

Part 4: Major protective system elements

Chapter 9:

Meeting the needs of children and young people
in the statutory system

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Key points

- The Inquiry has investigated the quality, structure, role and functioning of statutory child protection services provided by the Department of Human Services (DHS).
- Submissions to the Inquiry raised a number of issues about statutory child protection services. DHS receives a large number of reports made by people about risks to the wellbeing or safety of children or young people. During 2010-11, there were 55,000 reports received and this rate is expected to grow further in future.
- The increase in the number of child protection reports is not a direct representation of the increase in prevalence of child abuse or neglect because reports today cover a much broader range of child and family welfare and safety issues than they did previously (for example, a child witnessing family violence). The expanded scope of reports reflects society's broadened understanding of vulnerability and what places a child at risk of harm.
- Evidence on outcomes for children receiving statutory child protection services indicates they will continue to have repeated contact with the Department of Human Services over the course of their lives, with multiple occurrences of harm or neglect. It is hard to see how such intervention is the most effective government response to ensure a vulnerable child's wellbeing and eventual transition to independent adult life.
- Statutory child protection services are likely to be most effective when they are balanced with other service responses designed to reduce vulnerability in the Victorian community.
- Statutory child protection services are resource constrained. The Department of Human Services needs to improve data collection on case complexity and other capacity constraints to inform future capacity analysis.
- Changes to the intake model are recommended to drive more effective decision making processes, reduce risk and to improve coordination of services to vulnerable children and their families. An area-based approach to co-located intake should be used (initially as a pilot) to bring the assessment of appropriate responses to wellbeing and protective intervention reports into more collaborative and coordinated arrangements.
- Once a child has been brought into the statutory system, DHS can improve the effectiveness of its services to improve outcomes for vulnerable children and families. The introduction of differentiated pathways will better recognise the vulnerability characteristics of children and their families requiring statutory intervention and allow service responses to be tailored accordingly.
- The Inquiry finds that it presently takes too long for a child in out-of-home care to achieve placement stability and this exposes too many children to additional trauma. Where appropriate, barriers to adoption and permanent care must be identified and removed.
- Recommendations to improve and simplify case planning and improve collaboration across service agencies are also made. Guidance and instructions for child protection practitioners should be simplified and DHS should continue to strengthen the information technology systems required to support practice.

9.1 Introduction

The Inquiry's Terms of Reference includes the quality, structure, role and functioning of statutory child protection services. Specifically, the Inquiry was asked to examine reporting, assessment and investigation procedures as well as responses to child abuse and neglect.

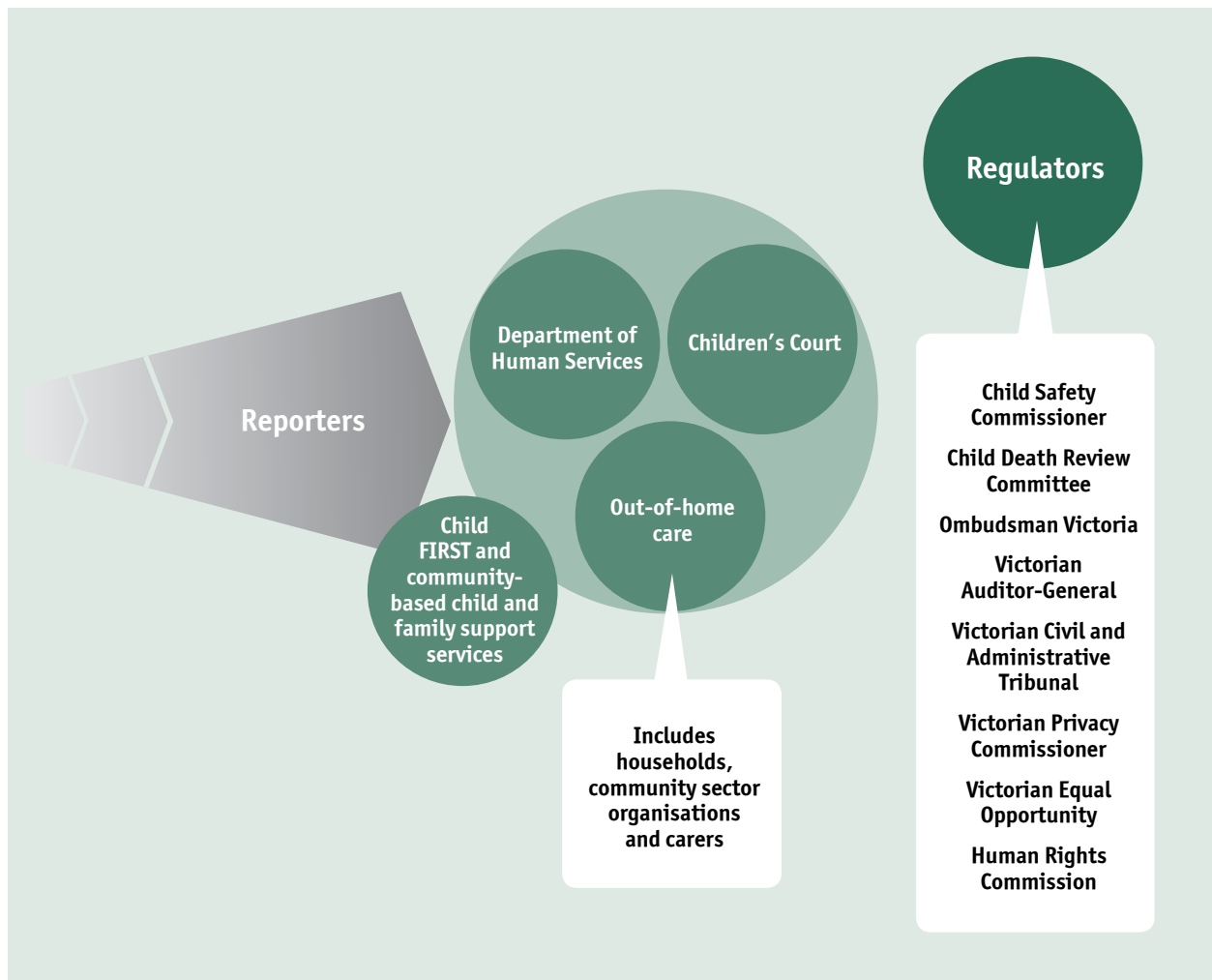
Statutory child protection services are provided by the Department of Human Services (DHS) and they involve:

