



Australian Government

Australian Institute of Family Studies
National Child Protection Clearinghouse

A national approach for child protection

Project report

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Commissioned by the Community and Disability Services Ministers' Advisory Council



Australian Government

Australian Institute of Family Studies National Child Protection Clearinghouse

The National Child Protection Clearinghouse has operated from the Australian Institute of Family Studies since 1995. The Clearinghouse is funded by the Australian Government Department of Families, Community Services and Indigenous Affairs as part of its response to child abuse and neglect. The Clearinghouse collects, produces and distributes information and resources, conducts research, and offers specialist advice on the latest developments in child abuse prevention, child protection, out-of-home care and associated family violence.

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Table 3.1 in this report is a reproduction of Table 2.1 in *Protecting Children: The Child Protection Outcomes Project* (Allen Consulting, 2003, p. 14).

Note: Since the time of writing, some government departments have changed names.

Existing materials

Parts of this report draw heavily on existing materials by the Australian Institute of Family Studies and members of the project team.

Chapter 5: Defining Child Maltreatment draws heavily on:

Bromfield, L. M. (2005). "Chapter 2: Defining Child Maltreatment" in *Chronic Child Maltreatment in an Australian Statutory Child Protection Sample*. Unpublished Phd thesis, Deakin University, Geelong.

Chapter 8: Child Protection and Family Support Services: Conceptual Models uses excerpts from:

Holzer, P. J., Higgins, J., Bromfield, L. M., Richardson, N., & Higgins, D. J. (2006). *The Effectiveness of Parent Education and Home Visiting Child Maltreatment Prevention Programs* (Child Abuse Prevention Issues 24).

Chapter 8 Child Protection and Family Support Services: Conceptual Models also draws from:

Harris, N. (2007). *Family Group Conferencing in Australia: Ten years on* (Child Abuse Prevention Issues 27).

Chapter 3: The Child Protection Orientation: It's Characteristics and History draws heavily on:

Bromfield, L. M. (2005). "Chapter 3: Child Protection" in *Chronic Child Maltreatment in an Australian Statutory Child Protection Sample*. Unpublished doctoral dissertation, Deakin University, Geelong.

Chapter 6: National Comparison of Child Protection Systems: What's Changed in the Past Two Years? (and the Along with the accompanying Appendix) uses as its central reference point:

Bromfield, L. M., & Higgins, D. J. (2005). *National comparison of child protection systems* (Child Abuse Prevention Issues 22).

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Glossary of terms and abbreviations

Aboriginal Child Placement Principle	Requires that an Aboriginal child who is to be placed in out-of-home care be placed—in order of preference—with a: (a) member of his or her family; (b) member of his or her community who has a relationship of responsibility for the child; (c) member of the child’s community; (d) person with the same Aboriginal cultural background as the child; or (e) non-Aboriginal person who is able to ensure that the child maintains significant contact with his or her family, community, or communities
After care	Services and supports for young people who have been in the custody or under the guardianship of the Secretary; and on leaving the custody or guardianship of the Secretary, is of an age to, or intends to, live independently. After care services support young people in preparing to make the transition from care to independent living, and provide services and support to young people who have left care to a specified age (generally 18, 21 or 25 years). After care services are also referred to as exiting care, leaving care and transition to independent living supports and services.
At risk	The term “at risk” is used to mean families who exhibit risk factors for child maltreatment.
Australian Government	Represented through the Department of Families, Housing, Community Services and Indigenous Affairs.
Best interests principle	The requirement that a decision-maker or person taking action in relation to a child must regard the best interests of the child or young person as the paramount consideration.
Case management	Cases in which statutory involvement is deemed necessary (e.g., because of the occurrence of abuse or neglect or the risk of abuse or neglect) to ensure the child’s on-going safety will be subject to on-going case management. At its most basic, case management involves: determination of the services and responses required; determination of whether a court order is appropriate, and if so, which type of order is required to ensure the child’s safety; ensuring that appropriate services or responses are provided; and closing the case when the child’s on-going safety has been secured. This process is managed and the actions of the persons involved made accountable through the process of case planning, case management, reassessment and review.
Children	Persons aged 0–18 years unless otherwise specified.
Child in need of protection	The legislative provisions in each jurisdiction that relate to the definition of a child in need of care or protection, and the threshold at which statutory child protection intervention is triggered.
Child protection	Statutory services designed to protect children who are at risk of serious harm.
Child protection orientation	The broad approach to protecting children comprising statutory child protection services. The child protection orientation is evident in Australia, the United States, the United Kingdom, Canada, and New Zealand. Some of the key characteristics of a child protection orientation include a single point of entry, a focus on protecting children from harm, and a legalistic and adversarial approach to intervention.
Child welfare	Broad approaches to protecting all children; including children in need and those identified as at risk.
Community and Disability Services Ministers’ Conference (CDSMC)	Comprises Australian Government, state and territory government, and New Zealand Government Ministers with direct responsibility for family, community, disability, youth, children, ageing and social welfare.
Community and Disability Services Ministers’ Advisory Council (CDSMAC)	Comprises Australian Government, state and territory government, and New Zealand Government Executive Directors of departments with direct responsibility for family, community, disability, youth, children, ageing and social welfare.
Council of Australian Governments (COAG)	COAG is the peak intergovernmental forum in Australia, comprising the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association.
Court	The relevant state or territory court that hears child protection applications and makes child protection orders (e.g., the Children’s Court in Victoria).
Chronic child maltreatment	Recurrent incidents of maltreatment over a prolonged period of time.

Cumulative harm	The effects of multiple adverse circumstances and events in a child’s life. The daily impact of multiple adverse circumstances and events on the child can be profound and exponential. The exponential nature of chronic maltreatment means that children who have experienced maltreatment in the past may be more vulnerable to subsequent incidents of maltreatment than children who have not been maltreated.
Department	“The Department” with primary responsibility for statutory child protection.
Differential response	Differential response at tertiary intake services are common and provide formal pathways from tertiary services to secondary services for those cases that do not meet the threshold for statutory intervention.
Early intervention	Broadly, the term “early intervention” is used to mean activities, programs and initiatives designed to alter the behaviour or development of individuals who show signs of an identified problem, or who exhibit risk factors or vulnerabilities for an identified problem, by providing the resources and skills necessary to combat the identified risks. Early intervention can refer to intervention early in life (a developmental perspective, and one that focuses on the early years) or intervention early in the life of the problem (a deficit perspective, and one that focuses on identified risks and needs). In this project, “early intervention” is used to mean programs or services that are designed to prevent entry or re-entry into statutory child protection services or out-of-home care, that is, intervention early in the life of the problem.
Emotional maltreatment	Inappropriate verbal or symbolic acts and a failure to provide adequate nurture or emotional availability. Emotionally abusive or neglectful behaviours include rejecting, ignoring, isolating, terrorising, corrupting, verbal abuse and belittlement.
Endangerment standard	State and territory governments in Australia have defined a child in need of protection as a child who has been harmed, or who is at substantial risk of being harmed if the state does not intervene. This is referred to as the “endangerment standard”.
False negative	Predicting/assessing that an event did not or will not occur (e.g., abuse) and subsequently finding that the event did occur (e.g., assessing that a case did not require intervention, and finding that a child is subsequently abused or harmed by a parent/carer).
False positive	Predicting/assessing that an event occurred or is likely to occur (e.g., abuse) and subsequently finding that it did not occur (e.g., assessing that a report required an investigation, and after investigating, finding no grounds for intervention).
Family service orientation	The broad approach to protecting children comprising therapeutic services for families and evident in many European countries, such as Denmark, Germany and the Netherlands. Some of the key characteristics of a child protection orientation include multiple entry points and services, a focus on addressing family dysfunction, and a partnership approach with families focusing on therapeutic intervention.
Family support	Family support is an umbrella term referring to services provided to children and families that are not investigative or statutory in nature (e.g., parent education, home-visiting, financial support or housing assistance). Such services may be provided by a government department (e.g., the prevention and early intervention branch of a human services/child protection department), or provided by non-government organisations.
in loco parentis	People acting in the place or role of parents and who have a legal duty of care to the child.
Intake	The core components of child protection intake are essentially the same in all jurisdictions. Intake is an office (and predominantly telephone-based) response. Reports are received, most commonly by phone, and intake workers must determine whether the reported concerns fall within the mandated area of the statutory child protection service (in some jurisdictions notifications not requiring a statutory response may be diverted to a family support service stream). The notification details are recorded, the client’s prior history with child protection is checked, and follow-up phone calls may be conducted (for example, to the school). Following the preliminary investigation, the intake worker conducts an initial risk assessment based on the information available to them. On the basis of this assessment, the intake worker determines whether the report warrants further investigation to establish whether the child has been harmed or is at risk of being harmed (not all jurisdictions specify whether the harm is a consequence of maltreatment). Those cases requiring further investigation are referred to the second phase of statutory child protection (investigation).
Integrated approach	Describes a desire to enhance inter-agency collaboration and integrated approaches between (a) different areas within government (e.g., Health, Education, and Child Protection); (b) child protection services and the non-government sector; and (c) between state and territory governments and the Australian Government. An integrated approach may also be referred to as a whole-of-government approach, a joined up approach, or the breaking down of silos.

Intensive family preservation	Intensive family preservation refers to services provided to children and families to prevent an out-of-home care placement where such a placement is imminent and to support reunification where reunification is to take place.
Investigation	The term “investigation” refers to the process undertaken by a statutory child protection department to obtain more detailed information about a child who is the subject of a notification to determine whether the child is in need of protection. Where it is practical to do so, an investigation will include interviewing or sighting the subject child.
Issues 22	Child Abuse Prevention Issues 22, <i>National Comparison of Child Protection Systems</i> , published by the Australian Institute of Family Studies in 2005.
Legislative principles	The principles embedded in legislation formally represent the philosophical underpinnings of child protection practice.
Magellan Project	A protocol between the Family Court of Australia and state/territory child protection departments. Under the protocol, allegations of child maltreatment raised before the Family Court are referred to state/territory child protection departments for assessment and investigation.
Maltreatment	Non-accidental behaviour towards another person, which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm. Behaviours may be intentional or unintentional and include acts of omission and commission. Specifically, abuse refers to acts of commission while neglect refers to acts of omission. Note that in practice the terms child abuse and neglect are used more frequently than the term child maltreatment.
Meta-analyses	Large systematic reviews of available literature with strict criteria for selecting studies to ensure that an exhaustive search has been conducted, but only those studies that meet high standards of methodological rigour are included. Meta-analyses are an effective way of determining the evidence-base in any given area.
National Approach for Child Protection Project Working Group	Comprises Australian Government, and state and territory government representatives from departments with direct responsibility for statutory child protection and early intervention services.
Neglectful behaviour	Failure (usually by a parent) to provide for a child’s basic needs. Neglectful behaviour refers to physical neglect, as distinct from psychological or emotional neglect, which are included under the definition of psychologically neglectful behaviours. Physically neglectful behaviours include a failure to provide adequate food, shelter, clothing, supervision, hygiene or medical attention.
Nexus between risk and need	This phrase is used to refer to families referred to child protection services who could benefit from some form of intervention, but who fall below the threshold for statutory child protection involvement (i.e., they are said to be at the nexus between risk and need).
Non-government organisation	A recognised organisation or organised body with an active operation in the child and family welfare sector. Non-government organisations may be funded solely or in part by government (Australian and/or state/territory). Generally families are voluntarily involved with non-government services rather than mandated to attend such services. Non-government organisations are also referred to as NGOs, non-government agencies or voluntary services.
Notification	The term “notification” refers to the process whereby a professional or other member of the community lodges a report with the appropriate statutory child protection department to signify that they have reason to believe that “a child is in need of protection”. Depending on the circumstances, not all reports received by a child protection department will be recorded as a “notification”. Where, for example, a determination is made that a child and family are better served by family support services rather than a child protection response, and the alleged behaviour does not meet the definition of a “child in need of protection”, a “child concern report” or equivalent may be recorded instead.
Other government department	Departments in each state and territory that are not directly responsible for statutory child protection, but may have some intersection with the department primarily responsible for the provision of statutory child protection services, for example, the Department of Health or the Department of Education.
Orders	The term “orders” refers to a court order entered into for the purpose of protecting a child, or to provide for continued departmental involvement with a child and his or her family where it is determined that such involvement is necessary. Orders can vary in scope from supervision orders to extended placement orders.

Out-of-home care	The term out-of-home care refers to the placement of children in alternative care in circumstances where they are unable to live with their parent(s) or primary carer(s). An out-of-home care placement can encompass a placement with kin (i.e., kinship care), or in other home-based care settings (e.g., foster care), as well as residential-based care arrangements. Although there are provisions for children to be placed in out-of-home care voluntarily with the consent of parents (e.g., for respite), most children in out-of-home care are placed according to an Order made by the relevant court.
Participation of children	Involving children and young people in decision-making (to the extent that their age and maturity enables) and consulting with children and young people in order to obtain their views on issues affecting their lives.
Permanency planning	While there is no agreed definition of precisely what constitutes permanency planning, broadly speaking, permanency planning refers to the steps and activities undertaken to plan and prepare for a child to be placed in a long-term care arrangement where circumstances are such that he or she cannot continue to be cared for by his or her natural parents, or cannot return to the care of his or her natural parents. Permanency planning is also referred to as stability, continuity, and consistency of care.
Physically abusive behaviour	Any non-accidental physically aggressive act towards a child. Physical abuse may be intentional or may be the inadvertent result of physical punishment. Physically abusive behaviours include shoving, hitting, slapping, shaking, throwing, punching, biting, burning and kicking. The definition of physically abusive behaviours extends to and includes the fabrication, exaggeration and inducing of illness symptoms in a child (previously Munchausen Syndrome by Proxy).
Planned reform	Reform driven by dated legislation, self-initiated research and review.
Primary services	Primary (or universal) interventions are strategies that target whole communities in order to build public resources and attend to the factors that contribute to the occurrence of child maltreatment.
Principal Act of Parliament	The Act of Parliament in which the role and scope of child protection activity is chiefly prescribed in each jurisdiction.
Public health model	The public health model encapsulates a “composite approach” to prevention whereby interventions to prevent child maltreatment, or to respond to varying degrees of risk for child maltreatment, are available at primary, secondary and tertiary levels. In this model, services are delivered on a continuum from primary services, which offer supports at the universal or community level through to tertiary services, which target children and families in which abuse has occurred and/or in which there is significant risk of abuse.
Re-notification	A report of an allegation of abuse accepted by a statutory child protection service when a prior report has already been recorded on the client file. The terms allegation, report and referral are also used to describe a notification.
Re-substantiation	A report to a statutory child protection service that has been verified as a report involving risk of harm/abuse or actual harm/abuse, where the child/family has previously been the subject of such a verified report.
Responsive regulation	Responsive regulation focuses our attention on how decisions are made: are they made by families (self-regulation), are they made in cooperation with families (supported-self-regulation), or are they made by others and imposed on families (coercive regulation)? The theory argues that more coercive forms of intervention will be necessary sometimes, but that agencies will be more effective if they employ coercive approaches only after they have attempted dialogue and negotiation first.
Responsive reform	Reform driven by an external enquiry or event. Responsive reform appears more likely to occur in the public and media spotlight and to be implemented quickly than does planned reform.
Risk	Rather than being a neutral term to describe statistical probability, the term risk has become value-laden and implies heightened risk (e.g., groups are referred to as “at risk” rather than “high risk”).
Risk averse	Assessments and decision-making in policy or practice that involves an additional unstated dimension—risk to the individual or organisation of making the “wrong” decision.
Secondary services	Secondary interventions target families who are “at risk” for child maltreatment. Where families are at risk for child maltreatment (due to the presence of one or more risk factors for child maltreatment), secondary approaches prioritise early intervention. Secondary interventions generally involve early screening to detect children who are most at risk, followed by a combination of interventions (for example, home visiting, parent education, and skills training) to address the risk factors for child maltreatment

Sexually abusive behaviour	Any sexual activity between a child and an adult or older person (i.e., a person five or more years older than the victim), or sexual activity between peers which is non-consensual or involves the use of power or coercion. Sexual activity includes fondling genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism and exposing or involving the child in pornography.
Statutory child protection services	The phrase “statutory child protection services” refers to statutory agencies/departments (i.e., departments established by parliament) charged with the responsibility of securing the safety and welfare of children. Such services/departments are designed to intervene to protect children where children have been harmed or at risk of harm. Statutory agencies possess a legal mandate for such intervention, which is prescribed in relevant legislation.
Substantiation	The term “substantiation” refers to a possible outcome of an investigation. To substantiate means that there is reasonable cause to believe that the child has been, is being or is likely to be abused or neglected or otherwise harmed.
Tertiary services	Tertiary interventions target families in which child maltreatment has already occurred (e.g., statutory child protection services). Tertiary interventions seek to reduce the long-term implications of maltreatment and to prevent maltreatment recurring. Given that tertiary interventions operate once child maltreatment has occurred or is believed to have occurred, they have been assessed as reactive and “after-the-fact” approaches.
Threshold	Broadly, the term “threshold” is used in the child welfare and child protection context to refer to a child and family’s entry into, and progression along, several points in the service continuum. For example, there is said to be a “threshold” at which a department will record a notification (e.g., rather than refer to family services) and a “threshold” at which a department will determine that a given situation involves circumstances that require statutory intervention (e.g., an order to mandate on-going involvement with the child and family). The threshold for statutory involvement in the lives of children and families is set out in the principal child protection Acts of Parliament in each state and territory. However, a department’s legislative mandate to intervene may not always be interpreted consistently. In practice, the threshold for protective intervention may differ within a jurisdiction over time and across jurisdictions. A shifting threshold for statutory for statutory intervention has been identified as a leading driver of increased demand on child protection systems (both nationally and internationally) over the past several decades.
United Nations Convention on the Rights of the Child (UN CROC)	The Convention on the Rights of the Child, developed by the United Nations, contains 54 articles and two Optional Protocols, which set out the human rights that children are entitled to: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child.
Witnessing family violence	A child being present (hearing or seeing) while a parent or sibling is subjected to physical abuse, sexual abuse or psychological maltreatment, or is visually exposed to the damage caused to persons or property by a family member’s violent behaviour.

Executive summary

Overview

The purpose of the National Approach for Child Protection Project is to provide high-level descriptions of key processes and approaches to the delivery of child protection services across Australia. Statutory child protection is the responsibility of State and Territory Governments; however, Australian Government funded services that focus of prevention and early intervention aim to complement State and Territory Government services. Accordingly, each Australian State and Territory, and the Australian Government, provided responses to an agreed data collection pro forma during the period November 2006 to March 2007.

Findings

Having examined the data to identify commonalities and differences in the delivery of child protection services across Australia, the authors conclude that:

- From a legislative and policy perspective, Australia jurisdictions have adopted broadly similar positions on critical issues facing the child protection sector, namely the delivery of early intervention services, the desirability of stability of care, and the utmost importance of child-centred practice.
- Thresholds triggering statutory involvement are fairly consistent across jurisdictions, despite some variations in the way in which “a child in need of protection” and “a child at risk” are legally defined, and some differences in whether abusive behaviours or harm consequences (or both) are substantiated.
- Several key practice directions are common to most, if not all jurisdictions, including: (a) the importance all jurisdictions now place on assessing both “risks” and “needs” at all stages of child protection involvement; (b) the development and implementation of sophisticated electronic information systems; and (c) the introduction of measures providing for statutory involvement where there are protective concerns for unborn children.
- All Australian jurisdictions have implemented various mechanisms—both formal and informal—to enhance the capacity of government and non-government agents to work collaboratively to enhance child outcomes.
- Differentiated responses at the tertiary end of the service continuum are common across Australian jurisdictions providing formal pathways from tertiary services to secondary services for those cases that do not meet the threshold for statutory intervention.
- In some jurisdictions increasing attention has been given to the development of new referral pathways (for example, strengthening referral pathways from universal services to secondary services) to both facilitate access to secondary services and minimise contact with the tertiary end of the child protection continuum for families who need support rather than protective (statutory) interventions.

To conclude, the authors present the findings of their analysis of the key challenges and strategic directions identified by Australian jurisdictions. These include: (a) responding to demand for child and family services; (b) building prevention and early intervention services; (c) enhancing and monitoring practice consistency and quality; (d) reforming policy and practice frameworks and implementing reforms; and (e) the recruitment and retention of a skilled workforce.

Overall, the authors conclude that there is much similarity in the practices, challenges, directions, and overarching goals of Australian jurisdictions. All Australian governments aim to provide an environment supportive of the health, safety and development of Australian children. These encouraging findings are contrary to previous myths of perceived differences in approach to child protection across Australia, with the accompanying report having the potential to promote better engagement and communication with stakeholders, media and the general public on child protection issues. The report may also serve to promote opportunities for and between State/Territories and the Commonwealth Government in their planning and delivery of child protection and early intervention services.

PART I

SETTING THE SCENE

1. Project background

In 2005, the Community and Disability Services Ministers' Advisory Council (CDSMAC) established the National Approach for Child Protection Working Group with representatives from each Australian state and territory, and the Australian Government. Statutory child protection is the responsibility of state and territory governments; however, Australian Government funded services that focus on prevention and early intervention aim to complement state and territory government services. The focus of the CDSMAC National Approach for Child Protection Working Group is the development of a common descriptive framework, and common definitions and terminologies for child protection and early intervention across Australian jurisdictions.

The impetus behind the establishment of the Working Group was the recognition that statutory child protection services had been critiqued for their responses to a number of problems that were common across jurisdictions. It was felt that recognition of common problems and approaches across jurisdictions could better inform such critiques. In addition, it was thought that the development of common terms and descriptive frameworks could lead to more effective communications between jurisdictions and thus enhance future planning.

The Working Group determined that, to achieve this aim, they would need to undertake a project to collect and analyse relevant data in order to arrive at high level descriptions of key processes and approaches across Australian jurisdictions. The Australian Institute of Family Studies, National Child Protection Clearinghouse was contracted to undertake the National Approach for Child Protection Project ("the Project") under the supervision of the CDSMAC National Approach for Child Protection Project Working Group.

The objectives of the Project were:

- To identify common approaches across jurisdictions in the exercise of legislative powers designed to respond to the needs of children at risk of abuse and neglect;

- To identify the relationship between the exercise of child protection legislative powers and delivery of early intervention services (that is, services to prevent entry or re-entry into statutory child protection);
- To identify common approaches across jurisdictions to early intervention services (as defined above);
- To describe at a high level the common approaches (as per earlier points) employed by jurisdictions within Australia; and
- To prepare a narrative description of common principles and a glossary of terms that will inform the development of nationally agreed principles for application in statutory child protection policy and service delivery.

Method

The National Child Protection Clearinghouse at the Australian Institute of Family Studies has undertaken several national comparisons of policy and practice and has streamlined the process for collecting information from government departments. The Clearinghouse brought this knowledge to the present project, and refined various aspects of the data collection process in order to meet the specific information needs of the CDSMAC National Approach for Child Protection Project Working Group. The following section outlines the processes involved in the present study.

Participants

The participants in the study were: representatives from each Australian state and territory government department with primary responsibility for child protection, as well as the Department for Communities in Queensland (which has primary carriage of early intervention strategies in that state); and a representative from the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA).¹

The project was undertaken in collaboration with the CDSMAC National Approach for Child Protection Working Group. Members of the Working Group either participated in the project, or facilitated data collection with appropriate representatives in their jurisdiction (generally Working Group members both participated in data collection and facilitated the participation of other appropriate persons in their jurisdiction).

Each jurisdiction compiled responses to the questions contained in the data collection pro forma. The completed data collection pro forma were then processed through the appropriate approval channels in each jurisdiction. This meant that the responses received were ultimately the responses of each state and territory department—not the responses of individual staff members involved in completing the data collection pro forma.

Note that the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA) also participated in the present project. Australian Government representatives completed Interview 1 (see description of materials below)—the Interview most closely related to the extent of the Australian Government’s involvement in child protection.

Materials/data pro forma

To collect data for the National Approach for Child Protection Project, the Clearinghouse devised data collection pro forma containing interview templates on the following topics:

- The social and political context in which statutory child protection services are provided (Interview/Pro forma 1);
- The interface between statutory child protection services and broader child welfare² (Interview/Pro forma 2);
- Principles underpinning practice in statutory child protection services (Interview/Pro forma 3); and
- Early interventions (Interview/Pro forma 4).

The data collection pro forma are included as Appendix A (“Fieldwork Pack”).

1 Note that in compiling the Project Report, the lead researchers did not consult with non-government organisations, other government departments outside of those responsible for child protection and child and family welfare, or cultural groups (including Indigenous organisations). The interview data on which the project is based was derived from CDSMAC Working Group members and senior government representatives from child protection and/or child and family welfare government departments.

2 Child protection is used to mean statutory services designed to protect children who are at risk of serious harm. Child welfare is used to mean broad approaches to protecting all children; including children in need and those identified as at risk.

The aims of Interview 1, Interview 2 and Interview 3 were: (1) to document the legislative, policy, and practice perspective of each jurisdiction; (2) to investigate the overarching philosophy and intent of the legislative, policy, and practice context in each jurisdiction; and (3) to consistently ask the same questions of the legislation and policy/practice frameworks in each jurisdiction to explore the above themes. The aims of Interview 4 were to describe each jurisdiction's approach to early intervention (that is, intervention to prevent entry or re-entry into statutory child protection services); and to document the nature of this approach in broad operational terms.

Procedure

The methodology employed in the present Project, comprised several stages:

- Project scoping;
- Data collection;
- Analysis and write-up; and
- Review and revision.

Project scoping.

Project scoping comprised two elements: (a) developing appropriate data collection pro forma; and (b) determining the project methodology. The development of the data collection pro forma was an iterative process. The Clearinghouse devised draft pro forma, which was circulated to the Working Group for review and feedback. The pro forma were consolidated on the basis of feedback received from the Working Group, and then again recirculated for review. While this was a time intensive process, it was a critical first step in the project. By ensuring that the Working Group felt that the data collection pro forma “asked the right questions”, the Clearinghouse aimed to ensure that the Project's final product would deliver the desired outcomes.

In addition to seeking input and feedback from the Working Group as to the development of the data collection pro forma, the Clearinghouse also sought input from the Working Group with respect to the proposed methodology. That is, the Clearinghouse devised a Project Scoping Paper that outlined the intended method. The Clearinghouse again sought feedback from the Working Group as to the proposal's feasibility (e.g., suggested timelines) and desirability (e.g., whether or not the process met expectations). The proposed methodology was modified where necessary to ensure processes and procedures were congruous with the Working Group's aims and objectives.

Data collection.

Data were collected over several months using a flexible methodological approach; one that could be adjusted to suit the needs of each jurisdiction. Once the scope and content of the data collection pro forma had been agreed, the Clearinghouse commenced entering data into the pro forma (this was particularly so for Interview 3 “Principles underpinning practice in statutory child protection services,” as this section of the pro forma could be completed by reference to existing materials, i.e., Acts of Parliament). However, for the most part, data needed to be sourced from expert contact personnel in each jurisdiction. Consequently, the pro forma were circulated to CDSMAC Working Group members for completion as: (a) written submissions; (b) telephone interviews; or (c) as a combination of both. The completed pro forma formed the primary data source for the Project. Note that the Australian Government Department of Families, Community Services and Indigenous Affairs completed Interview/pro forma 1 only.

Where jurisdictions opted to undertake an interview for the purpose of completing the pro forma, their responses were recorded in writing and returned for clearance/approval. Jurisdictions that opted to provide written responses were asked to ensure that the responses they provided had already received clearance/approval. This was an important step in the data collection process. Review and internal (departmental) approval was required for two primary reasons: (a) as a quality assurance measure to ensure accuracy of the data prior to commencing analysis; and (b) to ensure that data analysis was an independent and objective process (note that jurisdictions were asked to approve the accuracy of the data they provided, not to approve the interpretation of findings in the analysis).

At all times, data collection was undertaken with an appreciation of the sensitive nature of the content area. The highly politicised nature of child protection, and the intense media scrutiny to which some jurisdictions have been subjected, can lead to child protection departments approaching research—especially national comparison research—with some caution. The research team were open and transparent about the sensitive nature of the content area during project scoping, and various mechanisms were

discussed with the Working Group that would ensure a balanced and careful approach to collecting, analysing and reporting the project findings.

Additional existing materials were also reviewed for the present Project. All Acts of Parliament relevant to the delivery of child protection and child and family welfare services were collated; all publicly accessible policy documents relevant to the delivery of child protection services were sourced (e.g., via the internet); and requests for relevant materials were sent to all jurisdictions including the Australian Government (e.g., significant reports, government inquiries, departmental reviews, and so on). This process resulted in the development of a vast information repository relevant to the intent of the Project.

Data analysis and write-up.

On receipt of all completed data collection pro forma, the Clearinghouse commenced analysis of the commonalities and differences described in each jurisdictions' response. To conduct a thorough analysis of the data, the Clearinghouse employed a qualitative thematic analysis, with themes developed both prior to analysis (based on the Clearinghouse's existing knowledge of the area); and as an iterative process during the analysis.

It is important to note that the report, and the data on which it is based, is a point-in-time analysis of Australian child protection systems. The data were collected during the period November 2006 to March 2007, and the authors commenced analysis and report writing soon after. Thus, the information contained within this report is an accurate reflection of each child protection system for the period during which data were collected. Readers are advised that the statutory child protection policy environment changes fairly rapidly, thus enquiries should be made to confirm the accuracy of the data at later stages in the life of the report.³

Review and revision.

In the first instance, the Clearinghouse compiled a Draft Project Report. The Draft Project Report was circulated to the Working Group, and the Clearinghouse held a consultation day with Working Group members to provide an opportunity for feedback, cross fertilisation of ideas, and revision. This process enabled the Clearinghouse to consolidate the report and prepare the Final Project Report to the satisfaction of the Working Group.

Report outline

This report represents the culmination of Stage 1 of the National Approach for Child Protection Project. The report is divided into four parts. Part I "sets the scene" by providing information pertinent to the background of the project, and statistical data regarding child and family welfare and child maltreatment, in a national and international context. Part II considers the child protection system in Australia, including, for example, the orientation of service delivery in Australia (both at present and historically); the legislative principles that underpin practice; the definition of key concepts and the contested nature of terminology employed in child protection; and recent policy and legislative developments throughout Australia (that is, an updated version of the information provided in the *National Comparison of Child Protection Systems*, Child Abuse Prevention Issues 22: Bromfield & Higgins, 2005b). Part III concerns the notion that child welfare and child protection are a shared responsibility; that is, a responsibility that a specialist child protection department cannot manage in isolation. The social drivers both for the development of "specialist" responses to child protection, and the now apparent drivers for reversing this trend, are considered in detail. Further, the idea of intervening early to prevent statutory involvement in the first instance is discussed at length. Situated in the data and analysis presented in earlier sections of the report, Part IV provides a high-level description of the key challenges and proposed directions for child protection departments across Australia. The report concludes with a national synthesis of the most critical issues facing the child protection sector and points to possible ways forward.

³ Note that since data collection was completed, there have been significant changes to child protection in the Northern Territory. The Northern Territory Inquiry into the Protection of Aboriginal Children from Sexual Abuse handed down its *Little Children are Sacred* report stimulating substantial investment in child protection and child abuse prevention. The Australian Government, partly in response to the Inquiry report, launched a significant intervention in the Northern Territory to combat child abuse and address the health and wellbeing of Aboriginal children. These developments have not been incorporated into the present report.

Similarly, the Prudence Ford Inquiry released in 2007 has also been accompanied by intense media scrutiny, and rapid and significant reform announcements by the WA Government. Data for this project were collected prior to the release of the Prudence Ford Inquiry, and the current WA response is therefore not incorporated into this report.

2. Statistical trends: National and international comparisons

In this chapter, we consider broadly the demand on child protection services in Australia and the wider social context in which child protection services are delivered. Specifically, we consider the possible impact of population related factors on the planning and delivery of services. We consider the headline child protection indicators (notifications, substantiations and number of children in care) and discuss the comparability of child protection data across Australian jurisdictions. We also discuss the issue of families who are repeatedly referred to statutory services. For both population and child protection activity data, we present data specifically regarding Aboriginal and Torres Strait Islanders, and data that situates Australia within the international context of other nations with a child protection orientation. We finish the chapter with a discussion of the causes of child abuse and neglect, the neighbourhood context in which families live, and a comparison of Australia with other nations with a child protection orientation on key socio-demographic and individual wellbeing indicators.

Australia's population

According to the 2006 Census, Australia had an estimated population of 19,855,288 people. Children (aged 0–14 years) comprised 19.8% of the total Australian population (Australian Bureau of Statistics [ABS], 2007). By international standards Australia is geographically large, but has a relatively low population density. The majority of Australia's population live in urban areas: approximately 84% of the Australian population is contained within the most densely populated 1% of the continent (i.e., the East to South-East coast of Australia, with a second area of concentration on the South-West coast of the continent; see Figure 2.1) (ABS, 2006). This means that the majority of statutory child protection services are targeted at urban populations. However, there remains a significant minority of people who live in rural and remote areas. This raises the question: is an alternate model of service delivery required to meet the unique service needs of families living in rural and remote areas?

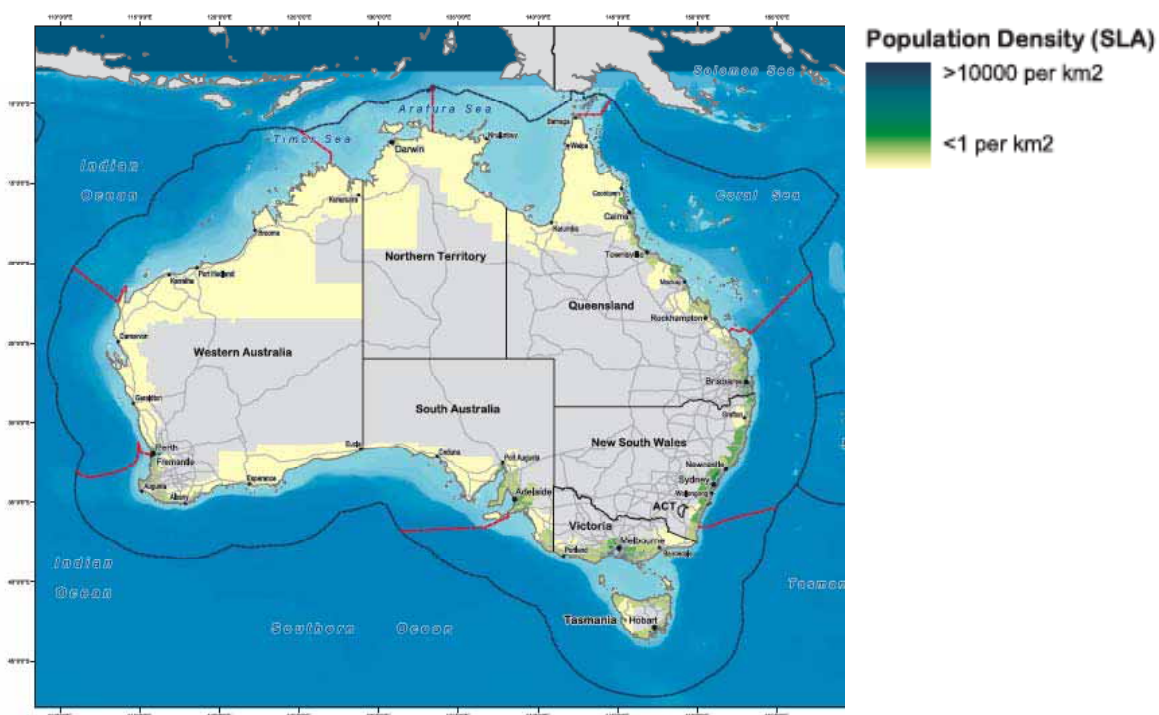


Figure 2.1 Australia's population: Where do Australian's live?

Source: Australian Bureau of Statistics (2001)

The Aboriginal and Torres Strait Islander population

At 30 June 2001, the estimated Indigenous population of Australia was 458,500 or 2.4% of the total population (ABS, 2003a). The majority of Indigenous peoples live in New South Wales, Queensland, Western Australia, and the Northern Territory (ABS, 2006). However, Indigenous peoples still comprise less than 4% of the population in all states and territories except the Northern Territory where Indigenous peoples comprise approximately 30% of the Territory's total population (ABS, 2006). Approximately 30% of the Indigenous population lives in major cities; 43% in regional areas; and 27% in remote areas (ABS, 2006).

The median age for the Indigenous population is 20 years. There is approximately one Indigenous child to every Indigenous adult. In comparison, the median age for the non-Indigenous population is 36 years (ABS, 2003a). Indigenous children aged 0–14 years (the age group most likely to be the subject of a child maltreatment allegation) comprise 39% of the Indigenous population, whereas non-Indigenous children aged 0–14 years comprise 20% of the total non-Indigenous population (ABS, 2003a). The implication of these population statistics is that relative to the non-Indigenous population, there are only limited numbers of Indigenous adults available to care for Indigenous children. In addition, these data point to the need for services for Indigenous people to be directed towards Indigenous children, young people and families.

Child protection activity

Demand on the Australian child protection service system

Demand is a critical issue facing statutory child protection systems. Last year, there were 266,745 reports to statutory child protection services nationally. This is more than double the number of reports received five-years ago (115,471) and the rate is growing rapidly. Of the 266,745 reports, 55,921 were substantiated (i.e., the allegation that a child was in need of protection was found, on the balance of probabilities, to be true). Emotional abuse (which typically includes witnessing domestic violence) and neglect were the most commonly substantiated maltreatment types in Australia (Australian Institute of Health and Welfare [AIHW], 2007).

A further illustration of the demand facing statutory child protection systems can be found in the growth of children in out-of-home care. At 30 June 2006, there were 27,188 children and young people living in formal out-of-home care placements in Australia. This is almost double the number of children who were living in out-of-home care just 10 years ago (AIHW, 2007). A limitation of these data is that children who enter and leave care prior to June 30 are not included in this annual figure. That said, there were 2,123 more children in out-of-home care on June 30 2006 than there were on June 30, 2005.

The number of children admitted to orders for the period 2005–06 is also illustrative of the extent of child protection service activity. There were 12,810 children admitted to an order at some point during the year (AIHW, 2007); the “throughput” of children on short-term orders places significant pressure on placement availability throughout the year. In short, there is enormous pressure on the Australian out-of-home care system to meet escalating demand at the front end of the system, and to provide appropriate responses at the tertiary end of the continuum.

Variation in child protection activity across Australian jurisdictions

The key indicators of child protection activity (i.e., notifications, investigations, substantiations, orders and placements) vary significantly between Australian jurisdictions. A proportion of this variation is attributable to differences in population size between Australian jurisdictions (see Table 2.1). However, after accounting for differences in population size, there are still significant variations in indicators of child protection activity. Professionals in the sector often attribute these differences to variations in the resources and capacity of each jurisdiction to respond to families in need, and to the different policy and practice frameworks pursuant to which such services are delivered (including legal definitions and information systems) (Bromfield & Higgins, 2004; E. Scott, 2006).

Re-entry into care and protection services

An issue not reflected in national child protection activity data is the large proportion of notifications that are actually re-notifications (i.e., the same children and families being re-referred to child protection

departments). Re-entry into statutory child protection services is also referred to as maltreatment recurrence and maltreatment chronicity. In a review of international literature, the average rate of maltreatment recurrence was approximately 20%. However, this was influenced by the length of the study, the sample employed in the study, and whether repeat incidents were calculated based on substantiations or reports (Bromfield, 2005). Studies reporting re-entry with long study periods and samples comprising all reports to child protection services were more likely to have high rates of re-entry. In Australia, the Productivity Commission *Report on Government Services* shows a re-substantiation rate ranging from approximately 10–30% (Australian Government Productivity Commission, 2006). In Australian research conducted with Victorian samples, approximately 60% of all notifications were found to be re-notifications (Allen Consulting Group, 2003; Bromfield & Higgins, 2005a).

Table 2.1 Child protection staff relative to population size and demand on care and protection services

Jurisdiction	Total population ¹	Population ² of children ³	Investigations 2005–06 ⁴	Substantiations 2005–06 ⁴	Orders ^{3,5}	OOHC ^{3,6}	Staff in CP departments ⁷
NSW	6,854,800	1,298,917	75,980	29,809	9,213	9,896	1,479
VIC	5,165,400	950,393	11,894	7,563	5,984	4,794	937
QLD	4,132,000	806,532	33,612	13,184	6,446	5,876	1,432
WA	2,081,000	396,434	3,190	960	2,046	1,968	1,198
SA	1,575,700	280,824	4,842	1,855	1,671	1,497	600
TAS	491,700	94,022	3,824	793	833	683	220
ACT	336,400	61,931	3,292	1,277	558	388	115
NT	212,600	47,605	1,195	480	437	352	120
TOTAL	20,849,600	3,936,658	137,829	55,921	27,188	25,454	6,101

- Notes: 1 Total population data were sourced from the ABS "Australian Demographic Statistics" (December 2006)
 2 Population of children data were sourced from the ABS "Census Quickstats" (2006)
 3 "Children" refers to 0–14 year olds
 4 Child protection data are derived from the AIHW *Child Protection Australia 2005–06* (2007)
 5 Children on care and protection orders as at 30 June 2006
 6 Children in out-of-home care as at 30 June 2006
 7 Data regarding staff in child protection departments were sourced from Bromfield & Ryan (2007, p. 62) "Comparing Statutory Child Protection Entry-level Training in Australia" [Note that these data may not be entirely comparable across jurisdictions; however, it does provide general trend lines].

A study that examined the characteristics of families in which children were the subject of repeated referrals to child protection services used the term *chronic child maltreatment* to describe recurrent incidents of maltreatment over a prolonged period of time (Bromfield & Higgins, 2005a). The concept of chronic child maltreatment and the cumulative harm⁴ that can occur as a consequence of a prolonged and repeated pattern of maltreatment are particularly relevant to child neglect and psychological maltreatment where the damaging effects may not be evident following a single event.

The over-representation of Indigenous children in child protection indicators

Aboriginal and Torres Strait Islander children are more likely to be the subject of a confirmed report of abuse or neglect than non-Indigenous children. Specifically, 11% of all substantiations concern Indigenous children, but Indigenous children make up only 3.6% of the population (ABS, 2003a; AIHW, 2006). The substantiation rate for Indigenous children is 30 out of every 1000 children. In comparison, for non-Indigenous children the substantiation rate is 6.4 per 1000 children (AIHW, 2006). This means Indigenous children are almost five times more likely than non-Indigenous children to be the subject of a substantiated incident of harm (or risk of harm).

The maltreatment type most frequently experienced by Indigenous children is child neglect. Despite the media focus on child sexual abuse for Indigenous and non-Indigenous children, child sexual abuse is the least frequently substantiated maltreatment type. Child sexual abuse cases comprise a similar proportion of substantiations for both Indigenous (11%) and non-Indigenous (10%) children (see Table 2.2).⁵

4 Cumulative harm refers to the effects of multiple adverse circumstances and events in a child's life. The daily impact of multiple adverse circumstances and events on the child can be profound and exponential. The exponential nature of chronic maltreatment means that children who have experienced maltreatment in the past may be more vulnerable to subsequent incidents of maltreatment than children who have not been maltreated (Bromfield, Gillingham, & Higgins, submitted).
 5 Note that these figures are based on statutory activity, not the actual prevalence of child abuse or neglect in the community. Under-reporting of abuse types, particularly sexual abuse, is thought to be an issue in both Indigenous and non-Indigenous communities.

Table 2.2 Substantiated maltreatment types as a proportion of all substantiations for Indigenous and non-Indigenous children

	Indigenous	Other
Neglect	36%	29%
Emotional abuse	31%	33%
Physical abuse	23%	27%
Sexual abuse	10%	11%
Total	100%	100%

Source: AIHW, 2006

Aboriginal and Torres Strait Islander children are also over-represented in the Australian out-of-home care system. In 2004–05, there were 5,578 Indigenous children in out-of-home care compared with 18,017 non-Indigenous children. Despite comprising only 3.6% of the population of Australian children, Indigenous children comprised 22% of the out-of-home care population. Seventy-seven per cent of Indigenous children were placed in accordance with the Aboriginal Child Placement Principle, a policy that prescribes the preferred order of placement for Indigenous children if they are removed from their birth family. In addition to the current rates of child protection involvement in the lives of Indigenous families, there is also a complex history between Aboriginal and Torres Strait Islander communities and governments (including forced removals), which place further strain on the out-of-home care system (Human Rights and Equal Opportunity Commission, 1997).

Child protection activity relative to other nations with a comparable approach to protecting children

The approach to the provision of child protection services in Australia is most comparable to the systems in place in the United States, the United Kingdom, Canada, and New Zealand. In this section, we compare Australian child protection indicators with those of other countries that also possess a “child protection” orientation (compared with the family service orientation found in many continental and Scandinavian countries, see Chapter 3).

Notifications. Australia has more than 50 notifications per 1000 children per annum. This is almost 9 times the rate of notifications in England. In comparison, in Cleveland, Ohio 1 in 2 African-American children and 1 in 5 Caucasian children (i.e., 200 notifications per 1000 children) are the subject of a notification by the time they are 18 years of age (Scott, 2007).

Children in care. In 2005–06 there was an average of 5.3 children per 1000 in state care in Australia. This rate appears to be consistent with the rates of other Western nations that possess a comparable child protection system (see Table 2.3). It is interesting to note that England has a relatively low notification rate per 1000 children, but a comparable rate of children in care to other countries with a similar approach to child protection. Scott (2007) suggested that this may indicate that England has been more successful in ensuring that those families referred to child protection services actually warrant a child protection response.

Table 2.3 Number of children in care per 1000 children in the population

	per 1000 children
New Zealand	4.8
Australia	4.9
England	5.0
Scotland	6.6
US	7.1

Source: Scott (2007)

Causes of child abuse and neglect

There is no one factor that can predict whether a child will experience maltreatment. Large meta-analyses⁶ have shown that the factors most commonly associated with the maltreatment of children include:

- Parental alcohol and drug abuse;
- Mental health problems;
- Family violence;
- Poor parenting skills;
- Early child bearing;
- Large families;
- Children with health, disability or behavioural problems;
- Adults with histories of being abused or neglected;
- Social isolation; and
- Poverty

(Black, Heyman, & Smith Slep, 2001a, 2001b; Black, Smith Slep, & Heyman, 2001; Schumacher, Smith Slep, & Heyman, 2001).

In recent years, attention has to a greater extent focused on the association between a family's experience of multiple and inter-related problems and child maltreatment, rather than the predictive value of any one factor in isolation (Bromfield & Higgins, 2005a).

