SUBMISSION TO THE
STANDING COMMITTEE ON
SOCIAL ISSUES

INQUIRY INTO
CHILD PROTECTION
SERVICES

by the
Commission for Children and Young People
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Introduction</td>
<td>1</td>
</tr>
<tr>
<td>2.0 The Context of Child Protection Services</td>
<td>2</td>
</tr>
<tr>
<td>3.0 Current Limitations</td>
<td>5</td>
</tr>
<tr>
<td>4.0 Positive Elements in the Current Systems</td>
<td>12</td>
</tr>
<tr>
<td>5.0 Solutions</td>
<td>13</td>
</tr>
<tr>
<td>6.0 Conclusion</td>
<td>21</td>
</tr>
<tr>
<td>7.0 References</td>
<td>23</td>
</tr>
</tbody>
</table>
1.0 INTRODUCTION

1.1 NSW Commission for Children and Young People

The Commission for Children and Young People (hereafter referred to as the Commission) was established by the Commission for Children and Young People Act 1998. The Act lays down three statutory principles which govern the work of the Commission:

(a) the safety, welfare and well-being of children are the paramount considerations

(b) the views of children are to be given serious consideration and taken into account

(c) a co-operative relationship between children and their families and community is important to the safety, welfare and well-being of children: s10.

The Commission is required to give priority to the interests and needs of vulnerable children: s12.

Children are defined in the Act as all people under the age of 18 years: s3. The terms “child” and “children’ will generally be used in this submission to refer to those under the age of 18 years, and the terms “young person” and young people” will be used to refer to those over 12 years when necessary to distinguish this age group.

One of the principal functions of the Commission is to make recommendations to government and non-government agencies on legislation, policies, practices and services affecting children: s11(d).

1.2 The Commission’s Response to the Inquiry

The Commission is pleased to have the opportunity to make this submission to the Inquiry into Child Protection Services. The issues relevant to the inquiry have far reaching impacts on the whole child protection and family services system and on the lives of the children and families who use it. The Commission has a great interest in ensuring its broad perspective of the circumstances in NSW is considered and that the lessons from research are considered in formulating any changes.

The Commission’s response identifies key limitations in the current system and identifies aspects of the current system, particularly those introduced recently, that should be retained or enhanced, rather than responding to each of the terms of reference. Our response outlines the key aspects of a successful framework for child protection services, and cites research literature supporting these.
2.0 THE CONTEXT OF CHILD PROTECTION SERVICES

2.1 History and research about changes to child protection systems

Identifying the issues for change in the current system is facilitated when the history of changes in the child protection system and what has been learnt about changes to such systems are understood.

As Scott (2002) describes it, the history of “child protection legislation, policy and practice tend to reflect ideological tensions and are subject to pendulum swings”. History has seen swings from a laissez-faire philosophy in which the state saw the protection of children as the sole domain of the family and community, to the child rescue movement in which children were drawn into the system, particularly out of home care, in large numbers. In turn this triggered concerns about the oppressiveness of the child protection system upon families particularly the socially disadvantaged triggering a movement away from such an interventionist approach.

At times when the pendulum has swung fully in one direction there can be a strong inclination towards reactionary measures that then swing it firmly in the other direction without reference to the implications of this or what of value may be lost in the process. The Commission considers this to be a significant risk in the current climate of child protection service delivery.

Recent years have seen: major increases in reports of children at risk of harm to the Department of Community Services (DoCS); the introduction of new and significantly different legislation; centralisation of intake through a single Helpline; and varying interpretations of the requirements for mandatory reporting. It could be tempting to continue organisational restructuring as the means to resolve the current problems. The Commission urges caution around such a response, as it is, at least in part, based on the questionable assumption that the restructure itself will positively impact upon services and outcomes for children and families.

A recent study of 52 social services authorities in England sought to identify the effects of structures on the services provided for children and families (outputs) and the effects of them (outcomes) and found only weak connections between management structure, output and outcome, concluding “there is a case for greater organisational stability”. The study also concluded that rather than focus on structures per se,

“it is more fruitful to concentrate on what professionals actually do and how they go about it. Organisational structures may help or hinder this process but on their own do not seem especially relevant either to what local authorities provide or to the effectiveness of their services. What is clear is that while changes in structures are integral to innovation, they should not be the starting point. Until they are the product rather than the driving force of policy, services for children and families will
continue to fall short of the expectations put upon them" (Packman and Hall, 1998).

Over the past thirty years the nature of service usage has changed and this needs to be considered in planning the way forward in child protection services. Old solutions may not work in the new context. The proportion of children in out of home care has decreased while the proportion of children in the community who are the subject of investigations for alleged child abuse or neglect has increased (Scott 2002).

The system has broadened the net with evolving definitions of child maltreatment and greater public awareness. In the 1970s annual reports of child sexual abuse were counted in tens whereas now they are counted in the tens of thousands.

In addition the circumstances of families in the system have changed presenting new challenges. There is a "growing number of children in the system whose parents have an intellectual disability or mental illness due to de-institutionalisation, normalisation and reproductive rights in those fields" (Scott 2002) and caseloads of workers in the system increasingly involve work with parents with drug dependence.