- Investigating matters where a person has raised concerns about a child's safety or wellbeing (known as a 'report');
- Referring children and families to voluntary support services to assist a family to provide for the ongoing safety and wellbeing of their children;

- Using statutory powers and seeking orders from the Children's Court to take action if a child's safety within their family is at risk, including placing a child in alternative care arrangements or supervising a child in their home;
- Supervising children on orders granted by the Children's Court; and
- Providing and funding out-of-home care accommodation services, specialist support services, and adoption and permanent care to children and adolescents in need (DHS 2011a).

Figure 9.1 illustrates the context in which these activities take place within Victoria's system for protecting children.

Figure 9.1 Victoria's child protection system: principal parties and scope



Source: Inquiry analysis

This chapter examines Victoria's statutory child protection services and proposes six recommendations. The chapter is organised as follows:

- First, a brief description is given of the legislative and services framework and the five main phases of statutory services. These phases are: intake, investigation, protective intervention and assessment, protection order and case closure.
- Second, the chapter describes trends and other metrics to provide a sense of the scale, dimensions and patterns of statutory child protection services provided by DHS.
- Third, the chapter addresses the current performance of statutory child protection services by presenting available data on benchmarks and standards, recent Victorian Ombudsman reports and child death reviews.
- Fourth, using the material and input received through submissions to the Inquiry, three major issues are canvassed; these are:
 - the question of whether statutory child protection services are sufficiently resourced to intervene when required to protect vulnerable children and young people;
 - the efficiency and effectiveness of child protection practice; and
 - the need to improve stability in placements for vulnerable children and young people to avoid causing them further harm and trauma.
- Finally, recommendations are made that address these key issues.

As part of statutory services, DHS applies for a variety of legal orders through the Children's Court to authorise some types of interventions for protecting children and young people. The role and operation of the Children's Court in granting different types of legal orders is examined in detail in Chapter 15, along with proposed recommendations to simplify these processes.

9.2 Current legislative and service framework

In relation to statutory child protection services, the Secretary of DHS holds overarching responsibilities under the *Children Youth and Families Act 2005* (CYF Act) (section 16), these are:

- Promoting the prevention of child abuse and neglect;
- Assisting children who have suffered abuse and neglect and providing services to their families to prevent further abuse and neglect from occurring;
- Working with community services to promote common policies on risk and need assessment for vulnerable children and families;
- Implementing appropriate requirements for checks ensuring that those working with children are suitable and comply with appropriate ethical and professional standards;
- Working with other government agencies and community services to ensure children in out-of-home care receive appropriate educational, health and social opportunities;
- Conducting research on child development, abuse and neglect and evaluating the effectiveness of community-based and protective interventions in protecting children from harm, protecting their rights and promoting their development;
- Leading the ongoing development of an integrated child and family service system; and
- Giving effect to protocols existing with Aboriginal agencies.

The Secretary also holds a number of responsibilities relating to the provision of out-of-home care services, including:

- Publishing and promoting a charter for children in out-of-home care; and
- Providing and arranging for services supporting transition from out-of-home care to independent living.

DHS delivers child protection statutory services through a case management approach for each child or young person. The delivery of statutory child protection services is structured into five phases: intake, investigation, protective intervention and assessment protection order and case closure. An overview of these phases is provided in Figure 9.2 (see Appendix 9 for a detailed description).

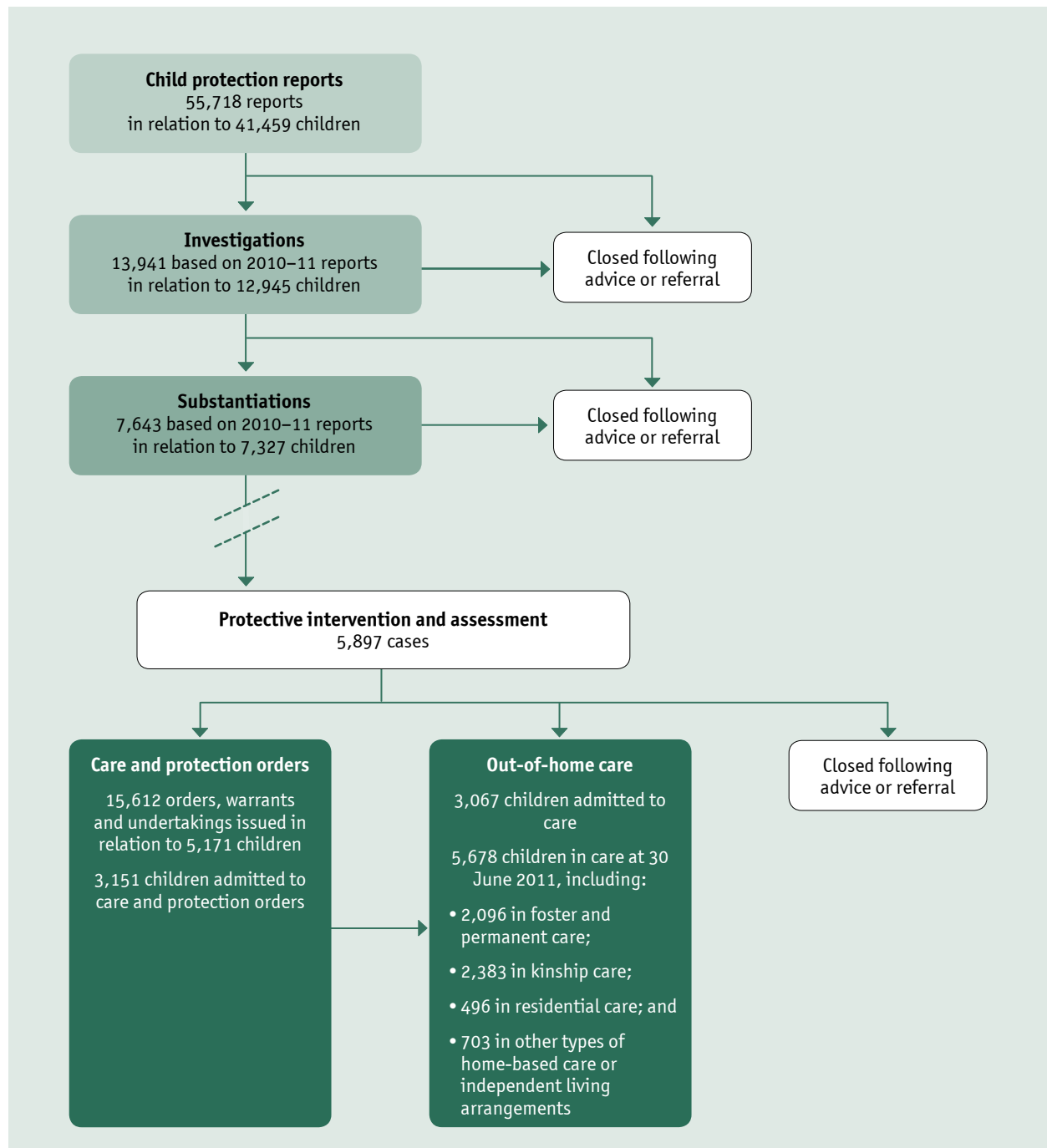
The activities that take place in each phase are described from section 9.2.1 onwards.