Causes for the over-representation of Indigenous children in child protection

Aboriginal and Torres Strait Islander peoples are more likely than non-Indigenous people to experience those problems most commonly associated with maltreatment (e.g., parental alcohol and drug abuse; mental health problems; family violence; children with health, disability or behavioural problems; adults with histories of abuse or neglect; and poverty) (ABS, 2003a, 2003b, 2004b). In *Bringing Them Home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* (1997) the Human Rights and Equal Opportunity Commission concluded that some of the underlying causes for the poor outcomes experienced by Aboriginal and Torres Strait Islander peoples, including the over-representation of Indigenous children in child protection, were: the legacy of past policies of forced removal and cultural assimilation; intergenerational effects of forced removals; and cultural differences in child-rearing practices.

The neighbourhood context

Child protection activity is typically concentrated in families and neighbourhoods with the greatest levels of poverty and poverty related factors (such as unemployment, poor health, poor education, high crime, etc.). In a study of 100 families who had been referred to statutory child protection services in Victoria, application of the Jesuit Social Services (Norden, 2001) poverty index revealed that the vast majority of families lived in disadvantaged and very disadvantaged communities (Bromfield, 2005).

Concentration of child protection issues in areas of greatest disadvantage is generally attributed to the fact that individual families with the poorest outcomes typically end up in living in the poorest areas (e.g., on large public housing estates). Recent research using data from the Longitudinal Study of Australian Children has shown that neighbourhoods have a unique influence on children's outcomes⁷. This finding is consistent with international research. Specifically the study found that:

“... children's hyperactivity, conduct problems, emotional symptoms and peer problems were influenced by neighborhood socioeconomic status, neighborhood safety, and a sense of neighborhood belonging. Neighborhood safety and neighborhood belonging mediated the effects of neighborhood socioeconomic status on hyperactivity, emotional symptoms, peer problems and conduct problems. The effects of neighborhood safety on these outcomes were, in turn, mediated by neighborhood belonging. A different pattern of results was evident for prosocial behavior with neighborhood cleanliness and neighborhood belonging the only neighborhood variables that were significantly associated with this outcome.” (Edwards & Bromfield, submitted)

6 Meta-analyses are large systematic reviews of the literature with strict criteria for selecting studies to ensure that an exhaustive search has been conducted, but only those studies that meet high standards of methodological rigour are included. Meta-analyses are an effective way of determining the evidence-base in any given area.

7 The research takes into account differences in family socio-economic status and demographic characteristics of the parent.

Research of this kind suggests that community development programs specifically targeting areas of economic disadvantage to promote residents' sense of neighbourhood belonging may have a positive impact on outcomes for children.

International comparisons of socio-demographic and individual wellbeing indicators

Australia's progress on key socio-demographic and individual wellbeing indicators was compared with other members of the OECD with a comparable approach to protecting children to provide an overview of the context in which statutory child protection services are delivered in each nation. Comparisons of the key indicators of wealth, education, work, health, crime, and life satisfaction are described below. Comparisons of the key indicators reveal that Australia is very similar to other Western nations that possess a child protection orientation (see Table 2.4).

Table 2.4 Assessing Australia's position relative other nations with a comparable approach to protecting children

Wealth	Australia's Gross National Income (an indicator that reflects a country's capacity to purchase goods and services, which in turn influences material living standards) was around the median for the OECD: lower than the US, on par with the UK and Canada, and slightly higher than NZ. Australia is in a period of economic growth—between June 1995 and June 2005, Australia's real national net worth per capita rose at an average annual rate of 0.9%.
Education	31% of Australians aged 25–64 years have a tertiary qualification—the 7 th highest ranking in the OECD. Rates in Canada and the US are slightly higher, NZ is roughly equal, and the rate in the UK is slightly lower (range 25–45%).
Work	In 2004, the unemployment rate in Australia was 5.4%. Australia had the 13 th lowest unemployment rate in the OECD, rates in NZ and the UK were slightly lower, and rates in Canada were slightly higher (range 4–7%).
Health	Australians are among the longest living OECD members—ranked 5 th in the OECD for life expectancy (at 80 years). Slightly higher than Canada, NZ, US, and UK—but all between 75 and 80 years.
Crime	Safety was assessed using the measure of homicides per 100,000 people. The homicide rate in Australia was 1.9 per 100,000. This is similar to the rate per 100,000 in other countries with similar child protection services, and was grouped among lower ranking countries (range 1.6–2.7). The exception was the US with a relatively high rate for a developed country of 5.6 per 100,000. The country with the lowest and highest homicide rates per 100,000 were Norway (1.0) and South Africa (55.9) respectively.
Life satisfaction	The Erasmus University of Rotterdam's World Database on Happiness contains data from 90 countries. On a scale of 1 to 10 with national averages ranging from 3.2 to 8.0, Australia's average score was 7.3—among the highest scores. Countries such as the US, UK, and NZ had similar levels of life satisfaction.

Source: ABS, 2006

Conclusion

Demand for child protection services in Australia is high. However, re-entry data indicate that there are a sub-sample of families who constitute the core client group of children protection services and are the subject of multiple re-referrals. Causes of child maltreatment are concentrated in those families and areas experiencing multiple aspects of disadvantage. This was especially true for Aboriginal and Torres Strait Islander children and families who were over-represented on all child protection indicators. These data suggest a need for interventions that target families and neighbourhoods experiencing multiple complex and inter-related problems.

Australia is very similar to other countries with a child protection orientation in key socio-demographic indicators such as wealth, education, employment, health, crime, and life satisfaction. Australia's low population density relative to many other nations with a comparable approach to protecting children, may mean that interventions (especially area-based interventions) that have been successful in other countries will need to be modified to suit the local context in rural and remote areas. It is always important to be cautious when adopting international policies and programs to ensure that they are appropriate for Australia (Salveron, Arney, & Scott, 2006).

In terms of child protection data, the rates per 1000 of children in care in Australia are relatively similar to other nations with a child protection orientation. However, notification rates between nations are subject to greater variation. On balance, given the relative similarity in other indicators it would seem to be a reasonable conclusion that differences in notification rates among nations with a child protection orientation are more attributable to differences in the service system than significant differences in the underlying prevalence of child maltreatment.

PART II

CHILD PROTECTION SYSTEMS IN AUSTRALIA

3. The child protection orientation: Its characteristics and history

Child protection in western nations

There is widespread acceptance in Western nations that children have the right to grow up in a safe and stable environment, protected from abuse and neglect, and to have their developmental needs attended to. Governments have recognised the need to provide a safety net for children to ensure that these basic needs and rights are met, particularly in circumstances where a child's own parent/s fail to act protectively, or are themselves responsible for the mistreatment of their children.

There are two broad approaches to responding to parental maltreatment in Western countries:

- The “child protection” orientation evident in the United States, the United Kingdom, Canada, New Zealand and Australia; and
- The “family service” orientation evident in many European countries, such as Denmark, Germany and the Netherlands.

Table 3.1 compares and contrasts the child protection orientation and the family service orientation.

Table 3.1 (above) was reproduced from *Protecting Children: The Child Protection Outcomes Project* to illustrate differences in the two approaches. While often described as two opposing orientations, in many jurisdictions the legislative and policy framework comprises a combination of the two. Rising demand on child protection services have been a feature of countries with a child protection orientation. Attempts to respond to rising demand has seen countries that have traditionally possessed a child protection orientation (such as Australia) increasingly move towards a family service orientation.

Table 3.1 Characteristics of the child protection and family service orientation to child maltreatment

Characteristic	Child Protection Orientation	Family Service Orientation
Framing the problem of child abuse	The need to protect children from harm.	Abuse is a result of family conflict or dysfunction stemming from social, economic and psychological difficulties.
Entry to services	Single entry point; report or notification by third party.	Range of entry points and services.
Basis of government intervention and services provided	Legalistic, investigatory in order to formulate child safety plans.	Supportive or therapeutic responses to meeting the needs of children and families or resolving problems.
Place of services	Separated from family support services.	Embedded within and normalised by broad child welfare or public health services.
Coverage	Resources are concentrated on families where risks of (re-) abuse are high and immediate.	Resources are available to more families at an earlier stage.
Service Approach	Standardised procedures; rigid timelines.	Flexible to meet clients' needs.
State-parent relationship	Adversarial.	Partnership.
Role of the legal system	Adversarial; formal; evidence-based.	Last resort; informal; inquisitorial.
Out-of-home care	Mainly involuntary.	Mainly voluntary.

Source: Allen Consulting Group (2003, p. 14, Table 2.1)

Historical analysis of factors driving demand in child protection services

Child rescue: The historical origins of child protection services⁸

Social and political interest in the protection of children from cruelty or neglect at the hands of caregivers is only a relatively recent phenomenon in world history. In fact, laws to prevent cruelty to animals preceded those to protect children. The first case of cruelty to children was argued in New York by the American Society for the Prevention of Cruelty to Animals on the basis that the child was “a human animal” and thus had the same right to protection from cruelty as other animals (NSPCC, 2000; NYSPCC, 2000).

The first manifestations of child protection services with a legal mandate to protect children emerged in the late nineteenth century as a “child rescue movement”. Initially the “child rescue movement” took the form of charitable and philanthropic endeavours (Jeffreys & Stevenson, 1996). For example, the New York Society for the Prevention of Cruelty to Children (NYSPCC) was founded in December 1874 and incorporated in April of 1875, making it the first child protection agency in the world (NSPCC, 2000; NYSPCC, 2000). Societies for the Prevention of Cruelty to Children were also established in Australia. Australian societies were modelled on existing international societies such as the NYSPCC and the UK NSPCC. The Victorian Society for the Prevention of Cruelty to Children (VSPCC) opened its doors in 1894 and was responsible for investigating and reporting child abuse and neglect (Children’s Protection Society, 2003; Jeffreys & Stevenson, 1996; Liddell, M.J., 1993; Scott & Swain, 2002).

Modern child protection services: Their evolution⁹

By the 1970s, all Australian states and territories had enacted some form of legislation to protect children, however not all jurisdictions made specific reference to “abuse” and “neglect” in legislation (Liddell, 2001; Scott & Swain, 2002). Changing perceptions of childhood among professionals and the public impacted on organisations established to protect children from child maltreatment. These perceptions have continued to evolve resulting in elevated standards of what constitutes appropriate care, a broadened concept of where childhood starts and ends, and a growing awareness of child welfare and child rights (Gough, 1996).

⁸ (Excerpt from Bromfield, 2005, p. 28)

⁹ (Excerpt from Bromfield, 2005, p. 140)

Policy makers in other countries with a child protection orientation (e.g., Australia, the United Kingdom, and the United States) have responded to social shifts by enacting child protection legislation that is broader, more flexible and less prescribed than the original child welfare Acts, which aimed to rescue children from severe physical abuse, extreme physical neglect and “moral corruption”. Reflecting these changes, the terms “child abuse” and “child neglect” have gradually been replaced by the term “child protection” in legislation (AIHW, 1999) and “societies for the prevention of child abuse and neglect” have become “child protection services” (Scott & Swain, 2002). At the end of the 1990s child protection services had evolved to comprise a very broad mandate in terms of the acts and behaviours from which they protect children.

Table 3.2 History of statutory child protection services in Australia and key international events

1875	New York Society for the Prevention of Cruelty to Children (NYSPCC) was founded
1884	Victorian Society for the Prevention of Cruelty to Children (VSPCC) was founded
1891	Victoria legislated against incest
1908	England legislated against incest (previously a crime against Church not State)
1909	Victorian Infant Life Protection Act amended The Act was amended to protect children from cruelty and to reform the child labour laws by increasing the minimum age from which children could begin work by two years.
1941	Social work taught in Universities in Victoria This marked the beginning of professionalism in child welfare. The VSPCC resisted these changes and continued to appoint male inspectors. The VSPCC continued to hold the view that parents who abused or neglected their children were lazy, drunkards and/or morally corrupt who would change their parenting for the better if they were threatened with the removal of their children. This point in time also marked the start of the mad/bad debate: were parents who maltreated their children “bad” (i.e., maltreatment was the result of a conscious choice by morally corrupt parents—the VSPCC view) or “mad” (i.e., maltreatment was the manifestation of parental psychopathology—the early social work perspective)?
1960	Victorian Social Welfare Act passed
1962	Battered Child Syndrome discovered Kempe and colleagues (1962) discovered the “battered child syndrome”. The discovery of the battered child syndrome pushed child abuse into the realm of professionals and resulted in the application of a medical model to the problem of child maltreatment. Professionals focussed on the psychopathology of perpetrators, which led to a substantial growth in government run child protections services.
1960s	Mandatory Reporting introduced in the United States By the late 1960s, mandatory reporting of child abuse and neglect had been introduced in most states of the US.
1970s	Legislation to protect children in all Australian jurisdictions
1970s	First mandatory reporting requirements The 1970s saw the introduction of the first mandatory reporting requirements in Australia. Mandatory reporting was subsequently and gradually introduced right across the country culminating in March 2007 when Western Australia (the only remaining Australian jurisdiction without mandatory reporting requirements) announced that it would be introducing mandatory reporting for child sexual abuse. The introduction of mandatory reporting was undertaken reluctantly in some jurisdictions (particularly as the unintended consequences of mandatory reporting, such as exponential rises in demand on child protection services, became apparent). At times, however, mandatory reporting was introduced as a result of immense media pressure, particularly following sentinel events in a child protection system, such as a child death (e.g., Victoria and Western Australia).
1980s	Sexual abuse recognised on the world stage
1990s	Neglect re-discovered The original child rescue movement of the late nineteenth and early twentieth century was primarily focussed on “rescuing” children from neglect by “morally corrupt and lazy” parents.
1990s	Emotional abuse started to be recognised
2000s	Exposure to family violence became a mandatory reporting trigger The 1990s saw increasing support for the recognition of witnessing family violence as a separate and distinct maltreatment sub-type. Although witnessing family violence has not been recognised as a maltreatment type within child protection services, exposure to domestic violence has been introduced as a trigger for mandatory reporting in New South Wales and Tasmania, where it is predominantly recorded. Exposure to domestic violence is typically recorded as “emotional abuse”.

Source: Bromfield, 2005

Privileging of the expert

With the first social work degrees being introduced into universities from the mid-1900s, work with families in need gradually moved from a charitable endeavour to a therapeutic and professional one. At present, the minimum entry-level requirement for a child protection worker in Australia is a relevant degree followed by additional vocational training on appointment (Bromfield & Ryan, 2007). Thus, it would appear that the delivery of child protection services in Australia has become a specialisation.

An unintended consequence of this development is the privileging of expert knowledge and action over other types of knowledge and action (for example, the work of other (non-specialist) professionals and the role of community members) in responding to family needs. The privileging of expert knowledge and action can lead other professionals and community members to: (a) feel disempowered in terms of intervening to assist a family (as this is thought to be the role of specialists), and (b) feel that they have discharged their responsibility for a child and family's welfare by notifying child protection authorities of their concerns (i.e., "the specialists").

These trends have been documented in international settings where the delivery of child protection services has increasingly become the role of a specialist department. For example, shifts from general social work units to purpose-designed child protection units, the sole function of which are the investigation of, and response to, allegations of child abuse and neglect.

Initiatives promoting the philosophy that child protection is a community-wide responsibility (such as South Australia's "*Child Safe Environments*") are a reflection of a desire to see the tide turn in order to bring about changes in perceptions as to the role of child protection departments. Further, such initiatives point to a desire for child protection departments to be able to engage with other agencies, organisations, and community members, to promote child and family wellbeing.

Influence of science and technology in practice

There have been significant changes in approach to the delivery of interventions with families in specialist tertiary child protection departments. Science and technology have influenced practice with risk assessment tools and computer assisted case management systems now playing an integral role in child protection services. An unintended consequence of the influence of science and technology on social work practice is that it creates an expectation that child abuse and neglect can be reliably predicted if only the right tools are appropriately applied. The reality is that there is no tool capable of reliably predicting the occurrence and recurrence of child abuse and neglect. However, there appears to be an expectation from the community that child protection departments can make reliable predictions, and there are often high levels of criticism if a department or an individual practitioner is seen to have made the "wrong" decision (e.g., media attention regarding child deaths where the family was a child protection client).

As a consequence of intense scrutiny and the fear of the public fall-out if a "wrong" decision is made, risk management has become a core component of child protection practice in nations that possess a child protection orientation (Bromfield & Gillingham, submitted; Gillingham, 2006). Table 3.3 identifies some of the characteristics of responses under a risk management approach and compares this to a therapeutic approach.

Table 3.3 Approaches to practice in child protection

Risk management approach	Therapeutic approach
Focus on "risks"	Focus on "needs"
Focus on symptoms (i.e., child abuse and neglect)	Focus on causes (i.e., holistic approach to family)
Short-term	Long-term
Deficit focus	Strengths focus
Adversarial	Empowerment
Crisis response (tertiary)	Preventative (secondary)
Documentation	Engagement
Case management	Case work

Under a risk management approach, reviews and enquiries into child deaths have tended to focus on how “the department” and individual practitioners within it were performing, rather than the structure and role of child protection services generally and their place in wider government and community responses. Recommendations for service improvement have tended to focus on increased training for practitioners and increased procedures and requirements for documentation (Munro, 1999, 2005); while recommendations for enhancing detection have tended to result in “net widening” (i.e., more cases being screened into child protection services) (D. Scott, 2006).

Where to from here?

The combination of historical drivers discussed above has resulted in child protection services in countries with a child protection orientation experiencing very high numbers of notifications, and a large administrative burden for the processing of these notifications. The total number of reports received in any given year comprise only a relatively small number of children who actually require a statutory child protection response. For example, of the 266,745 notifications to statutory child protection services in Australian for the period 2005–06, only 55,921 were substantiated (AIHW, 2007). That is, more than 200,000 of the cases reported to child protection departments were assessed as not requiring a statutory response. However, the fact that people were sufficiently concerned about these children and families to make a report to child protection authorities indicates that while most families reported to child protection do not need a child protection response, they are “in need” and are likely to be re-referred if no preventative action or support is provided.

With the casting of a very wide child protection “net”, governments are left with the fundamental question: What is the role of child protection services? Child protection was originally set up to provide a crisis response to cases of severe abuse in which the state needed to intervene to protect the child. However, the crisis response is not appropriate for the majority of families who are referred to child protection departments as they are typically in need rather than in crisis. There will always be a role for a “forensic” tertiary response in cases where there are serious protective concerns. However, the challenge facing the sector is to devise service responses that are better suited to addressing family support needs. Recognition of this fact is slowly bringing about change to the delivery of child protection and child and family welfare services both nationally and internationally. Australian developments in this area will be discussed in greater detail later in the report.

4. Legislative and policy principles underpinning practice

The role and scope of child protection activity is chiefly prescribed by the principal child protection Acts in each jurisdiction. The principles embedded in legislation formally represent the philosophical underpinnings of child protection practice. Together with policy frameworks, which depict the nature, extent, and fashion in which services and interventions are to be provided, legislative principles reflect the service goals to which governments aspire.

In scoping the current project, it was agreed that an analysis should be undertaken in relation to several key legislative and policy principles that underpin the delivery of child protection services in each state and territory; the specific areas of analysis were put forward and endorsed by Working Group members. It was thought that such an analysis would inform discussions regarding the commonalities and differences across Australian jurisdictions, identify the shared practice goals to which Australian jurisdictions aspire, and highlight the directions in which Australian jurisdictions are headed with respect to identified priority areas. The Working Group identified nine aspects of child protection practice that warranted further investigation; thus not all areas of practice are considered in the following analysis.¹⁰

It should be noted that the following analysis is based on written documentation (that is, Acts of Parliament, policy frameworks, and practice manuals), rather than *actual* practice. It is understood that there can be a difference between the two. Differences between prescribed practice and actual practice can arise for various reasons, including: amendments and enhancements to practice that have not yet been incorporated into legislation and insufficient funding to provide prescribed modes of practice.

This chapter provides an analysis and overview of the legislative principles identified by the Working Group. Table 4.1 outlines the legislative documents relevant to this analysis. A discussion of key subject areas follows. The chapter concludes with a synopsis of the principles considered in this chapter.

Table 4.1 Legislation relevant to child protection in each Australian jurisdiction.

Jurisdiction	Legislation
Australian Capital Territory (Office for Children, Youth and Family Support)	Principal Act/s: <ul style="list-style-type: none"> ■ <i>Children and Young People Act 1999</i> (ACT) ■ <i>Exposure Draft of the Children and Young People Bill 2007</i> (ACT) Other relevant Act/s: <ul style="list-style-type: none"> ■ <i>Adoption Act 1993</i> (ACT) ■ <i>Human Rights Act 2004</i> (ACT) ■ <i>Records Management Act 2002</i> (ACT) ■ <i>Family Law Act 1975</i> (Cth)
New South Wales (Department of Community Services)	Principal Act/s: <ul style="list-style-type: none"> ■ <i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW) Other relevant Act/s: <ul style="list-style-type: none"> ■ <i>Adoption Act 2000</i> ■ <i>Children and Young Persons (Care and Protection) Amendment (Parental Responsibility Contracts) Act 2006</i> (NSW) ■ <i>Child Protection (Offenders Registration) Act 2000</i> (NSW) ■ <i>Crimes Act 1900</i> (NSW) ■ <i>Commission for Children and Young People Act 1998</i> (NSW) ■ <i>The Ombudsman Act 1974</i> (NSW) ■ <i>Family Law Act 1975</i> (Cth)

Table 4.1 continued on p. 17

¹⁰ To illustrate, the issues of permanency planning and out-of-home care are considered in detail in the present chapter; however, the principles and practices surrounding reunification—a highly related aspect of practice—are being explored in a separate National Reunification Research project being led by South Australia. The Working Group has provided input into this proposed research, with support for the ongoing development of this project currently being sought from states/territories via an out-of-session CDSMAC paper.

Jurisdiction	Legislation
Northern Territory (Family and Children's Services, Department of Health and Community Services)	Principal Act/s: <ul style="list-style-type: none"> ■ <i>Community Welfare Act 1983</i> (NT) ■ <i>Care and Protection of Children Draft Act</i> (NT) (currently before Cabinet) Other relevant Act/s: <ul style="list-style-type: none"> ■ <i>Information Act 2006</i> (NT) ■ <i>Disability Services Act 2004</i> (NT) ■ <i>Criminal Code Act 2006</i> (NT) ■ <i>Family Law Act 1975</i> (Cth)
Queensland (Department of Child Safety)	Principal Act/s: <ul style="list-style-type: none"> ■ <i>Child Protection Act 1999</i> (QLD) Other relevant Act/s: <ul style="list-style-type: none"> ■ <i>Commission for Children and Young People and Child Guardian Act 2000</i> (QLD) ■ <i>Adoption of Children Act 1964</i> (QLD) ■ <i>Education (General Provisions) Act 2006</i> (QLD) ■ <i>Public Health Act 2005</i> (QLD) ■ <i>Family Law Act 1975</i> (Cth)
South Australia (Families SA; Department for Families and Communities)	Principal Act/s: <ul style="list-style-type: none"> ■ <i>Children's Protection Act 1993</i> (SA) Other relevant Acts/legislation: <ul style="list-style-type: none"> ■ <i>Young Offenders Act 1994</i> (SA) ■ <i>Adoption Act 1988</i> (SA) ■ <i>Children's Protection Regulations 2006</i> (SA) ■ <i>Family Law Act 1975</i> (Cth) ■ <i>Family and Community Services Act 1972</i> (SA)
Tasmania (Department of Health and Human Services)	Principal Act/s: <ul style="list-style-type: none"> ■ <i>Children, Young Persons and their Families Act 1997</i> (TAS) Other relevant Act/s: <ul style="list-style-type: none"> ■ <i>The Family Violence Act 2004</i> (TAS) ■ <i>Family Law Act 1975</i> (Cth)
Victoria (Children Protection and Juvenile Justice Branch; Department of Human Services)	Principal Act/s: <ul style="list-style-type: none"> ■ <i>Children, Youth and Families Act 2005</i> (VIC) Other relevant Act/s: <ul style="list-style-type: none"> ■ <i>Working with Children Act</i> (VIC) ■ <i>The Charter of Human Rights and Responsibilities Act 2006</i> (VIC) ■ <i>Family Law Act 1975</i> (Cth)
Western Australia (Department for Community Development, now the Department for Child Protection)	Principal Act/s: <ul style="list-style-type: none"> ■ <i>Children and Community Services Act 2004</i> (WA) Other relevant Act/s: <ul style="list-style-type: none"> ■ <i>Working with Children (Criminal Record Checking) Act 2004</i> (WA) ■ <i>Family Law Act 1975</i> (Cth) ■ <i>Family Court Act 1997</i> (WA) ■ <i>Adoption Act 1994</i> (WA)

The above principal Acts of Parliament were analysed with the following subject areas in mind:

- the “best interests” principle;
- whole-of-government and community responsibility for child protection and child welfare;
- early intervention;
- the participation of children and young people in decision-making;
- culturally specific responses to Aboriginal and Torres Strait Islander peoples;
- diversion from the court system;
- out-of-home care;
- permanency planning and stability of care; and
- after care.

This chapter provides a national overview of key developments in each of these subject areas.

The “best interests” principle

Legislation in all jurisdictions stipulates the paramount importance of the principle of the “best interests of the child”. For example, Section 11(1) of the *Children and Young People Act 1999* (ACT) states that “in making a decision or taking action under this Act in relation to a child or young person, the decision-maker or person taking the action must regard the best interests of the child or young person as the paramount consideration”. Similarly worded provisions are present in the legislation of all other jurisdictions (see Table 4.2).

Table 4.2 The “best interests” principle

Jurisdiction	Relevant Act/Policy document	Reference/section
ACT	<i>Children and Young People Act 1999</i> (ACT)	Section 11(1)
NSW	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Section 9(a)
NT	<i>Community Welfare Act 1983</i> (NT)	Section 9
QLD	<i>Child Protection Act 1999</i> (QLD)	Section 5(1)
SA	<i>Children’s Protection Act 1993</i> (SA)	Section 4(3) & 4(4)
TAS	<i>Children, Young Persons and Their Families Act 1997</i> (TAS)	Section 7(1)
VIC	<i>Children, Youth and Families Act 2005</i> (VIC)	Section 10(1)
WA	<i>Children and Community Services Act 2004</i> (WA)	Section 7

Arguably, prioritising the “best interests” principle within the context of other significant principles such as the least intrusive intervention and the rights of a child’s natural parents and family lies at the heart of child protection; that is, determining when it is necessary to pursue one approach over another (for example, when to support a family in order for a child to remain in his/her natural home and when to place a child in care). Legislative and/or policy provisions exist in each jurisdiction to provide guidance as to how such critical decisions are to be made. For example, after stipulating that the best interests principle is paramount, Section 5(1) of the *Child Protection Act 1999* (QLD) provides the following example: “in making a decision under this Act, concerning a child in circumstances where there is conflict between the child’s welfare and best interests and the interests of an adult caring for the child, the conflict must be resolved in favour of the child’s welfare and best interests”. With the exception of the Northern Territory, similar provisions exist in most other jurisdictions’ legislation (see Table 4.3).

Section 11 of the *Community Welfare Act 1983* (NT) is relevant to balancing the best interests of the child with other potentially competing priorities such as the desirability of the “least intrusive intervention” in the lives of families. However, the idea of balancing the best interests of the child with parental rights and interests is more extensively covered in the Northern Territory’s “Policy and Practice Manual” (Section 2.8.1) within which the primary consideration of protective staff is clearly stipulated as the welfare and best interests of the child. Further, the child is identified as the “client” in the context of child protection services in order to reinforce this position.

Similarly, South Australia’s Manual of Practice (Volume 1, Section 4, p.10) identifies that “in the majority of cases the needs of the parents and children cannot be compartmentalised” and “the failure to meet the needs of parents will have a have a significant impact on the child.”

Table 4.3 Evaluating the “best interests” principle within the context of other significant principles

Jurisdiction	Relevant Act/Policy document	Reference/section
ACT	<i>Children and Young People Act 1999</i> (ACT)	Section 12 & 13
NSW	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Section 8(a) & 9(a)
NT	<i>Community Welfare Act 1983</i> (NT) <i>FaCS Policy & Practice Manual</i>	Section 11 Section 2.8.1
QLD	<i>Child Protection Act 1999</i> (QLD)	Section 5(1)
SA	<i>Children’s Protection Act 1993</i> (SA)	Section 4(3) & 4(4)
TAS	<i>Children, Young Persons and Their Families Act 1997</i> (TAS)	Section 8(1)(a) & (b); 8(2)(a) & (b)
VIC	<i>Children, Youth and Families Act 2005</i> (VIC)	Section 10(1), (2) & (3)(a)
WA	<i>Children and Community Services Act 2004</i> (WA)	Section 8(1)(a–e); 8(1)(f), (g) & (m); 9(f) & (g)

Whole-of-government and community responsibility for child protection and child welfare

A critical challenge facing the child protection system is that of providing (or appropriately referring families to) non-statutory services where presenting issues are assessed as being best addressed by alternative interventions. Such options are equally important in circumstances where families do not meet the threshold for statutory intervention. This platform has dual purposes: (a) to respond appropriately to children and families in a holistic and customised way; and (b) to avoid overwhelming an already overburdened child protection system with cases that are better suited to alternative response options (such as family and social services), thus allowing statutory responses to be preserved for those families who are most in need of such an approach.

A way in which this might be achieved is to broaden the responsibility of “child protection” to include: (1) the wider community (such that child protection is not seen as simply the responsibility of government); (2) wider areas and departments of government (that is, not just strictly the department traditionally responsible for child protection); and (3) non-government and community organisations that specialise in the provision of social and family welfare services.

This approach has, to some extent, been embraced by all Australian jurisdictions. Relevant legislation in each jurisdiction outlines various provisions designed to enhance the development and operation of an integrated whole-of-government approach to protecting children and young people (for examples, refer to Chapter 7, which describes legislative and policy mechanisms designed to facilitate whole-of-government approaches to child welfare). In Western Australia, for example, such an approach is adopted pursuant to Section 21(2)(b) of the *Children and Community Services Act 2004* (WA), which states “the Chief Executive Officer must have regard to the need to encourage a collaborative approach between public authorities, non-government agencies and families in the provision of social services directed towards strengthening families and communities and maximising the wellbeing of children and other individuals, and in responding to child abuse and neglect.” Western Australia has also introduced guidelines with respect to whole-of-government involvement in child protection and non-government collaboration in child protection: the “Reciprocal child protection procedures” and the “Interagency collaborative framework for protecting children.” Other jurisdictions have implemented similar tools for the same purpose (see Table 4.4).

South Australia has recently amended their *Children’s Protection Act 1993* to include provisions that require (at Section 8C(1)) that all *government organisations* and certain *non-government organisations* develop appropriate policies and procedures to establish and maintain child safe environments. The amendments emphasise that creating child safe environments is a dynamic process, involving active participation and responsibility by all sectors of the community—individuals, families, government and non-government organisations and community groups.

Table 4.4 Principles regarding whole-of-government and community responsibility for child protection

Jurisdiction	Relevant Act/Policy document	Reference/section
ACT	<i>Children and Young People Act 1999</i> (ACT)	Section 10(b); 12(1)(c); 158; 159
NSW	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Section 8(b); 15; 16(1),(2),(3); 17; 18; 27
NT	<i>Community Welfare Act 1983</i> (NT)	Section 8(4); 13; 14
QLD	<i>Child Protection Act 1999</i> (QLD)	Section 7(1)(i) & (l); 82(1)(f); 159(j); 186; 159J; 159F; 159G; Chapter 5A, part 2 & 3
SA	<i>Children’s Protection Act 1993</i> (SA)	Section 3(c); 8(1)(a)(b)(g) & (ka); 8A, 8B, 8C, 11; 52F & 52J
TAS	<i>Children, Young Persons and Their Families Act 1997</i> (TAS)	Section 7(2)(a); 14; 78
VIC	<i>Children, Youth and Families Act 2005</i> (VIC)	Section 16; 18; 19; 164(b); 182
WA	<i>Children and Community Services Act 2004</i> (WA)	Section 9(a)(b); 21(2)(b)(c) & (d); 22

Early intervention

A detailed discussion of early intervention, including definitions of early intervention, outcomes, and models of early intervention employed in Australian jurisdictions is provided in Chapter 10. For the purpose of this chapter, it is sufficient to say that in this Project, early intervention was defined as initiatives designed to prevent entry or re-entry into statutory child protection services. An analysis of legislative and policy principles with respect to early intervention revealed that all jurisdictions expressly

provide for the active use of early intervention services with the goal of preventing entry or re-entry into the statutory system. Some variation in approaches to the delivery of early intervention can be found across jurisdictions (for example, the degree to which non-government service providers are involved/responsible for the delivery of services and funding sources); however, legislative provisions regarding the importance of early intervention are largely consistent.

To illustrate, Sections 9(a) and (b) of the *Children and Community Services Act 2004* (WA) state that (a) parents, family and the community have the primary role in safeguarding and promoting a child's wellbeing, and (b) the preferred way of safeguarding and promoting a child's wellbeing is to do so by supporting the child's parents, family and community to provide that care. Further, Sections 21(1)(a) & (b) provide for the Chief Executive Officer to initiate or assist in the provision of services, and to take, or cause to be taken, any action considered reasonably necessary to promote the wellbeing of a child/children for whom there are concerns. Equivalent provisions are contained in all jurisdictions' legislation (see Table 4.5).

The interface between child protection and early intervention is most evident in differential responses¹¹. While some legislative instruments may make reference to differential responses, this approach is typically provided for in policy rather than legislation (for further detail, see Bromfield & Higgins, 2005b, *Child Abuse Prevention Issues* 22, Table 3, row 4).

Table 4.5 Early intervention

Jurisdiction	Relevant Act/Policy document	Reference/section
ACT	<i>Children and Young People Act 1999</i> (ACT)	Section 10(f); 12(b)
NSW	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Section 8(c); 15; 16(3); 20; 21; 25; 34(2)(a)
NT	<i>Community Welfare Act 1983</i> (NT)	Section 8
QLD	<i>Child Protection Act 1999</i> (QLD)	Section 5(2)(b) & (c); 7(1)(b) & (c); 51Z
SA	<i>Children's Protection Act 1993</i> (SA)	Section 3(b) & (c); 8(1)(d)(f) & (g); 8(1)(ka); 8(2); 11
TAS	<i>Children, Young Persons and Their Families Act 1997</i> (TAS)	Section 7(2)(a) & (d); 8(1)(a) & (b); 11
VIC	<i>Children, Youth and Families Act 2005</i> (VIC)	Section 16; 21; 22
WA	<i>Children and Community Services Act 2004</i> (WA)	Section 6(a)(b) & (c), 9(a) & (b); 21(1)(a) & (b)

The participation of children and young people in decision-making

In line with international recognition of the importance of children's views (for example, Article 12 of the United Nations Convention on the Rights of the Child which expressly stipulates a child's right to participation and to be heard), legislation in all Australian jurisdictions endorses the importance of involving children and young people in decision-making (to the extent that their age and maturity enables) and to consult and seek the views of children on issues affecting their lives. To illustrate such a legislative provision, Section 8(3) of the *Children, Young Persons and Their Families Act 1997* (TAS) states "in any exercise of powers under this Act in relation to a child, if a child is able to form and express views as to his or her ongoing care and protection, those views must be sought and given serious consideration, taking into account the child's age and maturity." Similar provisions can be found in other jurisdictions' legislation (see Table 4.6). Note that while the *Community Welfare Act 1983* (NT) does not contain an overarching principle of child participation, several operative sections of the Act stipulate that regard must be had to the views of the child (for example, in court processes and in the legal representation of the child). Further attention is given to the principle of child participation in the Northern Territory's "Policy and Practice Manual."

Table 4.6 The principle of child participation

Jurisdiction	Relevant Act/Policy document	Reference/section
ACT	<i>Children and Young People Act 1999</i> (ACT)	Section 12(2)(b); 22
NSW	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Section 9(b)
NT	<i>Community Welfare Act 1983</i> (NT) <i>FaCS Policy & Practice Manual</i>	Section 41(4)(a–d); 41(5)(a); 43; 62(5)
QLD	<i>Child Protection Act 1999</i> (QLD)	Section 5(2)(d)(ii) & (iii); 5(2)(g) & (h)
SA	<i>Children's Protection Act 1993</i> (SA)	Section 4(4)(d); 4(6)(c); 48(3)
TAS	<i>Children, Young Persons and Their Families Act 1997</i> (TAS)	Section 8(3); s 56
VIC	<i>Children, Youth and Families Act 2005</i> (VIC)	Section 10(3)(d); 11(f)
WA	<i>Children and Community Services Act 2004</i> (WA)	Section 8(1)(f); 10(1) & (2)

¹¹ Differentiated responses at tertiary intake services are common and provide formal pathways from tertiary services to secondary services for those cases that do not meet the threshold for statutory intervention.

Culturally specific responses to Aboriginal and Torres Strait Islander peoples

Australia's history with respect to the treatment of its Indigenous peoples, including now-discarded policies of forced assimilation, contains much sorrow (Hatty & Hatty, 2001; Human Rights and Equal Opportunity Commission, 1997). The repercussions of such policies and practices are still palpable for Indigenous communities; for example, the health outcomes of Indigenous peoples are well behind averages for non-Indigenous Australians, and Indigenous children and families are over-represented in statutory child protection systems around Australia (ABS & AIHW, 2005; AIHW, 2007; Higgins, Bromfield, & Richardson, 2005). These data, together with an awareness of Australia's history, have led to the development of core principles for culturally sensitive child protection practice in the lives of Aboriginal and Torres Strait Islander children, young people and their families.

General provisions regarding maintaining a child's sense of cultural identity and community connectedness are present in the child protection legislation of each jurisdiction with respect to all children (both Indigenous and non-Indigenous). For example, Section 4(4)(c) of the *Children's Protection Act 1993* (SA) states that in determining a child's best interests, consideration must be given to "the need to encourage, preserve and enhance the child's sense of racial, ethnic, spiritual and cultural identity and to respect the traditions and values of the community into which the child was born." Similar provisions can be found in other jurisdictions' legislation (see Table 4.7).

Provisions specific to Aboriginal and Torres Strait Islander children, young people and their families are particularly pertinent with respect to the provision of out-of-home care. All relevant Acts make reference to placement principles for Aboriginal and Torres Strait Islander young people (often termed the "Aboriginal Child Placement Principle") either in legislation, and/or policy, or other forms of delegated legislation such as regulations (see, for example, the *Children's Protection Act 1993* (SA) s.4(5) and the *Children's Protection Regulations 2006* (SA)).

The Aboriginal Child Placement Principle concerns the placement options, or more specifically, the order in which various placement options, are to be considered for Indigenous children assessed to be in need of out-of-home care. The Aboriginal Child Placement Principle requires that an Aboriginal child who is to be placed in alternative care be placed—in order of preference—with: (a) a member of his or her family; (b) a member of his or her community who has a relationship of responsibility for the child; (c) a member of the child's community; (d) a person with the same Aboriginal cultural background as the child; (e) or a non-Aboriginal person who is able to ensure that the child maintains significant contact with his or her family, community, or communities (see Table 4.7).

In addition to principles concerning the placement of Indigenous children into out-of-home care, principles also exist regarding the importance of consultation with Aboriginal and Torres Strait Islander organisations and community members when developing care plans for Indigenous children. For example, Section 11(i) of the *Children, Youth and Families Act 2005* (VIC) states "if a child has a particular cultural identity, a member of the appropriate cultural community who is chosen or agreed to by the child or by his or her parent should be permitted to attend meetings held as part of the decision-making process."

Table 4.7 Principles regarding Aboriginal and Torres Strait Islander peoples

Jurisdiction	Relevant Act/Policy document	Reference/section
ACT	<i>Children and Young People Act 1999</i> (ACT) Aboriginal & Torres Strait Islander Cultural Plans Policy (launched Aug 2006)	Section 12(1)(h); 13(1)(a); 14; 15
NSW	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Section 9(c) & (e); 11; 12; 13; 14; 78A(3) & (4)
NT	<i>Community Welfare Act 1983</i> (NT) Developing: Cultural Care Planning Policies	Section 43(1)(d); 43(1)(e); 68; 69
QLD	<i>Child Protection Act 1999</i> (QLD)	Section 6; 83; 246l; 88
SA	<i>Children's Protection Act 1993</i> (SA)	Section 3(c); 4(4)(a)(b) & (c); 4(5); 5; 8(1)(e)
TAS	<i>Children, Young Persons and Their Families Act 1997</i> (TAS)	Section 7(2)(e); 8(2)(v)
VIC	<i>Children, Youth and Families Act 2005</i> (VIC)	Section 10(3)(c)(l)(m); 11(i); 12; 13; 14; 176
WA	<i>Children and Community Services Act 2004</i> (WA)	Section 8(1)(j); 9(i); 12; 13; 14; 81(1) & (2)

Diversion from the court system

Attempting to divert families from the court system¹² is, to some extent, illustrative of a broader desire to work collaboratively with families (where possible) such that parental agreement and consent are sought before contested measures are pursued through the courts. Towards this goal, a number of jurisdictions have introduced legislative principles regarding diversionary approaches to working with children and families (such as through the use of family group conferencing, and collaborative approaches to decision-making). For example, Section 11(e) of the *Children, Youth and Families Act 2005* (VIC) states that “decisions are to be reached by collaboration and consensus, wherever practicable.” Similar legislative provisions are present in other jurisdictions (see Table 4.8).

While voluntary supports are available to families in Western Australia, the *Children and Community Services Act 2004* (WA) is clear that if a judgment is made that a child is in need of protection, protective action must be taken, which necessarily involves recourse to the court. A pre-hearing conference may be ordered at the court’s discretion, which would provide the parties an opportunity to discuss and potentially reach agreement on matters relevant to the court application. This step could mean that the parties are diverted from the court system. However, diversion from the court system is not the express goal of this process.

Table 4.8 Principles regarding diversion from the court system

Jurisdiction	Relevant Act/Policy document	Reference/section
ACT	<i>Children and Young People Act 1999</i> (ACT)	Section 12(1)(b); Division 7.2.1 “Family group conferences”; Division 7.2.2 “Voluntary care agreements”.
NSW	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Section 34(1); s 34(2)(b)(i); s 34(2)(b1); s 37; s 38(1)
NT	<i>Community Welfare Act 1983</i> (NT)	Section 36(1); s 62
QLD	<i>Child Protection Act 1999</i> (QLD)	Chapter 2, Part 3A “Case planning”, Division 2 “Family group meetings” & Division 3 “Case planning at a family group meeting”; Part 3B “Intervention with parents’ agreement”; s 68(d) & (e).
SA	<i>Children’s Protection Act 1993</i> (SA)	Section 27 & s 28
TAS	<i>Children, Young Persons and Their Families Act 1997</i> (TAS)	Section 11; Part 5 “Children in need of care and protection”, Division 1 “Family group conferences”; s 52(1)
VIC	<i>Children, Youth and Families Act 2005</i> (VIC)	Section 11; s 135; s 145; s 217
WA	<i>Children and Community Services Act 2004</i> (WA)	Section 9(j); s 136

Out-of-home care

Out-of-home care represents the most extreme end of the statutory child protection continuum (given that other protective options are typically exhausted before alternative care arrangements are pursued for children deemed to be at risk of maltreatment). Although there are provisions for children to be placed in out-of-home care voluntarily by parents (e.g., for respite), most children in out-of-home care are placed according to an Order made by the relevant court. For example, Section 11 of the *Community Welfare Act 1983* (NT) provides for the Minister, an authorised person, or a member of the police force to take a child into custody where there are reasonable grounds to believe that a child is in need of care and that no other action would ensure the adequate care of the child. Equivalent provisions exist in all other jurisdictions’ legislation (see Table 4.9). Further, principles also abound in each jurisdiction regarding the maintenance of a child’s relationship with his or her natural parents after having been taken into care.

¹² The court or the court system refers to the relevant state or territory court that hears child protection applications and makes child protection orders (e.g., the Children’s Court in Victoria). A range of possible orders may be made, including: supervision orders, custody orders, and guardianship orders.

Table 4.9 Principles regarding out-of-home care

Jurisdiction	Relevant Act/Policy document	Reference/section
ACT	<i>Children and Young People Act 1999</i> (ACT)	Section 12(1)(c), (e), & (f); s 12(2)(e); s 13(1)(b)(vii) & (viii)
NSW	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Section 9(f) & (g); s 13; s 78; s 78A; Chapter 8 "Out-of-home care"
NT	<i>Community Welfare Act 1983</i> (NT)	Section 11; s 35(1); s 43(5)
QLD	<i>Child Protection Act 1999</i> (QLD)	Section 5(2)(a), (e), (f) & (i); s 18; s 28; s 45; s 51ZE; s 51ZG; s 61; s 83; s 87(1) & (2); Part 6 "Obligations and rights under orders and care agreements", Division 4 "Placing a child in care"; s 122
SA	<i>Children's Protection Act 1993</i> (SA)	Section 4(2); s 4(4)(b); s 4(6)(f); s 37; s 38(2)(2a)
TAS	<i>Children, Young Persons and Their Families Act 1997</i> (TAS)	Section 8(1)(c); s 8(2)(b)(ii); s 42(2); s 69(1) & (2); s 70(1) & (2)
VIC	<i>Children, Youth and Families Act 2005</i> (VIC)	Section 10(h), (i) & (k); s 276(2)
WA	<i>Children and Community Services Act 2004</i> (WA)	Section 8(1)(g) & (h); s 9(a), (b), (d), (e), (f), (g), (i) & (j)

Permanency planning and stability of care

Permanency planning is a relatively recent area of development in Australian child protection.¹³ Permanency planning has its origins in the United States and the United Kingdom where, from the 60s and 70s onwards, permanent care options (such as adoption) became more frequently pursued for the purpose of child welfare and child protection (New South Wales Office of the Children's Guardian, 2004).

Moves towards permanency planning (both nationally and internationally) are a reflection of the fact that there is greater awareness of the importance of continuity and stability in a child's life. Research evidence derived from neuropsychological and attachment research such as that of Shonkoff and Phillips (Shonkoff & Phillips, 2001) clearly illustrate a child's need for security, continuity and attachment in order to develop optimally.

Permanency planning does not occur in a vacuum; it is one of a sequence of steps that child protection departments pursue in order to secure stable and consistent living arrangements for a child. Where a child is taken into alternative care, reunification or restoration with the child's natural parents is typically the primary service goal to which governments aspire (Tsang, Leibowitz, Spence, & Scott, 2005).¹⁴ Consequently, in the first instance the department will attempt to engage all parties (including the child, the child's natural parents, and the child's current carer/s) in meaningful contact with a view of ultimately reunifying the child with his or her family. However, where reunification is not possible more permanent, consistent and stable alternative care options may be pursued to support and provide for the child's safety, and developmental, emotional and physical needs.