Changing attitudes, increasing community awareness, greater professional knowledge around the impact on children and changed reporting practices have resulted in increasing numbers of children living in domestic violence coming to notice of the system.

This is quite a different picture from the service usage of two decades ago. It is not surprising that the system has been stretched. Not only have the numbers of reports increased (though difficulties with data systems mean it is not known how much is due to an increase in abuse, how much reflects changed reporting behaviour and how much is a change in what is recorded by DoCS) but the nature of families needing services has changed dramatically.

The changing needs of the core client group of the child protection system and a recognition that any real impact on children’s protection requires primary and secondary prevention strategies in balance with tertiary intervention, must be the starting point in planning the future.

The Inquiry Into Child Protection Services presents an opportunity to shape the future of child protection services based upon the needs of children, families and their communities and built around the holistic notion of need and well-being in the legislative framework of the Children and Young Persons Care and Protection Act 1998.

2.2 DoCS is One Part of the Child Protection System

The Inquiry into Child Protection Services’ terms of reference are focussed particularly on “aspects of the Department of Community Services” (DoCS).
It is essential to consider the place of DoCS within the whole system as well as the range of functions that DoCS performs, in order to both understand the current situation and to plan for the future of child protection services in this state. While there is much to be gained by addressing the issues and supporting change processes in that one Department, better outcomes for children, young people and families will require changes throughout the range of agencies and professions that make up the child and family service system.

This more holistic view is consistent with the legislative framework set by the Children and Young Persons (Care and Protection) Act 1998 which rightly focuses on the safety, welfare and well-being of children and young people. The concept of well-being in particular necessitates a longer term holistic view of the needs and interests of children within their family, cultural and community context. Research tells us that children’s well-being is best served by ensuring that their family and community context is strong, supportive and resilient (Garbarino 1995).

Short term or narrow notions of child protection in the past, focusing on safety alone or which fail to consider the wider family, cultural and community context, have in some instances resulted in significant negative outcomes for children's long term well-being. The long term impact of earlier policies upon the stolen generation and subsequent Aboriginal generations is one striking example.

DoCS direct services are one part of a network of services and programs contributing to the safety, welfare and well-being of children and young people across a continuum of activity including prevention, early intervention, supportive intervention, mandated intervention, and long term out of home care¹. Within each of these stages of intervention a range of service types is required to cater for diverse needs. Any significant changes in DoCS will impact upon the wider system of services so it is important that such impact is positive and planned rather than negative and inadvertent.

The safety, welfare and well-being of children is linked not only to the statutory child protection intervention or to “child and family services” but also to the health system, the juvenile and criminal justice systems, education systems, the income support system, and housing system to name a few.

The systems issues and the safety, welfare and well-being of children are interlinked. For example we know that: neglect is a significant factor in juvenile crime (Vinson); poverty is significantly linked to rates of physical and emotional abuse; child abuse and neglect impact upon educational achievement; educational achievement impacts upon adult life opportunity for children in out of home care (Cashmore and Paxman) and; child abuse and neglect are linked to major health issues such as mental health, drug and alcohol dependency.

¹ Note short term and respite out of home care is a strategy that may be used at any point from early intervention through to mandated intervention.
It is important to appreciate the circular interdependence that is operating. Children’s safety, welfare and well-being are outcomes of a complex interdependent network of social, economic and environmental factors, as well as being contributors to these factors.

The Commission considers it critical that any changes to DoCS and its operations is based upon an understanding of the complex links within the wider systems in NSW and the interdependence of various social and economic issues, including poverty, violence, education and health.

2.3 The importance of intervening early

Research (Karoly et al 1998) demonstrates the importance of intervening early in the lives of children so that problems are avoided or minimised. Not only does earliest possible intervention produce the best outcomes for children, young people and their families, it is much less expensive than secondary intervention and tertiary treatment programs.

The implementation and expansion of initiatives such as Families First have the potential to contain and eventually reduce demand for interventions such as mandated child protection responses.

Where problems do develop in families, the evidence (Karoly et al 1998) suggests that the most effective approach is intervening as early as possible and intruding as little as possible into the lives of the child and their family.

A system which, in practice, responds only after a crisis has occurred is the wrong system.

3.0 CURRENT LIMITATIONS

The volume and nature of work in the child protection system has changed markedly over the past twenty years. The system is large, adapting to major changes takes time and the benefits of such changes are unlikely to be measurable in the short term.

There have been recent positive attempts to adapt to the changing context, including introducing new legislation, and having a greater focus on prevention and early intervention strategies such as Families First, Community Drug Action Teams and Strengthening Communities. Having a longer term perspective is necessary so that things of value are not inadvertently lost in the reform process. There are positives in the current system, which need to be recognised and retained. These positives are discussed further in section four.

The Commission however also recognises a number of problems with aspects of the current approach. Areas of need which are inadequately addressed at present including the following.
3.1 Mandated Intervention and Supportive Intervention are Different

The child protection system needs to include a balance of primary, secondary and tertiary strategies.