DHS employs about 1,200 child protection practitioners and service delivery is structured through eight regional areas across Victoria (information provided by DHS).

Child protection practitioners are supported in their work by their supervisors, managers and materials such as the *Child Protection Practice Manual* (DHS 2011k). The practice manual covers a wide range of operational issues including confidentiality, supervision, procedures to be adopted for children in specific circumstances, critical incidents and complaints management to name a few.

Specific workforce issues including capability and a sector-wide approach to professional development are canvassed in detail in Chapter 16. Chapter 21 will examine the governance arrangements and oversight mechanisms for statutory child protection services.

Figure 9.2 Overview of activity in Victoria's statutory child protection system, 2010-11



Source: Information provided by DHS

Note: Figure shows child protection reports for 2010-11 and investigations and substantiations relating to those reports. For protective intervention and assessment, care and protection orders and out-of-home care, the figures shown detail the level of activity for 2010-11 (unless otherwise stated), including activity relating to child protection reports received prior to 2010-11. The term 'substantive orders' is synonymous with the Australian Institute of Health and Welfare's (AIHW) 'care and protection orders' so these are not indicated separately.

9.2.1 Phase 1: intake

The intake phase is where a family becomes involved with statutory child protection because concerns are raised about the health and wellbeing of their children.

A summary of the objectives of intake services are to:

- Identify and prioritise Victorian children and young people who require statutory investigation because they are at high risk of harm; and
- Provide links to family support services, so that vulnerable families are assisted when circumstances do not require statutory intervention.

Reports of concern

DHS becomes aware of concerns about a child's welfare when a report is made to them by an individual.

Reports are made either to DHS directly, or to Child FIRST (see Figure 9.3). When reports are made to Child FIRST, if the concerns are determined by Child FIRST and the community-based child protection practitioner to be of a serious nature, they are referred to DHS. The area within DHS that receives and makes decisions about reports is called child protection intake. In the past, reports were known as notifications.

Reports and related queries come from many different sources, including community members, relatives of children or young people, professionals who interact with them (for example, nurses or teachers), Centrelink officers, Family Court officers, and interstate and overseas statutory child protection authorities. Some individuals are required by law to make reports by virtue of their professional occupation and this mechanism is examined further in Chapter 14. Reports convey a wide range of concerns about a child or young person's wellbeing and the CYF Act specifies that there are two categories: wellbeing reports and protective intervention reports.

Two different categories of reports

A wellbeing report: where a person has significant concerns for the wellbeing of a child. These reports are directed to Child FIRST.

A protective intervention report: where a person believes, on reasonable grounds, that a child is in need of protection. These reports are directed to DHS statutory child protection intake.

The two types of reports described above reflect different levels of perceived risk surrounding a child or young person's safety. A protective intervention report involves the highest severity of risk. In line with the principle of protecting the family as a core unit of society, Victorian statutory child protection services must only intervene where there is an unacceptable risk of harm or neglect because a family is unable to provide adequate care and protection for their child.

Once a report is received, DHS child protection practitioners assess the individual circumstances and risks and make a decision about what course of action should be taken. Once it has been determined that a report is a protective intervention report, the matter moves to phase 2 and an investigation is conducted. If the report does not meet this threshold, a referral to child and family support services may be made instead of an investigation, for example, a child's family may be referred to a family violence, housing or mental health service provider. In order to do this, DHS either refers a reporter to the Child FIRST intake or directly to the relevant service provider.