While there is no agreed definition of precisely what constitutes permanency planning, broadly speaking, permanency planning refers to the steps and activities undertaken to plan and prepare for a child to be placed in a long-term care arrangement where circumstances are such that he or she cannot continue to be cared for by his or her natural parents, or cannot return to the care of his or her natural parents (Barth, Courtney, Berrick, & Albert, 1994). Barth and colleagues explain that the intent of permanency planning is to create a child welfare system with "clearly defined pathways and timeframes for children and families" (p. ix). Essentially, Barth et al. define permanency planning as "the inverse of foster care limbo and [placement] drift" (p. xi).

Given the relatively recent development of permanency planning in Australian child protection, not all jurisdictions have implemented legislative provisions around this aspect of service planning and delivery. Nonetheless, in jurisdictions without express mention of permanency planning in legislation, policy frameworks often provide guidance with respect to this area. For example, Section 10(3)(e) of the *Children, Youth and Families Act 2005* (VIC) states that consideration must be given to "the desirability of continuity

¹³ Note that permanency planning is also expressed as stability, continuity, and consistency of care.

¹⁴ Note that the Working Group has provided input to a separate research proposal specific to reunification in Australian child protection practice.

and stability in the child’s care,” while Section 9(f) of the *Children and Young Persons (Care and Protection) Act 1998* (NSW) states:

“if a child or young person is placed in out-of-home care, arrangements should be made, in a timely manner, to ensure the provision of a safe, nurturing, stable and secure environment, recognising the child or young person’s circumstances and that, the younger the age of the child, the greater the need for early decisions to be made in relation to a permanent placement.”

In contrast, the *Community Welfare Act 1983* (NT) does not make specific reference to permanency planning. However, the Family and Children’s Services “Policy and Practice Manual” provides direction for staff around the need for stability and continuity of care for children. With respect to the notion of permanency planning, the Policy and Practice Manual states that children should not be left in “limbo” regarding their ongoing care. Further, the Policy and Practice Manual states that children and young people need to: (a) feel secure and have some structure, order and commitment in their lives; (b) form attachments and establish lasting relationships; (c) have familiar experiences to develop physical and emotional security; (d) be recognised and feel that they have some status; and (e) maintain contact with their natural family to preserve their identity. Legislative and/or policy provisions exist in each jurisdiction with respect to the notion of permanency planning and stability of care (see Table 4.5).¹⁵

Table 4.10 Prioritising permanency and stability of care

Jurisdiction	Relevant Act/Policy document	Reference/section
ACT	<i>Children and Young People Act 1999</i> (ACT)	Section 12(2)(e)
NSW	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Section 9(f); 78A
NT	<i>Community Welfare Act 1983</i> (NT) <i>FaCS Policy & Practice Manual</i>	Section 43(4)(d); 43(7); 49(1)(a)
QLD	<i>Child Protection Act 1999</i> (QLD)	Section 5(2)(f); 5(2)(i); 51D(1)(e); 51X(3)(b)
SA	<i>Children’s Protection Act 1993</i> (SA)	Section 4(2); 4(6)(a)(i); 38(2)(2a); 51(2)
TAS	<i>Children, Young Persons and Their Families Act 1997</i> (TAS)	Section 49(5); 69(2)(d)
VIC	<i>Children, Youth and Families Act 2005</i> (VIC)	Section 10(3)(e); 310; 319(1)
WA	<i>Children and Community Services Act 2004</i> (WA)	Section 8(g)

After care

In their longitudinal study of children and young people in care, Cashmore and Paxman (1996) reported that most young people thought of their future in positive terms. Young people expected their future on leaving care to be “good” or “better”; a significant number also considered the future to be “scary but exciting” and as presenting them with challenges. While some young people were fortunate to be able to identify personal characteristics and social supports as protective factors with respect to securing their long-term wellbeing, other young people were less optimistic. These young people identified multiple barriers to their future wellbeing, including limited financial resources and employment opportunities, and a lack of trust in others (Cashmore & Paxman, 1996).

Findings such as these have provided an impetus for government to reflect on the support provided to children and young people when exiting care.¹⁶ For example, Section 16(1)(g) of the *Children, Youth and Families Act 2005* (VIC) states that the Secretary is “to provide or arrange for the provision of services to assist in supporting a person under the age of 21 years to gain the capacity to make the transition to independent living where the person has been in the custody or under the guardianship of the Secretary; and on leaving the custody or guardianship of the Secretary is of an age to, or intends to, live independently.” The Act sets out the types of supports that may be provided including, for example, financial assistance, obtaining accommodation, and gaining access to health and community services. Table 4.11 outlines the provisions relevant to after care in other jurisdictions. Note that there is some variation in the ages to which child protection departments expressly stipulate that after-care support is to be provided to young people (for example, in Victoria, legislation provides for after-care support up to 21 years of age; New South Wales, South Australia and Western Australia provide support up to 25 years of age).

¹⁵ Note that in some jurisdictions Adoption Acts are also relevant to the development and implementation of permanency plans.

¹⁶ Note that in this context “after care” and “exiting care” are used to mean children or young people who have left the care of the state and living independently.

While not all jurisdictions have detailed legislative provisions regarding after care support (for example the Northern Territory), there are policy positions providing direction in this area.¹⁷ For example, the Post Care Policy in South Australia provides a framework for the delivery, facilitation and/or promotion of services to care leavers. The Post Care Policy outlines the way in which care leavers are to be provided support in accessing community services such as health, housing, education, counselling, life and parenting skills. Similarly, the Families and Community Services (NT) Policy and Practice Manual provides guidance as to the development of a “Leaving Care Case Plan”, which is a tool designed to identify a young person’s strengths and needs with respect to health, employment, education and literacy, and other personal and social issues. The Care and Protection of Children legislation (NT), which is currently before cabinet, would see the introduction of after-care provisions into legislation in the Northern Territory.

Table 4.11 Principles specific to after care

Jurisdiction	Relevant Act/Policy document	Reference/section
ACT	<i>Children and Young People Act 1999</i> (ACT)	Section 33
NSW	<i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW)	Section 16(3)(b); s 165, s 166
NT	<i>FaCS Policy and Practice Manual</i>	Refer to provisions regarding the development of a “Leaving Care Case Plan”
QLD	<i>Child Protection Act 1999</i> (QLD) <i>Child Safety Practice Manual Providing Out-of-Home Care to Children</i>	Section 75(2) Section 7.2
SA	<i>Children's Protection Act 1993</i> (SA)	Section 8(h)(ii)
TAS	<i>Children, Young Persons and Their Families Act 1997</i> (TAS)	Section 7(2)(h)
VIC	<i>Children, Youth and Families Act 2005</i> (VIC)	Section 16(1)(g); s 16(4)
WA	<i>Children and Community Services Act 2004</i> (WA)	Section 89(5); s 96; s97; s98; s99; s100; s 98

Summary and synthesis

It is apparent from the analysis provided above that there are many similarities in the legislative principles of each jurisdiction with respect to the subject areas under investigation: (a) the “best interests” principle; (b) whole-of-government and community responsibility for child protection and child welfare; (c) early intervention; (d) the participation of children and young people in decision-making; (e) culturally specific responses to Aboriginal and Torres Strait Islander peoples; (f) diversion from the court system; (g) out-of-home care; (h) permanency planning and stability of care; and (i) after care.

While there were some differences as to the extensiveness of legislative coverage on each of the aforementioned issues (particularly in the areas of permanency planning and after care), policy documents provided more extensive coverage and direction where legislation did not (for example, in the Northern Territory). It is notable that the Northern Territory’s principal child protection Act is the oldest currently in operation in any jurisdiction (it dates back to 1983); thus it is not surprising that more contemporary practice manuals provide greater direction (especially regarding emerging issues) than the principal Act of Parliament. However, many of the provisions now contained in Northern Territory policy are included in the new draft Act (the *Care and Protection of Children Draft Act* (NT)) currently before Cabinet. Proposed reform to the Northern Territory’s child protection legislation will result in greater similarity in the principal legislative documents of each jurisdiction.

The remaining few differences that were noted (such as the Western Australian position with respect to diversion from the court system) did not appear to be substantive in practice. For example, while family group conferencing is not expressly used to divert families from court processes where a child is deemed to be in need of protection (refer to the *Children and Community Services Act 2004* (WA); Table 9), the fact that the court can order pre-hearing conferencing to provide an opportunity for negotiation, which may ultimately serve to divert a family from court processes, suggests that operationally the child protection systems are more alike than different in most respects. Finally, consistent uniformity was particularly apparent in the areas of early intervention; the paramountcy of the “best interests” principle; and the provision of culturally specific responses for Aboriginal and Torres Strait Islander peoples.

¹⁷ Note that on a more operational level, after care principles are typically supported by legislative and policy provisions regarding case planning and case review processes.

It is again worth noting that this analysis was based on written documentation (that is, Acts of Parliament, delegated legislation, policy frameworks, and practice manuals), rather than actual practice. As acknowledged at the opening of this chapter, there can be differences between the two. Although broad similarities have been observed between the prescribed practice of each Australian jurisdiction, differences may be apparent in the actual delivery of such services due to a variety of considerations (e.g., amendments and enhancements to practice that have taken place but have not yet been incorporated into legislation or insufficient funding to provide prescribed modes of practice).

In summary, this chapter has provided an overview of the legislative and policy principles underpinning practice in each Australian jurisdiction. It was posited that legislative principles represent the philosophical underpinnings of child protection practice, and together with policy frameworks, reflect the practice goals to which governments aspire. On the basis of the analysis undertaken for this section of the Project, Australian jurisdictions appear to be adopting broadly similar positions on critical issues facing the child protection sector, namely the delivery of early intervention services, the desirability of stability of care, and the utmost importance of child-centred practice.

5. Defining child maltreatment

One of the crucial debates in the field of child maltreatment research revolves around the definition of child maltreatment. Definitional issues fall into two areas: those primarily of a conceptual nature and those primarily related to implementation or measurement. In this chapter we present a set of conceptual definitions of abusive and neglectful behaviours, and position these against legislative definitions of “a child in need of protection”.

Definitions of maltreatment

The proposed definitions are of abusive and neglectful *behaviours*, rather than *child abuse* or *child neglect per se*. The aim of these definitions is to describe the types of actions widely considered to constitute the different maltreatment sub-types. In statutory child protection services the threshold at which abusive or neglectful behaviour becomes child maltreatment is determined by legislation and are usually defined in terms of the harm that these actions have caused or may cause, as explained later. Legislation varies across jurisdictions and the interpretation of legislation by child protection practitioners and the courts may vary within a jurisdiction.

Bromfield (2005, p. 14) provides the following set of definitions:

Maltreatment refers to non-accidental behaviour towards another person, which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm. Behaviours may be intentional or unintentional and include acts of omission and commission. Specifically *abuse* refers to acts of commission and *neglect* acts of omission. Note that in practice the terms *child abuse* and *child neglect* are used more frequently than the term *child maltreatment*.

Physically abusive behaviour refers to any non-accidental physically aggressive act towards a child. Physical abuse may be intentional or may be the inadvertent result of physical punishment. Physically abusive behaviours include shoving, hitting, slapping, shaking, throwing, punching, biting, burning and kicking (Higgins, 1998; James, 1994a; US National Research Council, 1993). The definition of physically abusive behaviours extends to and includes the fabrication, exaggeration and inducing of illness symptoms in a child (previously Munchausen Syndrome by Proxy; Lasher & Sheridan, 2004).

Sexually abusive behaviour refers to any sexual activity between a child and an adult or older person (five or more years older). Sexual activity includes fondling genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism and exposing or involving the child in pornography (Higgins, 1998; James, 1994a; US National Research Council, 1993).

Neglectful behaviour refers to a failure (usually by a parent) to provide for a child's basic needs. Here neglect refers to physical neglect, as distinct from psychological or emotional neglect, which are included under the definition of psychologically neglectful behaviours. Physically neglectful behaviours include a failure to provide adequate food, shelter, clothing, supervision, hygiene or medical attention (Higgins, 1998; James, 1994a; US National Research Council, 1993).

Psychologically abusive or neglectful behaviour refers to inappropriate verbal or symbolic acts and a failure to provide adequate non-physical nurture or emotional availability. Psychologically abusive or neglectful behaviours include rejecting, ignoring, isolating, terrorising, corrupting, verbal abuse and belittlement (Higgins, 1998; James, 1994a; US National Research Council, 1993).

Witnessing family violence is generally considered to be a form of psychologically abusive behaviour. However, there is growing support for the inclusion of family violence as a distinct maltreatment sub-type (James, 1994b). With this in mind, witnessing family violence refers to “a child being present (hearing or seeing) while a parent or sibling is subjected to physical abuse, sexual abuse or psychological maltreatment, or is visually exposed to the damage caused to persons or property by a family member's violent behaviour” (Higgins, 1998, p. 104).

When do “abusive and neglectful behaviours” become “abuse” and “neglect”?

Although the above are widely agreed upon as abusive and neglectful behaviours, the point at which these behaviours become “abuse or neglect” such that the state (through statutory child protection services) needs to become involved to protect a child, depends on the legal definition of when a child is “in need of protection”. Legal definitions of a child in need of protection set the legal threshold at which sub-optimal parenting becomes abuse or neglect. The definition of “a child in need of care and/or protection” is prescribed in legislation in each jurisdiction. In general, the concept provides the legislative grounds for intervention and it is these grounds that form the basis of what is substantiated following a child protection investigation.

The components in a definition of “a child in need of protection”

The legislative provisions in each jurisdiction that relate to the definition of a child in need of care or protection, and the threshold at which statutory child protection intervention is triggered, are outlined below. The legal definitions outlined below illustrate the range of different ways in which states and territories define “a child in need of protection” (or in some jurisdictions, a child “at risk”). While definitions vary, the thresholds for statutory intervention are broadly consistent. That said, there is some variation as to the threshold (in terms of the consequences of the abuse or neglect) at which statutory services can intervene (for example, whether “harm” is required or “serious/significant harm”). There is also variation between jurisdictions regarding whether it is abusive or neglectful actions or consequences (or a combination of the two) that are substantiated (for further detail, see Bromfield & Higgins, 2005b). The definition of “a child in need of protection” provides the legal mandate for child protection services to intervene to protect a child. State and territory governments in Australia have defined a child in need of protection as a child who has been harmed, or who is at substantial risk of being harmed if the state does not intervene. This is referred to as the “endangerment standard” and is apparent in definitions of a child in need of protection across Australia (with the exception of the Northern Territory).

The range of potential perpetrators who could lead a child to be in need of protection is typically restricted to parents or people acting in the place of parents (*in loco parentis*). Some jurisdictions expand the definition of a child in need of protection to include children for whom no parents can be found (whether the parents are deceased or have abandoned the child and cannot be located). Typically, a child is defined as being “in need of protection” only if they do not have a parent “able or willing” to protect them (the Northern Territory were the only exception, however they have policy to this effect). For a comprehensive discussion of the different components in definitions of a child in need of protection and their potential impact on definitions of abuse and neglect, see Bromfield and Higgins (2004).

Legislative definitions of “a child in need of protection”

Australian Capital Territory

According to section 156 of the *Children and Young People Act 1999* (ACT), “a child or young person is in need of care and protection” if:

- (1) a) the child or young person—
 - i) has been abused or neglected; or
 - ii) is being abused or neglected; or
 - iii) is at risk of abuse or neglect; and
 - b) no-one with parental responsibility for the child or young person is willing and able to protect the child or young person from suffering the abuse or neglect.
- (2) Without limiting subsection (1), a child or young person is in need of care and protection in the following circumstances:
- a) if a person with whom the child or young person lives or is likely to live—
 - i) has threatened to kill or injure the child or young person and there is a real possibility of the threat being carried out; or
 - ii) has killed, abused or neglected a child or young person and there is a real possibility of the person killing, abusing or neglecting the relevant child or young person; and no-one with parental responsibility for the child or young person is willing and able to protect the child or young person;
 - b) no-one with parental responsibility for the child or young person (other than the chief executive) is willing and able to provide him or her with adequate care and protection;
 - c) if there is a serious or persistent conflict between the child or young person and the people with parental responsibility for him or her (other than the chief executive) to such an extent that the care and protection of the child or young person is, or is likely to be, seriously disrupted;

Australian Capital Territory (continued)

- d) the people with parental responsibility for the child or young person (other than the chief executive) are—
 - i) dead, have abandoned him or her or cannot be found after reasonable inquiry; or
 - ii) unwilling or unable to keep him or her from engaging in self-damaging behaviour; or
 - iii) sexually or financially exploiting the child or young person or unwilling or unable to keep him or her from being sexually or financially exploited;
- e) the child or young person is the subject of a child protection order in a state that is not being complied with.

Threshold employed

In the ACT, a child is in need of care and protection, if he or she *has been, is being, or is at risk of being* abused or neglected (that is, the act or actions of abuse and/or neglect, or in other words, experiencing abusive and/or neglectful behaviour).

Abuse, according to section 151 of the Act, is defined as:

- a) physical abuse; or
- b) sexual abuse; or
- c) emotional abuse (including psychological abuse) if the child or young person has suffered or is suffering in a way that has caused or is causing significant harm to his or her wellbeing or development; or
- d) emotional abuse (including psychological abuse) if—
 - i) the child or young person has been or is being exposed to conduct that is domestic violence under the *Domestic Violence and Protection Orders Act 2001* (ACT); and
 - ii) the exposure has caused or is causing significant harm to the wellbeing or development of the child or young person.

Neglect, according to section 151A, is defined as: a failure to provide the child or young person with a necessity of life that has caused or is causing significant harm to the wellbeing or development of the child or young person. Examples of necessities of life:

- (1) food
- (2) shelter
- (3) clothing
- (4) medical care

New South Wales

According to section 71 of the *Children and Young Persons (Care and Protection) Act 1998* (NSW), a child is in need of care and protection for any of the following reasons:

- (1)
 - a) there is no parent available to care for the child or young person as a result of death or incapacity or for any other reason,
 - b) the parents acknowledge that they have serious difficulties in caring for the child or young person and, as a consequence, the child or young person is in need of care and protection,
 - c) the child or young person has been, or is likely to be, physically or sexually abused or ill-treated,
 - d) subject to subsection (2), the child's or young person's basic physical, psychological or educational needs are not being met, or are likely not to be met, by his or her parents or primary care-givers,
 - e) the child or young person is suffering or is likely to suffer serious developmental impairment or serious psychological harm as a consequence of the domestic environment in which he or she is living,
 - f) in the case of a child who is under the age of 14 years, the child has exhibited sexually abusive behaviours and an order of the Children's Court is necessary to ensure his or her access to, or attendance at, an appropriate therapeutic service,
 - g) the child or young person is subject to a care and protection order of another state or territory that is not being complied with,
 - h) section 171 (1) applies in respect of the child or young person,
 - i) in the case where the application for the order is made by filing a contract breach notice—any presumption arising from the operation of section 38E (4) that the child or young person is in need of care and protection has not been rebutted.

Threshold employed

In NSW, a child is in need of care and protection, if he or she *has been or is at risk of being* physically or sexually abused or ill-treated, *is suffering or is likely to suffer serious* developmental impairment or *serious* psychological harm as a consequence of the environment in which he or she lives, and/or his or her basic physical, psychological or educational needs *are not being* met, or *are likely not to be* met.

Northern Territory

According to section 4(2) of the *Community Welfare Act 1983* (NT), a child is in need of care where:

- a) the parents, guardians or the person having the custody of the child have abandoned him or her and cannot, after reasonable inquiry, be found;
- b) the parents, guardians or the person having the custody of the child are or is unwilling or unable to maintain the child;
- c) he or she has suffered maltreatment;
- d) he or she is not subject to effective control and is engaging in conduct which constitutes a serious danger to his or her health or safety; or
- e) being excused from criminal responsibility under section 38 of the Criminal Code he or she has persistently engaged in conduct which is so harmful or potentially harmful to the general welfare of the community measured by commonly accepted community standards as to warrant appropriate action under this Act for the maintenance of those standards.

Legislative definitions continued on p. 30

Northern Territory (continued)

Threshold employed

In the NT, a child is in need of care and protection, if he or she *has* suffered maltreatment. Maltreatment, according to section 4(3) of the Act, is suffered by a child where:

- a) he or she has suffered a physical injury causing temporary or permanent disfigurement or serious pain or has suffered impairment of a bodily function or the normal reserve or flexibility of a bodily function, inflicted or allowed to be inflicted by a parent, guardian or person having the custody of him or her or where there is substantial risk of his suffering such an injury or impairment;
- b) he or she has suffered serious emotional or intellectual impairment evidenced by severe psychological or social malfunctioning measured by the commonly accepted standards of the community to which he or she belongs, because of his or her physical surroundings, nutritional or other deprivation, or the emotional or social environment in which he or she is living or where there is a substantial risk that such surroundings, deprivation or environment will cause such emotional or intellectual impairment;
- c) he or she has suffered serious physical impairment evidenced by severe bodily malfunctioning, because of his or her physical surroundings, nutritional or other deprivation, or the emotional or social environment in which he or she is living or where there is substantial risk that such surroundings, deprivation or environment will cause such impairment;
- d) he or she has been sexually abused or exploited, or where there is substantial risk of such abuse or exploitation occurring, and his or her parents, guardians or persons having the custody of him or her are unable or unwilling to protect him or her from such abuse or exploitation; or
- e) being a female, she—
 - i) has been subjected, or there is substantial risk that she will be subjected, to female genital mutilation, as defined in section 186A of the Criminal Code; or
 - ii) has been taken, or there is a substantial risk that she will be taken, from the Territory with the intention of having female genital mutilation performed on her.

Note that section 4(3) of the Act broadens the threshold to encompass children who are at risk of maltreatment, in addition to children who have experienced maltreatment. The definition of maltreatment also expands the trigger for statutory involvement to the consequences of abusive or neglectful behaviours, in addition to the behaviours themselves (for example, maltreatment is deemed to have occurred when a child suffers physical injury or impairment, or serious emotional or intellectual impairment (consequences), or where a child has been sexually exploited (act/behaviour)).

Queensland

According to section 10 of the *Child Protection Act 1999* (QLD), a child in need of protection is a child who:

- a) has suffered harm, is suffering harm, or is at unacceptable risk of suffering harm; and
- b) does not have a parent able and willing to protect the child from the harm.

Threshold employed

In QLD, a child is in need of protection if he or she *has* suffered harm, *is* suffering harm, or *is at risk of* suffering harm; that is, statutory intervention is triggered due to the consequences of abusive or neglectful behaviours where there is an absence of a protective parent.

Harm, according to section 9 of the Act, is defined as:

- 1) any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing.
- 2) It is immaterial how the harm is caused.
- 3) Harm can be caused by—
 - a) physical, psychological or emotional abuse or neglect; or
 - b) sexual abuse or exploitation.

South Australia

The *Children's Protection Act 1993* (SA) refers to children "at risk". According to section 6(2) of the Act, a child is at risk if:

- (aa) there is a significant risk that the child will suffer serious harm to his or her physical, psychological or emotional wellbeing against which he or she should have, but does not have, proper protection; or
- (a) the child has been, or is being, abused or neglected; or
- (b) a person with whom the child resides (whether a guardian of the child or not)—
 - i) has threatened to kill or injure the child and there is a reasonable likelihood of the threat being carried out; or
 - ii) has killed, abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person; or
- (c) the guardians of the child—
 - i) are unable to care for and protect the child, or are unable to exercise adequate supervision and control over the child; or
 - ii) are unwilling to care for and protect the child, or are unwilling to exercise adequate supervision and control over the child; or
 - iii) are dead, have abandoned the child, or cannot, after reasonable inquiry, be found; or
- (d) the child is of compulsory school age but has been persistently absent from school without satisfactory explanation of the absence; or
- (e) the child is under 15 years of age and is of no fixed address.

South Australia (continued)

Threshold employed

In SA, a child is at risk when there is significant risk that he or she will suffer serious harm whether physical, psychological or emotional, or where he or she has been or is being abused or neglected; statutory intervention is triggered if there is a reasonable belief that a child is at risk and the matters causing the child to be at risk are not being adequately addressed (Section 19(1)). Intervention takes place in relation to both abusive and neglectful acts and their consequences where the consequences are serious harm to a child's physical, psychological or emotional wellbeing.

Tasmania

The *Children, Young Persons and Their Families Act 1997* (TAS) does not make reference to a child in need of care and protection; instead the Act refers to children "at risk". According to section 4, a child is at risk if:

- (a)
 - i) the child has been, is being, or is likely to be, abused or neglected; or
- (b) any person with whom the child resides or who has frequent contact with the child (whether the person is or is not a guardian of the child) –
 - i) has threatened to kill or abuse or neglect the child and there is a reasonable likelihood of the threat being carried out; or
 - ii) has killed or abused or neglected some other child or an adult and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person; or
- (ba) the child is an affected child within the meaning of the *Family Violence Act 2004* (TAS); or
- (c) the guardians of the child are –
 - i) unable to maintain the child; or
 - ii) unable to exercise adequate supervision and control over the child; or
 - iii) unwilling to maintain the child; or
 - iv) unwilling to exercise adequate supervision and control over the child; or
 - v) dead, have abandoned the child or cannot be found after reasonable inquiry; or
 - vi) are unwilling or unable to prevent the child from suffering abuse or neglect; or
- (d) the child is under 16 years of age and does not, without lawful excuse, attend school regularly.

Threshold employed

In Tasmania, a child is deemed to be at risk if he or she has been, is being, or is likely to be abused or neglected.

According to section 3, abuse and neglect means:

- (a) sexual abuse; or
- (b) physical or emotional injury or other abuse, or neglect, to the extent that –
 - i) the injured, abused or neglected person has suffered, or is likely to suffer, physical or psychological harm detrimental to the person's wellbeing; or
 - ii) the injured, abused or neglected person's physical or psychological development is in jeopardy.

While Tasmania's definition of "at risk" extends to acts/behaviours only (that is, abusive or neglectful behaviours), the definition of abuse and neglect encompass the consequences of such acts/behaviours (that is, a child being injured or suffering physical or psychological harm).

Victoria

According to section 162 of the *Children, Youth and Families Act 2005* (VIC), a child is in need of protection if any of the following grounds exist:

- (1)
 - a) the child has been abandoned by his or her parents and after reasonable inquiries—
 - i) the parents cannot be found; and
 - ii) no other suitable person can be found who is willing and able to care for the child;
 - b) the child's parents are dead or incapacitated and there is no other suitable person willing and able to care for the child;
 - c) the child has suffered, or is likely to suffer, significant harm as a result of physical injury and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
 - d) the child has suffered, or is likely to suffer, significant harm as a result of sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
 - e) the child has suffered, or is likely to suffer, emotional or psychological harm of such a kind that the child's emotional or intellectual development is, or is likely to be, significantly damaged and the child's parents have not protected, or are unlikely to protect, the child from harm of that type;
 - f) the child's physical development or health has been, or is likely to be, significantly harmed and the child's parents have not provided, arranged or allowed the provision of, or are unlikely to provide, arrange or allow the provision of, basic care or effective medical, surgical or other remedial care.
- (2) For the purposes of subsections (1)(c) to (1)(f), the harm may be constituted by a single act, omission or circumstance or accumulate through a series of acts, omissions or circumstances.

Threshold employed

In Victoria, a child is in need of protection if he or she *has* suffered or *is likely to suffer significant harm* due to physical injury or sexual abuse, or emotional or psychological harm (to the extent that he or she suffers or is likely to suffer significant emotional or intellectual damage). A child is also in need of protection if he or she *has* been or *is likely to be significantly harmed* as a result of not being provided basic care or effective medical, surgical or other remedial care. Thus in Victoria, statutory intervention is triggered due to the consequences of abusive and neglectful behaviours.

Western Australia

As of March 2006, child protection services in Western Australia were delivered pursuant to the *Children and Community Services Act 2004* (WA).

According to section 28(2) of the *Children and Community Services Act 2004* (WA), a child is in need of protection when:

- (a) the child has been abandoned by his or her parents and, after reasonable inquiries—
 - i) the parents cannot be found; and
 - ii) no suitable adult relative or other suitable adult can be found who is willing and able to care for the child;
- (b) the child's parents are dead or incapacitated and, after reasonable inquiries, no suitable adult relative or other suitable adult can be found who is willing and able to care for the child;
- (c) the child has suffered, or is likely to suffer, harm as a result of any one or more of the following:
 - i) physical abuse;
 - ii) sexual abuse;
 - iii) emotional abuse;
 - iv) psychological abuse;
 - v) neglect,and the child's parents have not protected, or are unlikely or unable to protect, the child from harm, or further harm, of that kind; or
- (d) the child has suffered, or is likely to suffer, harm as a result of —
 - i) the child's parents being unable to provide, or arrange the provision of, adequate care for the child; or
 - ii) the child's parents being unable to provide, or arrange the provision of, effective medical, therapeutic or other remedial treatment for the child.

Threshold employed

In WA, a child is in need of protection where he or she *has suffered, or is likely to suffer, harm* as a result of physical, sexual, emotional, or psychological abuse, or neglect; that is, statutory intervention is triggered as a result of the consequences of abusive or neglectful behaviours where the child's parents have not protected or are unlikely to protect the child from harm, or further harm.

According to section 28(1):

"harm" means any detrimental effect of a significant nature on the child's wellbeing;

"neglect" includes failure by a child's parents to provide, arrange, or allow the provision of —

- (a) adequate care for the child; or
- (b) effective medical, therapeutic or remedial treatment for the child.

Repealed Act

Prior to March 2006 (i.e., for the first 8 months of the 2005–06 reporting period) child protection services in Western Australia were delivered pursuant to the *Child Welfare Act 1947* (WA). According to section 4(1) of the *Child Welfare Act 1947*, a "child in need of care and protection" meant a child who —

- (a) has no sufficient means of subsistence apparent to the court and whose near relatives are, in the opinion of the court, in indigent circumstances or are otherwise unable or unwilling to support the child, or are dead, or unknown, or cannot be found, or are out of the jurisdiction, or in the custody of the law;
- (b) has been placed in a subsidized facility and whose near relatives have not contributed regularly towards the maintenance of the child;
- (c) associates or dwells with any person who has been convicted of vagrancy, or is known to the police as of bad repute, or who has been or is reputed to be a thief or habitually under the influence of alcohol or drugs;
- (d) is under the guardianship or in the custody of a person whom the court considers is unfit to have that guardianship or custody;
- (e) is not being maintained properly or at all by a near relative, or is deserted;
- (f) is found in a place where any drug or prohibited plant is used and is in the opinion of the court in need of care and protection by reason thereof;
- (g) being under the age of 14 years is employed or engaged in any circus, travelling show, acrobatic entertainment, or exhibition by which his life, health, welfare, or safety is likely to be lost, prejudiced, or endangered;
- (h) is unlawfully engaged in street trading;
- (i) is ill-treated, or suffers injuries apparently resulting from ill-treatment;
- (j) lives under conditions which indicate that the child is lapsing or likely to lapse into a career of vice or crime; or
- (k) is living under such conditions, or is found in such circumstances, or behaves in such a manner, as to indicate that the mental, physical or moral welfare of the child is likely to be in jeopardy.

Conclusion

In conclusion, this chapter has discussed one of the crucial debates in the field of child maltreatment research: the definition of child maltreatment. At the outset, a set of conceptual definitions of abusive and neglectful behaviours were presented. Subsequently, the legislative definitions of "a child in need of care and protection", and the thresholds that trigger statutory involvement, were outlined. Despite some differences in whether behaviours or consequences (or both) were substantiated, for the most part thresholds triggering statutory involvement were fairly consistent across jurisdictions.

6. National comparison of child protection systems: What's changed in the past two years?

In 2005, the National Child Protection Clearinghouse released *Child Abuse Prevention Issues 22, National Comparison of Child Protection Systems* (Bromfield & Higgins, 2005b). This report provided a national snapshot of Australian statutory child protection systems with a particular emphasis on the similarities and differences between each state and territory. The paper specifically concentrated on the following elements of child protection service delivery: (a) the department responsible for child protection; (b) notifications (for example, reporting requirements); (c) legislative grounds for intervention; (d) intake procedures; (e) risk assessment; (f) investigation; and (g) case management.

For the purposes of the current project, the review of data compiled for the *National Comparison of Child Protection Systems* paper has been limited to: intake procedures; investigation; and case management. The following chapter outlines and discusses the procedural developments that have taken place since the release of the *National Comparison of Child Protection Systems* paper in 2005. Essentially, this chapter considers “what’s changed” in the past two years. The “raw” data on which this discussion is based is contained in tables specific to each jurisdiction in Appendix B (“National Comparison of Child Protection Systems: Update”). The chapter concludes with a national synthesis and overview.

Australian Capital Territory

There have been significant developments in the Australian Capital Territory with respect to legislative and policy provisions surrounding the delivery of child protection, much of which is reflected in the *Exposure Draft of the Children and Young People Bill 2007* (ACT). In addition to legislative review, the Department of Disability, Housing and Community Services commenced a re-development of the policy framework underlying the delivery of statutory child protection services in 2006. This project has resulted in a re-engineering of the child protection system from intake through to investigation. As a result, the Department’s *Care and Protection Manual* is now appended by a range of Practice Directions, which provide guidance for workers in critical areas of practice such as: responding to children less than two years of age; working with babies who are born drug affected or drug dependent; and responding to family violence. Further, intake policy has been amended to encourage assessment rather than non-appraisal responses for vulnerable families (for example, active referral and family support services).

Changes to intake procedures

Prior to 2006, the Australian Capital Territory employed a two stage Risk Assessment process. This process has not been in practice since the introduction of the new Intake Policy in 2006. This policy expands the concept of risk assessment to include an assessment of the child and family’s needs. In performing an assessment, staff are guided by the question: “what further information do I need, if any, to make a decision about whether or not a child is likely to be at risk of abuse or neglect?” A risk assessment focuses attention on three critical questions:

- What (if any) are the risk issues for this child and siblings?
- What (if any) environmental factor might either increase or decrease the child and sibling’s vulnerability to this risk? and
- What (if anything) might increase or decrease the probability of abuse or neglect occurring, recurring or continuing in the future?

An assessment of needs is to be grounded in an understanding of: the developmental needs of children; the capacities of parents or caregivers to respond appropriately to those needs; and the impact of wider family and environmental factors on parenting capacity and child outcomes.

The Intake Policy in the Australian Capital Territory now requires that assessments of all reports that suggest immediate risk to a child must occur within 6 hours. Further, Intake Policy stipulates that assessment of all children aged 2 years and under must occur within 2 working days, and assessment of all other matters must occur within 7 working days. Changes have also taken place with respect to the risk assessment

tool employed in the Australian Capital Territory. In late 2006, the assessment process was broadened to incorporate both risk and needs; a risk assessment tool and a needs assessment framework have thus been incorporated into the assessment process. In assessing risk, protective staff draw on a Risk Assessment Tool based on the Victorian Risk Framework and the Manitoba Risk Estimation System, a Canadian risk assessment tool. In determining a family's needs, the UK "Framework for the Assessment of Children in Need and their Families" is used.

Changes to the investigation (appraisal) process

There have been several developments in the Australian Capital Territory's investigation (appraisal) processes. First, the Australian Capital Territory has introduced additional urgency timeframes within which an appraisal (investigation) must take place. The urgency ratings are: (1) same day; (2) 24 hours; (3) 72 hours; (4) 7 days; and (5) Upon birth of baby. All reports pertaining to children (or siblings) aged 2 years or under must be assigned either a 24-hour or a 72-hour urgency rating. The urgency rating "Upon birth of baby" enables protective staff to commence an appraisal (investigation) as soon as the Department is notified that the baby has been born. It is worth noting that the Australian Capital Territory has always been able to receive and record notifications in relation to an unborn child. However, prior to 8 March 2007, the Department's capacity to respond to such notifications through a formal appraisal (investigation) process was limited. On 8 March 2007, the Australian Capital Territory Legislative Assembly passed an amendment to the *Children and Young People Act 1999* (ACT), which provides the Department with greater powers of assessment and intervention. This amendment commenced 25 July 2007, enabling voluntary appraisals of these reports.

A specific timeframe within which the investigation (appraisal) process must be completed has formed part of policy. That is, Appraisal Outcome Reports are to be completed and finalised within 28 days of the commencement of the appraisal.

The Australian Capital Territory has expanded its provisions around joint response protocols with Police and Child Protection Services. Further, liaison positions have been created between the Department of Health and Care and Protection Services to assist in information exchange, communication between agencies, and case planning. A Memorandum of Understanding also exists between the Department of Health and the Office for Children, Youth and Family Support for this purpose (refer to Appendix B for a complete overview of the Australian Capital Territory's child protection system with respect to intake, assessment, and case management).

New South Wales

The Department of Community Services (DoCS) began implementing a \$1.2 billion reform package in 2003/04. The package is being rolled out progressively over five years (2003–04 to 2007–08). A key priority in the DoCS reform agenda is to develop long-term solutions to support parents, families, and the community services sector by channelling resources into services that identify children and families who are vulnerable or at risk and provide them with services and support before problems escalate. It is hoped that such an approach would mediate demand for more intensive tertiary child protection services and lead to better long-term outcomes for children and families.

A recent legislative amendment designed to achieve the aforementioned aim is the *Children and Young Persons (Care and Protection) Amendment (Parent Responsibility Contracts) Bill 2006* (NSW). The Bill commenced operation on 30 March 2007 (see the principle Act: the *Children and Young Persons (Care and Protection) Act 1998* (NSW) section 38A "Parent responsibility contracts"). Parent responsibility contracts are voluntary agreements between a child's primary caregiver/s and the Department. The aim of implementing a parent responsibility contract is to assist a child's caregiver to increase his or her parenting skills, to address problems regarding drug and/or alcohol addictions, violence or other behavioural issues, and to accept greater responsibility for his or her children.

The Children and Young Persons (Care and Protection) Amendment (Parent Responsibility Contracts) Bill 2006 (NSW) was introduced at the same time as a review of the *Children and Young Persons (Care and Protection) Act 1998* (NSW) was underway. To inform the review the Department released a discussion paper titled "Statutory Child Protection in NSW: Issues and options for reform", regarding the delivery of child protection in New South Wales. The key focus areas in the Discussion Paper relate to improving the legislative provisions around: (1) ensuring the best interests of the child are the primary focus of the Act and its provisions; (2) facilitating improved reporting practices; (3) improved information sharing between

specific agencies for specific purposes; (4) canvassing several options for improving the provisions of the Children's Court for ordering contact and managing appeals to final orders for parental responsibility; and (5) body piercing as a special medical procedure requiring the consent of a parent for children under the age of 16 years. The legislative review is currently being progressed.

Changes to intake procedures

New South Wales has developed Intake Assessment Guidelines (IAGs) to bring about greater consistency in determining the order in which Plans concerning children and young people reported to DoCS are allocated for secondary assessment. The Guidelines outline priorities for child protection work with the underpinning principal that child protection resources are allocated to high priority work and continue with that work until it is completed and risks for children are reduced.

In relation to cross government and community services collaboration, the Child Protection Senior Officers Group (CPSOG)¹⁸ reviewed the *NSW Interagency Guidelines for Child Protection Intervention* and issued a new edition in 2006. The Department chairs this interagency Group to facilitate information sharing and collaboration between relevant agencies with roles and responsibilities in child protection. The Interagency Guidelines provide for feedback to mandatory reporters who request it, and who have an ongoing role with the child, young person or family and where feedback will enable that work to continue.

Changes to the investigation (appraisal) process

In relation to the way in which an assessment is conducted during an investigation, New South Wales incorporates a Risk Assessment Framework (a modified version of the Victorian Risk Framework) in child protection and a Family Strengths and Needs Assessment in the early intervention *Brighter Futures* program for the purpose of identifying required early intervention services. Further, joint response protocols have been expanded; now not only do NSW Police and Department of Community Services staff collaborate in order to respond to protective concerns, but so too do NSW Health and Domestic Violence Teams (where appropriate) to provide a comprehensive response to vulnerable children and families.

Changes to case management processes

In 2005, the Department was in the process of reviewing its organisational structure and processes with respect to case management in order to establish greater consistency. The Department has since established "functional teams" which Intake teams may refer to for dedicated case management. Alternatively, Intake teams may retain cases through to case closure (refer to Appendix B for a complete overview of the New South Wales child protection system with respect to intake, assessment, and case management).

Northern Territory

At the time of writing, the Northern Territory's principal child protection Act, the *Community Welfare Act 1983* (NT), is the oldest child protection Act currently in operation in Australia. However, the Northern Territory is in the process of reviewing and replacing the *Community Welfare Act 1983* (NT), with the *Care and Protection of Children Bill* (NT). The Bill, when assented to, will repeal the *Community Welfare Act 1983*.

The Northern Territory has identified several key motivating factors behind the proposed reform of current legislation and the child protection system more broadly. These are: (1) to protect children from abuse and neglect; (2) to ensure effective mechanisms to care for children when they cannot live safely with their family; (3) to promote prevention, early intervention and family support services to maximise the capacity of families to care for their children; (4) to ensure quality of care and development services for children, including childcare; and (5) to incorporate appropriate cultural arrangements to reflect Indigenous and ethnic communities. The following summary of developments in child protection processes in the Northern Territory should be read with an appreciation of the fact that the Northern Territory is in the process of introducing more substantial reforms.

¹⁸ The CPSOG comprises representatives from all key government human service and justice agencies—NSW Health, NSW Police Force, Ministry of Police, Department of Education and Training, Department of Community Services, Department of Juvenile Justice, Department of Housing, Attorney General's Department, Office of the Director of Public Prosecutions, Department of Ageing Disability and Home Care, Department of Corrective Services, Department of Art, Sport and Recreation, and the Department of Aboriginal Affairs, as well as a representative from The Cabinet Office, and the Human Services Chief Executive's Officers Forum. The CPSOG was established in October 2003 by the Minister for Community Services.

Changes to intake procedures

Prior to the commencement of Centralised Intake in 2006, regional offices had responsibility to handle all intake processes. The Family and Children's Services "FACS After Hours Service" was the dedicated after-hours service in the Darwin urban area, and a duty roster was used to provide an after hours service in other regional centres. However, Family and Children's Services has recently introduced a Territory-wide Centralised Intake Service which manages all reports.

Family and Children's Services (FACS) has also reformed protocols around the delivery of protective services in circumstances where a non-parental figure has been abusive towards a child and the parental figure has acted protectively. While this type of situation is not within the Department's mandate per se, the Northern Territory has recently developed a Territory-wide Child Abuse Taskforce comprised of Police and FACS staff that jointly investigate serious forms of physical and sexual abuse. The Centralised Intake Service automatically refers such cases to the joint team for a response.

Changes to the investigation (appraisal) process

In addition to Family and Children's Services (FACS) staff undertaking cultural awareness training, FACS now also employs Aboriginal Community Workers to work with Indigenous children and families. Aboriginal Community Workers also provide cultural expertise and consultation to other FACS employees. FACS may also consult with a recognised Aboriginal Child Care Agency and a community representative in relation to case-management decisions (particularly placement decisions) for Indigenous children. These steps are undertaken to enhance the cultural sensitivity of the Department's work with Indigenous children and families.

The newly established Northern Territory-wide Child Abuse Taskforce has influenced recent reforms to the investigative process. Joint response teams (including Police and FACS workers) now investigate serious physical and sexual assaults (as outlined above). (Refer to Appendix B for a complete overview of the Northern Territory's child protection system with respect to intake, assessment, and case management).

Queensland

The Queensland Government's *Child Protection Strategy 2007–10* sets forth the strategic framework the government is pursuing in the delivery of child protection services. The Queensland Government has committed to: (a) expanding child abuse and neglect prevention and early intervention services by building on family support services (e.g., *Referral for Active Intervention*); (b) increasing access to child protection services; (c) addressing the distinct issues affecting remote communities; and (d) strengthening partnerships across the government and non-government sectors. The summary provided below relates to intake, investigation and case-management reforms the Department has implemented since 2005.

Changes to intake procedures

The Department has implemented a new computer system for the purpose of recording notification details. Prior to March 2007, all information in relation to the intake process was entered into the Child Protection Information System (CPIS), and then forwarded to a data management unit. Since March of this year, the Department has been using the Integrated Client Management System (ICMS).

In 2005, the Department introduced Structured Decision Making, which is a package of decision-making tools for different phases of statutory involvement. Structured Decision Making incorporates an actuarial decision-making tool and has provisions for integrating professional judgment. The intake tool is used by departmental staff when child protection concerns are received (including when concerns relate to unborn children). The tool assists staff to determine if a matter should proceed to a notification. The Harm and Risk Matrix is also used to determine the appropriate response timeframe for a notification.

In relation to protective concerns where the perpetrator is not a parental figure, departmental staff must now refer such matters to the Police if alleged harm may have involved a criminal offence. When asked, Child Safety Officers are now also required to provide information to notifiers from government and non-government agencies as to the nature of the departmental response and the rationale. Where applicable, Child Safety Officers must also provide information about likely timeframes for commencing contact with the family.

Changes to the investigation (appraisal) process

The introduction of Structured Decision Making is also relevant to the investigation process. Structured Decision Making incorporates a safety assessment and family risk evaluation to be completed during the investigation phase.

The Department's investigation outcome categories have also changed. There are now four possible outcomes from an investigation in relation to a child, these are: (1) substantiated (child in need of protection); (2) substantiated (child not in need of protection); (3) unsubstantiated (child not in need of protection); and (4) no investigation and assessment outcome. A further change is that an investigation conducted prior to a child's birth has only three possible outcomes, these are: (1) substantiated (child in need of protection); (2) unsubstantiated (child not in need of protection); and (3) no investigation and assessment outcome.

The Department has also introduced formal timeframes within which an investigation must be completed; that is, investigations must be completed and approved within two months of the notification date, or if referred to a family group meeting convenor, within seven days of the referral.

Changes to case management processes

At the time of writing the *National Comparison of Child Protection Systems*, Child Abuse Prevention Issues 22 (Bromfield & Higgins, 2005b), Queensland was in the process of revising case management processes, thus no information was provided in relation to this area. Since 2005 the Department has implemented a number of provisions relevant to case management.

The Department employs a specialist team approach to case management. Specialist teams work with families at different stages of the child protection continuum (e.g., specialist teams for intervention with parental agreement, teams for long-term orders etc.). Case planning occurs through a cycle of assessment, planning, implementation and review. Cases are reviewed at least every 6 months, or earlier, depending on the child's age and circumstances; the nature of the arrangements put in place; problems or potential problems with the case plan; and (where one exists) duration of the child protection order. (Refer to Appendix B for a complete overview of Queensland's child protection system with respect to intake, assessment, and case management).