The system response currently does not take account of the complexities that operate in the provision of child protection services and the role that each part of the system plays in moving towards the agreed aims, or its relationship with child welfare services more broadly.

As Scott (2002) reports, in the past “the tendency has been either to minimise or maximise statutory intervention, rather than to develop a legislative, policy and practice framework that exercises minimum authority in most cases at the referral point and maximum authority for most cases at the other end of the spectrum”.

Some child protection systems are “too easy to enter and for the most vulnerable of all children – those in need of permanent out of home care, they fail to intervene firmly and early enough to prevent irreversible damage” (Scott 2002). Reasons for this include:

- Children who need mandated intervention to protect their safety, welfare and well-being need intervention with sufficient authority in a short time frame to prevent further harm.

- There is a strong tendency for systems to be dominated by a forensic legalistic approach which hinders effective engagement with families that would be better served with non-mandated supportive interventions.

- When resources are stretched by increasing demands, families needing non-mandated supportive interventions understandably tend to be given lower priority than the urgent needs of children at high risk of serious harm.

Factors like these combine to create a pattern of inaction and missed opportunities for providing, and linking families to, supports until problems escalate to the high risk level, as is currently the case at many DoCS Community Services Centres. Even then, the families may just rotate through a recognition/report cycle, getting supports that will make a difference to the family and reduce the risk to the children.

DoCS is attempting to provide, through one service outlet and often with the same staff, early intervention, supportive intervention, mandated intervention and mandated out of home care. In the absence of a clear outcomes and policy framework, professional supervision and workable business systems, the distinction between the types of service has been lost, and families are often faced with a generic response, heavily geared towards mandated intervention.
Families seeking support and assistance are put off by service approaches that can turn quickly into mandated interventions should a worker determine so. Families are more likely to approach and receive support if they perceive the service to be distinctly voluntary and supportive rather than a short cut to mandated intervention.

3.2 Aboriginal and Torres Strait Islander children and families experience ongoing disadvantage

Aboriginal and Torres Strait Islander children and young people and their families continue to be disadvantaged in the system with Aboriginal children over represented in reports of risk of harm and even more significantly over represented in out of home care.

The system continues to function with cultural bias in assessment, decision-making and problem solving approaches, although the new legislation has raised awareness of the need for change in the processes used in the system. Even in circumstances where Aboriginal children are placed in kinship care, they are further disadvantaged as such placements receive little if any support and supervision. Aboriginal placement services continue to be under-resourced to cater for the volume and complexity of placement support needs.

The specific cultural needs of Aboriginal children in out of home care continue to be poorly addressed (Community Services Commission 2000). Aboriginal staffing in DoCS and other mainstream services continues to be well below community representational levels, let alone reflecting proportions in service usage - if staffing was to be representational of clients, then 20% of out of home care staff would be Aboriginal.

3.3 The Need for a Focus on Longer Term Well-being Rather than on Short Term Safety

The legislation sets the framework for the promotion of the safety, welfare and well-being of children and young people. Currently the system still provides mostly for short term safety but is falling short in providing for the longer term welfare and well-being. This is evidenced by the number of children known to the system who are repeatedly reported, remaining at risk of harm despite having been brought to the attention of the system designed to protect and promote their interests.

A crisis mentality seems to have taken hold at several levels within the organisation, resulting in a greater focus on, and strong organisational reinforcement of, getting through the volume of reports rather than on making a long term difference to the safety, welfare and well-being of children.

Concerns about quantity dominate over those about quality. Given that data collection and to some extent supervision has focused on numbers of cases, not the outcomes in terms of the difference made in the lives of children, it is not surprising that such a culture is being sustained.
Similar dynamics are operating in the situation of multiple placements of children and young people in out of home care. In the absence of an outcome focus, volume of work - how many placements have to be made - gets greater attention than measures such as the stability of a placement or whether a child’s needs are met by it.

This is likely to be a significant contributor to the low staff morale within DoCS, as staff they rarely get the satisfaction of seeing that they have made a long term positive difference.

3.4 The Most Vulnerable Children Need Timely and Intensive Support

The need for decisive timely intervention for the most vulnerable children at high risk of serious harm continues to be a problem in the system. This is particularly a concern for families where a parent’s alcohol or other drug dependency or mental health issues result in neglect or exposure to violence for the children at a young age. Although it is true that some parents with drug dependence and mental illness provide adequate care for their children, in cases where the parent is not providing adequate care, facilitating change in the very short timeframe required for the child’s well-being must be the focus. If this is not possible, decisive action to secure long term stable placement is needed.

The permanency planning provisions of the new legislation may well have an impact upon this issue, but they have not yet done so. Many such families require intensive services to achieve change, but given competing demand to attend to the volume of reports coming into to DoCS, they often do not get this level of service from DoCS or other agencies.

It is likely that there is insufficient capacity in intensive family based services to meet the demand. Unfortunately what often happens is that parents are provided with lower levels of support and successive attempts are made to achieve change - the child drifts in a situation of ongoing risk and sustains its negative effects. Permanency planning provisions in legislation alone are unlikely to shift this unless it becomes possible to provide more intensive services to these families.