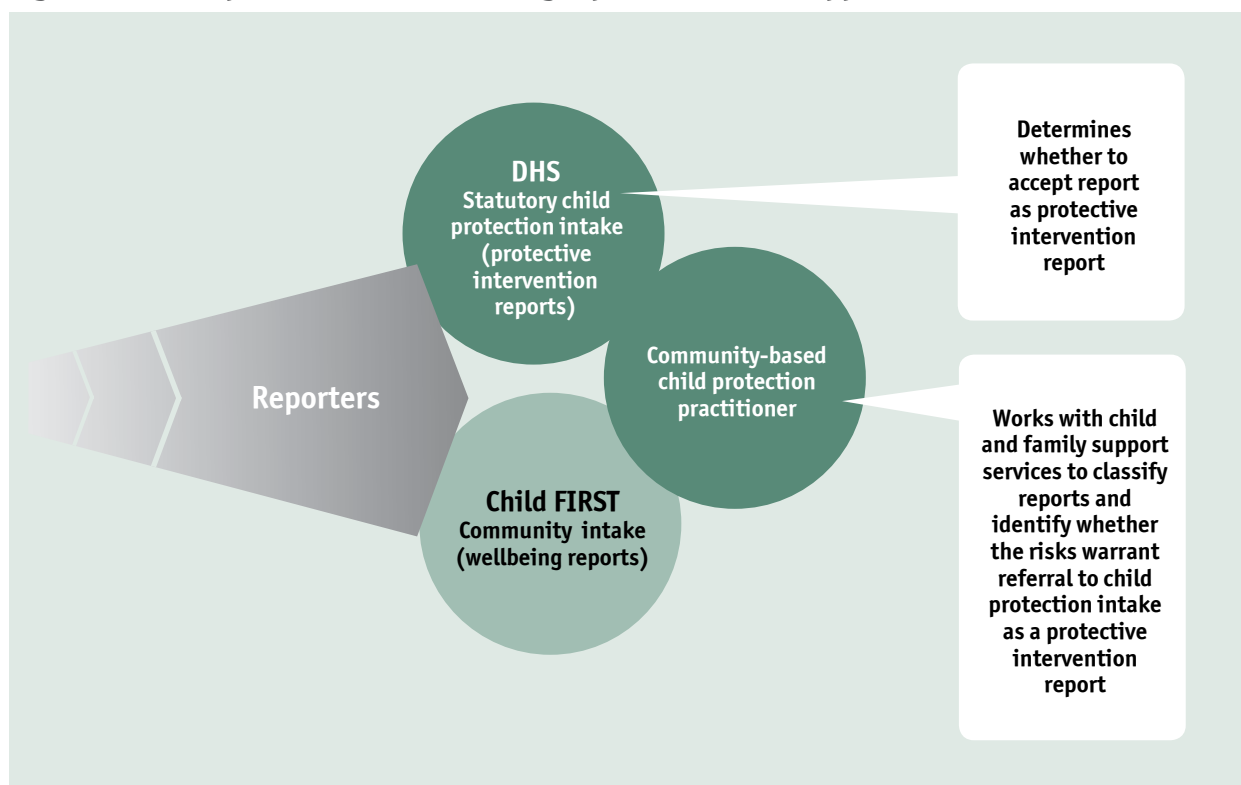
Another option for a child protection practitioner is to determine that no further action should be taken in relation to a report. If this is the case, then the matter will be closed. Cases may be closed at any point throughout the phases of statutory child protection services, if it is determined by DHS that statutory intervention is no longer required.

There are often grey areas concerning reports; sometimes it is not clear whether a report about the circumstances of a child has met the threshold required to trigger a statutory investigation. Some reports allege serious abuse or harm and require urgent action by statutory child protection practitioners. For example, a hospital emergency department professional may report that a child's fractures are non-accidental and there is a serious likelihood that they were caused by the child's caregiver. Other reports are less clear-cut, covering issues such as a child's appearance and behaviour at school.

Grounds of harm

The grounds of harm in the CYF Act authorise statutory child protection intervention in a specific list of areas, including where a child's parents are dead or incapacitated, where a child is abandoned by their parents, or where a child is, or is likely to, suffer significant harm as a result of their parents' actions (or inability to protect them from another's actions). In 2005 the areas of harm were broadened to include when harm is caused by not only single acts, omissions or circumstances causing significant harm but also accumulated through a series of acts, omissions or circumstances (s. 162(2), CYF Act).

Figure 9.3 Child protection and wellbeing reports: Victoria's approach



Source: Inquiry analysis

9.2.2 Phase 2: investigation

A summary of the objectives of the investigation phase are to:

- Examine the circumstances of a protective intervention report and determine whether the claims of abuse or neglect are substantiated;
- Make a decision as to whether continuing statutory intervention is required to protect a vulnerable child or young person;
- Make decisions and arrangements in a way that incorporates the child's views (so long as they are of an appropriate age and stage to participate) and collaborate with relevant members of the child and family's network; and
- Work effectively with other professionals involved in providing care and services to the child and their family to enable a holistic and accurate assessment of harm or the risk of harm to a child.

To investigate a report, a team of two child protection practitioners directly contact the child or young person, their parents, professionals and significant others who are aware of the child and family in order to collect information about the situation. Generally, families are visited at home although sometimes children will be interviewed separately at different locations such as school.

The CYF Act requires this investigation to occur in a way that is in the best interests of the child (s. 205). Child protection intake is required to report to Victoria Police all allegations and situations of sexual abuse, physical abuse or serious neglect (DHS 2011k, advice no. 1184; protocol agreement with Victoria Police, see Chapter 14).

Generally, investigations rely on the voluntary participation of the family in allowing practitioners to visit their homes and meet with relevant caregivers. Investigations, however, produce information that may be used in future court proceedings, so child protection practitioners must warn the child and the child's parents that any information they give may be used for the purpose of bringing an application before the Children's Court (s. 205, CYF Act). If the family refuses to participate in an investigation, child protection practitioners must seek court authorisation to require information to be collected. After gathering and assessing available evidence, child protection practitioners must determine whether significant harm has occurred to a child, and whether their safety, stability and development is at further risk. One of the outcomes of an investigation is that DHS might seek orders to remove the child from the family and place them into alternative care. When a child protection practitioner finds that a child has suffered or is at risk of suffering significant harm, a protective intervention report is found to be substantiated.

Once substantiation decisions are made, the child protection practitioner then determines what type of further interventions are required to ensure the safety, stability and development of the child. The case may then proceed to the protective intervention phase or, alternatively, the family may be referred to family support services. In other cases, the child protection practitioner may provide advice to the family or take no further action. Advice provided to the family may cover matters such as the availability of family mediation for adolescents, Family Court custody or access matters, or even financial counselling services. No further action may be taken in cases where the report is substantiated, but the child is no longer deemed to be at risk of harm because the family circumstances may have changed. The case would then be closed.