South Australia

Equally emerged in service reform, the South Australian Government's child protection reform agenda is articulated in *Keeping them Safe: The South Australian Government's Child Protection Reform Program* (2004). The five key platforms for change outlined in this document are: (1) support to children and families; (2) effective, appropriate interventions; (3) reform to work practice and culture; (4) collaborative partnerships; and (5) improved accountability. In late 2005, the South Australian Government made amendments to the *Children's Protection Act 1993* (SA) in line with these broad goals. South Australia is also developing a Connected Client and Case Management System (C3MS) to ensure high standards of documentation, and consistent delivery of assessment, planning and service referral within Families SA. Reforms with implications for investigation and case management are outlined below.

Changes to the investigation (appraisal) process

Since the publication of *National Comparison of Child Protection Systems*, Child Abuse Prevention Issues 22 (Bromfield & Higgins, 2005b), South Australia has introduced various protocols to enhance cross-agency collaboration (for example, information sharing protocols and a Memorandum of Understanding with the Department of Health). Such protocols enable Families SA (who maintains lead responsibility for child protection) to provide more comprehensive responses to vulnerable children and families. Amendments to the *Children's Protection Act 1993* (SA) included the addition of risk of future harm within the legislated responsibility of Families SA. The categories of persons required to make a mandatory notification of suspected child abuse were also extended and the legislation established a duty of care for a notifier beyond making a notification. South Australia has also enacted the Aboriginal Child Placement Principle to further enshrine culturally sensitive practice (see the *Children's Protection Regulations 2006* (SA)).

Changes to case management processes

A key aspect of the new intake and case management system in South Australia will be the introduction of a service pathway to facilitate the provision of support services, in conjunction with non-government agencies, for those children and families in need where statutory intervention is not required. The system will improve tracking of case flow and support evaluations to measure the effectiveness of services in improving the safety and wellbeing of children. (Refer to Appendix B for a complete overview of South Australia's child protection system with respect to intake, assessment, and case management).

Tasmania

Tasmania is at the beginning of a significant reform process. Several key documents are driving this reform: the *Report on Child Protection Services in Tasmania* (Jacob & Fanning, 2006); the *Review of the Tasmanian Family Support Service System* (KPMG, 2006); and *A way forward: Implementation of actions in response to the Review of Child Protection Services in Australia* (Child Protection Services, 2006). Implementing the recommendations for service improvement derived from the review will form the foundation of Tasmania's reform process. The following summary of developments in Tasmanian child protection processes should be read with an appreciation of the fact that Tasmania is currently embarking on the process of substantial statutory reform.

Changes to intake procedures

In relation to differential categorisation for statutory and non-statutory reports, Tasmania has begun to trial a family support response whereby notifications are diverted from statutory responses to other types of interventions where appropriate to do so. The Early Support Program is being tried at the Child Protection Advice and Protection Service (CPAARS), which is the central intake point in Tasmania. The program is designed to divert families in need from the statutory system by establishing a brokerage arrangement with non-government organisations.

In addition, Tasmania has implemented a new information management system for the purpose of recording notification details. This system embeds principles of case planning in recording processes. The range of possible outcomes of an intake assessment has also been modified. Now cases are classified as either: (1) no further action; (2) dealt with by other means (for example, referral to family support services); or (3) referred for investigation.

Some developments have also taken place in relation to the capacity of the Department to respond to protective concerns regarding unborn children. Child Protection Services currently record concerns about unborn children as "alerts". The recently released Report on Child Protection Services in Tasmania (Jacob & Fanning, 2006) made recommendations for legislative amendments to allow for notifications to be made with respect to unborn children.

Changes to the investigation (appraisal) process

Some modifications have also taken place in relation to investigation processes. For example, it is now a requirement that a child must be sighted by a protective worker during an investigation. Previously, children were sighted in most cases, but this was not a formal requirement. Further, the timeframe within which an investigation is to be completed is now set at 42 days (6 weeks) from the date the investigation commenced. (Refer to Appendix B for a complete overview of Tasmania's child protection system with respect to intake, assessment, and case management).

Victoria

Victoria has recently implemented significant reforms to the child welfare system. Reform was driven by recognition of rising demand, a high re-notification rate, and the inadequate capacity of early intervention and prevention services. In April 2007, Victoria enacted a new Act to guide the delivery of child protection services: the *Children, Youth and Families Act 2005* (VIC). This legislation provides an additional focus for decision makers on a child's development, rights, stability and the impact of cumulative harm. In conjunction with legislative reform, Victoria has introduced an enhanced family support framework to facilitate access to early intervention services for children and families in need. The following section provides an overview of the changes to intake procedures, investigation process, and case management strategies brought about by these changes.

Changes to intake procedures

Victoria has introduced differential categorisation for statutory and non-statutory reports. Reports are classified by an Intake worker as: (a) a Child Wellbeing Report; (b) a Protective Intervention Report; (c) an Unborn Child Report; or (d) as having “Inappropriate/Insufficient information”. Initial risk assessment is now to be guided by the Best Interests Framework developed by the Department. The framework builds on the existing Victorian Risk Framework.

The range of possible outcomes of an intake assessment has also been expanded to incorporate an additional outcome: a “Child Wellbeing Report.” A “Child Wellbeing Report” entails a referral to a Child and Family Information, Referral and Support Team (Child FIRST) for family support services. In fact, one of the key drivers of Victoria’s reform has been to enhance family support services and to facilitate access to such services. Victorian statutory services are now better equipped to provide non-statutory response options either by engaging in voluntary agreements with parents or by referring families to other appropriate services via Child FIRST. There are, however, multiple channels through which families can access such services. For example, families can be referred to Child FIRST via non-statutory professionals, or self-referral. It is also worth noting that the new Act includes provisions for reporting concerns regarding an unborn child to Child Protection or Child FIRST.

Victoria has also established protocols with the Victorian Police detailing how protective staff are to respond to child protection concerns where a non-parental figure is responsible for the maltreatment, and where parents have acted protectively.

Finally, Victoria is also in the process of implementing a new information system. The Department of Human Services has been using a purpose-built information system and case management tool to document case records—the Client and Services Information System (CASIS). Victoria is moving to implement a Client Relationship Information System (CRIS), which will replace CASIS.

Changes to the investigation (appraisal) process

The most significant reforms to the investigation processes employed by the Department are: (a) that the process is now to be guided by the Victorian Best Interests Framework, which builds on the Victorian Risk Framework; and (b) a delineation has been identified between substantiating harm or the likelihood of harm to a child and future risk to the child.

Changes to case management processes

Case planning processes occur according to the same timelines and practice directions as they did prior to the implementation of the new Act (e.g., scheduled review dates are set at the case plan meeting and unscheduled reviews are held when conditions change, prior to critical decision-making such as removal, reunification, or case closure, or at the request of one of the parties). However, Victorian case planning and case management (such as intake and investigation) is now guided by the Best Interests Framework. (Refer to Appendix B for a complete overview of Victoria’s child protection system with respect to intake, assessment, and case management).

Western Australia

Western Australia introduced the *Children and Community Services Act 2004* (WA) on 1 March 2006. This legislative framework provides Western Australia with a strong foundation for the delivery of support and protection services to children and families. Prior to implementing the *Children and Community Services Act 2004* (WA), child protection services were delivered pursuant to the *Child Welfare Act 1947* (WA). While the *Child Welfare Act 1947* (WA) had been amended over time (the last amendment was made in December 2004), much of Western Australia’s practice framework was based on administrative policy. The *Children and Community Services Act 2004* (WA) introduced practice frameworks to legislation that had previously been policy-based. Further changes are currently occurring in Western Australia with the Government announcing in March 2007 its intention to introduce legislation for the mandatory reporting of child sexual abuse by doctors, nurses, teachers and police. The following section outlines changes to intake and investigation processes in Western Australia since 2005.

Changes to intake procedures

In 2005, the Department introduced the Child Safety Assessment Framework (CSAF), which is a modified version of the previous assessment tool employed by the Department (the Risk Analysis and Risk Management Framework—RARM). The CSAF adopts a strengths-based approach to safety assessment, and has two elements: (1) an initial assessment framework; and (2) a comprehensive analysis of information.

Changes to the investigation (appraisal) process

The Department for Community Development (the Department for Children Protection since May 2007) introduced formal guidelines to provide direction to protective staff in relation to circumstances in which Police should be consulted, and circumstances in which Aboriginal and Torres Strait Islander and/or culturally and linguistically diverse staff should be consulted for input during an investigation. Risk is assessed according to the guided decision making tool Child Safety Assessment Framework, in conjunction with consultation and supervision by senior departmental staff. Finally, investigations are now to be completed in principle within 30 days of commencement. (Refer to Appendix B for a complete overview of Western Australia's child protection system with respect to intake, assessment, and case management).

Overview and summary

This chapter has provided an overview of statutory child protection processes and procedures that have changed over the past two years (i.e., since the publication of Child Abuse Prevention Issues 22, *National Comparison of Child Protection Systems* by Bromfield & Higgins, 2005b). Six of the eight jurisdictions undertook or commenced significant legislative reform during the two years (2005–2007), and Queensland implemented reforms that were only recently enacted at the time the *National Comparison of Child Protection Systems* was published. Further, each jurisdiction has (or is about to embark on) significant reforms to the way child protection processes and procedures are undertaken.

Several key themes emerged from the data, including:

- the emphasis all jurisdictions now place on the importance of assessing both “risks” and “needs” at all stages of child protection involvement (i.e., intake, investigation, case planning and management); it would appear that a strengths-based and holistic approach to child protection and child and family welfare is driving this practice direction;
- the attention a number of jurisdictions have given (and are giving) to coordination and collaboration across government agencies (e.g., health and education);
- the attention several jurisdictions have given (and are giving) to reforming and implementing sophisticated electronic information systems: information systems that serve the purpose of recording child protection activity, but also operate as an aid to case management; and
- the attention a number of jurisdictions are now giving to the issue of responding to unborn children for whom there are protective concerns.

Not all jurisdictions have legislative powers to take protective action with respect to unborn children (as children prior to birth do not fall within the definition of a “child” for whom a department can take action), however, this is an area in which there has been substantial activity across Australia.

In summary, Australian jurisdictions have significantly reformed child protection services over the past two years. There was a high degree of similarity in the direction of these reforms. Therefore, the conclusion reached by Bromfield and Higgins (2005b, p. 1), that “despite different legislative frameworks and some operational differences, Australian state and territory statutory child protection services are providing very similar models of intervention” still stands.

PART III

CHILD PROTECTION: A COMMUNITY RESPONSIBILITY

7. Breaking down the “silos”

“One of the key features of the reforms to child protection encapsulated in the new legislation is not having closed and separate systems. Rather, it is about a much more joined up approach, though clearly there are different roles and responsibilities at various points”. (VIC)

Child protection services are tertiary services designed to respond to abuse and neglect in situations where children have been harmed, or are in immediate danger. As such, state and territory child protection departments can be seen as dealing with the symptoms of family dysfunction (for example, family violence, parental substance abuse, mental health problems, inadequate parenting skills, poverty and so on). As the end point in the child welfare continuum, tertiary services have a limited capacity to prevent child abuse and neglect. Despite this, tertiary services are often a family’s first point of contact with child and family welfare services.

To redress this situation, child protection departments have identified the need to “break down the silos” between child protection services and other areas of government (e.g., Health, Education, and Justice) and the non-government sector. It is thought that doing so will reduce the need for tertiary child protection responses. In this chapter, we document the strategies employed by child protection services in “breaking down the silos”. Specifically, we explore:

- the directions of government as a whole¹⁹, rather than child protection departments in isolation, in enhancing the wellbeing and protection of children;
- the mechanisms employed to “break down the silos” at the strategic level (i.e., mechanisms to facilitate whole-of-government approaches) and at the operational level (i.e., mechanisms to facilitate interagency collaboration); and
- finally, we explore the issue of “silos” in terms of inter-government collaboration between state and territory governments and the Australian Government.

¹⁹ “Whole-of-government” is used to describe the imperative within states and territories to “break down the silos” between government departments and between government and non-government agencies. However, within the Australian Government “whole-of-government” refers to coordination across Australian Government portfolios and between states and territories and the Australian Government.

Whole-of-government

State and territory governments and the Australian Government were asked to articulate their whole-of-government social policy agenda as it relates to child welfare²⁰. Perhaps the greatest area of commonality in child welfare across Australia is the outcomes governments hope to achieve for children and the approaches adopted at the highest levels for achieving these goals. The whole-of-government agenda was usually well articulated in state/territory strategic plans or frameworks. Table 7.1 documents the response from each jurisdiction to the request for them to describe the whole-of-government social policy agenda as it relates to child welfare. There were two major themes evident in the response from every Australian jurisdiction (see Table 7.1) and one minor theme evident in responses from some, but not all, jurisdictions:

Theme 1: A shared responsibility

- Child welfare is a whole-of-government, whole-of-community, interagency responsibility

The involvement of other government agencies is essential in improving outcomes for children and young people. (NSW)

The health and social issues faced by the NT needs to be addressed by government in its entirety, in partnership with the community. (NT)

Theme 2: Strengthening families and communities

- Children's safety and wellbeing is enhanced when services are available to strengthen families and communities

There is the right mix of places, professionals and high quality programs to meet the changing needs of children and families, to provide opportunities, promote positive outcomes, intervene early and prevent harm. (VIC)

Prevention and early intervention are vital components of the service system required to reduce the risk of harm to children. (NSW)

Theme 3: Early in life

- The third theme evident in responses was a focus on the early years (see Table 7.1).

There were also some issues identified, which did not fall into the major themes and which pertained more to the local needs and priorities identified within a single jurisdiction. For example, Tasmania has a whole-of-government response to family violence referred to as the "Safe at Home" initiative which is supported through the *Family Violence Act 2004* (TAS); and the Northern Territory has a whole-of-government approach to Indigenous Affairs titled the "Agenda for Action" which is comprised of six main government priorities for Indigenous affairs.

²⁰ Child protection is used to mean statutory services designed to protect children who are at risk of serious harm. Child welfare is used to mean broad approaches to protecting all children; including children in need and those identified as at risk.

Table 7.1 The whole-of-government social policy agenda as it relates to child welfare in Australian jurisdictions

<p>Australian Government</p> <p>When the Australian Government refers to whole-of-government, it is referring to the state and territory and Australian governments. The Australian Government's whole-of-government agenda as it relates to child welfare is articulated in the National Agenda for Early Childhood. The National Agenda for Early Childhood (National Agenda) is a framework to better guide and coordinate future investment across governments to support children's development, health and wellbeing, including the necessary supports for families and communities. It identifies four key action areas:</p> <ul style="list-style-type: none"> ■ Healthy families with young children; ■ Early learning and care; ■ Supporting families and parenting; and ■ Creating child-friendly communities. <p>The vision of the National Agenda is that all children in Australia are supported and encouraged to realise their potential and to ensure all children have the best possible start in life. The Australian Government endorsed the National Agenda in December 2005.</p> <p>The importance of early childhood development has also been recognised by the Council of Australian Governments (COAG), with the Australian Government and state and territory governments considering reform in this area as part of the Human Capital Stream of the National Reform Agenda. Proposals in these areas will seek to support families in improving childhood development outcomes in the first five years of a child's life, up to and including school entry, and encourage and support the workforce participation of parents with dependent children. The goal is to significantly improve the proportion of children acquiring the basic skills for life and learning, with a subsidiary outcome that the gap between Indigenous and non-Indigenous children is closed.</p>
<p>Australian Capital Territory</p> <p>The ACT has a very well-articulated child welfare agenda within the context of the ACT Government's Social Plan (2004). Integral to the Social Plan is the Children's Plan, a whole-of-government strategy aimed at promoting early intervention and strengthening families and children's well being. In addition, there is the Young People's Plan, which includes a focus on young people at risk. These plans are central to the ACT Government's platform. The Social Plan comprises five 'flagship' commitment areas. Of the five 'flagship' commitment areas, two are particularly relevant:</p> <p>1. Caring for our children and young people</p> <p>This includes increased support for child protection. Since 2004, in accordance with the plan, the ACT Government has provided additional funding to enable a significant increase in the number of child protection staff and to meet the increased demand for service and care costs.</p> <p>2. The development of Child and Family Centres</p> <p>Two Child and Family Centres have been built to provide local services, with a focus on support and early intervention, including health, education, parenting and family support services.</p>
<p>New South Wales</p> <p>The NSW Government's 10-year State Plan was launched in November 2006, and will guide NSW budget priorities and planning. The plan includes a commitment to reduce the incidence of child abuse and neglect. The provision of specialist services including disability services and child protection will provide support and assistance and reduce the disadvantages faced by the most vulnerable in the community. Prevention and early intervention are vital components of the service system required to reduce the risk of harm to children.</p> <p>While DoCS has the primary responsibility for providing and coordinating the community response to the care and protection of children and young people, the involvement of other government agencies is essential in improving outcomes for children and young people in the areas of education, health, emotional and social development.</p> <p>Within DoCS, the Communities Division was established in July 2004 and brings together a broad spectrum of programs and strategies formerly located in other Departments. These functions were brought together to ensure better planning and to provide greater integration of similar programs in order to achieve a more effective and comprehensive approach to working with communities. The Communities Division aims to promote safer, healthier and more resilient communities through strategic coordination and leadership of whole-of-government prevention, early intervention and community development strategies.</p>

Table 7.1 continued on p. 44

Northern Territory

In the “Building Healthier Communities—Framework for Health and Community Services 2004–2009”, the NT Government acknowledges that the health and social issues faced by the NT need to be addressed by government in its entirety, in partnership with the community. It is identified that this would be achieved through the development of collaborative relationships between government agencies, and by all agencies working collaboratively to address identified issues. The government would ensure that people and organisations with expertise and experience could contribute effectively while being held accountable. The Framework identifies a number of core strategic areas as government priorities, including: giving children a good start, strengthening families and communities, focusing on Aboriginal health, creating better pathways to health services, filling service gaps and tackling substance abuse. This framework forms the basis for partnerships with the non-government sector, the Australian Government, and other states.

In addition, there is the “Agenda for Action—A whole-of-government approach to Indigenous Affairs in the Northern Territory 2005–2009”. This framework identifies the six main Indigenous affairs priorities that the government is focusing on to achieve substantial, lasting improvement to Indigenous people’s social and economic wellbeing. An important part of this framework includes priorities for “giving Indigenous kids a good start in life”. These include ensuring access to education and training, using early intervention initiatives aimed at supporting expectant mothers with information relating to combined health and nutrition information, access to medical, parenting and early childhood services, and by ensuring young people are safe and that the child protection system meets the needs of all Indigenous children and their families.

Queensland

The Queensland Child Protection Strategy 2007–10:

- provides a clear mandate to government and non-government agencies that child protection is an issue which crosses many boundaries, and agencies have responsibilities to work to achieve better outcomes for all children and young people:
- provides strategic direction for the investment and development of a whole-of-government action plan to implement the strategy: and
- builds on current coordinated and collaborative approaches to protecting children.

The strategy applies to workers at all levels and in all government and non-government agencies that provide services across the child protection continuum. The strategy seeks to deliver a more effective child protection system that prioritises the safety, wellbeing and development of vulnerable children and young people and provides support for their parents, families and communities.

The discussion paper, *Towards an Early Years Strategy*, presents the Queensland Government’s vision of an enhanced child and family support system. The discussion paper argues the need to build a more comprehensive and integrated continuum of services—services that are responsive to diverse and changing child and family needs and are able to provide access to the ‘right service at the right time’. Further information on this strategy is provided in Chapter 9.

South Australia

In South Australia, the whole-of-government social policy agenda focuses on both child wellbeing and statutory services. South Australia’s Strategic Plan provides the overarching agenda for social and economic policy development. The Plan has key target areas that set out the policy framework for the state with regard to the prevention of problems and the enhancement of quality of life and wellbeing. Child welfare is embedded within the plan under broad areas such as education and school retention, and early child health. Rather than focusing on modes of service delivery or what each agency does, the Strategic Plan identifies the outcomes South Australia aims to achieve and what each agency has to contribute towards these goals. There is also a South Australian Social Inclusion Agenda, in which the key areas pertinent to child welfare are: increasing school retention, reducing homelessness, reducing suicide and self harm to young people in regional areas, and improving Aboriginal health and wellbeing through positive and culturally appropriate approaches. The Social Inclusion Agenda is also concerned about families with multiple and complex needs, especially in targeted geographic areas, and problems related to alcohol and drug abuse. Keeping them Safe is the specific child welfare agenda for the state. Its primary purpose is to harness an improved “all of community” response to ensuring safety, wellbeing and shared opportunities for all children in South Australia. Keeping them Safe challenges the view that child protection is the responsibility of only one government department or agency and identifies a range of short and long-term priority areas for system improvement across the community.

Tasmania

Tasmania has a long-term social, economic and environmental plan called “Tasmania Together”. This plan was developed from a process of community consultation and has been endorsed by government. All government agencies are required to demonstrate each year how they are contributing to meeting the benchmarks that have been set. There are key areas within the plan for Child Protection Services around the issues of child welfare. Emerging out of the Report on Child Protection Services in Tasmania is a push for a whole-of-government approach to child protection.

The Tasmanian Government has signed off on an across government “Early Years” policy framework for children and families. An implementation plan is now being developed for this framework, which is scheduled to go to the Premier and Cabinet in February 2007. As part of the Early Years Framework, the government is establishing an “Early Years Foundation”, which has a legislative base. Under the government’s early years policy framework there will be a stronger effort in providing supports to children (aged 0–8 years) and their families.

There is an increasing understanding that a social welfare agenda has to include multiple agencies; accordingly several mechanisms have been put in place to encourage interagency collaboration at a state and a local level. At the start of 2007, the Tasmanian Government created a new office within Cabinet, “The Office of Children and Youth Affairs”. This Office was created in recognition of the fact that the Department of Premier and Cabinet (DPAC) has a role in coordinating responses to issues for children and young people across government. The Premier appointed a Minister to have responsibility for child welfare that included the children’s agenda—this appointment recognised that children’s welfare does not fit neatly into one portfolio.

Victoria

One of the key features of the reforms to child protection encapsulated in the new legislation is not having closed and separate systems. Rather, it is about a much more joined-up approach, though clearly there are different roles and responsibilities at various points. The focus is on outcomes.

The Victorian community’s vision is for a Victoria in which every child thrives, learns and grows, is valued and respected, becoming an effective adult. The community is one in which the safety, health, development, learning and wellbeing of children are protected and promoted throughout childhood. It is also a Victoria in which:

- Parents and families are enabled to care effectively for their child and supported to act in their best interests
- Communities recognise and respect children, value their diversity and culture, and build their connectedness and resilience
- There is the right mix of places, professionals and high quality programs to meet the changing needs of children and families, to provide opportunities, promote positive outcomes, intervene early and prevent harm.

Through its policy statements *Growing Victoria Together: A Vision for Victoria to 2010 and Beyond*, *A Fairer Victoria: Creating Opportunity and Addressing Disadvantage*, *Putting Children First... The Next Steps* and *Protecting Children... The Next Steps*, the Victorian Government has made a real and continuing commitment to enacting this vision to improve the wellbeing of children across the state.

Western Australia

The *Children First Strategy 2004* is a whole-of-government approach to supporting children, families and communities. Key areas of emphasis include: opportunity; services and support; domestic violence; behaviour management in schools; early years; responsible parenting orders; child protection offender register; and protection. In relation to child protection, the Strategy outlines that providing for the wellbeing and protection of children and young people is a whole of community responsibility. The Strategy aims to ensure that:

- there is broad community acceptance that providing every child with a safe and caring environment is a shared responsibility
- the capacity of parents, families and communities is enhanced when needed, to meet their responsibility to provide a safe environment for all children
- there is continuous improvement of the services and support to meet the safety needs of young people who have been harmed or are likely to be harmed
- a collaborative across government and non-government agencies approach is used to ensure that effective systems and procedures are in place to prevent and respond to child abuse.

The across-Government Early Years Strategy (which forms part of the *Children First Strategy*) focuses on children under the age of eight years and is currently being revised.

Source: State and territory responses to Pro forma 1 (see materials described in Chapter One)

There appeared to be some variation between Australian jurisdictions as to whether the social policy agenda for child welfare was framed in terms of child safety and protection or child wellbeing. There was also some variability in whether strategic plans and whole-of-government agendas were framed in terms of short-term goals or philosophical positions. For example, Victoria appears to base its social policy agenda for child welfare on the philosophical underpinning of equality of opportunity:

The Victorian community's vision is for a Victoria in which every child thrives, learns and grows, is valued and respected, becoming an effective adult.

In New South Wales the State Plan includes a specific focus on the protection of children and the strategies to achieve this aim:

A commitment to reduce child abuse and neglect. The provision of specialist services including disability services and child protection will provide support and assistance and reduce the disadvantages faced by the most vulnerable in the community.

However, it also scopes in various other priorities to improve family and child functioning such as increasing the proportion of children with skills for life and learning at school entry. The Plan recognises that helping children and their parents develop their potential is a key investment in the future of New South Wales.

Despite some differences in the framing of plans, the broad intent in relation to child welfare was very similar across Australian jurisdictions.

Mechanisms to facilitate “joined-up” responses

Mechanisms for “breaking down the silos” were coded into: (a) strategic mechanisms to facilitate the whole-of-government social policy agenda for child welfare; and (b) operational mechanisms to implement “joined-up” responses (e.g., between government and non-government service providers). Mechanisms to facilitate the whole-of-government social policy agenda for child welfare tended to focus on creating provisions to promote collaborative practice across departments and agencies.

Facilitating the whole-of-government agenda for child welfare

Table 7.2 presents each state and territory’s response regarding the different mechanisms employed to facilitate the whole-of-government social policy agenda as it relates to child welfare. The most common mechanisms were state-wide strategic plans along with interdepartmental committees and senior officers’ groups. The political and departmental structure was also used frequently as a high level tool to facilitate the social policy agenda (e.g., having a Children’s or Child Safety Minister, situating responsibility for some agendas within the Office for Premier and Cabinet, appointing dedicated senior officers as Child Safety Directors across a range of state government departments). Other popular mechanisms at the strategic level included the implementation of Memoranda of Understandings and other interagency agreements, the establishment of strategic liaison positions, and the establishment of inter-ministerial and ministerial advisory committees. In addition to having a strategic plan outlined in *A Fairer Victoria*, Victoria has recently passed the *Child Wellbeing and Safety Act 2004* (VIC) which is an overarching legislative instrument designed to guide all service providers, and which articulates Victoria’s strategic vision. The only other unique mechanism was the use of funding mechanisms in South Australia to facilitate the social policy agenda at a strategic level (e.g., bi-lateral and multi-lateral budget bids).

Joined-up responses at the operational level

Table 7.3 presents each jurisdiction’s response regarding the different mechanisms in operation to implement “joined-up” responses between state and territory departments, branches within departments, and with the non-government sector. Interagency guidelines, and groups and response teams were the most prominent mechanisms for facilitating interagency collaboration at the level of service provision. Legislative mechanisms and local strategies were also popular. Some of the more innovative strategies were the use of funding mechanisms to facilitate interagency collaboration, the establishment of operational liaison positions, and protocols to secure priority access to services for clients of care and protection services. A consistent trend was for all jurisdictions to use multiple mechanisms to enhance the success of interagency collaborative efforts.

Table 7.2 Strategic mechanisms to facilitate the whole-of-government social policy agenda for child welfare

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	COMM
Funding mechanisms					✓				
Political and departmental structure (e.g., a Minister for Children/Child Safety)		✓		✓	✓	✓	✓	✓	
Inter-ministerial committees and ministerial advisory committees		✓			✓		✓	✓	✓
Strategic plans at national level (i.e., the COAG early years agenda)		✓					✓	✓	✓
Strategic plans at state/territory government level	✓	✓	✓	✓	✓	✓	✓	✓	na
Strategic plans at departmental level		✓	✓	✓	✓		✓		
Legislation to set strategic vision		✓		✓			✓		
Inter-departmental committees and senior officers' groups	✓	✓	✓	✓	✓	✓	✓	✓	
MOU between departments, agreements between government and non-government agencies, shared responsibility agreements	✓	✓	✓	✓	✓	✓	✓	✓	
Cross-agency initiatives, government taskforces and multi-disciplinary service coordination		✓	✓	✓			✓	✓	
Strategic liaison positions, Commissioners and other child advocates	✓	✓		✓		✓	✓	✓	

NOTE. There may be multiple types of different mechanisms (e.g., most jurisdictions cited several different senior officers' groups as having a role in implementing the whole-of-government agenda)

Table 7.3 Operational mechanisms to implement "joined up" responses in child and family welfare

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Funding mechanisms		✓	✓	✓	✓			
Legislative mechanisms (e.g., require services to be provided)	✓	✓		✓			✓	✓
Interagency guidelines & protocols (e.g., information sharing, guidelines for working together, and case planning requirements)	✓	✓	✓	✓	✓	✓	✓	✓
Joint response and interagency teams	✓	✓	✓	✓		✓	✓	✓
Operational Senior officers', Interagency and interdepartmental groups	✓	✓	✓	✓	✓	✓	✓	✓
Operational liaison positions (geographic and departmental)	✓	✓		✓		✓	✓	
Priority access to services					✓	✓	✓	✓
Strengthening relationships with non-government agencies		✓	✓	✓	✓		✓	✓
Local strategies (e.g., local manager role to build interagency relationships, joint training, training for professionals in relevant other sectors (e.g. Education), and management/service system structure)		✓	✓	✓	✓	✓	✓	✓

NOTE. There may be multiple types of different mechanisms (e.g., most jurisdictions cited several different senior officers' groups as having a role in implementing the whole-of-government agenda)

Information sharing

All states and territories identified information sharing as a key way of enhancing the development of effective relationships with government and non-government agencies. State and territory departments were asked directly about information sharing in relation to their involvement with other agencies. While all jurisdictions mentioned information sharing in relation to involvement with other agencies, five of the eight jurisdictions also identified the development of formal information sharing provisions as one of their current strategic and policy directions.

Four jurisdictions reported recent legislative developments that strengthened provisions for information sharing (ACT, NSW, QLD and VIC). For example, the *Child Protection Act 1999* (QLD) contains specific provisions to allow government and non-government services to share information for purposes including assessing risk to children or developing case plans for children. It also enables the Department to "require" that information be provided if this is necessary for the protection of children. In NSW an amendment

to the *Children and Young People (Care and Protection) Act 1998* (commenced from 30 March 2007) now enables the exchange of information in relation to unborn children and their families.

However, many of the information-sharing provisions were negotiated through Memoranda of Understandings with other government departments. Examples included:

- *The Information-sharing protocol on methadone between DoCS and NSW Health.* This was jointly developed by the two agencies due to child deaths from accidental ingestion or deliberate dosing. The aim of the protocol is to facilitate the exchange of information between DoCS caseworkers and prescribers of opioid treatment (i.e., methadone and buprenorphine) to help in assessing the potential risks of harm to children under the age of 16 years where use or misuse of methadone by parents may be a factor.
- *The information-sharing policy on sexually transmitted infections in children.* The policy between Health, Police and Department for Community Development (WA) (now the Department for Child Protection) provides for the sharing of information on children (under 14 years) with a diagnosed sexually transmitted infection acquired through sexual contact and children aged 14–16 years where the sexually transmitted infection was acquired through abuse.
- In South Australia the *Memorandum of Understanding (MoU) Child Protection Framework for the Provision of Services* between the Department of Health and the Department for Families and Communities establishes the policy objectives for the disclosure of information and the importance of partnership, collaborative practice and shared responsibility for children and young people across these agencies.

In Tasmania, where there are no formal provisions for information sharing, it was reported that “the current lack of clarity around information sharing with other agencies and departments can hinder collaboration.” Policies and procedures were being developed to address this issue.

Conclusion

This section considered the whole-of-government agenda for child welfare, and mechanisms for implementing government agendas at the strategic and operational level. There was a high degree of similarity in the outcomes governments hope to achieve for children and the approach at the highest levels for achieving these goals. Specifically, there was a belief in the notion that child welfare is a whole-of-government, whole-of-community, interagency responsibility; and that children’s safety and wellbeing is enhanced when services are available to strengthen families and communities was common to all jurisdictions.

It appeared that information-sharing provisions are an important component to facilitate inter-agency collaboration. State and territory governments have (or are currently) working to strengthen provisions for information sharing where this has been identified as a factor that could potentially hinder successful collaboration. While there was a large degree of commonality between Australian jurisdictions, there was variation in the nature of the mechanisms put in place to implement the social policy agenda. Different mechanisms may be more effective in different jurisdictions, thus it is not surprising that there are variations as state and territory governments attempt to respond to local needs. There was also some variation in the degree to which mechanisms had been implemented to facilitate the whole-of-government agenda in moving from rhetoric to reality.

Inter-government collaboration: Is the Australian Government involved in child protection?

“Breaking down the silos” is terminology typically used to describe a desire to enhance inter-agency collaboration and integrated approaches between different areas of government (e.g., Health, Education, and Child Protection) and between the non-government sector. However, the separate approaches taken by state and territory governments and the Australian Government to respond to the needs of Australian families could also be understood in terms of “silos” (largely in relation to funding and policy). In this project, state and territory child protection departments, and representatives from the Australian Government Department of Families, Community Services and Indigenous Affairs responded to three items that focussed on the intersection between states and territories and the Australian Government in matters relating to child protection. It is evident from these responses that the Australian Government has a significant degree of involvement in the delivery of services to families involved with statutory child protection services, but this involvement appears to be largely unrecognised and to have occurred without specific planning or intent.

State and territory departments, and the Australian Government (represented by FaCSIA) were specifically asked:

- Does the Department actively refer statutory child protection clients to services provided or funded by the Australian Government?
- What, if any, linkages are there between Australian Government-funded programs and state/territory-funded programs?
- What, if any, mechanisms are in place for planning when state/territory and Australian Government interests intersect?

Child protection clients referred to Australian Government departments and Australian Government funded services

All state and territory departments identified that they actively referred child protection clients to services provided by the Australian Government. However, “there are no specific data available on referrals to [Australian Government] funded agencies” (SA). State and territory departments clarified that referral to Australian Government services was “done on a case-by-case basis depending on the needs identified in the case plan” (WA) and that this “would vary depending on workers’ knowledge of what was actually available” (TAS). It was noted that service availability and accessibility problems were particularly relevant in rural and remote locations (NT).

The following are examples of Australian Government-funded programs to which state and territory departments actively refer child protection clients:²¹

- Centrelink for financial support (e.g., unemployment benefits, parenting allowance, carers payment, FBT for parents and carers, Transition to Independent Living Allowance (TILA) for care leavers, etc.);
- Family Court;
- Family Relationship Centres;
- Child Support Agency;
- Medicare;
- Australian Jobsearch Network (assistance with finding employment);
- Drug and Alcohol programs funded by the Department of Health and Aged Care;
- Department of Immigration and Multicultural Affairs;
- Hearing Australia (testing and treatment services);
- Australian Government legal services for advice and representation in legal matters; and
- Australian Government-funded family violence programs.²²

The Queensland response also identified a future scenario in which all state and territory departments may be required to actively refer child protection clients to Australian Government services:

As part of the Australian Government’s proposed quarantining of family welfare benefits, state/territory child protection agencies could be expected to notify Centrelink of neglect cases relating to a parent’s inappropriate spending of welfare payments. Such proposals have potential implications for the Department of Child Safety including an impost on existing operational resources and may impact on the department’s case work relationships with families.

Australian Government departments and Australian Government funded services that refer to child protection services

State and territory governments also reported that Australian Government services actively refer clients to child protection services. For instance, Family Relationship Centres and Australian Government-funded family violence services refer clients to state-funded services. Under the Youth Homeless Protocol, Centrelink makes referrals to state and territory departments in cases where young people applying for income support are assessed as being homeless, unsupported, and at risk of harm. Other examples include

²¹ The funding, structure, and administrative arrangements of programs varies. For example, some programs are funded by either the Australian or State Government, while others are funded to varying degrees by both.

²² Note that this list is not exhaustive.

referrals made to child protection under the Department of Immigration's Unaccompanied Humanitarian Minors Program; and referrals from the Family Court of Australia as part of the Magellan Project²³.

Linkages between state and territory and Australian Government programs and services

Linkages between state and territory and Australian Government programs and services fell into two areas:

- tripartite and bi-partite agreements between state and territory governments and the Australian Government for the provision of a specific service; and
- individual programs and services that are funded separately by both state/territory and Australian governments.

The most common examples of linkages through formal Commonwealth–State/Territory agreements were the:

- Supported Accommodation and Assistance Program (SAAP);
- Magellan Project;
- Unaccompanied Humanitarian Minors Program;
- Youth Homeless Protocol; and
- Home and Community Care Program (HACC).

In relation to SAAP services, Tasmania stated “SAAP services are jointly funded by the Tasmanian and Australian governments and there are very strong linkages here. However, they are achieved because there are agreements in place rather than being a consequence of local collaboration”.

The separate funding of individual services by the Australian Government and state and territory governments provide some examples of more local collaboration, and the potential for state and territory departments to use Australian Government-funded universal services as a platform for more targeted services. Examples include:

- Some Indigenous services are funded by state/territory departments to provide child protection related services and by the Australian Government to deliver other services (such as health services). The response from one jurisdiction suggested that in some instances Commonwealth-State funded service providers use Australian Government funding to assist a departmental family, child or young person outside their state funded functions and responsibilities (QLD).
- Some Australian Government-funded child-care services are provided with additional funding by state/territory departments to secure supplementary child-care services for statutory clients. The response from one jurisdiction pointed out that there are many interrelationships in the area of child-care with states as the licensee of child-care, and the Australian Government providing a lot of the funding and accreditation. “There appeared to be a lot of overlap and confusion with regard to childcare, which has been picked up in the COAG early years work” (TAS).
- In several jurisdictions, there were State–Commonwealth linkages for trials of different programs and services. Examples included: programs targeted at Aboriginal and Torres Strait Islander families, and family violence programs.
- In one jurisdiction a newly established Australian Government Family Relationship Centre was receiving additional Territory funding to supervise access ordered by the ACT Children's Court (ACT).
- Finally, there was also an example of local collaboration between existing Territory services and the Australian Government. The ACT Department has established a “One Stop Shop” that provides information and services to young people. This service includes sessional services funded by the ACT and Australian governments (ACT).

The Australian Government, represented by FaCSIA recognised that there are many effective linkages between FaCSIA funded programs and state and territory programs at the operational level. However, these linkages are variable, and to some extent, rely on effective local working relationships between the state and Commonwealth offices in local areas, rather than being a systematic national approach. It appeared

²³ The Magellan Project refers to a protocol between the Family Court of Australia and state/territory child protection departments. Under the protocol, allegations of child maltreatment raised before the Family Court are referred to state/territory child protection departments for assessment and investigation.

that where there were linkages among Australian Government and state/territory funded programs, these links were effective and were generally viewed positively by the jurisdictions involved.

At the strategic level, there are more formal mechanisms for linking policy and program development through the various Ministerial Councils, such as the Community and Disability Services Minister's Council. Such mechanisms are discussed in the following section.

Mechanisms for planning when state or territory and Australian Government interests intersect

Although they may not have been established specifically for the purpose of planning regarding intersections between state/territory and Australian governments in the child protection sector, there was recognition (by three of the nine jurisdictions) of the role existing state/territory and Australian Government committees can play as fora for the discussion of intersecting community service portfolio matters. For example, the Community and Disability Services Ministers meet annually to provide a forum for regular consultation on community services matters of mutual concern between the Australian Government and state and territory governments. Ministers are supported by the Community and Disability Services Ministers' Advisory Council (CDSMAC), which meets a number of times each year. CDSMAC oversees collaborative projects and provides strategic advice to the Ministers' Conference to ensure that it is well-informed in relation to its agenda, decision making and emerging priorities, particularly where a nationally coordinated approach to management of such issues would be of benefit. Another example is the Council of Australian Governments (COAG), which is the peak intergovernmental forum in Australia. COAG initiates, develops and monitors the implementation of policy reforms that are of national significance and which require cooperative action between governments.

In relation to planning specifically where Australian Government and state/territory interests intersect, there appeared to be some effective formal mechanisms for the delivery of specific programs and services. Five out of nine jurisdictions reported that where bi-lateral agreements were in place, or where the Australian Government and state/territory governments were involved in coordinated service delivery, there were formal planning mechanisms in place.

In relation to planning around child protection more broadly, seven of the nine jurisdictions responded that there were not formal mechanisms that required joint planning or discussion between the Australian Government and the state/territory government. While there appeared to be a lack of formal planning mechanisms for child protection services specifically, there were reports of voluntary collaboration and planning, particularly through local level meetings. Four of the nine jurisdictions (including the Australian Government) mentioned local level meetings between state and territory departments and Australian Government departments (usually FaCSIA) as a mechanism for planning when Australian Government and state/territory interests intersect in the area of child protection. For some, these meetings were held on a regular basis, for others they were scheduled as required. However, three of the nine jurisdictions reported that there was not enough collaboration or planning and that there was room for improvement in this area.

In addition, there were some limitations identified that impacted on the ability of local-level meetings to act as an effective mechanism for cross-government planning. For example, it was suggested that local and state area representatives may not have the full picture, and it was observed that Australian Government representation on local committees decreased over time due to the limited capacity of the Australian Government to participate at the local level. It is the role of the state and territory governments to respond to issues at the local level, and where appropriate, to raise issues in higher-level forums. A further limitation identified by two jurisdictions was that, while there were generally quite good collegial relationships at the local level and good intentions, the politicised nature of policy planning can prevent collaboration. It would appear that the ACT were the most positive regarding the outcomes of meetings between local representatives from the ACT and the Australian Government—the success of these meetings may be due in part to the proximity of the two governments.

One particular issue identified by five of the eight states and territories was the lack of a coordinated approach for service planning and capacity enhancement, in particular regarding gaps and duplication. Several examples were provided where services had been established without cross-government discussion and created potential duplication:

With the roll out of the Family Relationship Centres, the [Australian] and Victorian governments are like ships passing in the night. The [Australian Government] are rolling out Family Relationship Centres for families at risk of separating, some of which are vulnerable to other problems; and [the Victorian Government] are rolling out a whole range of services for vulnerable families some of which are separating (VIC).

Two states/territories identified as an issue the problems that can be encountered by state and territory governments on occasions when the Australian Government establishes a service or program with non-ongoing funding:

Often Australian Government programs and services exist on a time-limited basis so we cannot rely on them. When these programs become de-funded we are then left to pick up the pieces. The insecurity and lack of sustainability for established services causes a lot of angst for management, department staff in direct service delivery, community-based workers and the community.

Where the Australian Government funds one-off time limited services, this can create a demand that needs to be met by other services when the funding stops.

Within this context, it is interesting to note that the services identified by states and territories as those to which child protection clients were actively referred, were largely on-going programs and services funded by the Australian Government and/or departments and divisions within the Australian Government (e.g., Centrelink, Family Court and the Department of Immigration and Multicultural Affairs).

In summary, it would seem that cross-government planning is most effective when there are formal requirements for this to occur (e.g., under bi-lateral funding agreements). Meetings and collaboration between local-level representatives have resulted in some success, but there is room for improvement. Cross-government planning and collaboration where appropriate regarding the establishment and enhancement of the service system capacity may avoid duplication and enable services to be better targeted to meet identified gaps.

Conclusion

This chapter explored the approaches in Australia to “breaking down the silos” within government, between governments, and between government and non-government organisations. In summary, while states and territories have statutory responsibility for child protection, it appeared that there exists a shared view across governments that “child abuse and neglect is everyone’s responsibility.” There was a belief in the notion that child welfare is a whole-of-government, whole-of-community, interagency responsibility; and that children’s safety and wellbeing is enhanced when services are available to strengthen families and communities. A wide range of mechanisms had been established to facilitate joined-up responses within governments as well as between governments and non-government organisations. This study has showed that Australian Government activity frequently intersects with child protection services, however there were few provisions to successfully coordinate activity between governments. These findings also point to the need for further research to investigate the intersection between states and territories in relation to child welfare services.

8. Child protection and family support services: Conceptual models

There are many theoretical and conceptual frameworks that inform our thinking about the structure of the service system and the delivery of services to vulnerable families. Prominent approaches include: the developmental-ecological framework, situational crime prevention models, attachment theory, trauma theory, child development, gender theory, victimology, developmental-psychopathology, responsive regulation, community development, the public health model, and models of therapeutic engagement. Theories and models help us to frame our thinking and interpret findings when investigating the nature and prevalence of a problem, its aetiology, or its consequences. Theories and models also help us to plan and review the structure of the service system in responding to problems.

In this project, the public health model was used as an organising framework for describing and analysing the service system responses to child abuse and neglect. The public health model is commonly used to describe the child welfare service system and is a prominent theory applied in critical appraisals and strategic planning for the sector (D. Scott, 2006). However, we also briefly describe the theory of responsive regulation to provide an illustrative counterpoint to the public health model.

The public health model²⁴

Child maltreatment interventions aim to prevent the occurrence or re-occurrence of child abuse and neglect. The targeting of prevention programs at different groups with varying degrees of risk for child maltreatment is referred to as a “composite approach” to prevention. A composite approach to prevention originated in the public health model of disease prevention. In the public health model of disease prevention, preventative interventions are described as either: primary, secondary, or tertiary interventions (Tomison & Poole, 2000). Child maltreatment interventions are also commonly categorised in the same way.

Primary/universal interventions are offered to everyone. They provide support and education to the community.

Secondary interventions are targeted at families in need. They provide additional support or help to alleviate identified problems and prevent escalation.

Tertiary interventions are comprised of statutory care and protection services. They provide services where abuse and neglect has already occurred to help keep children safe and well.

Primary or universal interventions

Primary (or universal) interventions are strategies that target whole communities in order to build public resources and attend to the factors that contribute to child maltreatment. The Australian Childhood Foundation’s “Every Child is Important” campaign is an example of a primary intervention (Australian Childhood Foundation, 2004). The program uses television, radio and print material to educate the community in relation to the importance of a child’s early years and the need for a child to have a safe and secure home environment. Other examples of primary or universal interventions include universal home visiting programs, the supports and services available through maternal and child health clinics, and the provision of high quality child care services.

²⁴ This chapter providing a background description of the public health model as it applies to child maltreatment interventions and is an excerpt from Child Abuse Prevention Issues 24, *The Effectiveness of Parent Education and Home Visiting Child Maltreatment Prevention Programs* (Holzer, Higgins, Bromfield, Richardson, & Higgins, 2006, p. 3–4).

Secondary or targeted interventions

Secondary interventions target families who are “at risk” for child maltreatment.²⁵ Where families are at risk for child maltreatment (due to the presence of one or more risk factors for child maltreatment), secondary approaches prioritise early intervention. Secondary interventions generally involve early screening to detect children who are most at risk, followed by a combination of interventions (e.g., home visiting, parent education, and skills training) to address the risk factors for child maltreatment (Thyen, Thiessen, & Heinsohn-Krug, 1995).