3.5 The system does not respond adequately to neglect of children

Chronic neglect of children continues to be treated as a low priority by the system, in comparison to incidents of abuse, although the profound impact of chronic neglect particularly upon children under five has been known for several years (Killen 1996).

Children with injuries or disclosures of abuse continue to receive higher priority as the forensic approach still dominates within DoCS practice. In the light of what the research tells us about the likely long term impact upon the child (McCain and Mustard), this is disturbing. Training around the new risk assessment framework in DoCS emphasised this issue, but the old practice seems to persist in many locations in DoCS and other agencies. This may be
a function of insufficient professional supervision and/or the self perpetuating nature of forensic organisational cultures.

3.6 The needs of young people are not being met consistently

The needs of young people at risk of harm or in crisis in particular are not being addressed well, as DoCS Community Service Centres continue to prioritise assessment and intervention with infants and younger children in a climate where demand surpasses the capacity of the current staff.

Infants are more vulnerable than adolescents on average, but age should not be the sole defining factor in assessing the degree of vulnerability. It is likely that highly vulnerable young people and their families are not being supported adequately. Access to supports for these families is hindered by dependence on an assessment by DoCS before a young person can link into required services; the bottle-neck of unallocated assessments prevents these young people and their families from being referred to appropriate services. Failure to address the needs young people at risk of harm exacerbates other issues such as rates of self harming behaviour, alcohol and other drug misuse, participation in crime and homelessness.

There is anecdotal evidence that outcomes are better for young people and their families when both DoCS staff and Police officers are involved in a young person’s case through a Joint Investigation Response Team (JIRT). If this perception is true, that is good for the young people in question, but demonstrates a weakness in the overall system’s ability to respond to individual need.

3.7 Shortage of Out of Home Care Placements

The number of children and young people for whom out of home placement is sought surpasses the number of appropriate placements available. This results in poor matching of children with carers and the use of inadequately assessed and trained carers.

Low levels of support for carers, which appear to be worse for Departmental than for non-government agency carers, combined with the increase in support required by children with challenging behaviours or specialised needs have been a disincentive to becoming or remaining a carer.

Recent improvements to the foster carer payment system are positive but alone are unlikely to resolve the placement issues. The discrepancy between carer payment and the actual costs of care for older children and young people remains a concern (McHugh 2002), and act as a further disincentive to people who might otherwise be interested in caring for older children.

It is likely that some children and adolescents are being placed in out of home care as a consequence of escalation of problems; support provided earlier at an appropriate level may well have averted the need for out of home placement. It may well be that the current number of available out of home
care placements would be ample if the early intervention and initial child protection response systems were functioning well. In the absence of adequate data about outcomes (Community Services Commission 2000), it is impossible to determine what level of placement availability is needed in the long term.

3.8 Limited Range of Placement Options to Meet Individual Needs

The range of types of out of home care placement is insufficient to meet demand, particularly for groups of siblings, who are consequently sometimes split up and placed apart. There is a glaring lack of services for young people who need treatment programs, for a short to medium period, to deal with mental health, substance use or behavioural issues.

The lack of range of supportive placements has probably also resulted in inappropriate placements and may contribute to the frequency of multiple out of home care placements (Community Services Commission 2000).

This is felt most seriously for young people, for whom traditional foster care placements are often not appropriate. Many of these adolescents have experienced a succession of placements in services for homeless young people which often target 18 – 25 year olds and are not suited or resourced to meet the needs of adolescents.

3.9 Loss of Organisational History and Child Protection Expertise

High turn over, regular restructures and changing policies have resulted in DoCS being depleted of staff with organisational history, professional skills and experience in child protection service delivery. This is noticeable at of all levels of the agency, which must contribute to difficulties in resolving organisational problems.

There is an extremely high turnover for DoCS casework staff and first level managers, although they are comparatively well paid in comparison to the rest of the sector. There is likely to be a number of factors contributing to this including:

- limited access to quality professional supervision (as against workload or administrative supervision),
- low job satisfaction,
- a proceduralised approach to work, rather than the exercise of professional judgement supported by quality supervision. Some steps have been taken regarding this such as the introduction of a professional judgement model of risk assessment and the provision of Business Help support. These strategies, while very positive, are unlikely by themselves to be enough to change the culture that has developed over years.

The work of Glisson and Hemmelgarn (1998) demonstrates that satisfied staff are more important than organisational structure in getting good results for children in care – they showed that organisational climate, the way staff are
treated and valued and how they were prepared for their jobs are more strongly associated with positive outcomes than the ways organisations and systems are integrated.

3.10 Poor Outcome Data Collection and Information Management

Quality improvement in any organisation requires good information and feedback based upon client outcomes measurement, monitoring and reporting. There is however little data collection at all in the child and family service system and what is collected is not particularly useful or relevant, as they are not based upon a set of clear outcomes for service delivery. There are therefore significant missed opportunities for managers within DoCS, and other agencies, to gain information to address problems early.

Because information for the child protection system as a whole is limited, it is frequently not possible to identify what exactly is going on. For example, it is not possible to know: whether current service approaches are making a positive difference; or whether the system is working more effectively than it did twenty years ago.