As noted above, case closure can occur at any point across the phases if no grounds for continuing statutory intervention are present.

9.2.3 Phase 3: protective intervention and assessment

A summary of the objectives of the protective intervention phase are to:

- Ensure a child's immediate safety from harm or from an unacceptable risk of harm;
- Address the impact of the harm suffered to date by the child and work with the child's family to ensure that change occurs and the child's future needs are addressed;
- Make decisions and arrangements in a way that incorporates the child's views (so long as they are of an appropriate age and stage to participate) and collaborate with relevant members of the child and family's network;
- Plan and take actions to prevent the need for alternative care arrangements so the child can safely remain in their family home;
- Work effectively with other professionals involved in providing care and services to the child and their family to enable a holistic and accurate assessment of a child's needs and ensure their safety and wellbeing.

During the protective intervention and assessment phase, child protection practitioners must decide whether they require a court order to assist their work with a vulnerable family.

The activities in this phase involve DHS working with the family to address risks and other issues affecting a child's safety and wellbeing. Child protection statutory services must carry out these activities in concert with a range of other service providers.

Family group conferences and other types of meetings may be held where the child protection practitioner can discuss issues and next steps with a child's family. The child protection practitioner is continually assessing their view of the level of risk to a child and what type of assistance and support is required to enable a family to care for their child. Case planning supports a child protection practitioner's assessment work.

Case planning is also intended to address a child's stability needs. Stability includes a child's relationships with their primary carer, their friends, extended family and connections to kindergarten, school and other social or recreational activities.

Case plans produced during the protective intervention phase are to outline:

- Evidence of harm to the child and the risk of harm to the child's safety, stability and development (these concerns should be shared with the parents);
- Ongoing review and assessment processes for determining whether court involvement is required;
- Any additional assessments of the child or parents that are required to inform decision making;
- Immediate goals, actions and timelines to determine safety or parental capability to protect the child from harm and promote stability and healthy development; and
- How the family will be supported by statutory child protection services to implement the plan (DHS 2011k, advice no. 1282, p. 15).

As a result of assessment, a child's parents may be encouraged to participate in relevant support services and undergo monitoring, bearing in mind the consequences if they do not participate could be that DHS applies for court orders that require assessment, treatment, temporary care or other types of statutory interventions. Such activities help child protection practitioners assess a parent's willingness to change and improve the care of their children. For example, this might involve regular voluntary drug testing or parenting classes.

9.2.4 Phase 4: protection order

If a child protection practitioner determines that they are unable to work effectively with a vulnerable child or young person's family on a voluntary basis to ensure the child's safety, they will make a protection application to the Children's Court. Child protection practitioners will seek one of a variety of orders to obtain lawful authority to mandatorily intervene in the child's family, for example, to further supervise or monitor a family, or potentially, to make alternative arrangements for the child's care.

The objectives of the protection order phase are much the same as for the protective intervention and assessment phase (see section 9.2.3). The key element of the protection order phase is that it provides a child protection practitioner with specific lawful authority arising from a protection order. The type of order obtained will determine the nature and duration of the mandatory intervention into a vulnerable child's life.

Additional case management activities carried out by child protection practitioners during the protection order phase could include:

- Monitoring compliance with court orders and conditions, for example, receiving results of drug screening of parents or seeking warrants when children are missing or abducted;
- Making decisions on placement options when it has been determined a child should be placed in out-of-home care, reunification with parents or permanency planning; and
- Making decisions about closing the case, when child protection cease to be involved with a child or young person, for example, when a child is transitioned to independent living at 18 years of age.

Case plans after a protection order is made

Within six weeks of obtaining a court order, a formal case plan must be prepared by a child protection practitioner (s. 167, CYF Act). Case plans should document all significant decisions made by DHS about the present and future care and wellbeing of the child, including the placement of and access to the child (s. 166, CYF Act).

The practice manual provides that children should be invited to participate directly in planning meetings and assisted to understand the importance of their role in the process.

Several different types of plans are completed by child protection practitioners, including:

- Protection order case plans (also referred to as 'best interests' case plans) – these are overall plans for children made after a court order has been issued (s. 166-7, CYF Act);
- Cultural plans for Aboriginal children and Torres Strait Islander children (s. 176, CYF Act);
- Case and care management or placement plans – for children in out-of-home care covering a child's needs, planned outcomes, roles and responsibilities of carers and parents (DHS 2011k, advice no. 1284, 1282);
- Stability plans – prepared for children placed in out-of-home care (s. 170, CYF Act);
- Education support plans – prepared for children placed in out-of-home care (DHS 2011k, advice no. 1284); and

- Leaving care plans (DHS 2011k, advice no. 1418).

Protection order case plans cover a variety of matters including:

- Goals addressing the child's stability and development needs;
- Stability plans – covering proposed long-term carers for a child;
- Arrangements and strategies addressing the child's developmental, educational and health needs, including dealing with therapeutic treatment;
- Cultural support matters;
- Conditions stipulated in the protection order, for example, the amount of access between a parent and their child or, if the child remains at home, the amount of access for child protection practitioners to monitor and assess the child;
- Tasks and timelines for actions and next steps; and
- Contingency arrangements to apply if the plan is not working.

Protection order case plans will vary due to the variety and breadth of types of cases and individual circumstances of each vulnerable child and family. Protection order case planning is undertaken by unit managers, who are more senior, experienced child protection practitioners.

Although a child's stability needs informs case planning and out-of-home care decisions, once a child has been placed in out-of-home care, a formal stability plan is required. Formal stability plans must be prepared within certain timeframes that depend on the child's age, and the duration and length of time spent in out-of-home care (s. 170(3), CYF Act).

Reunification planning

Reunification planning is triggered when a child has been placed in alternative care. Reunification is the primary goal of statutory child protection intervention where it is in a child's best interests, as this aligns to society's fundamental expectation that the family be protected as a core unit of society. Further, the bond between a parent and child should be preserved as much as possible (s. 10(3)(a), CYF Act).