Tertiary interventions

Tertiary interventions target families in which child maltreatment has already occurred. Tertiary interventions seek to reduce the long-term implications of maltreatment and to prevent maltreatment recurring. Given that tertiary interventions operate once child maltreatment has occurred or is believed to have occurred, they have been assessed as reactive and “after-the-fact” approaches (Thyen et al., 1995). Tertiary interventions (for example, statutory child protection services which operate in each state and territory throughout Australia) initially dominated the child protection domain. However, primary and secondary interventions have gained increasing attention as government bodies, non-government organisations, and community alliances have recognised the importance of proactive strategies, which intervene before maltreatment occurs (Thyen et al., 1995). Further, government agencies have recognised the benefits of providing composite interventions (e.g., secondary and tertiary responses) to maximise a family’s opportunity for sustained success.

The emphasis on primary and secondary interventions followed greater awareness of the cost of maltreatment (both to individuals and the community) and to the publication of research, which suggested that tertiary-level child protection services are not as successful as is often assumed (Geeraert, Noortgate, Grietens, & Onghena, 2004). To illustrate, Geeraert et al. (2004) reported that the difficulty of treating abusive parents at the tertiary level is more pronounced than at the primary or secondary prevention levels, as abusive parenting may have become a fixed pattern of parent–child interaction.

Support services and their target groups

Prevention and early intervention programs differ in their focus. Some strategies involve working directly with the parent (such as parent education programs), while other programs target children (such as school-based personal safety programs). In contrast, home visiting programs target the family unit, but may differ as to whether the program goals relate to outcomes specifically for the child, the parent, or the family. Table 8.1 illustrates the way child maltreatment prevention and early intervention programs can be conceptualised in a public health framework (that is, primary, secondary, and tertiary interventions) according to their level of operation or focus (that is, children, parents or community).

In this report, we use the public health model as an organising framework to describe the different interventions designed to prevent entry or re-entry into statutory care and protection services.

Table 8.1 Types of child maltreatment prevention and early intervention programs

Focus	Intervention level		
	Primary	Secondary	Tertiary
Child	Personal safety programs	Assertiveness training for “at risk” children	Therapeutic programs (e.g., group or individual therapy for abused children)
Parents/ Family	Universal nurse home visiting programs	Parent education programs	Child protection service referrals (e.g., anger management programs)
Community	General media awareness campaigns	Targeted media campaigns in “at risk” communities	Intensive community interventions (e.g., alcohol zero tolerance zones)

Limitations of the public health model

Some programs are both secondary and tertiary, or primary and secondary. For example, a parenting program may contain parents who have been referred because their children are considered to be *at risk* of abuse and neglect, as well as parents who have been referred from child protection services because their children have already experienced actual abuse and neglect and they are required to complete the

²⁵ The term “at risk” is used in this chapter to mean families who exhibit risk factors for child maltreatment. Risk factors for maltreatment include: poverty, parental mental health problems, marital discord, family violence, and parental drug and alcohol use. Note that such risk factors are not causative (meaning the presence of a risk factor does not mean that a child will experience maltreatment). However, the presence of identified risk factors can be a cue to service professionals that the capacity or likelihood of abuse and/or neglect occurring is greater as a child and family’s vulnerability is greater where there is financial strain, family violence and so on.

program to help ameliorate the risk of further maltreatment. Another example that illustrates the difficulty of rigidly applying the public health model to child maltreatment interventions can be found in the use of therapeutic treatment programs for maltreated children. For example, therapeutic interventions for maltreated children can be considered tertiary interventions (as maltreatment has already occurred) and also secondary interventions as addressing the consequences of maltreatment may reduce the likelihood of inter-generational effects (Tomison & Poole, 2000).

Responsive regulation

Perhaps a better conceptual model for understanding the distinction between child protection and family support interventions is the notion of responsive regulation. In describing responsive regulation, Harris (2007) argued:

Responsive regulation ... focuses our attention on how decisions are made (Ayres & Braithwaite, 1992; Braithwaite, 2002): are they made by families (self-regulation), are they made in cooperation with families (supported-self-regulation), or are they made by others and imposed on families (coercive regulation)? Normatively, the theory argues that agencies should decide how to intervene in each individual case based upon how successfully problems can be solved through dialogue and persuasion (Braithwaite, 2002). The theory prioritises cooperative approaches, in contrast to what it describes as “formalistic” approaches, which determine how to respond to cases based upon the “category” or “seriousness” into which a problem falls. The theory argues that more coercive forms of intervention will be necessary sometimes, but that agencies will be more effective if they employ these only after they have attempted dialogue and negotiation first.

Parent education, home visiting programs and other similar interventions for families in need could be conceptualised as a form of “supported regulation” rather than secondary interventions (see Figure 8.1). In comparison, child protection services are involuntary services and as such are a form of “coercive regulation”—indeed child protection services exist with a legislative mandate for those situations in which the state needs to intervene to protect children because their parents are unable or unwilling to do so.

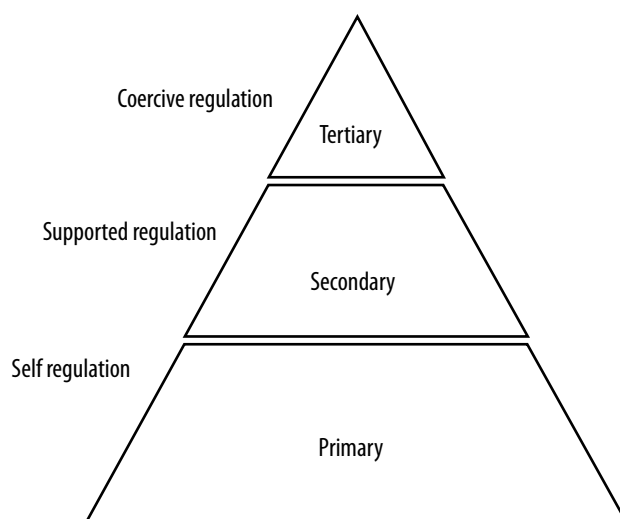


Figure 8.1 The primary health model and responsive regulation: Exploring different approaches to describing services to enhance the protection of children

Conclusion

There are some limitations to the public health model in terms of conceptualising the role of the current range of services designed to assist children to grow and develop in a safe and nurturing environment. A responsive regulation framework provides a different framework for understanding the operation of the Australian child welfare sector. However, the public health model is most useful framework for strategic planning regarding service provision (e.g., recognising the types and range of services needed and identifying service gaps along the continuum). The authors recognise the definitional constraints arising from this public health model. However, given that a key feature of this report is the strategic assessment of the service system (e.g., service planning and modes of service delivery), the public health model will be used in this report to describe child welfare services.

9. The nexus between risk and need

The public health model (as described in Chapter 8) provides a conceptual model for planning and establishing appropriate services to protect vulnerable children. According to the public health model, there should be sufficient universal interventions for all families. Universal services can then be used to leverage secondary or targeted services. That is, when necessary, families can be identified at the universal stage and referred for more intensive (secondary) services in a non-stigmatising way. However, for the public health model to be operational, there needs to be sufficient secondary services available to meet the needs of identified families. From this perspective, tertiary child protection services are a last resort, and the least desirable option for families or the state. However, tertiary services must exist and secondary (and primary) services that identify families in which there are significant protective concerns need to refer families to these services. That said, families that require a court response to ensure the safety of children form the “tip of the iceberg”, as such the public health model conceptualises primary and secondary services as significantly larger than tertiary services.

As alluded to above, the public health model can be conceptualised as a pyramid—see Figure 9.1 for a visual representation. While the public health model may be conceptualised as a pyramid, spending in these areas more closely resembles an inverted pyramid. For some jurisdictions, however, a diagrammatic image of primary, secondary and tertiary services (in terms of initial referrals/reports) would look more like an hourglass than a pyramid. Such observations are emblematic of a critical problem within the continuum of child welfare services: child protection is currently the most visible entry point for raising concerns about families in need and facilitating their access to services. To illustrate, there were approximately 266,000 notifications to child protection services across Australia in 2005–06, only 56,000 of which were substantiated (AIHW, 2007).

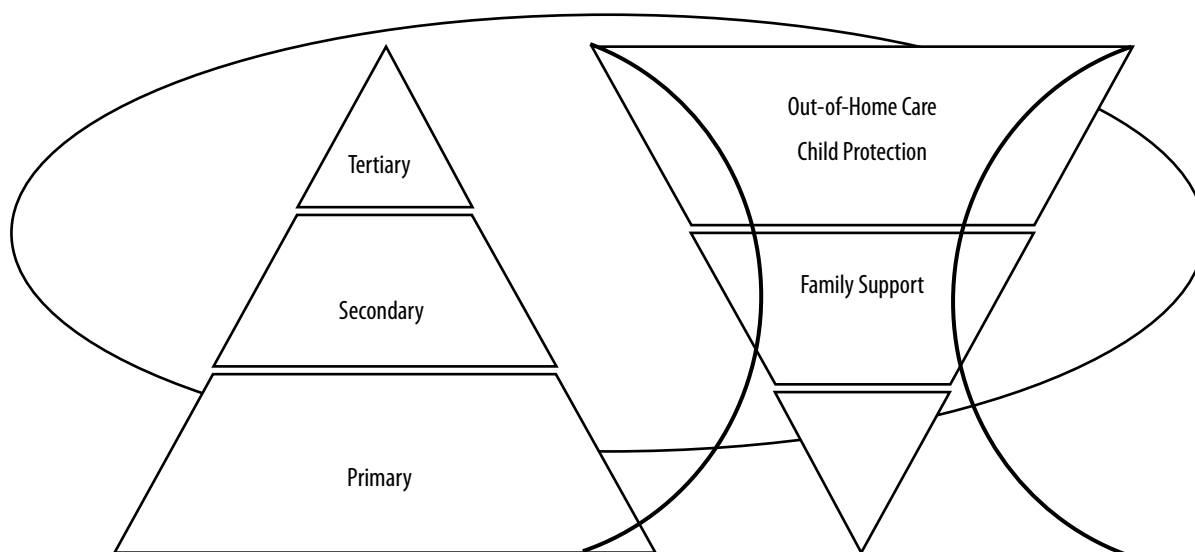


Figure 9.1 Visual representation of the Public Health and Responsive Regulation Models compared with Government expenditure on services for protecting vulnerable children

This suggests that the critical issue driving demand for child protection services is actually the need for appropriate responses for those families who fall below the threshold for statutory intervention, but would benefit from targeted services to address current problems and to prevent escalation²⁶. The need to reduce demand on child protection services is perhaps the most critical challenge for child protection services.

Families referred to child protection services who could benefit from some form of intervention, but who fall below the threshold for statutory child protection involvement, are “at the nexus between risk and

²⁶ An alternate argument is that the investigation is flawed or that gatekeeping is employed to drive substantiations down. There is likely to be an element of this. However, research into families chronically re-entering child protection services showed that referral to appropriate services was associated with lengthening the time between re-entry (Bromfield, 2005). Further, in Victoria the investment in the secondary service system has been associated with a flattening of referrals to child protection services (Thomas & Naughton, 2005).

need.” One of the critical issues is ensuring that there are sufficient family support and targeted services available with the capacity to provide services to vulnerable families. There is unanimous agreement among Australian states and territories regarding the need for this to occur. However, a second critical issue on which there is considerably more variation, is the referral pathways for families entering these targeted/secondary services.

Figure 9.2 shows the pathways for referral of vulnerable families to and from secondary services. The community may make referrals directly to any point in the service continuum, at which point services within that continuum may provide interventions directly to the family, or refer the family to more appropriate services at another point in the continuum. At present, a significant proportion of referrals for secondary and tertiary services are made by the public and professionals to tertiary services, who in turn refer a large proportion of these referrals to alternative non-statutory interventions (i.e., approximately 80% of notifications to child protection services are unsubstantiated; a large proportion of these cases are referred to secondary services). In building the capacity of the secondary service sector, state governments have been exploring the option of expanding referral pathways. There are several possible options:

- promoting and enhancing referral pathways down from and between tertiary services (at an operational level this option would need to consider how statutory child protection clients may move or be referred from one tertiary funded service down to another and where the plan is to exit the family from the child protection system).;
- promoting and enhancing referral pathways directly into secondary/targeted services;
- creating a single visible entry-point where families are assessed and referred to the most appropriate service response (e.g., primary/secondary family services or tertiary child protection services); and/or
- not creating a specific visible referral point, but enabling community members and professionals to make referrals to those services that exist within the local area to meet the identified need.

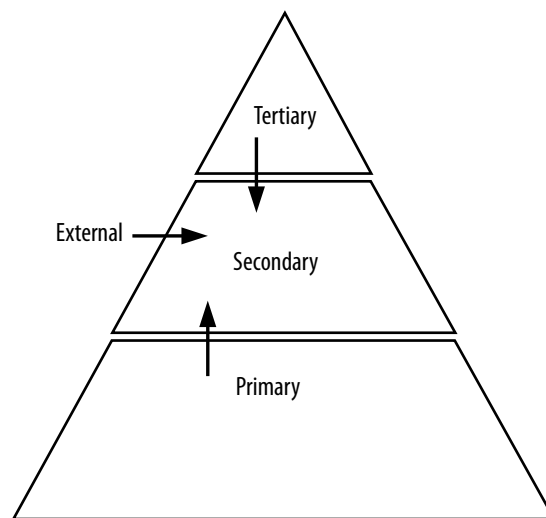


Figure 9.2 Pathways for referral of families into the secondary service system

Promoting and enhancing a particular pathway as the primary and most visible entry point into family support services does not prohibit referrals directly to services at different points on the continuum by members of the community and other professionals. The emphasis is more subtle and aimed at the message you want the community to take home, specifically the message is: “Who would you think of first if you were concerned about a family or needed parenting support for yourself?” Decisions regarding what referral pathways will be provided, and which of these will be promoted to the community can have a significant impact on the role that child protection services play in the child welfare continuum.²⁷ In this project, statutory child protection services were asked how they were responding to families at the nexus of children at risk and children in need. The key elements of responses from each jurisdiction are collated in Table 9.1.

²⁷ Differentiated responses at intake can also have a significant impact on statutory child protection data reported in the AIHW’s annual Child Protection Australia report depending on whether a referral assessed at the tertiary intake point is classified as a child protection report before or after the application of the differential response framework.

As can be seen in Table 9.1, differentiated responses at tertiary intake services are common and provide formal pathways from tertiary services to secondary services for those cases that do not meet the threshold for statutory intervention. However, there were also some novel approaches to the creation of new pathways into secondary services. For example:

- The Western Australian intake for child protection appears to act as a generic intake for secondary and tertiary referrals.
- One of the key platforms on which the Victorian reforms are based is the establishment of a visible entry point directly into secondary services. A similar direction to that in Victoria appears to have been implemented in New South Wales.
- In South Australia, families in need are identified through universal services, and linked to targeted services where necessary. The development of identified secondary service pathways for referral following a child protection report is part of the care and protection reform underway in South Australia.

Table 9.1 Clarifying the nexus between risk and need in Australian jurisdictions

<p>Australian Capital Territory</p> <p>The nexus of risk and need is not clearly articulated in the Department's statutory framework. The <i>Children and Young People Act 1999</i> (ACT) defines "need" in terms of "in need of care and protection", which relates specifically to the need for protection from abuse or neglect. There is no provision in the legislation for a response entirely based on "need" in the absence of "risk".</p> <p>From a policy perspective, in late 2006, the Department expanded the existing assessment process to encompass family need. At the same time, intake policy was amended to encourage non-appraisal responses for families in "need", active referral and family support work. The implications of this policy shift will be observable in 12 months time. It is hoped that fewer matters will proceed to appraisal.</p> <p>The priority of focus on early intervention and prevention is to ensure that children who are in need, but not necessarily at risk, have their needs (and those of their family) supported and addressed to prevent further involvement of any kind with the tertiary child protection system.</p>
<p>New South Wales</p> <p>Statutory services differentiate between children in need versus children at risk. Services may be provided to families, children and young people who request assistance under Sections 20 and 21 of the <i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW), including an assessment of their need and referral. Children at risk are identified as a discreet group in Section 23 of the Act. Sections 24, 25 and 27 enable persons to make a report about harm or risk of harm that a child (including an unborn child) or young person is experiencing.</p> <p>Following an initial assessment of reports by the DoCS Helpline, and referral of the case to a Community Service Centre (CSC), a streaming process is used to determine whether families will receive a statutory response or are eligible to be offered a voluntary service under the <i>Brighter Futures</i> early intervention program. If the report is assessed as being lower risk and meets certain criteria, it will be referred to the DoCS Early Intervention (EI) Team and allocated for case management where possible by the DoCS EI Team or the EI community Lead Agency (non-government organisation). <i>Brighter Futures</i> provides services to children who are in need but may not yet be at risk. The program will intervene with families (with young children) who exhibit vulnerabilities that may lead to child protection concerns if the concerns are not addressed. Alternatively families in need can self-refer, or DoCS community partners can refer families to the <i>Brighter Futures</i> program through an EI Community Lead Agency.</p>
<p>Northern Territory</p> <p>Assessment of the safety and risk status of children and young people referred to the FACS system is undertaken at Intake level. At present there are three categories used to rate the seriousness and immediacy of child protection investigations. These include: child at risk, child in danger and child concern.</p> <p>As part of the Caring for Our Children child protection reform, a differentiated response system is under development to provide FACS with greater flexibility in responding to notifications and to better tailor the response to child and family needs.</p>

Table 9.1 continued on p. 59

<p>Queensland</p> <p>The discussion paper, <i>Towards an Early Years Strategy</i>, presents the vision of an enhanced child and family support system. The discussion paper argues the need to build a more comprehensive and integrated continuum of services—services that are responsive to diverse and changing child and family needs and are able to provide access to the “right service at the right time.” Within this context, the discussion paper advocates the importance of a “balanced investment” and prioritises action areas, including:</p> <ul style="list-style-type: none"> ■ building on universal service provision; ■ targeting whole-population interventions for vulnerable areas or populations; ■ increasing access to intensive support services for families; and ■ building child- and family-friendly communities. <p>Over the next four years the Queensland Government has committed to expand child abuse and neglect prevention and early intervention services by building on family support services (<i>Referral for Active Intervention</i>); and to increase access to child protection services by establishing child safety hubs in remote communities. Services are provided by both the Department of Communities as part of their <i>Referral for Active Intervention</i> program and the Department of Child Safety’s Family Intervention Services (FIS). FIS services seek to respond to departmental referrals to service the needs of parents and families by strengthening the practical skills of parents, providing supervision and opportunities for contact between a child and their parents, coordinate other specialised supports available in the community, participating in the case planning and case review process, while assisting the department in permanency planning matters, including reunification.</p>
<p>South Australia</p> <p>South Australia has had a differential response system since 1997. This comprises a centralised intake service at which point a differential response model is applied. In those situations where an investigative response is not required alternative services are able to follow up with such families in voluntary arrangements. The connected client case management system (C3MS) will develop a clear referral pathway for those families where there is a nexus between risk and need. The South Australian whole-of-government child protection agenda includes a strategy to identify families in need through universal services, and to link them to targeted services. Intensive work is being undertaken in local service areas as part of the development of Vulnerable Families Networks. These networks will involve partnerships between government and non-government agencies to facilitate the provision of services, which are responsive to families experiencing high levels of adversity. South Australia has also undertaken a program of training teachers so that they are more aware of their duty of care beyond reporting suspected abuse and neglect to Families SA. The intent is to heighten awareness of child vulnerability and child trauma and better inform schools to enable them to be more responsive to broad-based child welfare needs and not just extreme needs around risk. These developments fit within the early intervention and shared responsibility agendas of the South Australian Government.</p>
<p>Tasmania</p> <p>Child Protection Services in Tasmania differentiate between children in need and children in need of protection. However, given the current overloading of the statutory child protection system there are only very limited services offered to children in need. The Child Protection Advice and Referral Services (CPAARS) may advise notifiers of other services available. However, the system has very limited capacity to address the needs of this group. Tasmania has recognised that this lack of early services may lead to a subsequent referral to the statutory services if the family environment continues to deteriorate.</p> <p>An alternate referral program, the “Early Support Program”, is currently being piloted in the Hobart region. This program aims to divert families and children in need prior to entering the statutory child protection system. The Review of the Tasmanian Family Support Service System (KPMG, 2006) considered the programs that were available for support to families and suggested a new model based on local coordination of services and earlier intervention. The major findings of the review were: “the service has developed in an ad hoc way and there is a serious limit to the availability of family support services for vulnerable and at risk families” (p. 10).</p>
<p>Victoria</p> <p>Victoria has recognised that the protection of children cannot be separated from policies and programs to improve children’s lives as a whole. Into the future, family support services will have a more targeted role to assist the most vulnerable children, young people and families. Child protection will retain its specialist function—to respond when children and young people are in need of protection. Child protection will also have a community partnership role—providing expert advice and assistance to community services to support earlier intervention. In this way, secondary and tertiary sectors will work together to provide a graduated range of services and respond effectively to changes in family needs and risks.</p> <p>The new <i>Children, Youth and Families Act 2005</i> (VIC) establishes two broad referral categories:</p> <ul style="list-style-type: none"> ■ Significant concern for the wellbeing of a child (wellbeing referrals/reports) ■ Child in need of protection (child protection reports) <p>Child wellbeing referrals/reports may be made to community based child and family services (Child FIRST) or Child Protection. Child protection reports may only be made to Child Protection.</p>

Western Australia

Differential response is well-embedded in legislation and policy in Western Australia. The “New Directions” research provided an evidence base to inform legislative development on this issue. Section 32 of the *Children and Community Services Act 2004 (WA)* stipulates the range of further actions that can be taken if it is determined that further action is needed. Section 32 (a, b, c and f) are essentially provisions for voluntary services, while Section 32 (d and e) provide for statutory interventions. What this means is that in Western Australia, not every contact needs to be responded to as a child protection matter. The outcome of an initial assessment could be a referral for family support, intensive family support, or a child protection response (called an investigation).

When it is unclear from the presenting information whether a child protection or family support response is required, “child wellbeing” is listed as the reason for contact. This can then be responded to at the duty intake level or if further information suggests that the matter is actually very concerning, then the worker can refer the case to child protection for investigation.

Two of the items in the update to the *National Comparison Of Child Protection Systems* (Bromfield & Higgins, 2005) have direct relevance to the question of differential response provisions in Australian jurisdictions. Table 9.2 collates state and territory responses to the following items:

- Is there capacity to categorise a referral as either statutory (child protection) or non-statutory (e.g., family services) on the basis of presenting information?
- What are the possible outcomes of an intake assessment?

Table 9.2 Differential response categories in Australian jurisdictions

	Is there capacity to categorise a referral as either statutory (CP) or non-statutory (FS) on the basis of presenting information?	What are the possible outcomes of a child protection intake assessment?
ACT	The management of reports does not differentiate between mandated and voluntary reports prior to conducting an investigation (called “appraisal” in the ACT).	The range of possible outcomes from an assessment of a report include: <ul style="list-style-type: none"> ■ No further action ■ Referral and advice ■ Office interview, home visit and/or case conference ■ Appraisal (investigation)
NSW	REFORM: Cases may be closed, referred for a child protection investigation & assessment or referred to the <i>Brighter Futures</i> early intervention program. Sections 20 & 21 enable DoCS to provide services upon the request of a parent or child in specified circumstances. Section 113 allows for requests for assistance by any person where there is serious or persistent conflict between parents and a child or young person.	<ul style="list-style-type: none"> ■ Stage 1, information only: information does not meet risk of harm definition in the legislation. Information is recorded on the client record. ■ Stage 1, risk of harm but it is not considered that the child or young person may be in need of care and protection. Case closed at intake. ■ Stage 2, full initial assessment is completed and referred for secondary assessment as it is considered the child or young person may be in need of care and protection
NT	Reporters have option of “consulting” to determine if concerns require a report. Once a report is accepted the Intake Worker initially classifies concerns as: Child Protection Report (i.e., involving child maltreatment allegations), Protective Assessment (i.e., concerns do not constitute maltreatment but which indicate child may be in need of care). The outcome of a Protective Assessment may be: Referral; Family Support Referral; or No Further Action.	<ul style="list-style-type: none"> ■ Closed (allegations do not constitute abuse) ■ Closed (insufficient information) ■ Proceed to investigation

Table 9.2 continued on p. 61

Table 9.2 continued from p. 60

	Is there capacity to categorise a referral as either statutory (CP) or non-statutory (FS) on the basis of presenting information?	What are the possible outcomes of a child protection intake assessment?
QLD	Non-statutory cases are recorded as an enquiry, or a child concern report. Information that reaches the threshold for an investigation and assessment is recorded as a notification.	<ul style="list-style-type: none"> ■ General enquiry—may include a request for the department to provide information; or may relate to child welfare issues or child protection concerns where no identifying details are provided. ■ Child Concern Report—responses may include providing information and advice to the notifier, making a referral to another agency or providing information to the police or another state agency. ■ Notification—response is an investigation and assessment. A response priority tool will recommend one of three response timeframes for commencing an investigation and assessment: 24 hours, 5 days or 10 days.
SA	Reports classified as: <ul style="list-style-type: none"> ■ Insufficient grounds ■ Sufficient grounds (recorded as “child protection assessed”); or ■ Not a child protection matter (recorded as “general practice, other concern”) 	<ul style="list-style-type: none"> ■ Tier 1—imminent danger ■ Tier 2—no immediate danger but immediate risk of serious harm ■ Tier 3—low risk of immediate harm, however children in need (i.e. may experience harm in future if conditions do not change)
TAS	All notifications are classified as a statutory report. REFORM: The diversion of notifications to a family support response is being trialled. Requests for general information and advice on child protection matters are recorded as enquiries.	<ul style="list-style-type: none"> ■ No further action ■ Dealt with by other means ■ Referred for investigation
VIC	Reports are classified by the Intake worker according to the following typology: <ul style="list-style-type: none"> ■ Child Wellbeing Report ■ Protective Intervention Report ■ Unborn Child Report ■ Inappropriate/Insufficient information 	<ul style="list-style-type: none"> ■ Open (investigation) ■ Well Being Report—refer to Child FIRST/Family Services ■ Closed (no further action) ■ Closed (advice/referral)
WA	The <i>Children and Community Services Act 2004</i> (WA) enables the Department to make inquiries to determine what action it should take when it receives information that raises concerns about a child’s wellbeing. Reports are assessed on the presenting information and decisions made on the most appropriate immediate response. Possible response categories are: <ul style="list-style-type: none"> ■ voluntary social services (family support) ■ child protection investigation ■ short-term assessment when it is not clear if the Department needs to take action or what the most appropriate response should be. 	<ul style="list-style-type: none"> ■ No further action (NFA). ■ Provision of information, referral or voluntary social services (family support). ■ Provision of child centred family support. ■ Child protection investigation to determine if a child is in need of protection. ■ Short-term assessment when it is not clear from the presenting information if the department needs to take action or what the most appropriate response should be.

Note: CP = Child Protection; FS = Family Support

Conclusion

The nexus between children in need and children at risk is a significant area of current policy development. Differentiated responses at tertiary intake services are common to most jurisdictions, and such response options provide formal pathways from tertiary services to secondary services for those cases that do not meet the threshold for statutory intervention. Several jurisdictions also reported an increasing concentration of effort on the development of new referral pathways into secondary services.

10. Early interventions: Preventing entry or re-entry into care and protection

Early intervention defined

Early intervention is a concept with currency in many disciplines, including education, health and welfare. Broadly, the term “early intervention” is used to mean activities, programs and initiatives designed to alter the behaviour or development of individuals who show signs of an identified problem, or who exhibit risk factors or vulnerabilities for an identified problem, by providing the resources and skills necessary to combat the identified risks (Feldman, 2004; Hayes, 2007; Queensland Department of the Premier and Cabinet, 2006; Tomison & Poole, 2000).

Definitions of early intervention in the context of child welfare and child protection often differ according to whether a deficit or developmental approach is adopted. In child protection and child welfare, early intervention can be used to mean intervention early in life (a developmental perspective, and one that focuses on the early years) or intervention early in the life of the problem (a deficit perspective, and one that focuses on identified risks and needs). Although a developmental perspective more closely resembles the concept of prevention (particularly where interventions are delivered at a universal level), there is overlap between prevention and the deficit model of early intervention where intervention is undertaken to reduce the likelihood of escalation (Hayes, 2007; Holzer, Bromfield, Richardson, & Higgins, 2006; Queensland Department of the Premier and Cabinet, 2006).

For the purpose of the National Approach for Child Protection Project “early intervention” is defined as programs or services designed to prevent entry or re-entry into statutory child protection services or out-of-home care, that is, intervention early in the life of the problem.²⁸ This chapter first discusses the aims of early interventions generally, and then provides some examples of the approaches to early intervention employed in each Australian jurisdiction for the purpose of diverting families from entering the child protection system and from progressing through the statutory service continuum. The chapter closes with examples of specific ways in which jurisdictions attempt to prevent children entering alternative care.²⁹

Types of early interventions and their benefits

The aims of early interventions are multifaceted. As alluded to above, intervention early in the life of the problem aims to: (a) ameliorate existing problems; (b) reduce the likelihood that problems will escalate; and (c) enhance the life chances of vulnerable populations by increasing the presence of protective factors in the lives of such families (Delorenzi, Reed, & Robinson, 2005; Holzer, Bromfield, Richardson, & Higgins, 2006; New South Wales Centre for Parenting and Research, 2005; Tomison & Poole, 2000). Literature surrounding the consequences of early environmental disadvantage has led to greater emphasis on the delivery of early interventions to avoid undesirable long-term outcomes (Hayes, 2007; Shonkoff & Phillips, 2001). Further, despite some variation in outcomes depending on program type, meta-analyses regarding the results of early interventions typically point to the effectiveness and utility of such programs in addressing identified risks and vulnerabilities (Daro, 2007; Holzer, Bromfield et al., 2006; New South Wales Centre for Parenting and Research, 2005; Tomison & Poole, 2000).

Early interventions can be delivered to children and families in a variety of ways. For example, some services are delivered in a family’s home (“home-visiting programs”), while other models of service delivery are centre or community-based (such as parent education programs, and school-based early childhood education programs). The data derived in the present investigation revealed that Australian jurisdictions have embraced a variety of approaches to early intervention, and that all jurisdictions firmly support the

28 Note that there are broader conceptualisations of “early intervention” in relevant literature. This definition was agreed to by the Working Group in order to narrow the scope of the project to include only those initiatives that are related to child welfare and child protection, and the prevention of escalation in or involvement with tertiary services.

29 Note that the programs, services, and practices described in this chapter do not represent the entirety of services available in any given jurisdiction. This chapter is not intended to be an exhaustive audit; rather it is a snapshot of the types of services and programs in operation around Australia.

importance of early interventions to steer families from child protection involvement, and to prevent re-entry into the child protection system.

The following section provides some examples of approaches to early intervention employed in each jurisdiction (as described in state and territory responses to Pro forma 4). For further detail, Appendix C provides a key program or service profile of an initiative currently in operation in each jurisdiction. The profiled example is drawn from the responses received by each jurisdiction to the “early interventions” pro forma. The example may have been provided as the program/service is: (a) a new and innovative development; (b) a proven success; or (c) indicative of the direction a particular jurisdiction is heading with respect to the delivery of preventative interventions. The chapter concludes with an overview of key themes in relation to the delivery of early intervention services across Australia.

Australian Capital Territory

Funding and service providers

In 2004, the Australian Capital Territory released its whole-of-government strategy aimed at promoting early intervention and strengthening child and family wellbeing: the *ACT Government's Social Action Plan* (2004). This document identifies the enhancement of prevention and early intervention as a key area for development in the Territory.

Existing early intervention services in the Australian Capital Territory are provided by the non-government sector; however, funding is received from the Australian Capital Territory Government, as well as the Australian Government.

The Australian Capital Territory has a number of formal channels to enhance service integration between the various bodies involved in the delivery of early intervention services. For example, a liaison process occurs regularly between the Department of Education and Training, ACT Health, and the Department of Disability, Housing and Community Services. Further, to engage with community service providers, the Office for Children, Youth and Family Support in the Department of Disability, Housing and Community Services provides “Practice Partnership Forums” for out-of-home care agencies, and other informal meetings.

At the moment, case management of families moving through the system is coordinated by protective workers, however, the introduction of the pilot “Integrated Family Support Program” will see the Office for Children, Youth and Family Support work more closely with non-government agencies to actively case manage particular families. The proposed new *Children and Young People Bill 2007* (ACT) will further enhance information exchange pathways between the various service providers and government.

Client groups

The Australian Capital Territory provides a range of services to respond to the needs of all children and families, as well as providing a number of “customised” services in order to meet the needs of identified client groups including Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse families.

In 2005, the Office for Children, Youth and Family Support established the Aboriginal and Torres Strait Islander Service Unit, which provides specialised family support services for Indigenous children and families, as well as support and advice to protection staff as to how to best work with Indigenous families. Other initiatives such as the establishment of the Indigenous Foster Care and Kinship Care service, Narrabundah House (housing accommodation for Indigenous youth), and the establishment and funding of Indigenous-specific early intervention programs such as Jumby Mulla assist in the provision of service delivery that is attuned to the needs of Indigenous families.

Responding to the unique needs of culturally and linguistically diverse families is an aspect of service delivery given much attention in core training for Departmental staff, as well as in policy. Staff are trained and directed to approach their work with diverse families from a human rights framework, and are required to engage with interpreters and translators in order to facilitate communication and active participation in decision making.

Other client groups the Australian Capital Territory identifies as key groups requiring early intervention services include: care leavers and their children; families where parents have mental health and substance abuse issues; young people in the juvenile justice system who have children themselves; and families with

children who have a disability, especially where the nature or extent of care required for the child exceeds what can be maintained within the family. Note that while these groups are identified as requiring early intervention services, there are not necessarily existing services to uniquely target all of these groups.

Program types

The Australian Capital Territory operates a Centralised Intake Service, which assists in appropriately referring families to targeted services where, for example, they do not meet the threshold for child protection intervention, but where there are identifiable needs. Active referral is undertaken such that families are provided with information about an appropriate service, and then staff follow-up with the provision of further information and to ensure that the referral is carried through.

The Australian Capital Territory provides a range of services to meet the needs of families identified as in need and/or at risk of entry into the child protection system. Key program types include: (a) the *Schools as Communities* program (see Profile 1 in Appendix C); (b) the *Parents as Teachers* program, which is a home-visiting program that provides assistance to parents to develop their parenting skills and strategies; (c) *Parentlink*, which is a multi-media positive parenting program that provides written and online information of assistance to parents, such as parenting guides and service directories; (d) two Child and Family Centres, which aim to integrate universal and secondary services in a single coordinated location—services provided include maternal and child health services, parenting education, and child and adolescent mental health services;³⁰ and (e) intensive family support programs, of which there are currently 23 in operation providing services such as home visiting, respite care, parent education, and emergency child care. (Note: these programs are illustrative examples of the types of programs available in the Australian Capital Territory. This is not an exhaustive audit).

New South Wales

Funding and service providers

In 2006, New South Wales launched a 10-year State Plan, which included an emphasis on the need to embed the principles of prevention and early intervention in child protection services, and to prioritise the early years in the delivery of children's services. In New South Wales, existing early intervention services are delivered through a combination of government and non-government providers. The Department of Community Services adopts a "triage" approach to the provision of services whereby universal services are delivered through strategies such as *Families NSW*; secondary services are accessible through the *Brighter Futures* early intervention program (which is a suite of early intervention initiatives) and Family Support Services; and tertiary services are delivered through specialist services, for example *Intensive Family Based Services*.

The *Families NSW* program is a whole-of-government strategy to increase the effectiveness of early intervention and prevention services to assist families to raise healthy children and to connect with services before they are in crisis. The *Brighter Futures* program enables families to access the full range of services and supports that they require either through the early intervention team of the Department, or through an identified non-government Lead Agency. Essentially, the *Brighter Futures* program signals a move towards a strengths-based approach to protecting children from harm by working with families to address their needs and vulnerabilities.

The New South Wales *Interagency Guidelines for Child Protection Intervention* (2006) provide a detailed overview of best practice for all agencies involved in working with children and families in which there are child protection concerns. The Guidelines also outline the framework adopted in New South Wales regarding shared responsibility, collaboration and information sharing.

Client groups

Pursuant to the *Brighter Futures* early intervention program, the Department enters into contracts with agencies for the delivery of intervention services. These contracts require agencies to address the unique needs of Aboriginal and Torres Strait Islander families, and culturally and linguistically diverse families. Further, a number of Aboriginal and multicultural organisations have been funded as Lead Agencies or

³⁰ Note that Care and Protection Service staff recently began working out of the Centres to provide support for families with young children at risk of entering the child protection system.

partner agencies in the *Brighter Futures* program, meaning that culturally responsive services are among the suite of interventions accessible through the *Brighter Futures* program (see Profile 2 in Appendix C).

In New South Wales, early intervention services are provided to families where there are vulnerabilities that, if left unchecked, may escalate and impact adversely on a parent's capacity to parent, and on a child and family's wellbeing. Key client groups that New South Wales identifies as requiring early intervention services due to identified vulnerabilities include: families experiencing domestic violence; families in which there is parental drug misuse, and mental health problems; families who lack wider social supports (such as an extended family and community network); and parents with significant learning and/or intellectual disabilities. Note that while these groups are identified as requiring early intervention services, there are not necessarily existing services to uniquely target all of these groups.

Program types

The *Brighter Futures* early intervention program (the program which most directly aims to prevent entry or re-entry into tertiary services) is a composite of many program types, including: home visiting; parenting and family support programs; community capacity building; and child care, all of which are provided under the umbrella of the *Brighter Futures* program. Families are appointed a case manager either from the Department of Community Services or a *Brighter Futures* Lead Agency who assists them to coordinate services and access appropriate interventions.

Northern Territory

Funding and service providers

The Northern Territory is in a phase of re-developing its principal child protection Act—the *Community Welfare Act 1983* (NT) (i.e., the *Care and Protection of Children Bill* (NT) is to be presented to the Northern Territory Cabinet in 2007). One of the key motivating factors behind the proposed legislative reform is to enhance the capacity of prevention and early intervention approaches to the delivery of child and family support services in order to maximize the capacity of families to care for their children. The Northern Territory's *Caring for Children Reform* (2003) agenda and *Family Support Framework* (2005) also prioritise the expansion of prevention and early intervention services.

Existing preventative family support programs in the Northern Territory are both funded and delivered by a combination of government and non-government providers. For example, the Family and Children's Services branch of the Department of Health and Community Services funds non-government agencies to provide family support services, and also maintains "in-house" family support teams that are responsible for supporting families with the aim of preventing the occurrence of child maltreatment. Referrals are made to various services on the basis of consultation with the child and family, by reference to relevant protocols between the Department and other agencies, and are dependent on the presenting problem/s.

Policy frameworks—such as *Building Healthier Communities: Framework for Health and Community Services 2004–2009*, *Agenda for Action: A whole-of-government approach to Indigenous Affairs in the NT 2005–2009*, *Aboriginal Health and Families: A five-year framework*, and *NT Family Support Framework*—provide guidance and direction as to linkage mechanisms between various government bodies involved in child and family wellbeing, and whole-of-government responsibility for child and family welfare.

Client groups

Aboriginal and Torres Strait Islander peoples comprise about one-third of the Northern Territory's population, thus the provision of culturally attuned services for Indigenous communities is a central feature of the Department. This is further necessitated by the fact that Aboriginal and Torres Strait Islander children and families constitute the majority of the Department's clients.

To address these challenges, the Northern Territory Government introduced the *Aboriginal Health and Families: A Five Year Framework for Action* strategy, which is designed to identify areas for reform to improve outcomes for the Aboriginal population of the Territory. The Department has also introduced an Office of Aboriginal Health, Family and Social Policy to guide the direction of service reform.

Other client groups the Northern Territory identifies as key groups requiring the delivery of early intervention services include: families in which there are substance abuse and mental health problems; families in which a parent or child has a disability; families experiencing domestic violence; youth

(especially those engaged in high risk behaviours such as sniffing); and care leavers. Note that while these groups are identified as requiring early intervention services, there are not necessarily existing services to uniquely target all of these groups.

Program types

Family and Children's Services provide a range of interventions to address the needs of vulnerable families; the *Family Support Framework* provides an overview of the way in which the Northern Territory Government is also shaping non-government family support provisions. Core early intervention program types include: parenting programs and parenting groups (for example, the *Triple P Positive Parenting Program* and the NT Families website); early education programs and initiatives (such as the *Seven Steps to Safety* family resource kit); counselling services (such as *Parentline*); respite services; and the placement of community workers in rural and remote regions. More targeted or secondary interventions in operation in the Northern Territory include: accommodation services for children and families in crisis; Reconnect; and youth activity services and family liaison (for example, the establishment of a youth centre in Katherine to provide young people access to information, advice and opportunities for community engagement). (Note: these programs are illustrative examples of the types of programs available in the Northern Territory. This is not an exhaustive audit).

Queensland

Funding and service providers

The Queensland Government funds non-government organisations to deliver a broad compliment of early intervention services spanning universal, targeted and intensive service provision. The *Strengthening Non-Government Organisations* initiative and the *Strengthening Indigenous Non-Government Organisations* initiative provide guidance in these areas. Similarly, the Queensland Government's *Partnerships Queensland* strategy provides an overview of the whole-of-government approach adopted with respect to service provision.

The Department of Communities maintains lead responsibility for the development of prevention and early intervention programs, with a particular focus on inter-agency coordination and collaboration. Other government departments such as the Department of Education, Training and the Arts, Disability Services Queensland, the Department of Housing, and Queensland Health also fund prevention and early intervention services. The Department of Child Safety funds a category of family support that has a much stronger focus on ongoing intervention where a child is under the care of the Department.

New directions with respect to the delivery of early interventions in Queensland emphasise: (a) the promotion of integrated service provision; (b) strengthening universal services; (c) promoting a strengths-based approach to working with children and families; and (d) clearly defining desired outcomes for children and families, and evaluating the success of interventions in achieving identified goals.

Client groups

The Queensland Government's commitment to Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse clients, and rural and remote clients is apparent in several recently developed key policy documents: *Partnerships Queensland*; the *Multicultural Action Plan*; and the *Blueprint for the Bush*.

In addition to these client groups, the Queensland Government also identifies several other key groups to whom early intervention services need to be directed, including: young parents; parents with learning difficulties; families in which there are mental health and drug abuse issues; and parents of children with a disability, particularly where there are high support needs in a family. In identifying certain groups as warranting particular attention, the Department of Communities is conscious of balancing an awareness of risks and needs, with an understanding of protective factors in order to adhere to a strengths-based approach. While targeting some of these groups explicitly, Queensland is also seeking to improve access opportunities within broad based children and family support services.

Program types

The Department of Communities funds a variety of programs to support families in need including: domestic and family violence services, specialist counselling programs and services, drug and alcohol rehabilitation programs, mental health services, parenting programs, maternal and child health services,

and early childhood education and child care services. Through the *Referral for Active Intervention* (RAI) strategy, families access such services via referral from the Department of Child Safety (see Profile 4 in Appendix C).

The Department of Communities also funds other targeted services such as the *Future Directions* prevention and early intervention pilot programs. These services provide similar types of interventions as the *Referral for Active Intervention* strategy; however, *Future Directions* programs accept referrals from a broader range of agencies and from other government departments.

In order to bring about circumstances that would allow a child to either remain living at home or to return from out-of-home care, the Department of Child Safety provides funding to non-government organisations to provide Family Intervention Services. Family Intervention Services respond to departmental referrals and seek to address the needs of parents and families by strengthening their practical parenting skills, providing supervision and opportunities for contact between a child and their parents, coordinating other specialised supports available in the community, participating in the case planning and case review process, and assisting the department in permanency planning matters, including reunification.

South Australia

Funding and service providers

In South Australia, early intervention programs and services are predominantly provided by the non-government sector with substantial funding from the Department of Families and Communities, as administered by Community Connect. South Australia adopts a multi-agency and multi-disciplinary approach to the delivery of early interventions. This philosophy is reflected in the South Australian Government's overarching child protection policy position "*Keeping Them Safe*". The Department of Families and Communities has various formal and informal arrangements in place to enable information sharing and collaboration with respect to providing for the welfare of children and young people. For example, the Department has a Memorandum of Understanding with the Department of Health as well as an Information Sharing Protocol between Families SA and Health services that facilitates information exchange (e.g., if there are child protection concerns and mental health issues). With respect to non-government organisations, funding arrangements between agencies and the Department extend to and include the responsibility of each to work collaboratively and to implement case management and referral systems.

Client groups

Early intervention services are structured in such a way as to be locally derived responses to identified needs. Accordingly, programs have been developed that are designed to specifically provide for the needs of Aboriginal children and families, culturally and linguistically diverse families, and rural and remote families.

In relation to Aboriginal families, the Department has, for example, a program called Taikurringa Waraba, through which Aboriginal elders meet to discuss the Department's work and how to break down barriers in order to facilitate service access for Aboriginal families. Aboriginal Families Teams also operate in rural areas to provide broad social services without the need for statutory involvement. In addition, the Yaitya Tiramangkotti team assists families and Departmental staff to determine the most suitable pathways for Aboriginal clients who come into contact with the statutory child protection system.

Various mechanisms have been developed to promote sensitivity towards culturally and linguistically diverse families. For example, the South Australian "tool kit" for protective workers provides direction as to how workers can engage with diverse client groups, how to facilitate care meetings, and how to incorporate interpreters and other communication tools.

The needs of rural and remote communities are met by establishing partnerships between various community programs, for example health promotion programs and neighbourhood community programs, and child protection services. A number of rural and remote communities have formed partnerships with relevant agencies around "early years" initiatives.

Additional key target groups the South Australian Government identifies as in need of early intervention services include: families in which there are substance abuse issues and mental health problems; refugee families; care leavers; and families who are multiple services users with multiple chronic problems. Note

that while these groups are identified as requiring early intervention services, there are not necessarily existing services to uniquely target all of these groups.

Program types

In conjunction with other government departments and non-government service providers, the Department for Families and Communities provides a range of early intervention services including: parent education and help-line services; a single parenting resource centre (SPARK); home-visiting programs (such as that delivered by Anglicare Family Support Workers who operate out of Families and Communities district centres); and health and parenting support initiatives specific to the early years (such as the Strong Families Safe Babies program; see Profile 5 in Appendix C). Further, a collaborative venture between the Department for Families and Communities, the Department for Health and the Department of Education and Children's Services will see the delivery of support services for vulnerable families provided through Family Services Coordinators based in Children's Centres. (Note: these programs are illustrative examples of the types of programs available in South Australia. This is not an exhaustive audit).