The problems with technology and information management in DoCS contribute to staff frustration and low morale and to inefficient use of human resources. These problems result in poor recording and case file maintenance (NSW Ombudsman 2002). Streamlining the information and technology systems for practical usage in casework is needed as soon as possible. This problem has impact across the system as a whole as information flow to workers from other agencies is impeded and effective transfer of cases from location to location is impaired.

3.11 Limited Capacity to Learn from Research

DoCS has been slow to use the information generated from research to inform and modify its practice. It is not a “learning organisation”.

The Department has even been slow to act on many of the recommendations of the Child Death Review Team, some of which focus on DoCS’ own practice and include detailed suggestions for change.

The Team has asked the Commission to refer to the Inquiry Recommendations 4.1, 5.1 and 11.1 of the Teams 1997-8 Annual Report, which relate to casework supervision, recognising the importance of neglect of children and monitoring and support of kinship care placements respectively. Three years after these recommendations were made, the Department has taken little action on any of them.

The full text of the recommendations, the Department’s reports of its action and the Team’s comments are included in Chapter 8 of the Team’s 2001-2 Annual Report.
4.0 Positive Elements in the Current Systems

The real difficulties experienced by, and sometimes caused by, the Department should not blind us to the fact that there is much of value in the system.

The Commission is concerned that the current situation may lead to radical restructuring and loss of the positive elements in the current system, some of which have been introduced recently and have not had time to demonstrate their full benefits.

Additionally, some approaches and strategies introduced recently but only in some locations, may give direction to possible solutions for the system as a whole.

The following are seen by the Commission as positive elements in the system currently, at least in some locations, that should be sustained or trialled long enough to allow reliable evaluation of their benefits and limitations.

- The legislative framework provided by the Children and Young Persons (Care and Protection) Act 1998 is based upon principles of good practice and key research messages. The currently proclaimed sections of the Act, along with the out of home care provisions if fully proclaimed, provide a quality legislative framework around which sound policy and good practice can be built.

- The establishment of strategies for prevention and early intervention including Families First, may, after evaluation, be shown to be highly positive but will take time to show tangible benefits across the community. Commitment to these longer range strategies should be maintained and expanded and evaluation and quality improvement should be a priority.

- The recent decision by DoCS to move the organisation away from a forensic approach to child protection service delivery to a more holistic assessment and strengths based approach is to be applauded. The challenge will be to find ways to cement this in practice given the dominant forensic culture of the organisation. Training alone will not be enough to make such a change happen. Major shifts in what is reinforced by the processes of the organisation will also be needed, including greater focus on quality rather than quantity of casework and more emphasis on professional rather than administrative and work load supervision.

- The introduction of the Risk Assessment Framework by DoCS has been a positive part of the move away from a forensic approach to child protection. The model is based upon sound research and principles of good practice and is compatible with models used in some other states of Australia. This holistic assessment approach is also workable for other agencies that contribute to assessments and is an effective tool for multidisciplinary practice in child protection. Resourcing the system to effectively implement this approach to assessing risk is likely to contribute
to positive outcomes for children and families over time.

- Resourcing of learning and development has been positive and should be maintained. DoCS and other agencies have displayed some difficulty in turning classroom learning into practice. Quality learning and development is unlikely to give maximum benefit in the absence of ongoing quality professional supervision in the field. Learning and development within DoCS and across the system need to move on to focus more on ongoing skill development, particularly the higher order skills required for child protection work.

- The development of specialist out of home care teams and of specialist workers/cross office teams for recruitment and support of foster carers has occurred in some areas. After operation for a reasonable period of time the benefits and limitations of these structures and the impact upon outcomes for children should be evaluated to determine if they may be of benefit across the state.

- The Joint Investigation Response Teams, on the evidence available so far, have been a beneficial structure and should be retained and possibly enhanced.

- Recent improvements to the foster carer payment system are positive and should be retained and keep pace with the actual costs of care.

5.0 SOLUTIONS

Solutions to the current difficulties in the child protection system require a broad strategic approach, involving a planned multi-layered and multi-disciplinary process for the evolution and development of a system to meet current and ongoing needs.

Such change will take time; five to ten years is probably a reasonable timeframe. It is important that the change process is allowed to take place, and that resources are not directed away from the long term recovery strategies to quick-fix reactivity. The recent past clearly demonstrates that the latter approach does not work.

Priorities for change should be agreed, a timetable established and progress monitored. The changes can not be restricted to the Department of Community Services – most, if not all, other child and family service agencies will need to change.

Perhaps more importantly, the desired outcomes of the change process need to be clearly articulated and agreed in advance, so that we know when we have made a difference. Previous change processes have been usually monitored in terms of the amount of change that has occurred in systems and structures, not on whether services improve for families and children.
The initial focus should be on developing across the system the essential foundation elements for an effective system. Without these it is unlikely that the system can be sustainable or adapt to changing needs.