Reunification is intended to be a planned and timely process for safely returning a child to their home and facilitating their future safety and wellbeing in that home.

Once a decision is made about the alternative care arrangements required, DHS contracts with community service organisations (CSOs) to provide placement and care services for individual children. Out-of-home care is discussed in further detail in Chapter 10.

9.2.5 Phase 5: case closure

At each of the previous four phases, cases are closed when a decision is made that statutory intervention is not warranted.

Activities carried out when closing a statutory child protection case involve:

- Finalising steps taken to protect the vulnerable child, promote their healthy development and support the family (this could be through planning processes);
- Complete casework actions and tasks to discharge DHS' duty of care and other responsibilities to the child and the family and also to reliably inform possible future case management; and
- Ending DHS statutory child services involvement and intervention with a vulnerable child and their family.

9.3 The statistical dimensions of statutory child protection services

This section provides an overview of the scale, dimensions and trends of statutory child protection activities. Information presented is drawn from a range of published and unpublished sources, including:

- The Steering Committee for the Review of Government Service Provision (SCRGSP) *Report on Government Services 2011*, which contains time series

and inter-jurisdictional data up to the 2009-10 financial year;

- A range of unpublished data provided to the Inquiry by DHS, including key statutory system metrics for the 2010-11 financial year; and
- The Inquiry's own analysis of de-identified unit records, provided by DHS, for all children who were the subject of a child protection report to DHS in 2009-10.

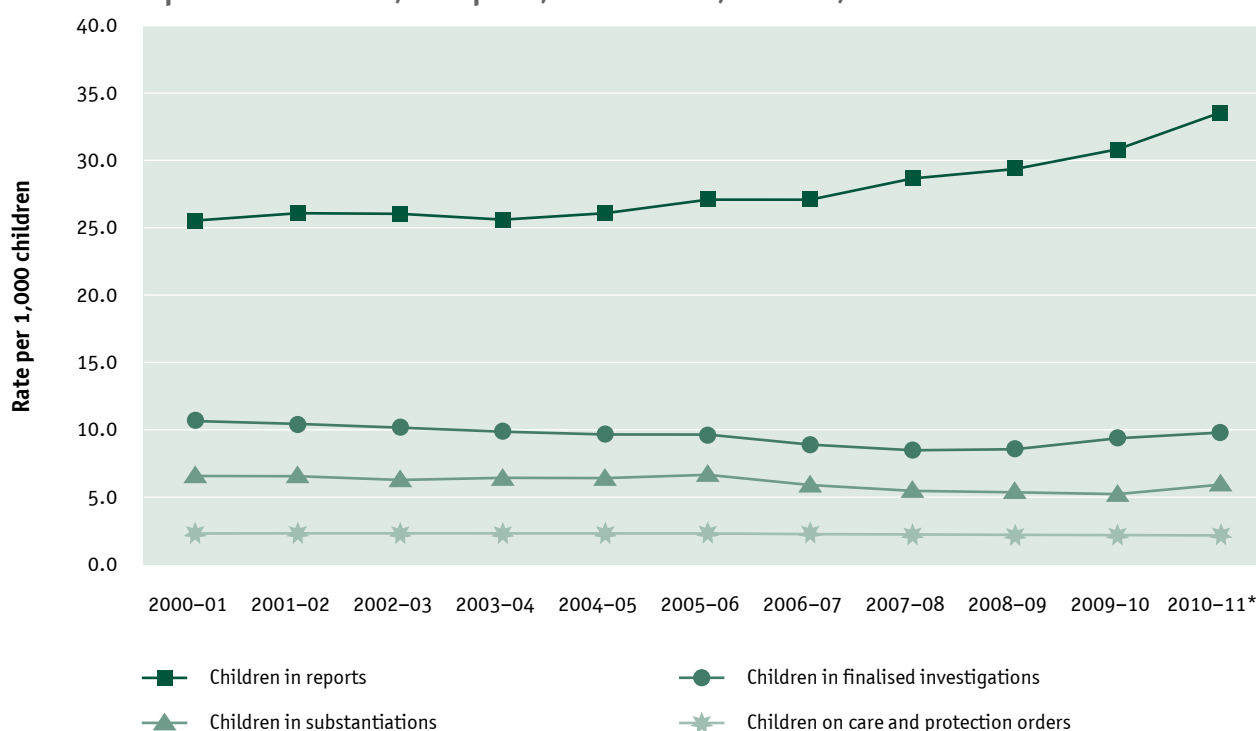
The Inquiry has sought to use the most up-to-date information available. However, as noted above, this includes a combination of 2009-10 and 2010-11 data.

As well as details about the statutory services provided, this section presents information on the typical characteristics of children interacting with the statutory child protection system, regional variations in child protection activity and overarching trends.

Context: trends over time

As was outlined in Chapter 2, reporting trends over time show an increasing rise in the numbers of protective intervention reports made about children and young people. Figure 9.4 provides a historical view of not only reporting trends but also investigations and substantiation trends over time for and children admitted to care and protection orders in Victoria.

Figure 9.4 Child protection reports, investigations and substantiations and children admitted to care and protection orders, rate per 1,000 children, Victoria, 2000-01 to 2010-11



Source: SCRGSP 2011c, Table 15A.53

* Provided to the Inquiry by DHS

Although reports have increased over time, substantiations have remained relatively constant and there has not been a corresponding growth in investigations.

During 2010-11 the DHS statutory child protection service received 55,718 child protection reports. These reports resulted in just under 14,000 investigations, or just under one investigation for every three reports. Of the reports that were investigated, just over half resulted in DHS substantiating that the child has been harmed.

In the majority of cases where substantiations of harm were found, the case proceeded to the protective intervention and assessment phase where a range of interventions may occur. In 2010-11, there were 3,151 children admitted to care and protection orders, including supervision, custody, guardianship or permanent care orders. During 2010-11, 3,067 children were admitted to out-of-home care.