Tasmania

Funding and service providers

Tasmania is at the beginning of a substantial period of reform to the delivery of child protection services. The proposed reform is the result of several significant reviews of service delivery in Tasmania, specifically: the *Report on Child Protection Services in Tasmania* (Jacob & Fanning, 2006); the *Review of the Tasmanian Family Support Service System* (KPMG, 2006); and *A way forward: Implementation of actions in response to the Review of Child Protection Services in Australia* (Child Protection Services, 2006).

The *Review of the Tasmanian Family Support Service System* revealed that there was a lack of community-based supports to which families with some level of risk, but who did not meet the threshold for statutory services, could be referred. Further, support services in operation were found to lack the capacity to meet demand. Although Tasmania's legislative framework is strong on the provision of prevention and early intervention services, systemic lack of resources was found to have hindered the implementation of the legislative framework. Reforms to the child protection system in Tasmania will aim to rectify the present situation and more fully implement the existing legislative framework.

In relation to the early intervention and support services that presently exist in Tasmania, a multifaceted approach to service delivery is employed. For example, some services are government funded and operated, while others are government funded, but delivered by non-government organisations that specialise in family support and early intervention services. The responses in this project regarding early intervention services in Tasmania to prevent the entry or re-entry of families into care and protection services reflect the current limited capacity of the secondary service system.

Client groups

Tasmania provides early intervention services on a much smaller scale than other jurisdictions, thus programs are generally designed to operate across all localities and with all population groups, including regional areas. While early intervention programs are not typically designed to be specific for cultural groups (such as Indigenous peoples), the Tasmanian Government aims to promote cultural awareness and sensitivity through policy and staff training. Further, the government works closely with refugee and migrant settlement services when needed to assist families that require intensive support.

The Tasmanian Government identified a number of key groups that would benefit from the delivery of targeted early intervention services, including: Aboriginal and Torres Strait Islander families; families in which there are mental health and substance abuse issues; and families in which a parent or child has a disability. Note that while these groups are identified as requiring early intervention services, there are not necessarily existing services to uniquely target all of these groups.

Program types

The Tasmanian Government, in conjunction with non-government agencies, provides a range of early intervention services including: relationship and parenting counselling services; drug and alcohol support services; mediation; education and information resources and services; housing assistance (through the

Supported Accommodation Assistance Program); and crisis intervention services. In addition, Tasmania is currently establishing a nurse home-visiting program for at risk young parents: the *C U @ Home* program (see Profile 6 in Appendix C). (Note: these programs are illustrative examples of the types of programs available in Tasmania. This is not an exhaustive audit).

Victoria

Funding and service providers

The Victorian Government adopts a broad platform for the delivery of early intervention services; the aim is to respond to vulnerability, and the driving assumption is that vulnerability can be found in any family. To illustrate, the *Child Wellbeing and Safety Act 2005* (VIC) provides an overarching framework for promoting positive outcomes for all children, while the *Children, Youth and Families Act 2005* (VIC) provides guidance as to how to appropriately respond to children who are more vulnerable due to family circumstances.

Reform to the Victorian Government's service provisions stemmed from an awareness that there was an on-going rise in service demand, a high re-notification rate, and an absence of early intervention and prevention services. The key platform on which service reform has been based is that the response to children and families in need must be holistic and derived from an integrated service system, not a stand alone "child protection" service.

Accordingly, the Victorian Government, in conjunction with non-government service providers, delivers a range of services at a broad (universal) level that also serve to provide more targeted interventions when required (such as the maternal and child health nurse home visiting program). The Victorian Government's aims in the delivery of family services are clearly articulated in the *Strategic Framework for Family Services*: (a) to promote the safety, stability and development of vulnerable children, young people and their families, and to build capacity and resilience for children, families and communities; (b) to promote a primary focus on the best interests of the child or young person in the context of their family and community; and (c) to provide flexible response options that recognise that children and families need different degrees of support and different types of support options. All of these objectives are to be met with a strong focus on cultural sensitivity; purposeful collaboration with other child and family service agencies; and an awareness of the effects of cumulative harm.

System navigation and management is largely provided for by the Victorian Government's new framework Child FIRST. Child FIRST involves a centralised intake system for family services within a given catchment area. The family services intake provider has responsibility for ensuring that families access the appropriate services to meet their needs by providing required referrals (this may include a referral to child protection where the Child FIRST intake service assesses this as necessary). The critical difference between the Victorian Child FIRST service model and that of other jurisdictions is that Victoria is in the process of creating a separate and highly visible entry point for support services, rather than entry to individual non-government organisations through community, self-referral, or referral from tertiary child protection services. Over time it is anticipated that Child FIRST will be the community's initial referral point where they have concerns about a family or child rather than child protection services.

Client groups

The Child FIRST strategy, the *Strategic Framework for Family Services*, and the suite of policy papers being developed around "Best Interests" give attention to culturally sensitive practice with families from diverse backgrounds (including, for example, Aboriginal and Torres Strait Islander children and families, and culturally and linguistically diverse children and families). However, the platform on which Victorian child and family services are delivered posits that all children are potentially vulnerable, thus community entry is provided for referrals to support services (Child FIRST). More intensive services are provided when necessary; however, the structure of service provision is such that children and families move up rather than down the "public health pyramid".

Program types

The Victorian Government provides a range of preventative services spanning the continuum of universal services to more targeted secondary interventions. In broad terms, the Office for Children is comprised of four output groups: (1) the Early Years; (2) Family and Community Support; (3) Juvenile Justice; and (4)

Child Protection and Family Services. Each of these output groups are responsible for subsidiary program areas. Of relevance to early intervention, the Early Years output group oversees kindergarten and child care services; child health services; and early childhood intervention services. Also of relevance to early intervention, the Family and Community Support output group is responsible for the delivery of support services for families; community support and personal support. At the tertiary end, the Child protection and Family Services output group is comprised of child protection specialist services; placement and support services; family and community services; and statutory child protection services.

Each of these program areas draws on a variety of intervention types to enhance parenting capacity and skills, to support parent–child relationships, and to foster positive child development and social connectedness. Program and service types include: advocacy, information and advice; active engagement; outreach; in-home support; family group conferencing; crisis intervention; counselling; and skills enhancement (education services). (Note: these program types are illustrative examples of the types of programs available in Victoria. This is not an exhaustive audit).

Western Australia

Funding and service providers

Both government and non-government service providers are responsible for the delivery of early intervention initiatives in Western Australia. Where there is a notification but the concern is not at a level to warrant statutory intervention, the Department for Community Development (Department for Child Protection since May 2007) may directly provide preventative or support services, or refer families to government-funded specialist services or prevention and support services in other government agencies. When providing funds to agencies to deliver services, the Department develops service specifications that clearly articulate the types of services to be provided, expected outcomes, target groups and models of service delivery. The Department also provides “in-house” service delivery, particularly in regional areas where geographical constraints often mean it is more difficult for families to access specialist services, which are typically located in metropolitan areas. “In-house” services include the provision of clinical psychologists who, on a case-by-case basis, work with protective workers and managers to identify and achieve the most desirable outcomes for families.

The Department links with other agencies in the system through both formal and informal channels. For example, the Department has a Memorandum of Understanding with the Disability Services Commission with respect to children in care, or children who are at risk of coming into care, who have a disability. In relation to linking the Department with non-government service providers, departmental workers are trained to assess the needs of a child and his or her family and to identify appropriate referral pathways. Staff make referrals on the basis of their assessments and liaison with other staff where required (for example, the clinical psychologist and/or the Senior Officer Aboriginal Services).

Client groups

A number of the Department’s core programs are delivered or adapted in such a way as to be culturally responsive to specific populations. For example, the Department’s *Best Beginnings* service, which provides intensive home-visiting and links with linguistically diverse agencies in order to be culturally adaptive to families from diverse backgrounds. *Best Beginnings* is also provided in rural areas.

The Department also employs Senior Officers Aboriginal Services who provide support and advice to protective staff regarding their work with Aboriginal children and families. In addition, the Department provides a number of Aboriginal Early Years Support Services in metropolitan and rural areas.

The Department’s *Best Start* program fulfils an important parenting and family support role with respect to Aboriginal children and families. The program is designed to assist Aboriginal children and families to prepare for school. In so doing, the Department works collaboratively with the Department of Education and Training and the Department of Health to identify the sorts of services required to meet a particular family’s needs. The *Best Start* program is primarily delivered by Aboriginal staff.

In addition to the importance of providing services particular to the needs of Aboriginal and Torres Strait Islander families and culturally and linguistically diverse families, the Department also identifies the following key groups as requiring early intervention services: (a) parents who are care leavers; (b) parents with a disability; (c) families in which there is violence; (d) families where there is drug and alcohol abuse and (e) families in which there are mental health concerns. Note that while these groups are identified as

requiring early intervention services, there are not necessarily existing services to uniquely target all of these groups.

Program types

In addition to the aforementioned programs, the Department funds and/or provides a range of other services that span the continuum of preventative interventions (for example, community development services to out-of-home care and reunification services). Broadly, the services the Government funds incorporate parenting services; information and skills development services (for example, Parent link, and other home visiting services, four Tertiary Family Preservation Services—including one for Aboriginal families in the metropolitan area); and family safety services—including child sexual abuse treatment services, family and domestic violence counselling services, and domestic violence accommodation services. The Department is also able to contract specialist service providers in order to meet individual case needs. (Note: these program types are illustrative examples of the types of programs available in Western Australia. This is not an exhaustive audit).

Preventing entry into care

In addition to enquiring as to the nature and extent of preventative programs designed to divert families from the statutory child protection system, and to prevent progress through the statutory continuum, jurisdictions were also asked about strategies or initiatives employed specifically to prevent children entering alternative care. The question: “What protection strategies and approaches does your jurisdiction adopt for children who are in the care of their parents and case managed by statutory child protection services to prevent their entry and re-entry into care?” was asked of all eight jurisdictions. There was a high degree of similarity in responses to the item. For this reason, the following section provides a national synopsis of the approaches adopted to preventing entry into care across Australia, rather than a state-by-state description.

The data provided by each jurisdiction revealed that statutory child protection departments generally employ similar techniques to supporting families to retain the care of their children. Most jurisdictions discussed the use of voluntary care agreements or similar (e.g., intervention with consent) between a child’s parents and the department. Such tools enable families to access support services through the department without needing to be subject to care and protection orders. Statutory departments use voluntary care agreements as an opportunity to address the risks and vulnerabilities present in a family in a collaborative way.

Supervision orders are also employed by statutory child protection departments in order to retain case management of a child while the child remains in the care of his or her parents. The terms of a supervision order may make requirements of parents to undertake programs designed to address identified risks (e.g., a parenting program, or a drug and alcohol rehabilitation program). New South Wales has recently introduced through legislation “Parent Responsibility Contracts”, which are voluntary agreements between primary care-givers and Department of Community Services (DoCS) to improve parental functioning such that a Contract may require a primary care-giver to attend services or refrain from certain actions in order to reduce the risk of harm to their children. Parent Responsibility Contracts are used as an early intervention tool to prevent protective issues escalating and leading to court based actions.

All jurisdictions also highlighted the importance and use of Intensive Family Preservation services. Such programs are concentrated and “hands-on” approaches to supporting families in crisis. Typically, Intensive Family Preservation services are provided to families in which a child is at imminent risk of being placed into out-of-home care. All jurisdictions reported either providing such services, or funding and referring families to such services. However, as noted earlier with respect to the provision of more general early intervention services, there is some variation between jurisdictions in terms of the resources available to provide such services, and thus the capacity of intensive family preservation services to respond to demand.

As part of Out-of-Home Care funding reform, NSW recently developed a Family Preservation/Intensive Support Program, which provides an intensive and flexible range of services targeted at both the child and their family. The aim of the program is to reduce the risk of harm to the child and to keep the child with his or her own family, extended family, or support networks. The outcome of Family Preservation services will be that children who once required statutory intervention are safe at home, and where appropriate,

are successfully restored to their family unit. It is intended that these families will have a reduced need for future protective statutory intervention.

Synthesis and summary

Broadly, it can be seen that each state and territory government is adopting a similar platform for the delivery of early intervention services. Generally speaking, Australian jurisdictions are emphasising the use of universal services as the basis for providing for the welfare of children and families. Further, providing response options for families in need and not just families in crisis (the “traditional” tertiary child protection client) was described by all jurisdictions as a critical challenge facing the sector. In part, an inability to provide appropriate social supports early in the life of the problem has contributed to the demand currently faced by tertiary services. This understanding has led to reform in all jurisdictions to more effectively embed prevention and early intervention services in the service continuum.

While some jurisdictions such as Victoria (and to some extent Queensland) were reluctant to identify specific client groups as key groups to whom early interventions needed to be targeted (instead the policy frameworks in these jurisdictions identified all children as potentially vulnerable), broadly consistent themes emerged as to population groups of particular vulnerability, including:

- families in which there are substance abuse and mental health problems; families in which there is a parent or child with a disability (particularly where the individual’s care needs exceed that which can be provided by the family);
- families in which there is violence;
- Indigenous children and families due to their over-representation in all statutory systems; and
- care leavers (particularly those who are parents themselves).

Consistent trends were also noted in relation to initiatives designed to enhance cross-government involvement in child protection, government and non-government collaboration, information sharing, and broader community involvement in child welfare. For example, cross-government linkages had been introduced in several jurisdictions (such as, the implementation of Memoranda of Understandings between the department primarily responsible for child protection and other departments such as health, disability, and education). Further, information-sharing protocols have been introduced in a number of jurisdictions in order to provide a more comprehensive response to families where there are, for example, child protection concerns and parental mental health issues. In addition, guidelines for inter-agency collaboration have been developed in several jurisdictions to provide a formal framework pursuant to which both government and non-government agencies are to work together to achieve desired outcomes for children and families.

One area in which there appeared to be some difference was the referral pathways children and families navigate when there are identified family needs and/or protective concerns. In most jurisdictions referral to family support services takes place via government referral (that is, children and families come to the attention of the statutory child protection department and then are referred to government-funded social support services where an assessment informs the department that statutory involvement is not the most appropriate response option, or where the family does not meet the threshold for statutory involvement). However, Victoria, and to some extent New South Wales, have developed different service models.

The introduction of Child FIRST in Victoria signifies a unique development in terms of service delivery. Child FIRST provides a visible community-based entry point, rather than a tertiary entry point, to facilitate service access. Community members are still able to report directly to Child Protection; however, the Child FIRST model is built on the premise that better outcomes are achieved when a referral for support is made with a family’s consent and participation. In general terms, referrals to Child FIRST are encouraged where presenting concerns appear to have a low-to-moderate impact on the child, and where the immediate safety of the child is not compromised. Child Protection should be notified when the presenting concerns appear to have a serious impact on the child’s immediate safety, stability or development. Child FIRST enables the former category of children and families to receive support and services without coming to the attention of Child Protection.

Multiple entry pathways are also available in New South Wales. The *Brighter Futures* program enables families to access the full range of services and supports they require either through the early intervention team of the Department, or through an identified non-government Lead Agency. In a similar fashion to the Child FIRST strategy, community agencies and/or individuals can refer to Lead Agencies, thus the services can be accessed via a community-based entry point, rather than a tertiary entry point. However,

in practice the majority of families receiving early intervention services are streamed via DoCS; that is, families are the subject of a risk of harm report to DoCS, and are assessed as either not meeting the threshold for statutory intervention, or early intervention support services are determined to be the most suitable response option. Further, regardless of the family's referral pathway, the decision as to whether a family is eligible for the early intervention services is always at the discretion of DoCS' "Manager Casework" in the Community Service Centre. Agencies can only commence case management once DoCS has determined that the family is eligible for intake.

Great similarity was noted between all jurisdictions with respect to the provision of services specifically employed to prevent a child entering alternative care. All jurisdictions highlighted the importance of Intensive Family Preservation services to address presenting risks and needs in such circumstances, and most outlined the way in which mechanisms such as supervisory orders, voluntary care agreements, or intervention with consent are used to work collaboratively with a family where there is imminent risk that a child will be removed from his or her family home.

Conclusion

In summary, the present analysis revealed that Australian jurisdictions endorse a similar philosophical position with respect to prioritising early intervention services as a means of reducing the likelihood that identified problems will escalate, enhancing the outcomes of children and families, diverting families from child protection involvement, and preventing re-entry into the child protection system. Consistent trends were observed regarding Australian jurisdictions' desire to enhance cross government collaboration and community sector involvement in the delivery of early intervention services in order to provide more tailored responses to families with multiple needs. Some differences were noted in relation to the structure of the service system (specifically the point of entry and referral pathways). It is also worth noting, while all states and territories endorsed the prioritisation of early intervention services, this did not mean that those services were actually available or had the capacity to meet demand (this was particularly apparent in Tasmania). Many jurisdictions did identify the need to build capacity in early intervention and prevention services as a key strategic direction. While existing legislative and policy frameworks provide for a sophisticated service system response, implementation of such an approach across the continuum remains a challenge.

PART IV

KEY CHALLENGES AND STRATEGIC DIRECTIONS

11. Care and child protection services in Australia: Key Challenges and strategic directions

In this report we have considered the international context in relation to child and family welfare, child protection systems in Australia, and the need for child protection services to be part of an integrated service system. In this, the conclusion to the report, we bring these issues together by examining the key challenges and strategic directions in child welfare policy across Australia. Specifically, in this chapter we examine the drivers for reform in child welfare services, the key challenges for enhancing the care and protection of children, investment across the child welfare continuum and the broad themes in relation to strategic direction and reform across Australia.

Key drivers for reform

Between 2002³¹ and 2006, every jurisdiction embarked on a process of substantial review to the way in which protective services are delivered. During the period 2002–2004, in particular, many jurisdictions embarked on, or were the subject of, critical review. The past five years has seen significant reform to the delivery of child protection services. This characteristic is common to all jurisdictions across Australia. However, the drivers for these reforms vary across jurisdictions and include factors such as: (a) dated legislation and practice frameworks; (b) self-initiated research and review; (c) external inquiries (generally accompanied by media scrutiny); and (d) strategic plans (strategic plans most frequently provided the blueprint for implementing reform, but in some cases the plans themselves drive reform). It is worth noting that these were the key drivers identified by each state and territory government, but that child protection is a dynamic area and there many other drivers for change. Policy and practice directions are routinely reviewed and modified accordingly.

31 Western Australia actually commenced in 1989 the legislative review process for the *Children and Community Services Act 2004*, which was proclaimed in 2006. However, the Gwen Murray Inquiry in 2002, and the passing of the *Children and Community Services Act* in 2004 have been the significant drivers of recent strategic directions and reform agendas in Western Australia.

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

For example, following the Crime and Misconduct Commission Inquiry (2004) and the accompanying media attention, Queensland embarked on a rapid reform agenda. The Crime and Misconduct Commission Inquiry provided 110 recommendations, all of which were accepted by the Queensland Government. The changes were far-reaching and demanded fundamental structural, organisational and practice reform (e.g., the creation of a new department, amendments to legislation, development of a new practice framework, implementation of a new information system and risk assessment framework, significant increases to the size of the workforce, and the provision of entry-level training for all existing and new workers in direct service provision). These are only a few examples of the 110 recommendations of the Crime and Misconduct Commission Inquiry, all of which were implemented over the three-year period (2004–2007).

In comparison, in Victoria a legislative review to replace the dated *Children and Young Persons Act 1989* (VIC) and the *Community Services Act 1970* (VIC) began in 2002 with the publication of *An Integrated Strategy for Child Protection and Placement Services* (Victorian Government Community Care Division, 2002). These two Acts were replaced with the *Children Youth and Families Act 2005* and the *Child Wellbeing and Safety Act 2005*, which were enacted in April 2007—five years after the legislative review process commenced.

Australia-wide, review and reform of the child protection system over the past five years has been unique from previous reform agendas for child welfare. Instead of focussing on the operation of the child protection department per se, reviews have tended to focus on the whole service system, the role of government and the way in which services to protect children are delivered. As a consequence, substantial change to the whole service system has occurred in many jurisdictions.³²

Key challenges in care and protection

In this section of the report the key challenges in delivering care and protection services are considered. In the first sub-section, state and territory departments considered the challenges broadly for enhancing the protection of children. In the following two sub-sections the key challenges and policy directions in the specific areas of out-of-home care and after care.³³ The challenges and policy directions for all Australian states and territories were compiled to arrive at the biggest challenges in care and protection nationally. Not surprisingly some of the broader issues in enhancing the protection of children are mirrored at a more micro-level in the specific areas of care and after care (e.g., managing demand for statutory services is identified as the biggest challenge for enhancing the protection of children, and the need for appropriate placements is the biggest challenge for out-of-home care services).

Key challenges for enhancing the protection of children

State and territory departments, and the Australian Government (as represented by FaCSIA) were asked to describe the key challenges ahead for their jurisdiction in enhancing the protection of children.³⁴ These responses were collated to identify the key challenges across Australia. The eleven key challenges for enhancing the protection of children in Australia ranked from highest to lowest are:

- The pressure of demand at the front end of child protection services.

32 Note that since data collection was completed, there have been significant changes to child protection in the Northern Territory. The Northern Territory Inquiry into the Protection of Aboriginal Children from Sexual Abuse handed down its *Little Children are Sacred* report stimulating substantial investment in child protection and child abuse prevention. The Australian Government, partly in response to the Inquiry report, launched a significant intervention in the Northern Territory to combat child abuse and address the health and wellbeing of Aboriginal children. These developments have not been incorporated into the present report. Similarly, the Prudence Ford Inquiry released in 2007 has also been accompanied by intense media scrutiny, and rapid and significant reform announcements by the WA Government. Data for this project were collected prior to the release of the Prudence Ford Inquiry, and the current WA response is therefore not incorporated into this report.

33 “After care” refers to services and supports for young people who are preparing to make the transition from care to independent living, and those young people who have recently left care.

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

- Building prevention and early intervention services (especially for families in need).
- Enhancing and monitoring practice consistency and quality.
- Reforming policy and practice frameworks and implementing reforms.
- Recruitment and retention of a skilled workforce (including, for example, organisational structure, the operating model, job design, specialist roles, supporting staff and so on).
- Implementing and enhancing culturally appropriate interventions for Aboriginal and Torres Strait Islander children and their families, and services to assist preventing their over-representation in statutory care and protection services.
- Provision of a quality out-of-home care service.
- Breaking down silos (between government departments, and non-government agencies and from a top down structural level to relationships between individual practitioners).
- Families with multiple complex problems (especially parental substance abuse, family violence, mental health and chronic involvement with child protection services).
- Provision of the necessary tools for staff to perform their respective roles (e.g. information systems).
- Community education (in terms of managing community expectations of child protection departments and promoting the message that child protection is everyone's responsibility).

Key challenges for care

The provision of a quality out-of-home care service was identified as one of the eleven key challenges for enhancing the protection of children in Australia. State and territory departments were asked specifically to identify the key concerns and policy directions in their jurisdiction for out-of-home care.³⁵ These responses were collated to identify the key challenges and policy directions for care across Australia. Jurisdictions reported a smaller number of key challenges and policy directions for care ($n = 9$) than for enhancing the protection of children more broadly ($n = 11$). This is to be expected, as out-of-home care is one specific element of the wider service system designed to enhance the protection of children. The nine key challenges for care in Australia ranked from highest to lowest are:

- Demand for placements (increase in number of children entering care, entry at earlier ages, and increasing length of stay in care, difficult to place children with complex needs).³⁶
- Addressing the over-representation of Aboriginal and Torres Strait Islander children in care, providing culturally appropriate placements and meeting the cultural needs of those Aboriginal and Torres Strait Islander children in care.
- Stability, certainty and permanency (while not specifically stated, decision-making in relation to reunification is intrinsically linked with stability).³⁷
- Improving outcomes for children in care (especially those with complex needs) and facilitating their access to services.
- Reforming policy and practice frameworks and implementing reforms in out-of-home care.
- Recruiting carers and retaining carers (both foster and kinship) and providing appropriate training and support (including financial support) for current carers.
- Enhancing and monitoring practice consistency and quality in out-of-home care.
- Providing an appropriate and high quality range of placement options (including specialised or treatment foster care, kinship care and residential care).
- Child-centred practice, including ensuring the voices of children in care are heard.

Some of the broader systems issues identified as key challenges for enhancing the protection of children were endorsed again as key concerns and policy directions relating to out-of-home care, these were:

- recruitment and retention of a skilled workforce;

³⁵ Methodological note: Jurisdictions were asked to provide five key challenges. This was a guide only and jurisdictions were advised that they could list more or less than five challenges. The number of challenges provided ranged from 4 to 6 (although 5 was the most commonly number provided), and the length and detail under each challenge also varied. Responses were analysed and coded into one of eight challenges—some responses were coded into multiple categories. Note that three concerns reported in the data collection pro forma were only endorsed by one jurisdiction. These concerns were not included in the national list. The challenges were then ranked according to how many jurisdictions' responses could be coded into that challenge.

³⁶ Note that entering care and being in an out-of-home care placement can encompass a variety of care and placements types including, for example, foster care, kinship care and residential care.

³⁷ The terms stability, certainty and permanency are sometimes used interchangeably to refer to consistent care arrangements for children (see Chapter 4, page 16 for a more detailed discussion of definitions).

- provide the necessary tools for staff to perform their respective roles (including information systems); and
- building prevention services especially for families in need.

One jurisdiction endorsed a further key direction for care:

- Improving the evidence-base to inform policy development and decision-making (specifically, the establishment of a longitudinal study).

Although improving the evidence-base was not explicitly endorsed as a key concern or direction by other jurisdictions, the need for evidence-informed policy and practice has been widely recognised (Holzer, Lewig, Bromfield, & Arney, 2007, in press). It is highly likely that if specifically asked, most if not all other jurisdictions would also endorse the need to enhance the evidence base.

*Key challenges for post care*³⁸

Research has identified the need for appropriate provisions to be made to enhance the success of children and young people leaving care and making the transition to independent living (Cashmore & Paxman, 1996, 2006; Mendes & Moslehuddin, 2004a, 2004b; Raman, Inder, & Forbes, 2005). Following on from previous sub-sections regarding challenges for enhancing the protection of children broadly, and for out-of-home care specifically, state and territory departments were asked to identify the key concerns and policy directions in their jurisdiction for post care (also referred to as transition from care or leaving care).³⁹ These responses were collated to identify the key challenges for after-care across Australia. After-care policy incorporates two key elements: (a) equipping young people in care with the skills, training and resources that they need to successfully make the transition from care to independent living; and (b) providing material, emotional and practical supports to young people who have left care. The eight key challenges for after-care in Australia ranked from highest to lowest are:

- Post care service provision, including providing or funding specialised services for care leavers, facilitating access to mainstream services (e.g., counselling services, vocational programs, etc.) and building the service system to meet identified gaps.
- Transition planning (i.e., planning the transition for young people to independent living).
- Developing policy and practice frameworks for post care.
- Adequate resourcing to implement leaving care provisions.
- Facilitating care leavers access to history and records.
- Preventing the cycle of abuse (care leavers having children who also become children in care).
- Implementing policy and practice frameworks for post care.
- Supporting care leavers with special needs (disability, poor educational attainment, etc.).

Two unique challenges for post care were endorsed by single jurisdictions, they were:

- identifying and responding to the need for services, justice and compensation for children who were abused in care (both older adults who had left care and current clients who are at risk); and
- the need to “leave the door open” in recognition of the fact that care leavers may not accept support immediately upon exiting care, but giving them the message that they can come back for further assistance.

There was a large amount of cross-over and similarity in the issues identified by Australian jurisdictions in relation to leaving care. The exception was New South Wales, where the responses were qualitatively different in nature. New South Wales established leaving care provisions well before other Australian jurisdictions. The responses from New South Wales were consistent with responses for service system improvement. In comparison, the responses of the remaining Australian jurisdictions were clustered around issues associated with establishing or implementing a new area of policy and service delivery.

38 In this context, “post care” was used to describe both (a) the process of making the transition to independent living, and (b) the support provided to young people who have already made the transition to independent living, rather than describing time following reunification.

39 Methodological note: Jurisdictions were asked to provide five key challenges. This was a guide only and jurisdictions were advised that they could list more or less than five challenges. The number of challenges provided ranged from 4 to 6 (although 5 was the most common number provided), and the length and detail under each challenge also varied. Responses were analysed and coded into one of eight challenges—some responses were coded into multiple categories. There were three concerns identified that were only endorsed by one jurisdiction. These were not included in the national list. The challenges were then ranked according to how many jurisdictions’ responses could be coded into that challenge.

Investment in the child welfare continuum

The child welfare continuum is generally understood to describe the linear progression of services within a public health model or responsive regulation framework. Specifically, the continuum comprises services to prevent entry into child protection (e.g., family support services), child protection services, services to prevent entry into care (e.g., intensive family preservation services), out-of-home care services, and leaving care/after care services. While the continuum is commonly conceptualised as a linear progression, children and families do not necessarily progress through the continuum in a linear fashion.

In order to build an understanding of the shape and structure of the service system along each point of the continuum, state and territory departments were asked to provide an indication of their investment in different areas of the child welfare continuum. Investment can be understood from an economic perspective in terms of government expenditure per annum for services. Where states and territories were able to provide indicative data, these data suggested that expenditure on services to prevent entry or re-entry into care was lower than expenditure for statutory care and protection services. Out-of-home care is typically the most expensive service to provide as it requires governments to take on financial responsibility for the child. Services provided to families before problems become entrenched (i.e., early intervention and prevention services) are typically less costly.⁴⁰ Research into the cost-effectiveness of early intervention programs has shown that \$1 spent early in life, can save \$17 by the time a child reaches mid-life (Blakester, 2006). Responses from state and territory departments indicated that one of the primary areas of focus in reforming the service system is to build the capacity of services to prevent entry or re-entry into care and protection services. It is hoped that such an approach will reduce the need for service use and progression along the service continuum, as well as reduce the costs to society (both socially and economically) of child maltreatment.

Dollar investment alone does not provide the full picture regarding the relative priority of different points in the continuum. Current expenditure does not reflect current emphasis in policy on reducing the demand on child protection services and building up the capacity of prevention and early intervention services. Nor does dollar expenditure reflect what areas of the service system present the greatest problems for governments, the greatest attention in terms of policy development and reform, or the greatest effort as reflected by the number of staff in direct service provision at each point of the continuum. Finally, expenditure alone does not reflect the services available to children and families at each point in the continuum to access the services they need for children to grow up safe and well.

Investment can be understood from a purely economic standpoint, however additional considerations of the investment of time and attention may provide greater insight into the complexity of determining the relative priority of different points of the child welfare continuum. It is important to note that, under the public health model, primary, secondary and tertiary services are all critical elements to the child welfare system. But, a well-balanced system has primary interventions as the largest and tertiary interventions as the smallest part of the service system (see Figure 8.1, p. 92).

Where do we go from here? Strategic directions in service provision and policy reforms

State and territory departments were asked to discuss, broadly, the direction they were taking in legislating and creating policy and practice frameworks for child welfare and the areas in which they were investing most of their time and effort in terms of policy development. There were approximately 10 different strategies and directions identified for each jurisdiction.

Broadly, state and territory departments were directing reform to those areas identified as key challenges in enhancing the care and protection of children (discussed above). Multiple strategies were being implemented to address critical challenges. Reflecting the focus on “joined-up solutions for joined-up problems” the strategies and directions were generally inter-related, and individual strategies targeted several different key challenges. After collating the responses for all eight jurisdictions, in total, 30 different directions and strategies were identified. These reflected six wider themes (presented in no particular order):

- an integrated service system;
- quality services;
- quality out-of-home care;

⁴⁰ The authoritative source for national information on dollar expenditure in child welfare is the Productivity Commission's *Report on Government Services*. The authors drew on this material to make general comparisons of key expenditure trends; however, a detailed analysis of investment along the child welfare continuum is beyond the scope of the present project.

- practice principles;
- providing an indigenous response; and
- evidence-informed policy and practice.

Integrated service system

The theme “integrated service system” refers to the need for an integrated response with enough services to meet differing levels of need experienced by children and families, and where child protection is seen as everyone’s responsibility. Strategies and policy directions that fell under this theme were the major reform activity occurring in child protection across Australia. Creating an integrated service system, including a secondary service system with capacity to meet the needs of families in need, is the primary strategy being implemented to address the number one key challenge facing child protection services in Australia—demand.

... reform child protection and family support services to create a more flexible and responsive child protection system and family support infrastructure that is better able to meet the support needs of children and their families. (NT)

... integrated system, improved planning, coordination and delivery of services to families by increased emphasis on partnership and collaboration across and within the service systems. (VIC)

Strategies included, but were not limited to: (a) building secondary prevention and early intervention services (in urban, regional, rural and remote areas); (b) intervening early in the life of the problem—and as early in life as possible (e.g., pre-natal reporting); (c) ensuring a universal platform of services exists for all children (although the focus was predominantly on enhancing the capacity of secondary services); (d) enhancing mechanisms to facilitate whole-of-government initiatives and the breaking down of silos; (e) enhancing provisions for information sharing; (f) involving the community and extended relatives in supporting vulnerable families; and (g) providing localised services and creating service hubs. There was also a trend towards a whole-of-child, child wellbeing approach “not just risk, safety and stability” (VIC).

Quality services

“Quality services” refers to the provision of quality government and non-government services (i.e., family support, child protection and out-of-home care) with appropriate accountability mechanisms. The almost continual state of review and reform in child protection services reflects the driving goal of providing a high quality service system that meets the needs of families. Directions in this area included the development and implementation of legislative, policy and practice reform, workforce planning, providing staff with the tools to perform their respective roles (e.g., information systems), regulating non-government services to ensure high standards of practice, and ensuring appropriate and effective accountability mechanisms were in place to provide on-going quality assurance mechanisms. Where the service system had “failed” (e.g., in the case of a child death), there was also a focus on establishing monitoring and review mechanisms that would inform service system improvements and assist children and families to achieve justice, and access compensation when appropriate. The issue of abuse in care was a particular focus of activity in relation to monitoring and accountability mechanisms.

Quality out-of-home care

Out-of-home care services and policies were a particular area of focus as all jurisdictions struggled to ensure there was a high quality out-of-home care service for children and young people in care, their families and their carers. Areas of attention include providing a range of placement options to meet the needs of different children, strengthening policy and practice in the areas of placement stability and reunification, strengthening policy and practice in the area of carer recruitment, assessment, training, support and retention (especially for kinship carers), confronting the issue of abuse in care, and establishing and implementing appropriate mechanisms to assist young people leaving care and to support them after they have left care.

Practice principles

The theme “practice principles” describes the increased attention in government departments on creating a practice environment that is child-centred and empowers families to be active participants in change. Child-centred practice “encompasses principles of participation, hearing the child’s voice, provision

of age-appropriate information, and providing children opportunities to express their views and have input into decisions” (ACT). The key feature of child-centred practice is that it situates the child’s best interests as the paramount consideration in decision-making. “Best interests” principles were also used as a mechanism to address approaches to practice such as the inclusion in Victoria of a clause under the “best interests” principle in legislation to recognise the potential damage of cumulative harm: “Rather than considering needs and risk on an episodic basis, we want the new legislation to direct community service organisations and child protection to focus on cumulative harm” (VIC). Other practice issues focussed on the wider family, rather than just the child, and included the enhancement of strength-based approaches and embedding principles of child and family participation in practice frameworks.

Providing an Indigenous response

Providing a high quality and culturally appropriate service system for Aboriginal and Torres Strait Islander children and their families was identified as a critical issue in reforms to the child welfare service system. Governments acknowledged that it is a struggle to provide all children with the opportunities they need to develop safe and well:

We know that Aboriginal children and young people continue to be over-represented in child protection and out-of-home care services. This is unacceptable. We want to establish a legislative framework that promotes a new approach to maintaining children’s connection to their family and culture, rather than breaking this connection (VIC).

A diverse range of strategies were being implemented to address both the over-representation of Indigenous children in care and protection, and the need for culturally appropriate service responses, including: establishing and building the capacity of prevention and early intervention services for Aboriginal and Torres Strait Islanders, building the capacity of both secondary and tertiary services in remote areas, and strengthening culturally appropriate service provision (for example, ensuring all Aboriginal children in care have a cultural plan to maintain their cultural identity and connections).

Evidence-informed policy and practice

The need for an evidence-informed approach to legislation, policy and practice was recognised. An evidence-base must exist, and be accessible and relevant to policy-makers and practitioners if it is to be applied to inform legislation, policy or practice (Holzer et al., 2007, in press).

Conclusion

There is considerable repetition between the themes discussed in this chapter and those explored and expanded on earlier in the report. This reflects the aim of this chapter to provide a broad sweeping overview of the challenges and strategic directions in child welfare policy across Australia. To some extent it also demonstrates the success of the Working Group and project team in identifying those issues of highest strategic relevance for greater exploration. The findings in this chapter support the conclusions drawn in previous chapters: child welfare policy and services in Australian states and territories are more similar than different. This, and previous chapters showed some variability in the mechanisms for implementing strategic directions and differences in the operating environment. However, the fact that there was sufficient concentration of themes that the project team were able to identify national trends in both (a) key challenges and strategic directions in care, and (b) in protection services more broadly, indicates that there is a great degree of similarity in policy reform and overarching goals. To conclude, this national comparison of legislation, policy, practice and strategic directions illustrates a commitment by all Australian governments to ensuring such protection and care as is necessary to secure the wellbeing of children and to uphold the best interests of the child (United Nations, 1989, Article 3).

References

- Allen Consulting Group. (2003). *Protecting children: The child protection outcomes project*. Melbourne: Department of Human Services.
- Australian Bureau of Statistics. (2001, April 2004). *Population density (Census 2001)*. Retrieved August 2007, from www.marine.csiro.au/datacentre/noo_public/maps/national_mapping/map_nat_misc_pd_46.pdf
- Australian Bureau of Statistics. (2003a). *Population characteristics: Aboriginal and Torres Strait Islander Australians 2001*. Canberra: Australian Bureau of Statistics.
- Australian Bureau of Statistics. (2003b). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*. Canberra: Australian Bureau of Statistics.
- Australian Bureau of Statistics. (2004a, 21 April 2004). *Measures of Australia's progress*. Retrieved 3 April 2006, from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/94713ad445ff1425ca25682000192af2/687efe155415123eca256e7d00002654!OpenDocument>
- Australian Bureau of Statistics. (2004b). *National Aboriginal and Torres Strait Islander Social Survey 2002*. Canberra: Australian Bureau of Statistics.
- Australian Bureau of Statistics. (2006). *Measures of Australia's progress 2006*. Canberra: Australian Bureau of Statistics.
- Australian Bureau of Statistics. (2007, 27 June). *2006 Census QuickStats: Australia*. Retrieved 30 June 2007, from www.censusdata.abs.gov.au/ABSNavigation/prenav/ViewData?subaction=-1&producttype=QuickStats&areacode=0&action=401&collection=Census&textversion=false&breadcrumb=PL&period=2006&javascript=true&navmapdisplayed=true&
- Australian Bureau of Statistics, & Australian Institute of Health & Welfare. (2005). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*. Canberra: Australian Bureau of Statistics.
- Australian Childhood Foundation. (2004). *Every child is important: A booklet for parents*. Melbourne, Vic: Australian Childhood Foundation.
- Australian Government Productivity Commission. (2006). *Report on Government Services 2006, Volume 2*. Canberra: Australian Government Productivity Commission.
- Australian Institute of Health and Welfare. (1999). *Comparability of child protection data*. Canberra: Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare. (2006). *Child protection Australia 2004–05*. Canberra: Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare. (2007). *Child protection Australia 2005–06*. Canberra: Australian Institute of Health and Welfare.
- Ayres, I., & Braithwaite, J. (1992). *Responsive regulation: Transcending the deregulation debate*. Oxford: Oxford University Press.
- Barth, R. P., Courtney, M., Berrick, J. D., & Albert, V. (1994). *From child abuse to permanency planning: Child welfare services pathways and placements*. New York: Walter de Gruyter Inc.
- Black, D. A., Heyman, R. E., & Smith Slep, A. M. (2001a). Risk factors for child physical abuse. *Aggression and Violent Behavior, 6*, 121–188.
- Black, D. A., Heyman, R. E., & Smith Slep, A. M. (2001b). Risk factors for child sexual abuse. *Aggression and Violent Behavior, 6*, 203–229.
- Black, D. A., Smith Slep, A. M., & Heyman, R. E. (2001). Risk factors for psychological abuse. *Aggression and Violent Behavior, 6*, 189–201.
- Blakester, A. (2006). *Practical child abuse and neglect prevention: A community responsibility and professional partnership* (Child Abuse Prevention Newsletter, 14(2)). Melbourne: Australian Institute of Family Studies, National Child Protection Clearinghouse.
- Braithwaite, J. (2002). *Restorative justice and responsive regulation*. New York: Oxford University Press.
- Bromfield, L. M. (2005). *Chronic child maltreatment in an Australian statutory child protection sample*. Unpublished doctoral dissertation, Deakin University, Geelong.
- Bromfield, L. M., & Gillingham, P. (submitted). Child protection, risk assessment and blame ideology. *Children Australia*.
- Bromfield, L. M., Gillingham, P., & Higgins, D. J. (submitted). Cumulative harm and chronic child maltreatment. *Developing Practice*.
- Bromfield, L. M., & Higgins, D. J. (2004). The limitations of using statutory child protection data for research into child maltreatment. *Australian Social Work, 57*(1), 19–30.

- Bromfield, L. M., & Higgins, D. J. (2005a). Chronic and isolated maltreatment in a child protection sample. *Family Matters*, 70, 38–45.
- Bromfield, L. M., & Higgins, D. J. (2005b). *National comparison of child protection systems* (Child Abuse Prevention Issues 22). Melbourne: Australian Institute of Family Studies, National Child Protection Clearinghouse.
- Bromfield, L. M., & Ryan, R. (2007). National comparison of statutory child protection entry level training. *Children, Communities and Families Australia*, 2(1), 59–72.
- Cashmore, J. A., & Paxman, M. (1996). *Wards leaving care: A longitudinal study*. Sydney: Department of Community Services.
- Cashmore, J. A., & Paxman, M. (2006). Predicting after-care outcomes: The importance of “felt security”. *Child and Family Social Work*, 11, 232–241.
- Child Protection Services. (2006). *A way forward: Implementation of actions in response to the Review of Child Protection Services in Australia*. Hobart: Tasmanian Government Department of Health and Human Services.
- Children’s Protection Society. (2003, November). *Children’s Protection Society: Working together for children*. Retrieved 14th November, 2003, from <http://cps.org.au/>
- Daro, D. (2007). Perspectives on early childhood home visitation programs: Improving quality and enhancing outcomes. *Communities, Families and Children Australia*, 2(1), 5–14.
- Delorenzi, S., Reed, J., & Robinson, P. (Eds.). (2005). *Maintaining momentum: Promoting social mobility and life chances from early years to adulthood*. London: Institute for Public Policy Research.
- Edwards, B., & Bromfield, L. M. (submitted). Neighborhood influences on young children’s emotional and behavioral problems and prosocial behavior: Evidence from an Australian national sample. *Children and Youth Services Review*.
- Norden, P. (2001). *Identification of Vulnerable Communities Project*. Melbourne: Jesuit Social Services.
- Feldman, M. A. (2004). *Early intervention: The essential readings*. Malden, MA: Blackwell Publishing.
- Geeraert, L., Noortgate, W. V. D., Grietens, H., & Onghena, P. (2004). The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. *Child Maltreatment*, 9(3), 277–291.
- Gillingham, P. (2006). Risk assessment in child protection: Problem rather than solution? *Australian Social Work*, 59(1), 86–98.
- Gough, D. (1996). Defining the problem: Comment. *Child Abuse and Neglect*, 20(11), 993–1002.
- Harris, N. (2007). *Family group conferencing in Australia: Ten years on* (Child Abuse Prevention Issues 27). Melbourne: Australian Institute of Family Studies, National Child Protection Clearinghouse.
- Hatty, S. E., & Hatty, J. (2001). Australia. In B. M. Schwarts-Kenney, M. McCauley & M. A. Epstein (Eds.), *Child abuse: A global view*. Westport, CT, USA: Greenwood Press.
- Hayes, A. (2007). Why early in life is not enough: timing and sustainability in prevention and early intervention. In A. France & R. Homel (Eds.), *Pathways and crime prevention: Theory, policy and practice*. Devon, UK: Willan Publishing.
- Higgins, D. J. (1998). *Multi-type maltreatment: Relationships between familial characteristics, maltreatment and adjustment of children and adults*. Unpublished doctoral dissertation, Deakin University, Burwood.
- Higgins, D. J., Bromfield, L. M., & Richardson, N. (2005). *Enhancing out-of-home care for Aboriginal and Torres Strait Islander young people*. Melbourne: Australian Institute of Family Studies, National Child Protection Clearinghouse.
- Holzer, P. J., Bromfield, L. M., Richardson, N., & Higgins, D. J. (2006). *Child abuse prevention: What works? The effectiveness of parent education programs for preventing child maltreatment* (National Child Protection Clearinghouse Research Brief No. 2). Melbourne: Australian Institute of Family Studies, National Child Protection Clearinghouse.
- Holzer, P. J., Higgins, J., Bromfield, L. M., Richardson, N., & Higgins, D. J. (2006). *The effectiveness of parent education and home visiting child maltreatment prevention programs* (Child Abuse Prevention Issues 24). Melbourne: Australian Institute of Family Studies, National Child Protection Clearinghouse. Retrieved July 2008, from <http://www.aifs.gov.au/nch/issues/issues24.html>
- Holzer, P. J., Lewig, K., Bromfield, L. M., & Arney, F. (2007, in press). *The research utilisation project: Research use in a sample of Australian child and family welfare professionals*. National Child Protection Clearinghouse in collaboration with the Australian Centre for Child Protection.
- Human Rights and Equal Opportunity Commission. (1997). *Bringing them home: The “Stolen Children” report*. Sydney: Author.
- Jacob, A., & Fanning, D. (2006). *Report on child protection services in Tasmania*. Hobart: Tasmanian Government Department of Health and Human Services.