5.1 Essential Foundation Elements for an Effective System

5.1.1 An Agreed Outcome and Legislative Framework

An effective child protection system needs a strong legislative framework and broadly agreed upon policy framework which is based upon the needs of child the child in the context of their family, culture and community, and is informed by research. As Scott emphasises “good child welfare legislation is a necessary but not a sufficient condition for good child welfare practice.” (Scott 2002). A legislation framework already exists though there have been concerning delays in proclamation of the out of home care provisions.

Scott also cites research over the past two decades, suggesting that successful protection of children and young people from harm requires:

• a whole of government approach built around an agreed framework of policy outcomes; and
• a balanced system of primary, secondary and tertiary intervention strategies across sectors of the whole system; and
• a range of service and program types within each level of intervention to cater for the diverse needs of children, young people, their families and communities.

There is not yet a common policy framework for child protection with stated outcomes for children in NSW. It is unlikely that significant improvement in the system will occur until such an outcomes policy has been agreed, and the legislation amended, if necessary.

It is not clear for example, nor commonly agreed across the system what is the aim of the system. There are differing views about whether the child protection system exists to respond to reports of child abuse and neglect, or to have a wider function in reducing the risk of harm to children and young people more generally. Research regarding what makes a difference to the safety, welfare and well-being of children and young people long term clearly directs us towards the latter and this is also consistent with the spirit of the existing legislation.

The Commission is of the view that a priority for the immediate future is the formulation of a cross agency, cross discipline, agreed NSW policy for child protection where outcomes are based upon the development of the child within their family, cultural and community context. The policy should be located within a broad public health and community development approach to promoting children’s development and child family and community well-being. “If optimal outcomes are to be achieved for children in need, simultaneous attention to health, education, social care and environment are all salient issues that need a co-ordinated response from different agencies and from central and local government” (Aldgate 2001).
Once the outcome and legislative frameworks are established, any activities undertaken need to deliver outputs which can be directly aligned to the outcomes. This framework of activities, system outputs and child outcomes should be solidly based on evidence, and data systems designed around measuring whether the outcome shave been achieved.

The Children and Young Persons (Care and Protection) Act 1998, when fully proclaimed, will provide a strong legislative base. The Act was developed through an informed process taking account of the messages from research and the lessons from the past. It allows for a holistic notion of the well-being of children and young people and supports the importance of prevention and early intervention strategies in the broader child protection system.

The Commission recommends the formulation of a cross agency, cross discipline, agreed NSW policy for child protection where outcomes are based upon the development of the child within their family, cultural and community context.

5.1.2 Sound Collaborative Planning Informed by Research, Quality Data and Open Reporting

Once an agreed policy framework and outcomes for children are formulated, processes for ongoing collaborative planning and review across the system need to be established.

To be effective in improving outcomes for children and families, mechanisms for collaborative planning for child and family services must include supporting and resourcing the development and maintenance of strong local networks between agencies. Without these local networks, agreements made between key agencies at the state level are rarely put into practice.

The Commission recommends that mechanisms at state and local levels be established for promoting and supporting collaborative planning with particular energy going into the support of local networks. Collaborative planning and strong local networks create the conditions for effective referral systems, cooperative multi-disciplinary casework, efficient use and sharing of resources and early identification of gaps and problems in the service delivery system. All these are important for an effective local child and family services system, including intervention in child protection. It is important that state and local mechanisms focus on joint planning and do not simply become forums for information exchange between agencies.

Local and regional forums which have operated in the past have generally been limited to child protection information sharing, and occasionally training, functions. While these functions have been valuable, the forums have not been able to undertake planning at a sufficiently detailed level.
Senior managers involved in planning need to keep abreast of emerging research and commit to including outcomes monitoring and evaluation as a routine component of ongoing operations.

In order for collaborative planning and an outcome focus to be maintained in the system, data collection and information systems need to be greatly improved to answer the key questions for planning.

Local system planners need to know:

- How many children and which children (age, gender, culture, location, income, family structure etc) are at different points in the system (eg. requests for assistance, reports of risk of harm, receiving assessment, supportive intervention, mandated intervention, out of home care) and what is their status at any time?
- What are their circumstances and needs?
- Which children in what circumstances tend to be drawn deeper into the system? What factors are linked to this?
- What is working and what is not for different groups of children in the system?
- What is the actual capacity of local services and networks?

Major improvement in the data collection and information management systems in DoCS and other agencies are critical. Such systems should be user friendly, capable of readily and quickly answering key management and planning questions. There is scope for some linkage of systems between agencies.

Resources will need to be allocated to collection and management of data and information in the field and agreement across the system will be needed to collect information across the system and over time that can be compared reliably.

Another key aspect of this will be the sharing of outcome and output data across the system, to collaborative planning and management at the local level and across agencies. Managers at all levels in all agencies need accurate information about what is going on, the patterns and trends and outcomes in order to manage service delivery well and provide professional supervision to their staff.