9.3.1 Child protection reports

The Inquiry was provided with de-identified unit records for all children who were the subject of a child protection report to DHS in 2009-10. There were just over 48,000 received in 2009-10 compared with 55,718 in 2010-11. These records show that it is not uncommon for children to be the subject of multiple reports during a single year. The 48,000 reports received in 2009-10 relate to some 37,500 children. Figure 9.5 shows the age and sex of these children.

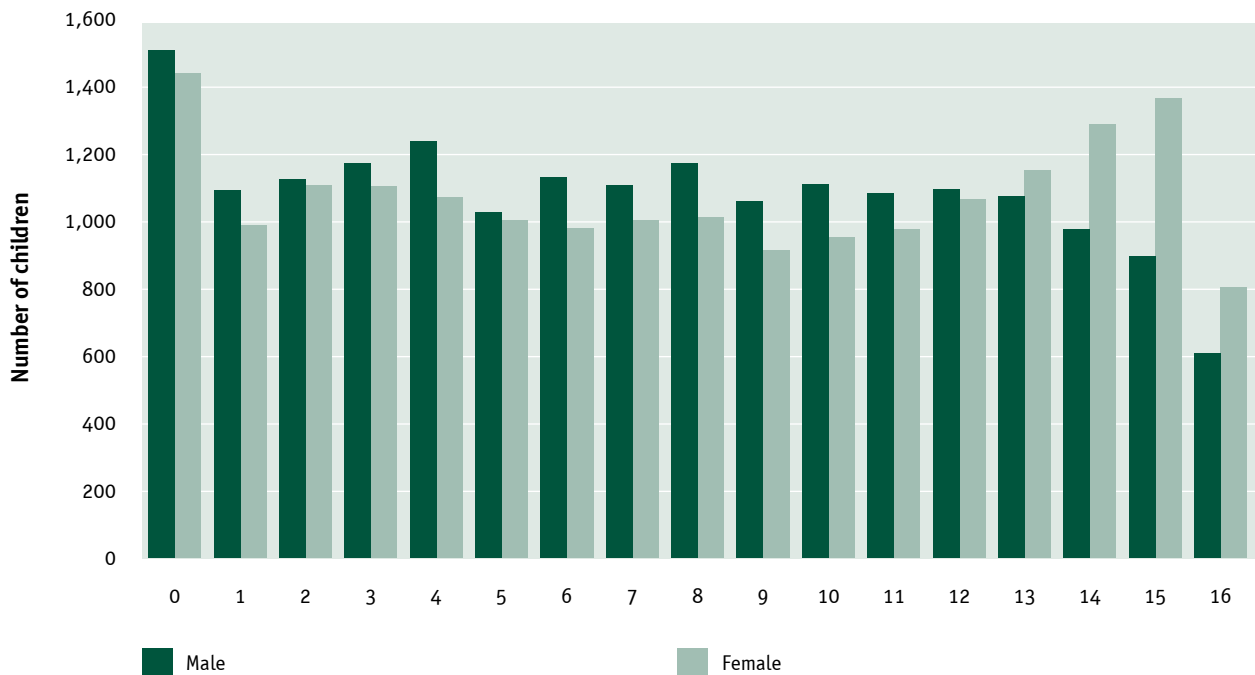
Characteristics of reports

There were more reports received about children aged under one than other ages in 2009-10 (see Figure 9.6). While boys aged under 13 were slightly more likely to be the subject of a report than girls of the same age, girls were more likely to be the subject of a report for ages 13 and over.

The largest number of reports were received by the three metropolitan DHS regions, with the majority of these reports received by the North and West Metropolitan and Southern Metropolitan regions (see Figure 9.7). Regional differences in reporting patterns were discussed as part of the incidence of vulnerability across Victoria in Chapter 2.

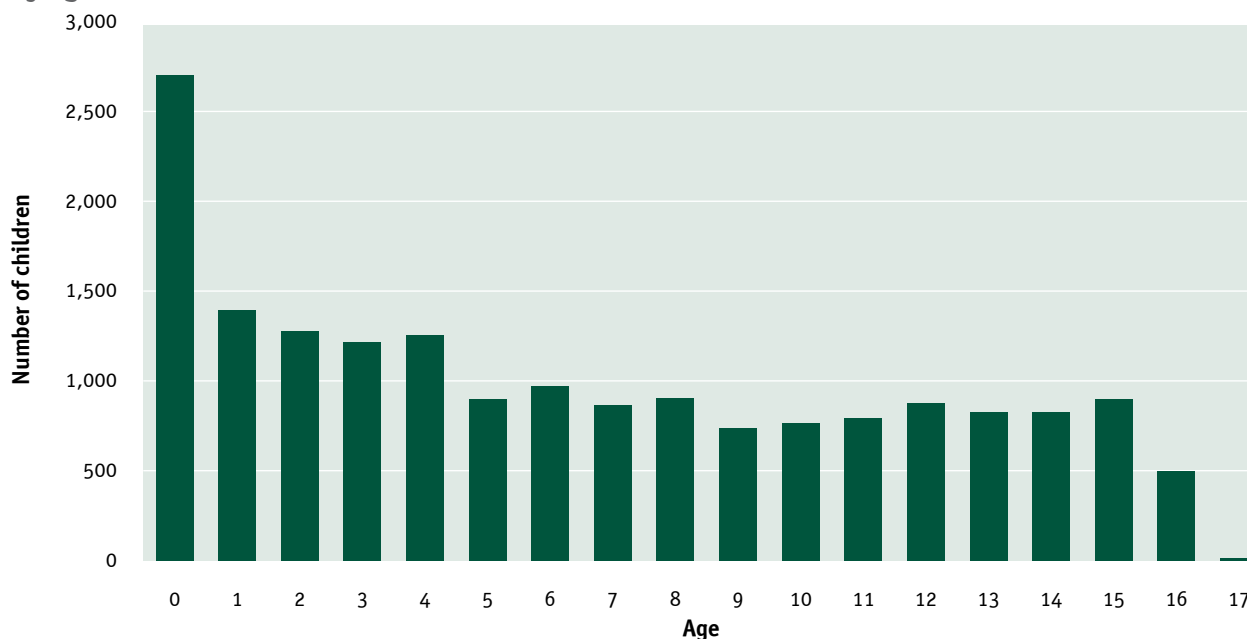
Even though the three metropolitan DHS regions received the highest number of reports in 2009-10, on a per capita basis, rural regions (with the exception of Barwon-South Western) received more reports, with Gippsland and Loddon Mallee regions receiving the highest number per capita (see Figure 9.8).