- James, M. (1994a). Child abuse and neglect: Incidence and prevention. *Family Matters*, 37, 80–85.
- James, M. (1994b). *Domestic violence as a form of child abuse: Identification and prevention* (Child Abuse Prevention Issues 2). Melbourne: Australian Institute of Family Studies, National Child Protection Clearinghouse.
- Jeffreys, H., & Stevenson, M. (1996). *Statutory social work in a child protection agency: A guide for practice*. Whyalla, South Australia: A Joint Partnership Project by the Department of Family and Community Services and the University of South Australia.
- Kempe, C., Silverman, F., Steele, B., Droegmueller, W., & Silver, H. (1962). The Battered-Child Syndrome. *Journal of the American Medical Association*, 251(24), 3288–3294.
- KPMG. (2006). *Review of the Tasmanian Family Support Service System*. Hobart: Tasmanian Government Department of Health and Human Services.
- Lasher, L. J., & Sheridan, M. S. (2004). *Munchausen by proxy: Identification, intervention, and case management*. New York: The Haworth Maltreatment and Trauma Press.
- Liddell, M. (2001). Radical changes and false dawns: Lessons from 30 years of child welfare policy development. Paper presented at the *Eighth Australasian Conference on Child Abuse and Neglect*, Melbourne.
- Liddell, M. J. (1993). Child welfare and care in Australia: Understanding the past to influence the future. In C. R. Goddard & R. Carew (Eds.), *Responding to children: Child welfare practice* (pp. 28–62). Melbourne: Longman Cheshire.
- Mendes, P., & Moslehuddin, B. (2004a). Graduating from the child welfare system: A comparison of the UK and Australian leaving care debate. *International Journal of Social Welfare*, 13, 332–339.
- Mendes, P., & Moslehuddin, B. (2004b). Moving out from the state parental home: A comparison of leaving care policies in Victoria and New South Wales. *Children Australia*, 29(2), 20–28.
- Munro, E. (1999). Common errors of reasoning in child protection. *Child Abuse & Neglect*, 28(8), 745–758.
- Munro, E. (2005). A systems approach to investigating child abuse deaths. *British Journal of Social Work*, 35, 531–546.
- New South Wales Centre for Parenting and Research. (2005, May). *Prevention and early intervention literature review*. Retrieved 18 July 2007, from www.community.nsw.gov.au/documents/EIP_literature_review.pdf#xml=http://www.community.nsw.gov.au/docssearch/isysquery/3b814599-3601-47a6-adf1-22499b9bcfac/1/hilite/
- New South Wales Office of the Children's Guardian. (2004). *Permanency planning: Issues paper*. Retrieved July 17 2006, from www.kidsguardian.nsw.gov.au/files/permanency_planning.pdf
- NSPCC. (2000). *A history of the NSPCC: Protecting children from cruelty since 1884*. London: NSPCC.
- NYSPPC. (2000). *The New York Society for the Prevention of Cruelty to Children: 125th anniversary (1875–2000)*. New York: NYSPPC.
- Queensland Department of the Premier and Cabinet. (2006, February). *The policy challenges in early childhood and early intervention* (Premier's Policy Alert 18). Retrieved from http://www.premiers.qld.gov.au/About_the_department/publications/reports/
- Raman, S., Inder, B., & Forbes, C. (2005). *Investing for success: The economics of supporting young people leaving care*. Melbourne: Centre for Excellence in Child and Family Welfare.
- Salveron, M., Arney, F., & Scott, D. (2006). Sowing the seeds of innovation: Ideas for child and family services. *Family Matters*, 73, 38–45.
- Schumacher, J. A., Smith Slep, A. M., & Heyman, R. E. (2001). Risk factors for child neglect. *Aggression and Violent Behavior*, 6, 231–254.
- Scott, D. (2006). Towards a public health model of child protection in Australia. *Communities, Children and Families Australia*, 1(1), 9–16.
- Scott, D. (2007). Child protection when parental substance use is an issue. Paper presented at the *Parental Substance Abuse and Child Protection: Developing National Guidelines and Strategies National Forum*, Melbourne. Retrieved from www.aifs.gov.au.
- Scott, D., & Swain, S. (2002). *Confronting cruelty: Historical perspectives on child protection in Australia*. Carlton, Vic.: Melbourne University Press.
- Scott, E. (2006). From family crisis to state crisis: The impact of overload on child protection in New South Wales. Paper presented at the *XVIth ISPCAN International Congress on Child Abuse and Neglect, Children in a Changing World: Getting it Right*, York, United Kingdom
- Shonkoff, J. P., & Phillips, D. A. (Eds.). (2001). *From neurons to neighbourhoods: The science of early childhood development* (Second ed.). Washington, D.C.: National Academy Press.
- Thomas, S., & Naughton, M. (2005, February). Developing innovative partnership approaches to support vulnerable children and their families: Preliminary Victorian research findings. Paper presented at the *Families Matter, 9th Australian Institute of Family Studies Conference*, Melbourne.

- Thyen, U., Thiessen, R., & Heinsohn-Krug, M. (1995). Secondary prevention: Serving families at risk. *Child Abuse & Neglect*, 19(11), 1337–1347.
- Tomison, A., & Poole, L. (2000). *Preventing child abuse and neglect: Findings from an Australian audit of prevention programs*. Melbourne, Australia: Australian Institute of Family Studies.
- Tsang, S., Leibowitz, R., Spence, N., & Scott, E. (2005). *Reunification: The ideal goal. Factors contributing to the successful active reunification of children and young people in out-of-home care with their birth families: A preliminary qualitative research project*. New South Wales: Association of Childrens Welfare Agencies.
- United Nations. (1989). *The convention on the rights of the child*. General Assembly of the United Nations.
- US National Research Council. (1993). *Understanding child abuse and neglect*. Washington, D.C.: National Academy Press.
- Victorian Government Community Care Division. (2002). *An integrated strategy for child protection and placement services*. Retrieved 18 July 2007, from www.office-for-children.vic.gov.au/__data/assets/pdf_file/0014/16061/cp_integrated_strategy_2002.pdf
- Winkworth, G., & McArthur, M. (2007). Beyond the school gate: The potential for early intervention and community capacity building from schools. Paper presented at the “*Borders & Bridges*” *The Second National Australian College of Child and Family Protection Practitioners (ACCFPP) Professional Development Conference*, Melbourne.

Appendix A

Fieldwork pack

National Approach for Child Protection Project

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The National Child Protection Clearinghouse researchers

If you have any queries or comments, or would just like to discuss your response contact:

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National Approach for Child Protection Project

Background

In 2005, the Community and Disability Services Ministers' Advisory Council (CDSMAC) established the National Approach for Child Protection Working Group with representatives from each state and territory department, the Australian Government, and New Zealand. The focus of the CDSMAC National Approach for Child Protection Working Group is the development of a common descriptive framework, and common definitions and terminologies for child protection and early intervention across jurisdictions. The impetus behind the establishment of the Working Group was the recognition that statutory child protection services were critiqued for their responses to a number of problems that were common across jurisdictions. Recognition of common problems and approaches across jurisdictions could better inform such critiques. In addition, the development of common terms and descriptive frameworks could lead to more effective communications between jurisdictions and thus enhance future planning.

The Working Group determined that, to achieve this aim, they would need to undertake a project to collect and analyse the data to arrive at high level descriptions of key processes and approaches across Australian jurisdictions. The Australian Institute of Family Studies, National Child Protection Clearinghouse were contracted to undertake the National Approach for Child Protection Project ("the Project") under the supervision of the CDSMAC National Approach for Child Protection Project Working Group. Project findings will be reported to the Working Group, who will report to the CDSMAC who will in turn report the findings to the Community and Disability Services Ministers' Conference (CDSMC).

In summary, the objectives of the Project are:

- To identify common approaches across jurisdictions in their exercise of legislative powers designed to respond to the needs of children at risk of abuse and neglect;
- To identify the relationship between the exercise of child protection legislative powers and jurisdictions' delivery of early intervention services (that is, services to prevent entry or re-entry into statutory child protection services);
- To identify common approaches across jurisdictions to early intervention services (as defined above);
- To describe at a high level the common approaches (as per earlier points) employed by jurisdictions within Australia; and
- To prepare a narrative description of common principles and glossary of terms that will inform the development of nationally agreed principles for application in statutory child protection policy and service delivery.

Glossary of Terms

The following are terms used repeatedly throughout the pro forma. Each term is defined according to the meaning ascribed to it for the purpose of this project.

"The Department" — For all states and territories, with the exception of Queensland, "the Department" refers to the Department with primary responsibility for statutory child protection. Respondents from Queensland will need to specify whether "the Department" of which they speak refers to the Department of Communities or the Department of Child Safety.

"Other government department" refers to Departments in each state and territory that are not directly responsible for statutory child protection, but that may have some intersection with the Department primarily responsible for the provision of statutory child protection services, for example, the Department of Health or the Department of Education.

A *"non-government agency"* is a recognised organisation or organised body with an active operation in the child and family welfare sector. "Non-government agencies" may be funded solely or in part by government (Australian and/or state/territory), for example, Barnardos Australia and Uniting Care Burnside.

The *"community"* is used to mean all people living within a specific locality, for example, the people of Elizabeth, South Australia.

"Early intervention" is used to mean programs or services that are designed to prevent entry or re-entry into statutory child protection services or out-of-home care, that is, intervention early in the life of the problem.

"Child welfare" is used to mean broad approaches to protecting all children; including children in need and those identified as at risk.

"Child protection" is used to mean statutory services designed to protect children who are at risk of serious harm.

Project Methodology

The conduct of national comparisons of legislation and policy is a relatively niche area of research. The National Child Protection Clearinghouse at the Australian Institute of Family Studies has undertaken several projects of this nature and has streamlined the process for collecting information from government departments.

The methodology established by the National Child Protection Clearinghouse comprises the following steps:

1. Scope the project and define specific area of interest;
2. Obtain relevant materials;
3. Develop draft pro forma;
4. Seek feedback on draft pro forma;
5. Review and refine pro forma incorporating feedback and keeping in mind need for parsimony;
6. Circulate pro forma to relevant department staff in each jurisdiction for completion (through either a written submission or telephone interview or combination);

Note: Department representatives are asked to ensure that the information provided has been approved as both accurate and appropriate for release to the National Child Protection Clearinghouse for the specified purpose.

7. Collate and edit pro forma to ensure equitable descriptions of each state/territory and fill in any gaps;

Note: Information provided by jurisdictions regarding the policy environment dates very quickly, thus it is necessary for subsequent steps following the provision of the initial pro forma to be undertaken within very tight timelines.

8. Re-circulate collated pro forma to state and territory for review;

Note: This step is included as a courtesy to states and territories. The previous experience of the National Child Protection Clearinghouse in completing projects of this type has shown this step to be important to achieving agreed outcomes to the satisfaction of all stakeholders (this includes re-checking to ensure that potentially sensitive information has not inadvertently been provided).

9. Commence analysis of commonalities and differences described in responses;
10. Modify analysis and report writing where necessary based on feedback received following recirculation of collated pro forma and the approval process.

Interview aims and procedure

To collect data for the National Approach for Child Protection Project, the Institute has devised a set of interview templates on the following topics:

- The social and political context in which statutory child protection services are provided (Interview 1);
 - The interface between statutory child protection services and broader child welfare (Interview 2);
 - Principles underpinning practice in statutory child protection services (Interview 3); and
 - Early intervention (Interview 4).
- Each of these templates may be completed via telephone interview or as a written submission. The completed templates will be the primary data source for the National Approach for Child Protection Project.

AIMS

The aims of Interview 1, Interview 2, and Interview 3 are:

- to document the legislative, policy, and practice perspective of each jurisdiction;
- to investigate the overarching philosophy and intent of the legislative, policy, and practice context in each jurisdiction; and
- to consistently ask the same questions of the legislation and policy/practice framework in each jurisdiction to explore the above themes.

The aims of Interview 4 are:

- to describe each jurisdiction's approach to early intervention (that is, intervention to prevent entry or re-entry into statutory child protection services); and
- to document what this approach looks like in broad operational terms.

PROCEDURE

For each interview template:

1. The Clearinghouse will attempt to apply legislation from each jurisdiction to all questions in Interviews 1, 2, and 3 (this may involve checking with states and territories to ensure that all relevant sections of the legislation have been identified and consulted).
2. For Interviews 1, 2, and 3, the same questions are then to be applied to the policy/practice framework.
3. Flexible data collection methods will be employed including a combination of written submissions and telephone interviews to be negotiated with each jurisdiction (Note: at a minimum a discussion of the type and amount of data required to respond to each item is recommended for Interview 1 and 2).
4. For those who choose to respond via telephone interview, each interview will be approximately 30–45 minutes duration.
5. The Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA) will be asked to participate in Interview 1; and to describe their child protection related strategies.

INTERVIEW 1

The social and political context in which statutory child protection services are provided

1. *The statutory and policy context*

Can you tell me about the statutory child protection related legislative and policy framework in your jurisdiction?

PROMPTS TO HELP YOU THINK ABOUT THIS

- When was the last major change/reform of the statutory child protection system undertaken
- What were the key drivers for reform?

a. Broadly speaking, what direction is your department taking in terms of legislating/creating policy and practice frameworks for child welfare?

PROMPT TO HELP YOU THINK ABOUT THIS

- In the last major change/reform, what were the key reforms?
- Any major changes/reforms on the agenda?

2. *Defining child protection*

a. What is the term “child protection” predominantly used to describe in your jurisdiction?

b. Is the term “statutory child protection” ever used to describe anything other than this?

Information point: When we talk about “child protection” we are referring to statutory child protection services. When we talk about the broader context for protecting children we will call this “child welfare”.

c. In your jurisdiction, what are the key features of statutory child protection?

d. In your jurisdiction, what are the key features of early intervention (that is, preventing entry or re-entry into statutory child protection)?

Information point: In this project, when we talk about child welfare we are placing statutory child protection services at the centre of a continuum; a continuum that has early intervention at one end and out-of-home care and after care at the other.

3. *Whole-of-government child welfare agenda*

a. Can you describe the whole-of-government social policy agenda as it relates to child welfare?

PROMPTS TO HELP YOU THINK ABOUT THIS

- Where does statutory child protection fit in this agenda?
- Where does early intervention fit in this agenda?
- Where does out-of-home care fit in this agenda?
- Where does after care fit in this agenda?
- How do these elements fit together?
- Has this changed over recent years?
- Are there plans in place for this to change in the future?

b. What are the mechanisms in place to facilitate the whole-of-government child welfare agenda?

PROMPTS TO HELP YOU THINK ABOUT THIS

- How do different areas in the community, non-government and government sector intersect?
- How does government facilitate this intersection?
- How do universal services fit into this agenda?
- How do other departments fit into this agenda?

Other mechanisms (e.g. budget allocations across government, cross-government working groups, statutory powers to request services)

4. *Interface between state and territory funded child welfare services and Australian Government services*

a. Does the Department actively refer statutory child protection clients to services provided or funded by the Australian Government?

PROMPTS TO HELP YOU THINK ABOUT THIS

- For example, Centrelink, Family Relationship Centres, Australian Government funded family violence services

b. What, if any, linkages are there between Australian Government funded programs and state/territory funded programs?

PROMPTS TO HELP YOU THINK ABOUT THIS

- Are there programs jointly funded by the Australian Government and the state/territory government (e.g., some Indigenous programs)?
- Are there state/territory services and Australian Government funded services with agreed protocols defining client groups or response protocols?

c. What, if any, mechanisms are in place for planning when state or territory and Australian Government interests intersect?

PROMPT TO HELP YOU THINK ABOUT THIS

- Are there any protocols designed to aid in avoiding duplication and/or ensuring maximum coverage of services when assessing existing services, proposed services, and service gaps?

Information point: In Western OECD countries, there are two broad approaches adopted by government: the child protection approach (e.g., Australia, US, UK) and the family service orientation (e.g., Sweden, Belgium, Germany). The child protection approach emphasises the individual rights of parents and children, and the act of abuse is perceived foremost as a problem that demands intervention to protect children from harm by parents and carers. This approach is most frequently characterised as one of regulation. The family service orientation starts with the position that children are best cared for in their families and situates child abuse as a problem of family conflict or dysfunction. This approach is most frequently characterised as investing in families. While often described as two opposing orientations, in many jurisdictions the legislative and policy framework comprises a combination of the two approaches.⁴¹

41 The Allen Consulting Group. (2003). Protecting Children: The Child Protection Outcomes Project. Melbourne: Department of Human Services, pp. 13-15.

5. *The role of the state in protecting children from abuse and neglect in your jurisdiction*

a. What is the role of the state in protecting children from abuse and neglect in your jurisdiction?

PROMPTS TO HELP YOU THINK ABOUT THIS

- Has this changed in recent years?
- Are there plans for this to change in the future?

6. *What are five key challenges ahead for your state in enhancing the protection of children?*

INTERVIEW 2

The interface between statutory child protection services and broader child welfare

1. *Service Continuum*

- a. How is statutory child protection, and the related areas of early intervention, out-of-home care and after care, conceptualised in your jurisdiction?

PROMPTS TO HELP YOU THINK ABOUT THIS

- Are these different areas perceived as being on a continuum?
- If not, how are they perceived?
- If so, how does your jurisdiction conceptualise this continuum?
- Where does statutory child protection start and end?
- If so, how is your jurisdiction operationalising this conceptualisation?

Information point: You may use visual representations/diagrams if this is easier. For example, the following diagram represents one conceptualisation of the continuum of care.

Early intervention Statutory child protection Out-of-home care After care

- b. Can you tell me about the investment your jurisdiction makes in broad terms in each area of the child protection system, or the priority placed on different aspects of the child protection system?

PROMPTS TO HELP YOU THINK ABOUT THIS

- What areas have the greatest/least amount of dollars/man-power/size invested in it now?
- What are the areas prioritised as having the greatest/least need for change?
- In what areas is the greatest/least effort being put into reform?

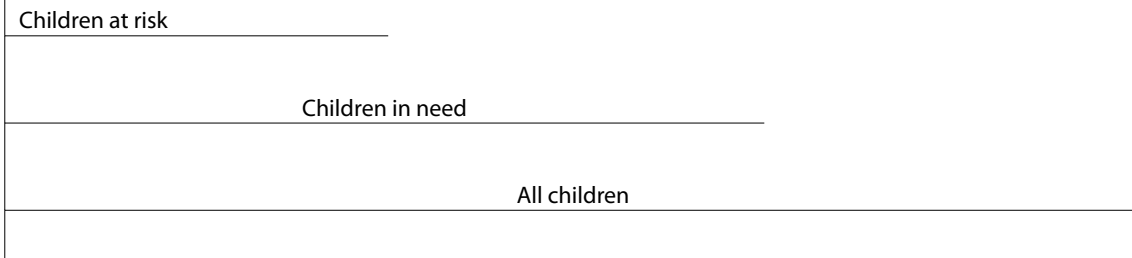
2. *Thresholds and differential response*

- a. What approaches are being taken in your jurisdiction to clarify service provision at the nexus of children at risk and children in need?

PROMPTS TO HELP YOU THINK ABOUT THIS

- Do statutory services differentiate children in need versus those in need of protection?
- What approaches are taken post-identification when a child has been identified as “in need” or “at risk”?
- Are there alternate pathways or differential responses to those cases in which the threshold for statutory intervention is not reached?
- What strategies or approaches are there to address the issues of chronic maltreatment and neglect?

Information point: The following diagram may assist you to consider the nexus between children at risk and children in need (courtesy Michael Naughton, Victoria)



3. Involvement with other agencies

- a. In what ways does your department work together with other departments and agencies at the operational and strategic level (across other departments and non-government agencies)?

PROMPTS TO HELP YOU THINK ABOUT THIS

- What mechanisms are in place to facilitate collaborative approaches?
- In what ways does your jurisdiction interface with other departments and non-government agencies?
- What provisions does your jurisdiction have in regard to information sharing?
- Do current provisions in relation to information sharing help or hinder collaboration?
- Are there incentives for working collaboratively?
- Does your jurisdiction have the capacity to compel other agencies (both other departments and non-government agencies) in the event that an agreement cannot be reached?
- What are the key areas in which collaborative approaches between your jurisdiction and other departments and non-government agencies are in place or being pursued?
- Have there been any changes in recent times to the approach taken in your jurisdiction in relation to involvement with other departments and non-government agencies?
- Are there plans for arrangements regarding involvement with other departments and non-government agencies to change in the future?

4. Priorities in care and after care

- a. What protection strategies and approaches does your jurisdiction adopt for children who are in the care of their parents and case managed by statutory child protection services to prevent their entry and re-entry into care (e.g., intensive family preservation services)?
- b. Are there any specific strategies or services to assist parents who were previously in care and who are now involved with the statutory child protection system?
- c. What are 5 key concerns and policy directions for care?
- d. What are 5 key concerns and policy directions for post care?

INTERVIEW 3

Principles underpinning practice in statutory child protection services

Legislative principles

1. Does your jurisdiction have legislative principles that underpin the exercise and delivery of statutory child protection services in relation to:
 - a) The participation of children and young people in decision-making processes?
 - b) The balance between the best interests of the child versus parental rights – balancing the least intrusive intervention and the best interests of the child?
 - c) Permanency planning?
 - d) Culturally specific responses to Aboriginal and Torres Strait Islander peoples (e.g., the Aboriginal Child Placement Principle and other decision-making tools)?
 - e) Early intervention?
 - f) Whole-of-government/community responsibility for child protection/child welfare?
 - g) Diversion away from the court system (e.g., family group conferencing);
 - h) Out-of-home care?
 - i) After care?

2. Are there any other legislative principles in your jurisdiction that underpin the exercise and delivery of statutory child protection services?

Legislative aims, objects and definitions

3. What are the objects of the relevant legislation in your jurisdiction that provide for the exercise and delivery of statutory child protection services?
 - a) In new legislation - have objects changed?

4. How are key terms such as the following defined in your jurisdiction?

For example:

- A child
- A child in need of protection
- A child “at risk”
- A child “in need”
- Harm
- Child abuse/neglect/maltreatment

INTERVIEW 4

Early Interventions

Approach to early intervention

1. What approach is taken in your jurisdiction to the delivery of early intervention programs (that is, programs designed to prevent entry or re-entry into statutory child protection services)? (E.g., government provider, non-government provider, a combination)
2. Are there different approaches to preventing entry and re-entry into child protection?
3. Is there an acknowledgement of the unique needs of, and additional strategies employed in working with:
 - a) Aboriginal and Torres Strait Islander families?
 - b) Families from other CALD backgrounds?
 - c) Families in rural and remote areas?

Describing secondary services

4. What types of services are funded or provided by the state/territory government to prevent entry or re-entry into statutory child protection services (e.g., family support, home visiting, parent education, etc.)?

5. In this question we are trying to get a sense of how all of these different entities or agents fit together for example how are cases identified as appropriate for a particular service how are they referred and case managed through the system?

PROMPTS TO HELP YOU THINK ABOUT THIS

How do services work with:

- The Department?
- Other government Departments?
- Other non-government or community-based agencies?
- The community?
- Australian Government funded services?

6. Who are key groups currently being targeted for early intervention services?
(E.g., Indigenous families, young children, parents who are care leavers, parents with substance abuse problems, parents with mental health problems, parents with disability)
7. Who are key groups who need to be targeted for early intervention services?
(E.g., Indigenous families, young children, parents who are care leavers, parents with substance abuse problems, parents with mental health problems, parents with disability)

Appendix B

National Comparison of Child Protection Systems: Update

Australian Capital Territory

Table 1.

Intake: Procedures for determining who receives a CPS investigation	
How is a child protection concern defined as a 'report' / notification?	<p>A Child Protection Report is recorded when:</p> <ul style="list-style-type: none"> ■ A caller (voluntary or mandated) has formed a belief or suspicion that a child has been, is being, or is likely to be, abused, neglected or in need of care and protection; OR ■ A mandated caller reasonably suspects that a child has suffered, or is suffering, a non-accidental physical injury; OR ■ The receiving Departmental worker forms a belief or suspicion that a child has been, is being, or is likely to be, abused, neglected or in need of care and protection.
Is there a 24-hour reporting facility?	The Centralised Intake Service (CIS) and After Hours Crisis Service is a 24-hour intake service. Between 11pm and 8am, the service is an emergency crisis service. Reports may be made through the telephone, by fax or through the mail.
Is the intake service centralised or does it operate from district centres?	The Centralised Intake Service and After Hours Crisis Service has a dedicated phone and fax line for mandatory reporters.
Is there capacity to categorise a referral as either statutory (CP) or non-statutory (FS) on the basis of presenting information?	The management of reports does not differentiate between mandated (child protection) and voluntary (family support) reports prior to conducting an investigation (called 'appraisal' in the ACT).
What are the provisions for recording the notification details?	All notification details are recorded on a Child Protection Report Form and stored in an electronic database. The Children and Young Persons System (CHYPS) is an electronic case file system used for child protection records since December 1999.
What checks are made of prior child protection history?	<p>All reports undergo a check of prior involvement with Care and Protection Services.</p> <p>Assessment of Report information should include a comprehensive review of all previous contacts with the Department.</p>
Do intake workers conduct follow-up phone calls?	<p>Yes. Intake workers receive, record and assess information provided as a Child Protection Report.</p> <p>In order to determine whether or not an investigation (appraisal) is warranted, an intake worker will make contact with any involved service providers and agencies as part of the risk/need assessment process.</p> <p>Intake staff also make referrals to support services as appropriate.</p> <p>By making intake a discrete service section, decisions made by this team are consistent, accountable and not linked to resource availability in the investigations team.</p>

<p>What is the initial risk assessment?</p>	<p>The concept of a two-stage Risk Assessment was replaced in the ACT when the new Intake Policy was released in 2006. Current assessment policy expands the previous concept of 'risk' assessment to include 'needs' assessment.</p> <p>At the commencement of the Assessment process, staff ask themselves "what further information do I need, if any, to make a decision about whether or not a child is likely to be at risk of abuse or neglect?" This question guides staff through the information gathering stage.</p> <p>Analysis of risk focuses attention on three critical questions which are answered in the analysis process:</p> <ul style="list-style-type: none"> ■ What (if any) are the risk issues for this child and siblings? ■ What (if any) environmental factor might either increase or decrease the child and sibling's vulnerability to this risk? ■ What (if anything) might increase or decrease the probability of abuse or neglect occurring, recurring or continuing in the future? <p>Assessment of need requires that staff possess a thorough understanding of:</p> <ul style="list-style-type: none"> ■ the developmental needs of children; ■ the capacities of parents or caregivers to respond appropriately to those needs; ■ the impact of wider family and environmental factors on parenting capacity and children. <p>The new Intake policy states that assessment of all Reports that suggest immediate risk to a child must occur within 6 hours. Assessment of all children aged 2 years and under must be assessed within 2 working days. Assessment of all other matters must occur within 7 working days.</p>
<p>What type of assessment is the risk assessment tool?</p>	<p>In late 2006 the assessment process was broadened to encompass an analysis of both risk and need in the child-family environment.</p> <p>In assessing risk, staff draw on a Risk Assessment Tool which was developed in 2004 and based on a combination of the Victorian Risk Assessment and Manitoba (Canada) tools.</p> <p>When assessing need, staff use a framework adapted from the UK 'Framework for the Assessment of Children in Need and their Families' (London, 2000).</p>
<p>What are the range of possible outcomes of an intake assessment?</p>	<p>The range of possible outcomes from an assessment of a report include:</p> <ul style="list-style-type: none"> ■ No further action ■ Referral and advice ■ Office interview, home visit and/or case conference ■ Appraisal (investigation)
<p>What are the priority ratings for investigation to commence?</p>	<p>The urgency ratings for appraisal are as follows:</p> <ul style="list-style-type: none"> ■ Same day ■ 24 hours ■ 72 hours ■ 7 day ■ Upon birth of baby <p>All Reports pertaining to children (or siblings of children) who are aged 2 years or under, must be assigned either a 24 hour or a 72 hour urgency rating.</p> <p>All Reports pertaining to unborn babies where an assessment has indicated that appraisal is appropriate will be assigned an urgency rating of 'upon birth of the baby'. This means that the appraisal will commence as soon as Care and Protection Services is notified that the subject baby has been born.</p>

Do statutory child protection services have the capacity to provide a non-statutory (i.e., voluntary) service?	<p>Yes. Care and Protection Services always attempt to work with families in a voluntary rather than involuntary capacity. Where families provide consent and there is low risk to a child, this intervention will be short-to-medium term and will occur in partnership with other government and non-government support services.</p> <p>Where families provide consent and there is a high risk to a child, Voluntary Care Agreements or Court Orders by consent, will be sought to ensure the child's safety while working with the family to reduce risk.</p> <p>Where there is no consent from a family but a child is considered to be in need of care and protection, statutory processes must be invoked.</p> <p>Families not requiring a statutory response may be referred to other agencies for support.</p>
What protocols are in place for non-parental maltreatment when parents have acted protectively?	<p>Reports concerning maltreatment by persons other than the parents will be assessed with regards to the protective responses provided by the parents. When protection is occurring, the service may assist with referrals and advice or not have involvement. Reports of serious physical or sexual abuse are discussed with a member of the Australian Federal Police (AFP).</p>
Is child protection able to accept notifications for unborn children?	<p>Notifications of unborn children have always been received and recorded by the Department. However, prior to 8 March 2007, the Department's capacity to respond to these through a formal investigation process was limited.</p> <p>Since 8 March 2007, the ACT Legislative Assembly has passed an amendment to the Act, which provides the Department with greater powers of assessment and intervention. The enactment of this amendment will occur later this year.</p>
Does child protection advise the notifier of the outcome of intake?	<p>Mandated reporters are notified that their report has been received and feedback is provided regarding whether the report will or will not be appraised. The reporter may contact the service to discuss this further.</p>
Source: Ingrid Cevallos 2007, personal communication, 10 March.	

Table 2.

Investigation: Procedures for undertaking a child protection investigation	
Who receives referrals from the intake team?	<p>Referral to other agencies at the point of intake may be made to government and non-government agencies, depending on the identified needs.</p> <p>Where a matter requires an investigation, it will be transferred to the Appraisal Team, which is divided into three geographical teams.</p> <p>If the Report pertains to a family who already have a case manager, the appraisal process will be conducted by this person.</p>
Are there formal requirements for planning the investigation?	<p>When a Report requiring appraisal has been allocated, a meeting is held between the appropriate Team Leader and the worker to discuss the information gathered at assessment and formulate a suitable Appraisal Plan. If the child is Aboriginal or Torres Strait Islander, a representative of the Aboriginal and Torres Strait Islander Service Unit (ATSIS) must be invited to attend this meeting. Where a criminal act is alleged, the police will also be invited to attend this meeting.</p> <p>Staff have discretion in policy about whether or not to invite other relevant agency representatives to contribute to the development of an Appraisal Plan (e.g., a relevant foster care provider or the Office of the Public Advocate ACT).</p>
Is there always direct contact with family during the investigation?	<p>Appraisals always include interviews with the subject child, siblings, both parents and other relevant family members. The policy states that appraisal must address:</p> <ul style="list-style-type: none"> ■ each area of concern, risk and need articulated in a Child Protection Report; ■ any other areas of concern, risk or need in the environment identified by previous Reports or prior child protection interventions; ■ any other areas of concern, risk or need identified by other involved services who are already working with the family; ■ the needs of the subject child; ■ the needs of any siblings in the same home or exposed to the same risk; ■ the needs of the family as a whole; and ■ any new concern, risk or need which may present during the course of the appraisal process.

<p>Is the child always sighted by a worker during the investigation?</p>	<p>As part of the appraisal process, it is necessary to interview all children who are subject to a Child Protection Report, as well as any siblings living in the same home or exposed to the same alleged risk. Where the child is too young to be interviewed, Department workers must ensure they have seen the child and observed sufficient interaction between the parent/s and child to be assured of the child's well being.</p> <p>Legislation and policy requires that people with parental responsibility are contacted and interviewed in relation to the Child Protection Report.</p>
<p>How is assessment (risk, strengths, needs, medical, psychological, etc.) conducted during investigation?</p>	<p>Appraisal is conceptualised as a broad assessment of the child/ren's circumstances and well being. It is not an 'event-focused' intervention, although it is necessary to determine whether or not abuse or neglect has occurred as part of an overall assessment of risk.</p> <p>Appraisals are informed by information gathered during the assessment phase, interviews with relevant family members and the child, interviews with other involved professionals, and knowledge of the family's history.</p> <p>The purpose of the appraisal is to both ensure the child's safety and identify any child or family needs, which should be addressed through Care and Protection Services intervention.</p> <p>Appraising workers are asked to form an opinion about the strengths and risks in a child's home environment, the quality of the child's attachment relationships, the child's developmental needs and progress, the capacity of each parent/s and strategies to support each parent/s functioning.</p> <p>Policy requires that a medical assessment occur when:</p> <ul style="list-style-type: none"> ■ a baby is born drug dependent or drug affected ■ a child is under the age of 2 years ■ a child discloses that they have suffered an observable non-accidental physical injury ■ a child discloses that they have suffered sexual abuse ■ a Care and Protection Services worker has formed a reasonable suspicion that a child has suffered: <ul style="list-style-type: none"> ■ non-accidental physical injury or sexual abuse ■ neglect or emotional abuse to the extent that it has significantly harmed their wellbeing or development ■ a Care and Protection Services worker has taken Emergency Action with respect to a child.
<p>How are substantiation decisions classified?</p>	<p>A Child Protection Report may be 'substantiated' on either one or two grounds. While it might satisfy both grounds, it is only a requirement that one is met, in order to justify substantiation.</p> <ol style="list-style-type: none"> 1. Past or present abuse, neglect, or criteria at s156(2) in need of care and protection <p>The first ground relates to the likelihood that a child has been, or is being, abused and/or neglected, or has been or is <i>in need of care and protection</i> (156(2)).</p> <ol style="list-style-type: none"> 2. Future risk of abuse, neglect or criteria at s156(2) in need of care and protection <p>The second ground relates to the child's entire risk environment and requires case managers to look beyond the reported event, to analyse patterns of behaviour and predict the likelihood of future abuse and neglect.</p>
<p>What is the specific timeframe for the completion of the investigation?</p>	<p>A practice determination requires that Appraisal Outcome Reports be completed and finalised within 28 days of the appraisal commencement.</p>
<p>Is the family required to be advised of the investigation outcome?</p>	<p>Policy and procedures require that a child/young person and their parents be advised of the outcome of an appraisal process.</p>

<p>Are there special provisions for Culturally and Linguistically Diverse (CALD) children and families (particularly for Indigenous children)?</p>	<p>The Act makes provisions through its principles, for the preservation of the cultural, racial, ethnic and religious identity of children and young people and that decisions made should be consistent with their cultural, racial, ethnic and religious values.</p> <p>The Act has specific provisions for Aboriginal and Torres Strait Islander children and young people and their families. The Indigenous children and young people principle applies to all Aboriginal and Torres Strait Islander children and young people. The Indigenous placement principle applies to Aboriginal and Torres Strait Islander children and young people in out of home care.</p> <p>All staff complete cultural awareness training.</p> <p>The Aboriginal and Torres Strait Islander Services Unit within the Office for Children, Youth and Family Support is mostly staffed by Indigenous workers and may be involved in a consultation role or direct services to Indigenous families.</p>
<p>Are there joint response protocols (eg, with police, hospitals, etc.)?</p>	<p>A member of the Australian Federal Police (AFP), Sexual Assault and Child Abuse Team, is identified as being the liaison person for child protection matters. A draft protocol exists between the Police and child protection services regarding the investigation of child abuse matters, including joint responses.</p> <p>ACT Health and Care and Protection Services have identified liaison positions to assist in the information exchange of information, communication and case planning between the agencies.</p> <p>In addition, a member of ACT Health has been seconded to child protection services to work on the development of holistic responses between child protection services and the health systems with which it interacts. A Memorandum of Understanding exists between these two Departments and this is currently under review.</p>
<p>Source: Ingrid Cevallos 2007, personal communication, 10 March.</p>	

Table 3.

<p>Case management: Procedures for providing child protection intervention services</p>	
<p>Who receives referrals from the investigation team?</p>	<p>Where a matter is not substantiated (ie. neither grounds were met) it may be closed in accordance with Case Closure Policy. Case Closure policy requires that active referral to relevant support services for the family has already occurred.</p> <p>Where a Report is not substantiated but there are still matters of concern to be addressed, the case manager may recommend that the case is not closed and that Care and Protection Services remain involved with the family on a short-term basis for the purpose of addressing or monitoring risk factors and involvement of support services.</p> <p>Where a Report is substantiated, ongoing intervention by Care and Protection Services is usually appropriate.</p> <p>The goals of ongoing intervention may include to:</p> <ul style="list-style-type: none"> ■ implement strategies to reduce risk; ■ implement strategies to address need; ■ further assess a child's situation (Social Background Assessment); ■ implement strategies to improve parenting capacity; and ■ implement strategies to improve the family's access to supports (formal and informal). <p>Where continued intervention by Care and Protection is required, this intervention is provided by either the Family Support Team or the Children On Orders Team.</p>
<p>Is the same worker allocated to families throughout their involvement.</p>	<p>Where a Report is received pertaining to a child who does not already have a case manager, the family will be serviced by an Intake Worker and an Appraisals Worker. If the matter is appraised and substantiated they will then be referred to a Family Worker. Where a family is already known to Care and Protection Services their existing caseworker will receive, assess and appraise the report.</p>

Is voluntary/short-term intervention time limited?	Family Work interventions are not time limited but they are goal-focussed. All Action Plans which recommend ongoing intervention must articulate clearly: <ul style="list-style-type: none"> ■ the basis of the need for intervention; ■ the identified goals of the intervention; ■ the likely duration of the intervention; and ■ the family's willingness to engage with the intervention.
How is case planning conducted?	Case planning generally is governed by the Looking After Children System (LAC) which requires that a Review of Arrangements occurs every three months. LAC formalises good case-management and care planning principles in partnership with non-government care providers. <p>Where a child is not in out-of-home care and is being case managed at home, the Department's Case Management Framework is applied. This also formalises a requirement for regular reviews, case management conferences and annual review processes.</p> <p>In the ACT, Family Group Conferencing may be offered to families at any stage of involvement.</p>
Is there on-going reassessment of risks, strengths and needs?	Current policy requires that ongoing assessment of risk and need occurs as part of usual case management. Whenever a new Child Protection Report is received pertaining to a child, a new assessment process will be conducted. Similarly, whenever a Review of Arrangements occurs, during the Annual Review process and prior to case closure, a comprehensive re-assessment must occur.
Are there scheduled reviews of the case plan?	A review of the care plan and the arrangements for the care of a child (on an order) are undertaken every 3 months. This generally involves the child or young person, parents and carers and relevant other people. The Act requires that an Annual Review Report is prepared of each child or young person on a care and protection order. This is done through a case review model. Case conferences may be held for the purpose of review on a discretionary basis.
How does closure occur?	Case closure may occur when it is assessed that there are no longer any risks to the child/ren in their home environment and the issues underlying the abuse/neglect have been addressed. Case closure may not occur until a Case Review has been completed. In preparation for case closure, a case manager must: <ul style="list-style-type: none"> ■ Contact all involved agencies and services to advise them of the intent to close: <ul style="list-style-type: none"> ■ Seek the views of these services with regard to family functioning, reduction of risks in the home and the presence of protective factors; ■ seek the views of these services with regard to the decision to close; and ■ discuss with these services the likely duration of their intervention with the child/family. ■ Contact the child and family to advise them of the intent to close: <ul style="list-style-type: none"> ■ Meet with the child and re-assess risk, discuss with the child how they feel about case closure: ■ seek the views of the family with regard to family functioning; reduction of risk in the home and the presence of protective factors; ■ seek the views of the family with regard to the decision to close; and ■ discuss the family's willingness to continue to engage in the future with current services and support services in the future. <p>A case conference will always be held prior to case closure. When it is decided by a case manager and their Team Leader that a case should be closed, the child, family and other involved professionals will be formally advised by Care and Protection Services.</p>
Source: Ingrid Cevallos 2007, personal communication, 10 March.	

New South Wales

Table 1.

Intake: Procedures for determining who receives a CPS investigation	
How is a child protection concern defined as a 'report'/' notification'?	<p>Reports are defined by DoCS, however both the caller and the caseworker's perspectives are recorded.</p> <p>Section 23 of the Children and Young Persons (Care & Protection) Act 1998 (NSW) is the basis for determining risk of harm on which a report is made.</p>
Is there a 24-hour reporting facility?	<p>DoCS Helpline operates 24 hours a day, 7 days a week and is the after business hours call point. The Helpline also manages the onset of secondary assessment after business hours within the metropolitan region and coordinates on-call workers within regional areas to conduct secondary assessment for cases requiring a crisis response.</p>
Is the intake service centralised or does it operate from district centres?	<p>DoCS Helpline is the central intake service for the state.</p>
Is there capacity to categorise a referral as either statutory (CP) or non-statutory (FS) on the basis of presenting information?	<p>Sections 20 & 21 enable DoCS to provide services upon the request of a parent or child in order to enable the child or young person to remain in or return to the care of the parent or in situations where the parent is unable to provide adequate supervision and the young person's safety is in jeopardy. Section 113 allows for requests for assistance by any person where there is serious or persistent conflict between parents and a child or young person.</p> <p>Reform: Cases may be closed, referred for a child protection investigation & assessment or referred to the Early Intervention Program (EIP). Involvement in EIP is voluntary (and a strengths and needs assessment is undertaken).</p>
What are the provisions for recording the notification details?	<p>All case files for child protection, out-of-home care, early intervention and some information on financial assistance provided to families are recorded on the Key Information and Directory System (KiDS).</p>
What checks are made of prior child protection history?	<p>KiDS is checked to determine whether there is any prior involvement recorded. In addition, DoCS Helpline staff may request information from the police database to determine whether the alleged offender has a history of violence or has been the subject of other criminal matters relevant to child protection. The legislation allows DoCS to obtain information relevant to a child protection assessment from other government agencies.</p>
Do intake workers conduct follow-up phone calls?	<p>DoCS' Helpline is a centralised inbound call centre designed to make rapid screening assessments. Follow-up phone calls are rarely made and only to clarify essential details. However follow-up phone calls may occur as part of the Secondary Assessment Stage 1 process by the Community Service Centre Intake Team.</p>
What is the initial risk assessment?	<p>Initial Assessment (IA): to assess immediate safety and risk of future harm (modified VRF).</p>
What type of assessment is the risk assessment tool?	<p>Professional judgement. All caseworkers are tertiary qualified in social sciences.</p>
What are the range of possible outcomes of an intake assessment?	<ul style="list-style-type: none"> ■ Stage 1, information only contact: information does not meet risk of harm definition in the legislation. Information is recorded on the client record. ■ Stage 1, risk of harm but it is not considered the child or young person may be in need of care and protection. Case closed at intake. ■ Stage 2, full initial assessment is completed and referred for secondary assessment as it is considered the child or young person may be in need of care and protection
What are the priority ratings for investigation to commence?	<p>These apply to Stage 2 initial assessments:</p> <ul style="list-style-type: none"> ■ Immediate response (within 24 hours) ■ 72 hour response ■ under 10 days ■ 10+ days (rarely used since it became possible to record stage 1 contacts/ reports) ■ Each risk of harm report is also given a risk level of high, medium or low. All immediate response cases will be high risk. However, some high risk matters (such as neglect issues) may not require an immediate response.

Do statutory child protection services have the capacity to provide a non-statutory (i.e., voluntary) service?	Child protection services in NSW are mostly focused on delivery of services to those children most likely to be at risk of harm (ie: meeting the requirements of S23).
What protocols are in place for non-parental maltreatment when parents have acted protectively?	Within departmental mandate. Cases are typically referred to police unless a protective issue is identified. Referrals to other services such as NSW Health may also be made to assist parents and children.
Is child protection able to accept notifications for unborn children?	There is provision for reports concerning unborn children. However the intention is to provide early intervention to reduce the risks to the baby at the time of birth. DoCS is currently developing a policy specifically for pre natal reporting.
Does child protection advise the notifier of the outcome of intake?	The NSW Interagency Guidelines for Child Protection Intervention (2006 edition) provide for mandatory reporters to receive feedback about their report upon request to a Community Service Centre (CSC) if they have an ongoing role with the child, young person or family and the feedback will enable that work to continue. All mandatory reporters receive feedback on the outcome of the initial screening.
Source: Helen Freeland 2005, personal communication, 1 March. Helen Freeland Allana Christie & Cora Ingram October 2006	

Table 2.

Investigation: Procedures for undertaking a child protection investigation	
Who receives referrals from the intake team?	DoCS Helpline refers reports assessed as requiring secondary assessment to the Intake Teams within local Community Service Centres or to co-located JIRT units.
Are there formal requirements for planning the investigation?	The allocated caseworker and manager meet to plan the investigation (Pre-assessment Consultation) Where required, other specialist workers may be involved in the Pre-assessment consultation, for example, an Indigenous worker or DoCS psychologist. The Pre-assessment Consultation is recorded on the case plan.
Is there always direct contact with family during the investigation?	During the Secondary Assessment Stage 2 workers have direct contact with the parents/carers and family members in order to determine whether the child has suffered or is likely to suffer harm and whether or not they are in need of care and protection.
Is the child always sighted by a worker during the investigation?	During the investigation information must be sought directly from the child or young person. The child must be observed and where appropriate spoken with. There are guidelines for staff in relation to 'observing' an infant or young child who cannot be 'interviewed'. Reasons for any exception must be documented.
How is assessment (risks, strengths, needs, medical, psychological, etc.) conducted during investigation?	Secondary Assessment (modified-VRF). There are procedure documents for medical treatment and assessment. For Early Intervention matters a Family Strength & Needs Assessment is completed.
How are substantiation decisions classified?	The Judgement and Decision Record is used to record the substantiation decision ('substantiated' or 'unsubstantiated') as to whether or not a child is at risk of harm. Those cases in which the child or young person is assessed not to be in need of care and protection may be closed with or without a referral to universal services. S34 of the Children and Young Persons (Care & Protection) Act 1998 (NSW) provides the mandate for further action by DoCS when a child is assessed as being in need of care and protection.
What is the specific timeframe for the completion of the investigation?	The Secondary Risk of Harm Assessment Report would usually be completed: - within 28 days of the assigned response time if harm or risk is not substantiated; or - within 90 days of the assigned response time if harm or risk is substantiated.
Is the family required to be advised of the investigation outcome?	Issues identified that have a direct impact on the harm or risk to the child or young person need to be discussed with the family.
Are there special provisions for Culturally and Linguistically Diverse (CALD) children and families (particularly for Indigenous children)?	Yes. The [internal] Aboriginal Casework Specialist is consulted during intake, and during the PAC and assessment consultation phases of the assessment. In addition to the Aboriginal Child Placement Principle, there are general principles in the legislation around consultation and participation, Principles of participation and collaboration are also applied in the cases of children of NESB.

Are there joint response protocols (eg, with police, hospitals, etc.)?	Joint Investigation Response Teams (JIRTs) are teams comprised of NSW Police and DoCS officers who conduct interventions jointly in cases where a criminal prosecution may be sought in cases where abuse is substantiated. NSW Health is also part of JIRT, providing forensic medical and therapeutic services. There are a number of Domestic Violence Teams with NSW Police and/or NSW Health to address risk of harm reports where domestic violence is the reported issue of concern.
Source: Allana Christie & Cora Ingram October 2006 Allana Christie 2005, personal communication, 8 March.	