_The Commission recommends the establishment of processes for ongoing collaborative planning and review across the system._

5.1.3 Evaluation of all Activity

Valuable resources should not be wasted on approaches that do not show positive outcomes in terms of children’s development, and protection. Service models and programs which are not shown to be effective in moving towards the agreed framework of policy outcomes should be discontinued and those which are shown through evaluation to contribute positive outcomes should be retained and expanded.
Evaluation should include both qualitative and quantitative methods and should particularly consider the link between processes used and outcomes achieved. The Commission concurs with Bartle (et al 2002) who demonstrated the “importance of qualitative and collaborative long term research methods for illuminating complex patterns and processes in human service organisations and for revealing lessons for services improvement that are grounded realistically in daily life. Likewise, that quantitative approaches to program evaluation might benefit from ways of measuring both process and outcome aspects of program development and performance”.

The Commission recommends that all child protection activity should be evaluated.

5.1.4 Professionalising the Child Protection Workforce

Work in child protection involves high order skills and knowledge across a number of areas. This applies to casework with families, management of service delivery and community interventions, and service planning. It is particularly the case for work with families where mandated intervention is necessary. Given the current high turnover of DoCS field staff in particular there is a tendency for those with the least experience to be doing the work requiring the highest order skills.

Recruitment of staff with professional qualifications is a positive start but not enough to ensure the high order skills needed are present. A total approach to professionalising the workforce is needed. This means:

- Ongoing learning and development with a focus on higher order skill development for field staff and professional supervision skills for managers. Training of front line managers to develop their higher order skills and professional supervision skills should be the top priority.
- Monitoring and evaluation of the transfer of learning from training courses to field practice and manager accountability for reinforcing the use of these skills in the field work.
- Maintenance of a quality resource library and distribution of key messages from research to managers and field staff on a regular basis.
- Quality regular professional supervision of staff. For this to be possible it may be necessary for casework managers to shed some administrative tasks or at least streamline administrative operations significantly to allow them to focus on professional supervision. Professional supervision of managers is also needed.
- Strategies for reinforcement of quality casework and innovative practice. For example:
  - workload allocation and time allocation that factors in the need to effectively engage and develop relationships with children, families and their communities in order to facilitate change.
  - case planning with families that focuses on outcomes that are recorded and achievement reviewed and recorded. This then makes visible the outcome achievement by individual workers/teams and their managers.
- introduction of a formal performance development and appraisal system,
- training for field staff and managers on child and family outcome focused planning
- promotion of staff to field management only if higher order skills, including ability to provide professional supervision, can be demonstrated,
- the availability of funds for innovative casework strategies to meet the needs of children and families.

Strategies to raise the morale of workers in child protection are needed as part of the professionalisation process in order to attract and retain staff with high order skills and experience. One main focus should be to give staff the sense of potency in the system, that they can have an impact on the operations of the system. “The literature suggests that empowerment of clients requires a parallel process of empowering workers in human services organisations. Application of such an empowerment approach to organisational structure, decision-making and technology contributes to both positive client outcomes and employee job satisfaction and development” (Bartle et al 2002).

The Commission recommends the professionalising of the workforce including strategies to raise the morale of staff, the introduction of casework supervision, ongoing learning and development and strategies for reinforcing quality casework.

5.1.5 Independent Monitoring of the Key Components of the System

Protection of children and young people is a major responsibility. Scrutiny of the exercise of statutory authority given to the state through child protection legislation is crucial for an effective and accountable system. It is not appropriate for any agency to operate services and act as regulator of those services.

External and independent mechanisms for review and accountability are important. Child protection can attract the media spotlight and the pressures to be seen to be acting appropriately can be great. The Commission supports separation of the exercise of statutory power and service delivery from system regulation and monitoring.

The proclamation of the outstanding sections of the Children and Young Persons (Care and Protection) Act 1998, concerning the Office of the Children's Guardian, is a priority.

A positive step is the consolidation of complaints and investigation functions previously exercised separately by the Ombudsman’s Office, the Child Death Review Team and the Community Services Commission, through the recent Community Services Legislation Amendment Act. Even after the proclamation of this Act, responsibility for monitoring the child protection system will be shared by the Ombudsman’s Office, the Health Care Complaints Commission,
the Police Integrity Commission and the Judicial Commission, among others. There remains room for closer collaboration and joint work in complaints handling and systemic monitoring across “watchdog” agencies.

The Commission recommends the proclamation of the outstanding sections of the Children and Young Persons (Care and Protection) Act 1998, concerning the Office of the Children’s Guardian

5.1.6 Ongoing Research in Child Protection

The research agenda in NSW relevant to the child protection system has traditionally been limited. In contrast, the research base for the development of Families First provides a good example of the value of quality research in developing and maintaining effective approaches to changing and evolving community issues.

Such a process has not occurred in relation to tertiary interventions in child protection. Very little is known for example about what approaches or programs are effective for working with parents with mental illness, intellectual disability or drug dependency, or about effective interventions and supports for adolescents.

Research in areas such as these is needed to guide the system in responding to the current service delivery demands. Particularly for those children and young people subject to the most intrusive interventions, such as those in out of home care, any decisions about system changes need to be based on sound research evidence.

Such research needs to be conducted collaboratively across the disciplines so that those who work primarily in child protection can adopt effective approaches, and so that workers who specialise in mental health, disability or drug and alcohol services can move to a family focus and contribute to child protection more effectively. These are only a few examples of the needs and value of ongoing research.

