallum and Eades 2001; Tomison 2004). It appears that despite the original intent, support services for these families are not being provided and re-referral of families for whom no support was provided remains high (27%) (Tomison 2004).



## Appendix 2 Early intervention in NSW and Vic

### New South Wales

In 2006, New South Wales developed the Early Intervention Program. It “.... is a voluntary, targeted program designed for families encountering problems that impact on their ability to care for their children. The .... Program has three core goals:

- Promote healthy development in children
- Promote strong, functional and well-supported families, and
- Reduce and prevent child abuse and neglect in participating families.”

“(It) is designed so that either a DoCS Early Intervention Team or a Lead Agency can manage delivery of services or support. A key feature of the Program is that families can access the full range of services and supports they require through a single entry point. Key service options funded under the program are childcare, parenting programs and home visiting.”

The program is targeted to families who are expecting a child or have children up to and including eight years of age, with priority given to families with children less than three years of age. “Families can enter the .... Program if they are:

- Reported to DoCS and streamed to the Early Intervention Team (80% of families referred), or
- Referred to a Lead Agency by a community agency or individual, and are found to be eligible for the program (20% of families referred). ”

### Victoria

In 2002-03, Victoria established the Family Support Innovations Project aimed at more appropriately responding to the needs of vulnerable families. “The projects aim to:

- Divert a significant proportion of families currently notified to child protection services to community-based services.
- Minimise client renotification and the progression of families into the child protection system.
- Provide an improved service capacity for families who may not come into contact with child protection services.”

“The strategy has been formulated on the basis that effective responses to the complex and diverse needs of vulnerable families requires the following characteristics:

- A network of coordinated community-based services, including child protection, family support, health, justice and education.
- A range of low, medium and high intensity services, capable of delivering comprehensive, flexible services that respond to families’ needs



- An approach to service delivery incorporating the following features:
  - ~ Active engagement with families through assertive outreach
  - ~ Capacity to work with families displaying resistance and denial
  - ~ A focus on working with parents to address their children's needs.
- Trained, professional, experienced staff with a high level of interpersonal skills.
- Sustained, enduring support.”

“One component of the Innovation Projects is the establishment of a funded Service Network in each local government area to build an intensive working relationship among professionals involved with children and young people. The network focuses on developing multi-disciplinary relationships to analyse and determine service needs. It ensures a flexible, responsive service system exists within the local government area.”

An evaluation of the Project (Thomas 2003) found a:

- 4.1% reduction in notifications (if the project with the least reduction in notifications was excluded, the reduction was 8.1%)
- 10.7% reduction in substantiations (if the project with the least reduction in substantiations was excluded, the reduction is 18.7%).



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# **PeakCare** QUEENSLAND INC.

*Peak body for the  
safety and well-being  
of children and young  
people and the support  
of their families.*