Table 3.

Case management: Procedures for providing child protection intervention services	
Who receives referrals from the investigation team?	Intake Teams may refer cases onto functional teams (child protection, early intervention or out of home care) for dedicated case management or they may retain cases through to case closure.
Is the same worker allocated to families throughout their involvement?	This varies and is dependent upon the particular structure of response and intervention services within local Community Service Centres (CSCs).
Is voluntary/short-term intervention time limited?	No; the decision to close or transfer a child protection case or to close an early intervention case is determined using case-planning and case-management procedures.
How is case planning conducted?	Face-to-face or teleconference case meetings are held to discuss and develop the case plan (or a care plan for cases involving court action). The general principles in regard to case planning and case meetings state that children or young people (where appropriate), their families, other relevant agencies or professionals, and other adults or a support person for the young person be invited to attend the case meeting
Is there on-going re-assessment of risks, strengths and needs?	Risk re-assessment is conducted in conjunction with the case review process. The risk re-assessment is a modified form of the Secondary Assessment conducted in the investigation.
Are there scheduled reviews of the case plan?	Case plans are reviewed not more than 6 months after the previous case plan meeting. Case plan reviews are also conducted where there are critical incidents, transfer of the case between teams, allocation of the case to a new worker and prior to case closure.
How does closure occur?	Where there has been active case management, a case plan meeting to review the case plan is to be conducted prior to case closure. Families and agencies involved with the case should be advised of case closure in writing.
Source: Allana Christie & Cora Ingram 11 October 2006 Allana Christie 2005, personal communication, 8 March.	

Northern Territory

Table 1.

Intake: Procedures for determining who receives a CPS investigation	
How is a child protection concern defined as a 'report' / notification?	Family and Children's Services (FACS) staff receive and define reports. The worker receiving the report determines the classification and level of response.
Is there a 24-hour reporting facility?	Until 2006, FACS After Hours was the dedicated after-hours service in the Darwin urban area. A duty roster was used to provide an after hours service in other regional centres. However, FACS has recently developed a Territory- wide Centralised Intake Service, which manages all reports received after hours in the Territory.
Is the intake service centralised or does it operate from district centres?	Central Intake.
Is there capacity to categorise a referral as either statutory (CP) or non-statutory (FS) on the basis of presenting information?	Reporters have option of 'consulting' to determine if concerns require a report. Once a report is accepted the Intake Worker initially classifies concerns as: Child Protection Report (i.e. involving child maltreatment allegations), or Protective Assessment (i.e. concerns do not constitute maltreatment but which indicate the child may be in need of care). Protective Assessment reports are classified as Referral, Family Support Referral; or No Further Action.
What are the provisions for recording the notification details?	The Community Care Information System (CCIS) is a centralised information system and case management tool.

What checks are made of prior child protection history?	FACS can check for prior child or family involvement through a check of the current electronic information management system (CCIS) and the previous system (OCIS). FACS operates a third report rule - if three reports are received for any child in a household within a 12-month period, on receipt of the third report, a full child protection investigation must be conducted into the allegations.
Do intake workers conduct follow-up phone calls?	Follow-up phone calls are made to referral sources, if necessary. Professionals are required by legislation to provide information, if requested by FACS.
What is the initial risk assessment?	Initial Child Danger Assessment: an Intake specific tool designed to assess immediate danger to the child.
What type of assessment is the risk assessment tool?	Initial Danger Assessment is a tool used to guide professional judgement.
What are the range of possible outcomes of an intake assessment?	Closed (allegations do not constitute abuse), Closed (insufficient information), Proceed to investigation.
What are the priority ratings for investigation to commence?	Priority rating: Child in danger (24 hours) Child at risk (3 days) Child concern report (5 days)
Do statutory child protection services have the capacity to provide a non-statutory (i.e., voluntary) service?	There are programs within FACS that allows for voluntary interventions with clients and families e.g., family support, preventative family care.
What protocols are in place for non-parental maltreatment when parents have acted protectively?	Not within child protection mandate. Criminal matters are referred to the NT Police for investigation. Reform: the NT recently developed a Territory-wide Child Abuse Taskforce comprised of Police and FACS workers that jointly investigate serious physical and sexual assaults. The Central Intake Service automatically refers such cases to the joint team for a response.
Is child protection able to accept notifications for unborn children?	No. The legislation addresses children from birth to 18 years.
Does child protection advise the notifier of the outcome of intake?	There is provision to provide the notifier referral with the outcome of their referral. Professional referrers can be provided with the outcome of their referral, classification rating of the referral and the name of case-manager, (where possible).
Source: Family and Children's Services Family and Children Services Program 2007	

Table 2.

Investigation: Procedures for undertaking a child protection investigation	
Who receives referrals from the intake team?	The Family Intervention Team (FIT) with the responsibility for the geographical area in which the child resides.
Are there formal requirements for planning the investigation?	<i>There is an Allocation and Action Plan</i> – which provides an accountable record of Family and Children's Services expectations in relation to the conduct of the investigation. At point of allocation, the casework supervisor and caseworkers hold a Strategy Meeting to plan the investigation.
Is there always direct contact with family during the investigation?	Yes, all adults in the household, other children and the alleged perpetrator (whether residing in house or elsewhere) are interviewed.
Is the child always sighted by a worker during the investigation?	All children subject to report must be sighted and (where developmentally appropriate) interviewed.
How is assessment (risks, strengths, needs, medical, psychological, etc.) conducted during investigation?	A Full Child Danger Assessment (immediate safety) is completed within 24 hours of the initial home visit. If maltreatment is substantiated, a Child Protection Risk Assessment is conducted in conjunction with case management discussion to determine the ongoing risk to the child/ren of ongoing abuse or neglect.
How are substantiation decisions classified?	Cases are classified – ' <i>substantiated</i> ' or ' <i>unsubstantiated</i> '.
What is the specific timeframe for the completion of the investigation?	28-days
Is the family required to be advised of the investigation outcome?	The parents and, if age appropriate, the child is advised of the investigation outcome.

Are there special provisions for Culturally and Linguistically Diverse (CALD) children and families (particularly for Indigenous children)?	<p>FACS staff are required to undertake cultural awareness training.</p> <p>Aboriginal Community Workers (ACWs) are employed by FACS to work with Indigenous children and families.</p> <p>ACWs also provide cultural expertise and consultation as part of the interventions.</p> <p>FACS may also consult with a recognised Aboriginal Child Care Agency and a community representative in relation to case management decisions (particularly placement decisions).</p>
Are there joint response protocols (eg, with police, hospitals, etc.)?	Yes. The NT has recently developed a Territory-wide Child Abuse Taskforce comprised of Police and FACS workers that jointly investigate serious physical, and sexual assaults.
Source: Family and Children's Services Program 2007.	

Table 3.

Case management: Procedures for providing child protection intervention services	
Who receives referrals from the investigation team?	<p>Following investigation, the <i>Family Intervention Team (FIT)</i> will retain case management tasks if there is no statutory Order.</p> <p>If an Order of 6-months duration or longer is made, the case is referred to the <i>Out Of Home Care (OOHC) Team</i>.</p>
Is the same worker allocated to families throughout their involvement?	<p>While the case remains in the FIT team, the same worker will, wherever possible, maintain case-management duties.</p> <p>If the case is transferred to an Out-of-Home Care Team, a new case manager will be allocated.</p> <p>Alternatively, some clients may be referred for assessment and support from a FACS Family Support Worker, to assist with case-management tasks. This is done with supervision from the casemanager.</p>
Is voluntary/short-term intervention time limited?	No
How is case planning conducted?	A case plan is developed at a family meeting. The <i>family meeting</i> is attended by: the family, the child (if age appropriate), FACS and other relevant persons.
Is there on-going re-assessment of risks, strengths and needs?	<p>Risk assessment is an ongoing part of case management.</p> <p>Regular assessment is made to monitor progress towards case plan goals and to identify any concerns arising.</p>
Are there scheduled reviews of the case plan?	Case plans are reviewed three monthly, and prior to making critical decisions (for example, applying for court order, removal, reunification, case closure).
How does closure occur?	<p>Cases that are substantiated are closed following consultation between the worker and their supervisor and after they have been presented to the Child Protection Team.</p> <p>Unsubstantiated cases are closed following consultation between the worker and supervisor.</p> <p>Prior to closure a Case Closure, a summary must be prepared.</p>
Source: Family and Children's Services Program 2007.	

Queensland

Table 3.

Intake: Procedures for determining who receives a CPS investigation	
How is a child protection concern defined as a 'report' / notification?	DChS receives and defines notifications.
Is there a 24-hour reporting facility?	The department's Child Safety After Hours Service Centre (CSAHC) provides a 24-hour reporting facility for Queensland. CSAHC responds to urgent notifications within 24 hours within the Brisbane Metropolitan Area. All information from CSAHC is then forwarded to the respective Child Safety Service Centres for follow up on the next business day. The Queensland Police Service responds to all other cases requiring a crisis response within regional areas.

Is the intake service centralised or does it operate from district centres?	During business hours intake operates out of 55 local Child Safety Service Centres. After hours, the intake service is provided across the state by the Child Safety After Hours Service.
Is there capacity to categorise a referral as either statutory (CP) or non-statutory (FS) on the basis of presenting information?	Non-statutory cases are recorded as an enquiry, or a child concern report. Information that reaches the threshold is recorded as a notification.
What are the provisions for recording the notification details?	All information in relation to the intake process is entered into the Integrated Client Management System (ICMS).
What checks are made of prior child protection history?	A Child Safety Officer checks departmental information systems and paper-based files for any previous departmental contact with the child, other children in the child's family, the child's parents and their partners, other household members, and the person allegedly responsible for the harm.
Do intake workers conduct follow-up phone calls?	Child Safety Officers may call an external agency, interstate or international child protection jurisdiction, or other professional to gather further information about the allegations of harm, and to inform the decision about whether a child protection notification should be recorded.
What is the initial risk assessment?	The information is screened using the Structured Decision Making – screening criteria tool.
What type of assessment is the risk assessment tool?	It is a decision-making tool incorporating professional judgement. The tool is used by departmental staff when child protection concerns are received about children including unborn children. The tool helps staff determine if the matter should proceed to a notification.
What are the range of possible outcomes of an intake assessment?	One response - investigation and assessment.
What are the priority ratings for investigation to commence?	There are three response timeframes: <ul style="list-style-type: none"> ■ 24-hour response ■ 5-day response ■ 10-day response NB: 'Days' refers to weekdays not working days.
Do statutory child protection services have the capacity to provide a non-statutory (i.e., voluntary) service?	A child concern report (a matter that does not meet the threshold for a notification) can be responded to with: information and advice; referral; information provision to the police or another state authority; or moving a child to a safe place. Other services can be provided with the aim of preventing children from later becoming in need of protection. This may include the department opening a Service Support Case (see the Child Safety Practice Manual, Section 5.1, for further information).
What protocols are in place for non-parental maltreatment when parents have acted protectively?	Matters relating to non-parental maltreatment must be referred to police if alleged harm may have involved a criminal offence. If a child has suffered harm, is suffering harm, or is at an unacceptable risk of suffering harm from a non-parent; then the department will intervene if there isn't a parent able and willing to protect the child from this harm.
Is child protection able to accept notifications for unborn children?	Yes, when it is suspected that the child may be in need of protection after he or she is born. If, before the birth of a child, the department reasonably suspects the child may be in need of protection after he or she is born then the department must consider appropriate action including an authorised officer investigating the circumstances and assessing the likelihood that the child will need protection after he or she is born; or offer help and support to the pregnant woman.
Does child protection advise the notifier of the outcome of intake?	When asked, Child Safety Officers must advise notifiers from government and non-government agencies what the departmental response will be and the rationale. Where applicable, they must also provide information about likely timeframes for commencing contact with the family.
Source: Queensland Department of Child Safety 2007.	

Table 2.

Investigation: Procedures for undertaking a child protection investigation	
Who receives referrals from the intake team?	The Child Safety Service Centre in the geographical area where the child is living conducts the investigation and assessment.
Are there formal requirements for planning the investigation?	Yes. Planning for investigations is recorded in an Investigation plan.

Is there always direct contact with family during the investigation?	Yes. If there is no contact with the family an outcome of "No assessment and investigation" is recorded.
Is the child always sighted by a worker during the investigation?	Yes, the child is always sighted and where age appropriate, interviewed.
How is assessment (risks, strengths, needs, medical, psychological, etc.) conducted during investigation?	Structured decision making tools incorporating professional judgement are used, including a safety assessment and family risk evaluation.
How are substantiation decisions classified?	The outcome categories are: <ul style="list-style-type: none"> ■ substantiated - child in need of protection; ■ substantiated - child not in need of protection (except for unborn children notifications); ■ unsubstantiated - child not in need of protection; and ■ no investigation and assessment outcome.
What is the specific timeframe for the completion of the investigation?	The investigation must be completed and approved within two months of the notification date, (or if referred to a family group meeting convenor- within seven days of the referral).
Is the family required to be advised of the investigation outcome?	A child's family must be advised about the allegation of harm and the outcome of the investigation (unless to do so would jeopardise an investigation into the offence or expose a child to harm).
Are there special provisions for Culturally and Linguistically Diverse (CALD) children and families (particularly for Indigenous children)?	In accordance with the Child Protection Act 1999 (QLD), when the department makes decisions about an Aboriginal and Torres Strait Islander child, it is required to provide a recognised Aboriginal or Torres Strait Islander entity with an opportunity to participate in the decision-making, where the decision is significant; or consult with the entity for all other decisions. S.83 of the Child Protection Act 1999 (QLD) (i.e. the Indigenous Child Placement Principle) provides provisions (as subject to S.5 (1)) for placing Aboriginal and Torres Strait Islander children in care. There are other legislative requirements about: <ul style="list-style-type: none"> ■ the need to take account of the ethnic, religious and cultural identity or values of the child; and ■ responding to the language needs of children and families from a non-English speaking background.
Are there joint response protocols (eg, with police, hospitals, etc.)?	The DChS and the Queensland Police Service both have statutory responsibilities for investigating child protection notifications. The Department is the lead agency for the care and protection of children and the police are the lead agency for criminal investigations. Departmental staff may also, for example, seek the assistance of police during unsafe or dangerous situations. The department's Child Safety Practice Manual provides staff with guidelines for participating in joint investigations with the police.

Source: Department of Child Safety: Queensland 2007.

Table 3.

Case management: Procedures for providing child protection intervention services	
Who receives referrals from the investigation team?	When a child is found to be in need of protection, cases are transferred to teams responsible for intervention with parental agreement or children under orders.
Is the same worker allocated to families throughout their involvement?	In general, specialist teams work with families at different stages of the child protection continuum e.g. larger service centres have teams for intervention with parental agreement (without court orders), short term orders and long term orders.
Is voluntary/short-term intervention time limited?	No, it is determined by the ongoing assessment of the level of risk to the child and the family's progress in meeting the goal and outcomes of the case plan. The case plan is reviewed three monthly and intervention that exceeds 12 months requires Child Safety Service Centre (CSSC) manager approval.
How is case planning conducted?	Case planning occurs through a cycle of assessment, planning, implementation and review of a child's safety, protective and care needs until a case is closed. The case plan (developed at a family group meeting) is regularly reviewed.

Is there on-going re-assessment of risks, strengths and needs?	Yes, through the use of the following structured decision-making tools: <ul style="list-style-type: none"> ■ child strengths and needs assessment; ■ parental strengths and needs assessment; ■ family risk re-evaluation; ■ reunification assessment; and ■ safety assessment.
Are there scheduled reviews of the case plan?	The case plan must be regularly reviewed, at least every 6 months, or earlier, depending on the: <ul style="list-style-type: none"> ■ child's age and circumstances; ■ nature of arrangements in place under the plan; ■ problems or potential problems with the plan, or ways the plan may be improved (of which the department is aware); ■ duration of the child protection order (where one exists).
How does closure occur?	Prior to case closure the Child Safety Officer must undertake a review of the child's case plan. In cases where a child has been reunified with the family, the case will not be closed until the family risk re-evaluation tool has been completed and the current level of harm indicated is 'low' or 'moderate' and there are no 'immediate harm indicators' in the home.
Source: Department of Child Safety 2007	

South Australia

Table 1.

Intake: Procedures for determining who receives a CPS investigation	
How is a child protection concern defined as a 'report' / notification?	Child protection reports are assessed and defined by Families SA Child Abuse Report Line (CARL).
Is there a 24-hour reporting facility?	CARL is the statewide 24-hour call point
Is the intake service centralised or does it operate from district centres?	Central intake.
Is there capacity to categorise a referral as either statutory (CP) or non-statutory (FS) on the basis of presenting information?	Reports are classified as: <ul style="list-style-type: none"> ■ Insufficient grounds; ■ Sufficient grounds (recorded as 'child protection assessed'); or ■ Not a child protection matter (recorded as 'general practice, other concern').
What are the provisions for recording the notification details?	The Client Information System (CIS) is a centralised information system recording intake, assessment, outcome and closure details.
What checks are made of prior child protection history?	Families SA can access any prior contact with the Department for Families and Communities (child protection, financial assistance, alternative care and juvenile justice records).
Do intake workers conduct follow-up phone calls?	In some cases, follow-up calls are made to clarify intake details
What is the initial risk assessment?	Initial Safety Assessment: to assess immediate danger.
What type of assessment is the risk assessment tool?	Actuarial based structured decision making tool
What are the range of possible outcomes of an intake assessment?	<ul style="list-style-type: none"> ■ Tier 1 - imminent danger ■ Tier 2 - no immediate danger ■ Tier 3 - low risk of immediate harm, however children may experience harm in future if conditions do not change
What are the priority ratings for investigation to commence?	Priority rating: <ul style="list-style-type: none"> ■ Tier 1–24 hours ■ Tier 2–7 days ■ Tier 3 - non time limited non-statutory
Do statutory child protection services have the capacity to provide a non-statutory (i.e., voluntary) service?	Tier 3 cases receive non-statutory response (voluntary family support option provided by Families SA or referral to NGO provided).
What protocols are in place for non-parental maltreatment when parents have acted protectively?	This falls within child protection mandate. Extra-familial maltreatment is documented and reported to police.

Is child protection able to accept notifications for unborn children?	Unborn children are not recognised under the Child Protection Act 1993 (SA). However, Families SA policies allow the Child Abuse Report Line to receive notifications regarding high-risk unborn children.
Does child protection advise the notifier of the outcome of intake?	It is not a policy requirement to advise the notifier of the outcome of the intake assessment.

Table 2.

Investigation: procedures for undertaking a child protection investigation	
Who receives referrals from the intake team?	District Centre.
Are there formal requirements for planning the investigation?	Yes. These include Strategy Discussions with Police and Health in serious matters, safety planning and case planning. Strategy Discussion – consult with other agencies/ professionals known to family for information gathering and to determine investigation plan and role of individuals in investigation (may not be a single event). Investigation plan is documented and Families SA are responsible for ensuring the plan is followed.
Is there always direct contact with family during the investigation?	Yes
Is the child always sighted by a worker during the investigation?	The child must be sighted during investigation.
How is assessment (risks, strengths, needs, medical, psychological, etc.) conducted during investigation?	Full Safety assessment (immediate safety) - complete within 24 hours for Tier 1. For cases where abuse is confirmed, risk and strength/needs assessments are conducted.
How are substantiation decisions classified?	Cases classified as abuse confirmed or abuse not confirmed.
What is the specific timeframe for the completion of the investigation?	42 days (6 weeks) from the initial intake date.
Is the family required to be advised of the investigation outcome?	Caregivers will receive information about the purpose and outcome of the investigation.
Are there special provisions for Culturally and Linguistically Diverse (CALD) children and families (particularly for Indigenous children)?	The Families SA Indigenous team, Yaitja Tirramangkotti, actually conducts intake and initial risk assessment using the Families SA intake model. During investigation Families SA are required to consult with an Indigenous representative (this may be internal or external persons). Families SA are also required to consult a community representative if the child is of Non English Speaking Background (NESB). The Aboriginal Child Placement Principle is now legislated.
Are there joint response protocols (eg, with police, hospitals, etc.)?	Yes - there are various protocols including an Information Sharing Protocol with the Health Department.
Source:	

Table 3.

Case management: Procedures for providing child protection intervention services	
Who receives referrals from the investigation team?	Based on the structured decision-making framework underlying all child protection services in SA, following substantiation cases are allocated to the short or long-term intervention team dependent upon the assessed need.
Is the same worker allocated to families throughout their involvement?	If intervention will be required for longer than 3 months, cases are allocated to the intervention team (in smaller centres the intake and intervention teams may be the same).
Is voluntary/short-term intervention time limited?	No; the decision to close or transfer a case to the long-term intervention team is determined at case review using the Structured Decision Making framework.
How is case planning conducted?	The risk and the need/strengths assessments provide the basis for the case plan. Where possible, case planning is conducted in consultation with the child, family, carers, and key worker representatives from relevant agencies..
Is there on-going re-assessment of risks, strengths and needs?	Risk and strength/needs re-assessments are conducted on a three monthly basis.
Are there scheduled reviews of the case plan?	Case plans are reviewed on a three monthly basis.
How does closure occur?	Cases assessed as low risk may be closed. Cases reassessed as low or moderate on risk re-assessment may be closed. To ensure sustainability of change and prevent recurrence, cases initially assessed as high or very high should be assessed as low or moderate on two successive risk re-assessments prior to closure. The case plan must be reviewed prior to case closure.
Source: Family and Children's Services Program 1999.	

Tasmania

Table 1.

Intake: Procedures for determining who receives a CPS investigation	
How is a child protection concern defined as a 'report'/ notification?	Notifications are caller defined.
Is there a 24-hour reporting facility?	Child Protection Services provides a rostered after hours emergency service that responds to notifications and crisis situations.
Is the intake service centralised or does it operate from district centres?	The Child Protection Advice and Protection Service (CPAARS) is the central intake point in Tasmania.
Is there capacity to categorise a referral as either statutory (CP) or non-statutory (FS) on the basis of presenting information?	All notifications are classified as a statutory report. REFORM: Tasmania is now trialling the diversion of notifications to a family support response. Requests for general information and advice on child protection matters are recorded as enquiries.
What are the provisions for recording the notification details?	Case files are established for each child that include the notification record and all other information relating to the child. The details of the child and the outcome of the investigation are entered in the Child Welfare Information System. Reform: A new information management system is due to be implemented in 2007.
What checks are made of prior child protection history?	The Child Welfare Information System is checked for previous contact with the child, siblings, parents and their partners. Where a child is known, further information is obtained from case files. Reform: The electronic information tool will make it easier to check child protection histories.
Do intake workers conduct follow-up phone calls?	Follow-up telephone calls are made to individuals and organisations.
What is the initial risk assessment?	Tasmanian Risk Framework (TRF): to assess immediate safety and risk of future harm (modified VRF).
What type of assessment is the risk assessment tool?	Professional judgement.
What are the range of possible outcomes of an intake assessment?	<ul style="list-style-type: none"> ■ No further action ■ Dealt with by other means ■ Referred for investigation
What are the priority ratings for investigation to commence?	Priority rating: <ul style="list-style-type: none"> ■ Priority 1 (Half a day) ■ Priority 2 (5 days) ■ Priority 3 (10 days)
Do statutory child protection services have the capacity to provide a non-statutory (i.e., voluntary) service?	Child Protection Services can provide a non-statutory response including voluntary care agreements, youth support, family support and intensive family support. Information is provided and referrals are also made to government and community organisations that provide services to children, young people and their families. Reform:- An Early Support Program for families (targeted family support) has been trialled at the Child Protection Assessment and Referral Service (CPAARS) (intake). This program has been designed to divert families in need away from a statutory child protection response by establishing a brokerage arrangement with non-government organisations.
What protocols are in place for non-parental maltreatment when parents have acted protectively?	Where it is believed that a crime has been committed against the child, a memorandum of understanding requires Child Protection Services to make a referral to Tasmanian Police.
Is child protection able to accept notifications for unborn children?	Child Protection Services currently records contacts as an alert. Reform: The Tasmanian Child Protection Report, 2006 recommends legislative amendments to allow for notifications of unborn children.
Does child protection advise the notifier of the outcome of intake?	Limited feedback is provided to notifiers on the outcome of an initial assessment.

Source: Child Protection Services, Department of Health and Human Services 2006, personal correspondence.

Table 2.

Investigation: Procedures for undertaking a child protection investigation	
Who receives referrals from the intake team?	Assessment teams in each geographical area.

Are there formal requirements for planning the investigation?	Investigations are planned by child protection workers in consultation with coordinators and take into account policies, procedures and protocols with relevant agencies.
Is there always direct contact with family during the investigation?	Yes
Is the child always sighted by a worker during the investigation?	The child must be sighted and interviewed when developmentally appropriate.
How is assessment (risks, strengths, needs, medical, psychological, etc.) conducted during investigation?	An assessment of risk to the child is made using the Tasmanian Risk Framework.
How are substantiation decisions classified?	Cases are classified as 'substantiated' or 'not substantiated'.
What is the specific timeframe for the completion of the investigation?	42 days (6 weeks) from the date that the investigation commenced
Is the family required to be advised of the investigation outcome?	Parents are advised of the outcome of the investigation.
Are there special provisions for Culturally and Linguistically Diverse (CALD) children and families (particularly for Indigenous children)?	Child Protection Services consult with relevant individuals and organisations, in relation to children and families from migrant backgrounds. They also consult with Aboriginal organisations in relation to Aboriginal children and families in accordance with the Act.
Are there joint response protocols (eg, with police, hospitals, etc.)?	Yes
Source: Child Protection Services, Department of Health and Human Services 2006, personal correspondence.	

Table 3.

Case management: Procedures for providing child protection intervention services	
Who receives referrals from the investigation team?	Following substantiation, cases may be retained by the assessment team for voluntary services or referred to case management services if children are the subject of a care and protection order (the majority of substantiated cases are closed or referred to case management rather than being provided with voluntary services).
Is the same worker allocated to families throughout their involvement?	No. If a case is transferred to case management services a new child protection worker is allocated.
Is voluntary/short-term intervention time limited?	Child Protection Workers in Assessment can provide time-limited service coordination for voluntary short-term intervention (this should not exceed 12 months).
How is case planning conducted?	Case planning occurs through case conferences and case planning meetings with the family. Family decision-making is encouraged through a referral to an independent facilitator to conduct a family meeting.
Is there on-going re-assessment of risks, strengths and needs?	On-going risk and strength assessment using the TRF. The LAC framework is used for assessment and planning of the child's needs.
Are there scheduled reviews of the case plan?	The LAC framework is used and has reviews within: 1 month, 4 months, and 10 months of placement. For children in long term care, LAC requires review and assessment for children under 5 years and review and assessment annually for children over 5 years.
How does closure occur?	The case is reviewed using case-planning processes and a recommendation is made to the manager with the legal delegations to close cases.
Source: Child Protection Services, Department of Health and Human Services 2006, personal correspondence.	

Victoria

Table 1.

Intake: Procedures for determining who receives a CPS investigation	
How is a child protection concern defined as a 'report' / notification?	Reports to child protection where a reporter: <ul style="list-style-type: none"> ■ has a significant concern for the wellbeing of a child; or ■ believes a child is in need of protection
Is there a 24-hour reporting facility?	Child Protection After Hours Emergency Service is the statewide after-hours call centre.

Is the intake service centralised or does it operate from district centres?	Intake is provided through eight regional offices.
Is there capacity to categorise a referral as either statutory (CP) or non-statutory (FS) on the basis of presenting information?	Reports are classified by the Intake worker according to the following typology: <ul style="list-style-type: none"> ■ Child Wellbeing Report ■ Protective Intervention Report ■ Unborn Child Report ■ Inappropriate/Insufficient information
What are the provisions for recording the notification details?	DHS uses a purpose-built information system and case management tool for case records (CASIS). Reform: A new tool, CRIS (Client Relationship Information System) is being implemented that will replace CASIS.
What checks are made of prior child protection history?	CASIS/CRIS is checked to determine whether there is any prior recorded involvement for the child or a child in their sibling group.
Do intake workers conduct follow-up phone calls?	Intake workers contact anyone who may have relevant information, including professionals.
What is the initial risk assessment?	Initial risk assessment is guided by the Best Interests Framework which builds on the Victorian Risk Framework (VRF).
What type of assessment is the risk assessment tool?	Assessment is based professional judgement within the context of the Best Interests Framework.
What are the range of possible outcomes of an intake assessment?	<ul style="list-style-type: none"> ■ Open (investigation) ■ Well Being Report – refer to Child FIRST/Family Services ■ Closed (no further action) ■ Closed (advice/referral)
What are the priority ratings for investigation to commence?	Priority rating: <ul style="list-style-type: none"> ■ 2-day ■ 14-day
Do statutory child protection services have the capacity to provide a non-statutory (i.e., voluntary) service?	Provides appropriate response (advice, referral) where direct contact is not required. Families may also be referred to the Family Services via Child and Family Information, Referral and Support Teams (Child FIRST) that are being progressively established across Victoria.
What protocols are in place for non-parental maltreatment when parents have acted protectively?	Protocols with Victoria Police detail a range of responses regarding this scenario dependent upon presenting circumstances.
Is child protection able to accept notifications for unborn children?	The new Children, Youth and Families Act 2005 (VIC) includes provision to report concerns about an unborn children to Child Protection or Child FIRST.
Does child protection advise the notifier of the outcome of intake?	Practice guidance encourages feedback to all reporters as good practice.
Source: Child Protection and Family Services Branch 2007.	

Table 2.

Investigation: Procedures for undertaking a child protection investigation	
Who receives referrals from the intake team?	Response team.
Are there formal requirements for planning the investigation?	Yes, including, protocol for joint investigation with police in certain matters; protocol to discuss and conduct a joint visit with the Aboriginal Child Specialist Advice and Support Service (ACSASS) for Aboriginal children.
Is there always direct contact with family during the investigation?	Yes
Is the child always sighted by a worker during the investigation?	If a decision has been made by Child Protection that the report is a protective intervention report then the child must be sighted and either observed or interviewed (depending upon age/development stage).
How is assessment (risks, strengths, needs, medical, psychological, etc.) conducted during investigation?	On-going risk assessment incorporating all dimensions of the Best interests Framework.
How are substantiation decisions classified?	Cases are classified as substantiated or not substantiated.
What is the specific timeframe for the completion of the investigation?	28 days.
Is the family required to be advised of the investigation outcome?	Yes. Parents are advised of investigation outcome.

Are there special provisions for Culturally and Linguistically Diverse (CALD) children and families (particularly for Indigenous children)?	Yes, all decision makers are required to comply with the Aboriginal Child Placement Principle. DHS staff consult and conduct a joint response with the Aboriginal Child Specialist Advice and Support Service (ACSASS) (a program funded by DHS to provide consultation to child protection on risk and safety issues for Aboriginal children). The relevant legislation also specifies consideration of cultural identity where relevant when planning for children, including the provision of interpreter services.
Are there joint response protocols (eg, with police, hospitals, etc.)?	Yes
Source: Child Protection and Family Services Branch 2007	

Table 3.

Case management: Procedures for providing child protection intervention services	
Who receives referrals from the investigation team?	Cases are transferred to the teams responsible for the Protective Intervention or Court Phase.
Is the same worker allocated to families throughout their involvement?	Each DHS region determines how their region manages workflow and allocates cases.
Is voluntary/short-term intervention time limited?	Yes; 90 days.
How is case planning conducted?	Case planning occurs throughout the entire case life. However, there are mandatory case plan points. A case plan meeting is held with the family and other professionals/services involved (there is active consultation with ACSASS if the child is Indigenous). A protective plan is prepared if the child is remaining in the care of the parents, or prior to a court order being made, and an s-167 Best interests case plan is prepared if the child is subject to a final court order. The DHS also encourages the use of Family Group Conferences as part of the case-planning process.
Is there on-going re-assessment of risks, strengths and needs?	Ongoing assessment occurs during the entire life of a case.
Are there scheduled reviews of the case plan?	Yes. A scheduled review date is set at the case plan meeting. Unscheduled reviews are also held when conditions change, prior to critical decision-making (e.g., removal, reunification, case closure), or at the request of the family, child/young person, or professionals involved with the case.
How does closure occur?	A risk re-assessment and case plan meeting to review the case plan is held prior to case closure.
Source: Child Protection and Family Services Branch 2007.	

Western Australia

Table 1.

Intake: Procedures for determining who receives a CPS investigation	
How is a child protection concern defined as a 'report' / notification?	All notifications are defined and assessed by the Department for Community Development (now Department for Child Protection) (the Department), with an acknowledgement of the callers' concerns and expectations.
Is there a 24 hour reporting facility?	The Crisis Care unit is the state-wide after hours contact point for the Department. Callers may also contact Crisis Care in normal business hours.
Is the intake service centralised or does it operate from district centres?	Local area intake. District Offices provide a 'duty' (intake) service through which assessment, crisis response, information and referral services are provided Monday to Friday from 8am to 5pm.
Is there capacity to categorise a referral as either statutory (CP) or non-statutory (FS) on the basis of presenting information?	The Children and Community Services Act 2004 (WA) enables the Department to make inquiries to determine what action it should take when it receives information that raises concerns about a child's wellbeing. Reports are assessed on the presenting information and decisions made on the most appropriate immediate response. Possible response categories are: <ul style="list-style-type: none"> ■ voluntary social services (family support) ■ child protection investigation ■ short term assessment when it is not clear if the Department needs to take action or what the most appropriate response should be.

What are the provisions for recording the notification details?	Case files are the principal client record. All contacts to the Department are recorded in an electronic Contact Log. Contacts that are intaked as cases are entered into the electronic Client and Community Services System (CCSS)
What checks are made of prior child protection history?	The Contact Log and CCSS allow details of all past contacts, cases and case outcomes to be checked.
Do intake workers conduct follow-up phone calls?	Officers may seek to clarify referral information to help inform the recommended response.
What is the initial risk assessment?	The Child Safety Assessment Framework (CSAF). The CSAF is child centred and promotes a strengths-based approach to assessing the safety needs of the child.
What type of assessment is the risk assessment tool?	Guided decision making informing professional judgment.
What are the possible outcomes of an intake assessment?	<ul style="list-style-type: none"> ■ no further action (NFA)) ■ provision of information, referral or voluntary social services (family support) ■ child protection investigation to determine if a child is in need of protection. ■ short-term assessment when it is not clear from the presenting information if the Department needs to take action or what the most appropriate response should be.
What are the priority ratings for investigation to commence?	<p>Priority 1 – Within 24 hours when a child is at immediate risk of harm</p> <p>Priority 2 – Within 5 working days when the child is not at immediate risk.</p>
Do statutory child protection services have the capacity to provide a non-statutory (i.e., voluntary) service?	The Children and Community Services Act 2004 (WA) enables the provision of negotiated voluntary social services, family meetings and other services when inquiries (assessments or investigations) have established that the Department should take action to promote or safeguard the wellbeing of a child. Services may be provided by the Department or by other government or non-government service providers.
What protocols are in place for non-parental maltreatment when parents have acted protectively?	The Department considers the report to ensure appropriate action is taken. In most cases this will be through referral to the Western Australia Police and/or provision of advice and support to those with parental responsibility.
Is child protection able to accept notifications for unborn children?	The Department records and responds to concerns for the wellbeing of unborn children through the provision of voluntary social services to the parents and assesses and plans for the safety needs of the child when born.
Does child protection advise the notifier of the outcome of intake?	Confidentiality and the Freedom of Information Act (WA) guide the release or sharing of information with third parties. The release of information to third parties does not generally occur.
Source: www.communitydevelopment.wa.gov.au now www.childprotection.wa.gov.au	

Table 2.

Investigation: Procedures for undertaking a child protection investigation	
Who receives referral from the intake team?	Varies depending upon the structure of the Department's District Offices. Child protection investigations may only be conducted by an Authorised Officer under the Children and Community Services Act 2004 (WA).
Are there formal requirements for planning the investigation?	The Authorised Officer plans the investigation with a designated senior officer (Team Leader). Guidelines are provided on issues for consideration such as the involvement of the Police or consultation with Aboriginal and Torres Strait Islander or CALD staff.
Is there always direct contact with the family during the investigation?	Relevant family members are informed, interviewed and assessed. The child may be interviewed before parents are advised. The agencies involved may be contacted for information first.
Is the child always sighted by a worker during the investigation?	It is a standard requirement that once a decision has been made to pursue an investigation, the child must be seen. The needs of the child is the paramount concern throughout the investigation, therefore, their views should be sought where possible.
How is assessment (risks, strengths, needs, medical, psychological, etc) conducted during investigation?	The guided decision making tool Child Safety Assessment Framework is used in conjunction with consultation and supervision by senior staff.

How are substantiation decisions classified?	Outcomes of investigations are classified as ' <i>unsubstantiated</i> ' or ' <i>substantiated</i> '. If an investigation is substantiated a decision must also be made as to whether or not the child is in need of protection and how that protection is best achieved.
What is the specific time frame for the Completion of the investigation?	30 days
Is the family required to be advised of the investigation outcome?	Parents, the young person and the person assessed as responsible for causing harm, and other parties with proper interest are advised of the investigation outcome.
Are there special provisions for the Culturally and Linguistically Diverse (CALD) children and families (particularly for Indigenous children)?	When planning an investigation Authorised Officers must consult with senior Aboriginal officers in the Department or significant community members. Appropriate consultation also needs to occur for children of Culturally and Linguistically Diverse Backgrounds. The <i>Children and Community Services Act 2004 (WA)</i> , requires the involvement of an officer of the Department who is an Aboriginal person or Torres Strait Islander and consultation with an approved Aboriginal or Torres Strait Islander agency when planning for the placement of an Aboriginal or Torres Strait Islander child.
Are there joint response protocols (eg, with police, hospitals etc)?	The Department for Community Development and WA Police consult and conduct joint investigations through the Joint Approach to Child Abuse protocol and jointly interview children at the Child Interview Unit, co-located with child abuse counsellors attached to the Princess Margaret Hospital for Children.

Table 3.

Case Management: Procedures for providing child protection interventions Services	
Who receives referral from the investigation team?	Team structures vary across Western Australia. In general, most Department offices work in teams targeting intake and protection, children in care, family support and community capacity building. There are some sites that operate on systems of generic teams that are responsible for designated geographical areas.
Is the same worker allocated to families throughout their involvement?	This varies depending upon the nature of the Department's involvement. There is no prescribed timeframe for cases to be closed.
Is voluntary/ short-term intervention time limited?	No; the decision to close or transfer to another team is determined using case planning procedures.
How is case planning conducted?	Child protection cases are subject to planning and review at intake, during the investigation, and the outcome of the investigation. Case planning occurs through team case discussions, supervision and consultation with specialist or senior staff. Planning in all cases, and in particular cases where children and young people enter care is an ongoing process and occurs in collaboration with families, and other agency stakeholder. <i>Family Meetings</i> are a strategy to engage with families and support them to make informed decisions and plan for the safety of their children. If a child is taken into provisional protection and care following an investigation there are legislative requirements for a provisional care plan to be developed and implemented within 7 days. It is a legislative requirement that a child who enters the care of the CEO of the Department have a Care Plan.
Is there an ongoing re-assessment of risks, strengths and needs?	Re-assessment of cases occurs through the case planning process, in addition to the ongoing process of worker supervision.
Are there scheduled reviews of the case plan?	Cases are reviewed on a regular basis through supervision. There are legislative requirements for: <ul style="list-style-type: none"> ■ A review of a Care Plan must occur at a minimum of once every 12 months. ■ Children in care must also be seen regularly and their circumstances reported at least quarterly.
How does closure occur?	The decision to close a case needs to be discussed during supervision and recorded on file. Cases that have had departmental involvement require formal planning for closure.

Appendix C

Profiles of early intervention programs employed in each Australian state and territory

The following section provides a profile of an early intervention program employed in each Australian state and territory.

Australian Capital Territory

Profile 1: The Schools as Communities program

The Schools as Communities program sees skilled community outreach workers placed in government schools – both primary and secondary – to provide family support, active referrals, and direct assistance to vulnerable children, young people and their families. The program is provided in the most disadvantaged schools in the community as determined by the Index of Relative Social and Economic Disadvantage from the Australian Bureau of Statistics, the ACT Council of Social Service (ACTCOSS) Poverty Task Force findings, and data derived from the Department of Education, Youth and Family Services regarding the suburbs in which the largest number of children are on care and protection orders. The Schools as Communities program has been the subject of an evaluation conducted by the Institute for Child Protection Studies, Australian Catholic University, Canberra, with promising outcomes (Winkworth & McArthur, 2007).

New South Wales

Profile 2: Brighter Futures program

Brighter Futures was first introduced in New South Wales in 2003 and the program is being progressively rolled out until 2008. The program aims to: (a) reduce child abuse and neglect by reducing the likelihood of family problems escalating into crisis; (b) enhance outcomes for children and families; and (c) reduce demand for what are traditionally considered to be tertiary services such as child protection, corrective services and/or mental health services by intervening early.

Families can be referred to the program as a result of a report to the Department of Community Services or a request for help, or by a community agency referral to a Brighter Futures Lead Agency. Adopting an **integrated approach to service delivery, the program provides** tailored support services to families for up to two years. The types of services families can access include: home visiting, parenting education and high quality early childhood services. The Brighter Futures program will be the subject of an extensive independent evaluation. The Department of Community Services has appointed the Social Policy Research Centre at the University of NSW to undertake the evaluation.

Northern Territory

Profile 3: NT Parenting Support Strategy

In 2005–2006 the Northern Territory Government commenced implementation of what will be an NT-wide parenting support strategy. The NT Parenting Support Strategy reflects the Northern Territory's broader aim to redirect child protection services in order that families have greater access to support and early intervention services. The Strategy aims to: provide skills and support for parents, and in particular, to assist parents with children who have special needs such as a disability or medical condition; expand access to children's care and development services; improve availability of parenting support and information services; support community action to improve child and family wellbeing; and to enhance service quality.

Queensland

Profile 4: Referral for Active Intervention (RAI)

Referral for Active Intervention (RAI) is one of Queensland's most innovative service delivery models. RAI's target group is young children from birth (including the prenatal stage) up to eight years of age who have come to the attention of the child protection system (the Department of Child Safety). The RAI model is based on the development of a lead agency within a specific locality, followed by the development of a strong network of supporting agencies and services. The RAI service model involves an assessment of family needs, case management and coordination, and the provision of some direct services (e.g., family support and counselling). RAI agencies also provided sound referral pathways to other specialist services such as drug and alcohol services and domestic violence services. An evaluation of the RAI service model is to be undertaken in 2007.

South Australia

Profile 5: Strong Families, Safe Babies program

Strong Families, Safe Babies is an intensive family support program that provides 24-hour support to families with a high-risk infant. Strong Families, Safe Babies is operated by Families SA in the Northern and Southern suburbs of Adelaide and is funded by the Department for Families and Communities as part of the South Australian Government's 'Connecting to the Future' and 'Keeping Them Safe' suite of initiatives. The program defines high-risk infants as children less than 12 months of age who are in circumstances that arouse concerns for their safety. Safety concerns may be aroused as a result of a prior incident of abuse or neglect, or the presence of one or more caregiver characteristics or behaviours, including: serious substance misuse; family violence; mental illness; or intellectual disability. Referral to the program is via Families SA. On acceptance to the program, a family is appointed a Senior Social Worker and a Family Support Worker. Support personnel deliver appropriate services to a family in their own home. Initially, services are crisis-orientated, and families are seen as soon as possible after a referral is made. A range of other services are also provided to families including: parenting assessment and skills development and telephone support. The overall aims of the program are to develop and enhance parenting skills and knowledge, increase parenting confidence, and develop positive parent-child relationships.

Tasmania

Profile 6: The C U @ Home program

Tasmania has recently established a nurse home-visiting program for at-risk young mothers called the C U @ Home program. The program provides intensive support to young mothers (aged between 15 and 19 years) who possess identified vulnerabilities, including difficulties with housing / accommodation and mental health. The program provides support commencing approximately six weeks prior to the baby's birth and continues to work with the mother and baby until the child's second birthday. The aims of the program are: (a) to improve birth weight, and reduce the incidence of pre-maturity and adverse neurological outcomes by helping young women improve their antenatal health; (b) to improve children's health and development by assisting parents to provide more sensitive and competent care to their child; and (c) to enhance parental well being (which in turn benefits the child's health and wellbeing outcomes), for example, by reducing the number of subsequent pregnancies and increasing parental educational attainment and employment. The program was developed on the basis of David Olds' research evidence with respect to home visiting. The C U @ Home Program is similar to the Family Home Visiting Program already provided in South Australia. However, the major differences are that C U @ Home commences home visiting approximately six weeks prior to the baby's birth with the intent of establishing a relationship with the young woman and encouraging her to participate in antenatal care. The program is also specific to an age group (15–19 years). Home visits are provided by Child Health Nurses who have received extra training for specific parts of the program. The program is set to double in size mid-2008.

Victoria

Profile 7: The Child FIRST Strategy

Established in March 2007, the Child FIRST strategy was developed to aid access to family support services. The Victorian Government recognised that some families and professionals have difficulty knowing how to navigate the service system in order to approach the appropriate service provider or to refer families to the appropriate service provider. Child FIRST provides a visible community-based entry point to facilitate service access. The strategy is being rolled out in designated sub-regional catchment areas across Victoria. The key aim of Child FIRST is to ensure that vulnerable children, young people, and their families are linked to relevant services, particularly where a family is experiencing: significant parenting problems; serious family conflict; physical or mental illness or disability; substance abuse; a lack of social support; and significant economic disadvantage. Child FIRST is staffed by Family Services practitioners who have considerable experience in assessing the needs of children and families. Some families may only require information/advice; however, the typical path through Child FIRST is an assessment followed by the development of an action plan. Child FIRST then makes appropriate referrals to Family Services agencies.

Western Australia

Profile 8: Best Beginnings program

Best Beginnings is a home-visiting program designed to assist families with new infants. While the program is based on a structured model of service delivery, the program incorporates flexibility in order to respond to individual family needs. Experienced home visitors provide families with support, advice, information, community connections and practical help. Home-visitors are professionally trained service providers with backgrounds in nursing, teaching, social work or psychology. In delivering this service, the Department of Community Development (now Department for Child Protection) works collaboratively with the Department of Health to enhance the responsiveness of the program to meet presenting needs. Referrals to the program are usually received from professionals; however, self-referral or community referral is available. Referral to the program must occur antenatally or before the infant is three months old. Home visits may continue until the child is two years of age. The overall aim of the program is to promote child health and wellbeing, sound parent and family functioning and the establishment of social support networks. The program operates in eight locations in Western Australia.