The Commission recommends the development and resourcing of an ongoing strategic research agenda for child protection intervention, to be linked to the agreed policy framework and for children.

5.1.7 Business Systems in Child Protection, particularly in DoCS

Human services in general, and child and family services in particular, have been slow to take up the opportunities offered by advances in information technology and human resource practices.

In 2002, it is a comparatively straightforward task to design an information system to collect data about clients, services, plans, outputs and outcomes, once the desired outputs and outcomes have been agreed. Networking such an information system throughout child and family services agencies, with appropriate confidentiality provision when needed, is also not conceptually
complex. Such an information system will require considerable investment to develop and maintain. As a society, we must accept that this investment is worthwhile.

Systems to monitor workloads, support staff and develop performance are also now comparatively well understood. Their consistent introduction throughout DoCS, as a priority, and other agencies eventually, is again largely about recognising the issue as a priority for resources. Developing systems such as these, and training supervisors and managers to use them effectively, is one way of retaining and developing staff and providing quality services to clients. In the Commission’s view, getting these systems right will bring greater short term benefits than simply increasing staff numbers in DoCS.

*The Commission recommends investment in an up to date information system and the development and implementation of systems to monitor workload and performance.*

### 5.2 Changes Needed to Prevent Escalating Problems in the System

#### 5.2.1 Distinguishing between Mandated and Supportive Interventions

There are a number of models of service delivery which create a clear distinction between supportive services to families and mandated service where children are at high risk of serious harm. These include specialist teams and/or the streaming of casework at the point of entry into the system. An example is the Dual Track model that operates in some states of the USA (Schene 2001).

The Risk of Harm Assessment Framework recently introduced by DoCS includes an attempt to create some separation between mandated intervention and supportive intervention by the introduction of the Investigation and Assessment case focus and the alternative Assessment case focus. Whether such a strategy can succeed, without specialisation and in an organisational culture still dominated by a crisis forensic approach, is not known as yet. It has not been in operation for sufficient time to allow benefits and limitations to be seen.

A major difficulty in reality has been that families likely to be directed to the Assessment case focus are often given lowest priority. Their cases often remain unallocated, and they receive no service from DoCS, unless their problems escalate.

The Commission is of the view that improvements in streaming supportive intervention from mandated intervention from the Helpline is needed so families can be directly referred for support from the Helpline.
5.2.2 Reform of the Out of Home Care System

Children and young people who go into out of home care are subject to the most intrusive form of intervention available in the child and family services system. For this reason, even more so than in other parts of the system, it is important that interventions are based on sound research.

The Commission in particular wishes to emphasise the importance of:
• The availability of a range of viable, adequately resourced options that are known to have positive outcomes for children and young people
• Proclamation of the out of home care provisions of the Children and Young Persons (Care and Protection) Act 1998
• Resourcing the Office of the Children’s Guardian to effectively carry out all the functions given to it under the legislation
• Introduction of the accreditation system for all out of home care providers
• Introduction of agreed sector wide mechanisms to ensure an outcome focus addressing all areas of development and well-being for children and young people in out of home care, such as Looking After Children (LAC) (Dixon 2001)
• Allocation of resources to out of home care service providers as an urgent priority for recruitment, assessment, training and support of foster carers
• Enhancements of the Foster Care Payment system so that those who care for older children and young people are not financially disadvantaged i.e. the payment system include an amount which increases with the age of the child based upon research into actual costs of care for various age groups (McHugh 2002). The system needs also to allow for the availability of greater payments for young people requiring more specialised treatment or therapy services as part of their foster care placement.
• Ongoing support be provided to kinship care placements and kinship carers. This particularly includes increasing resources for aboriginal services to allow them to provide adequate placement support and carer support services
• Establishment and resourcing of education support services for children and young people in out of home care focused upon achieving school or other educational placement stability, completion to Year 12 wherever possible and positive educational achievements at secondary and on to tertiary level where possible
• Resourcing of additional placement options where necessary, such as professional care for children with significant additional needs or for placement together of sibling groups of three or more children.

6.0 CONCLUSIONS

The child protection system is large and complex, involving a range of organisations and disciplines working with a wide range of children, young people and families.
There are no easy or quick solutions to the current situation. Changes that are likely to make a long term difference will take time to implement and show results and hence require a long term commitment and resourcing.

As there is still much to learn in this complex field, the change process will undoubtedly involve learning from mistakes as well as successes. Acknowledgment that mistakes have to be made will be important if the system is to embark on an evolution towards better outcomes.

This Inquiry presents an opportunity to build in elements and processes for ongoing improvement in the system including a genuine commitment to evidence based service planning and service delivery, ongoing research and evaluation, and transparent monitoring and reporting.
7.0 REFERENCES


Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions. RAND Corporation, Santa Monica.


NSW Community Services Commission (2000) New Directions for Substitute Care to Supported Care.

NSW Community Services Commission (2000) Voices of Children and Young People in Foster Care.

NSW Department of Community Services Annual Report 1999-00.

NSW Department of Community Services Annual Report 2000-01.