Figure 9.5 Children who were the subject of a child protection report, by age and gender, Victoria, 2009-10



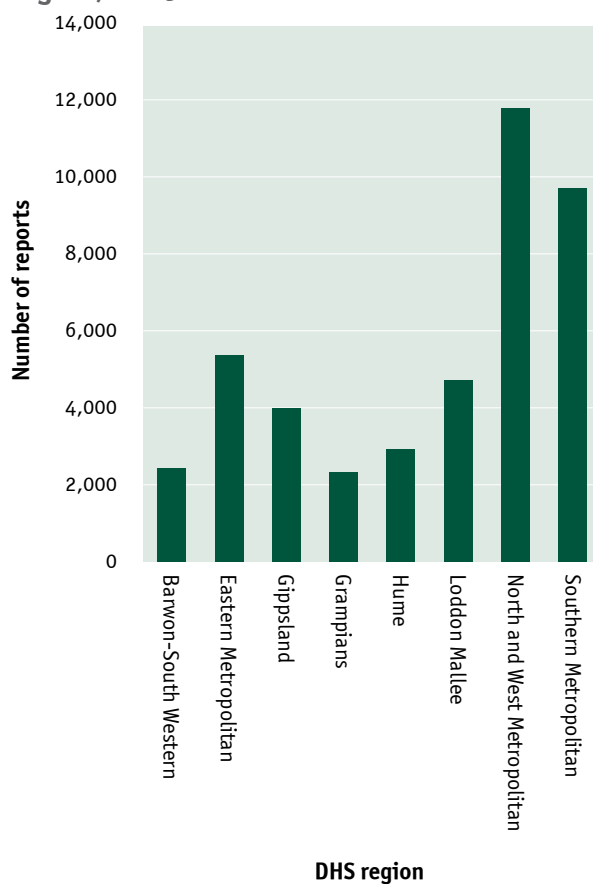
Source: Inquiry analysis of information provided by DHS

Figure 9.6 Children who were the subject of their first child protection report in 2009-10, by age, Victoria



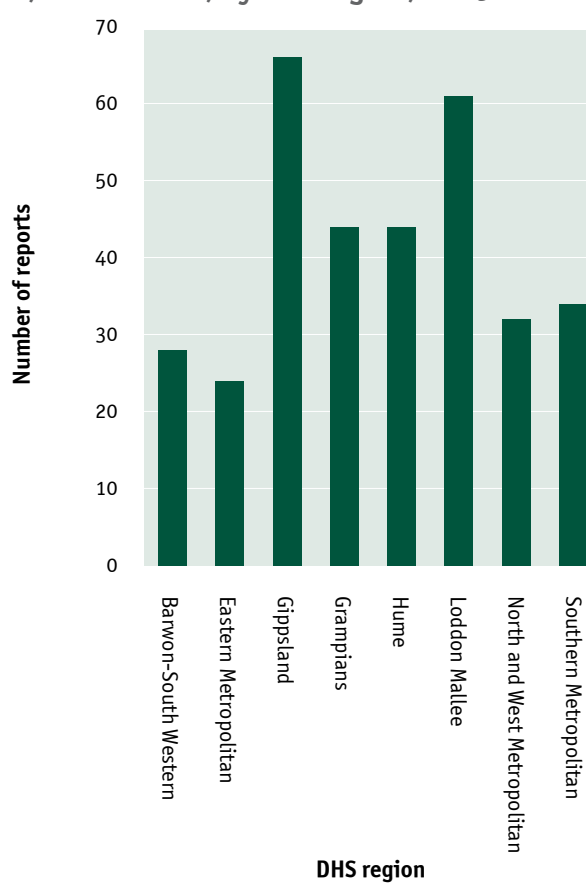
Source: Inquiry analysis of information provided by DHS

Figure 9.7 Child protection reports by DHS region, 2009-10



Source: Inquiry analysis of information provided by DHS

Figure 9.8 Child protection reports per 1,000 children, by DHS region, 2009-10



Source: Inquiry analysis of information provided by DHS and unpublished population data from DPCD
Note: Excludes reports where the region was not stated

Figure 9.9 shows that in 2010-11 the most common reasons for a child protection report were concerns over emotional harm (55 per cent) and physical harm (25 per cent), while reports for sexual harm or neglect accounted for 10 per cent each. The precise reasons for the rapid growth in reports for emotional harm are hard to determine in the absence of data about client complexity and characteristics. In other comparable jurisdictions there is a trend to increasing reports related to children being present in family violence incidents where the police are called to attend. It is possible this is part of the explanation in Victoria for the increasing reports of emotional harm. Similarly, the growth may relate to increased community and professional awareness of children's health and wellbeing and may reflect a widening concern of the community about the effects on children exposed to violence within the family.

In 2009-10, the largest number child protection reports were received from family members of the child, police and education providers (see Figure 9.10).

On average DHS received 130 child protection reports per day during the business week in 2009-10, however, these reports were not spread evenly. Fewer reports were received on weekends than weekdays and fewer reports were received in December and January, when many children were on school holidays. The highest number of reports were in February.

Reporting patterns about Aboriginal children

It is well established that Aboriginal children are over-represented in most areas of Victoria's statutory child protection system. In 2009-10 an estimated 9.4 per cent of children who were the subject of reports to DHS were Aboriginal (information provided to the Inquiry by DHS). However, Aboriginal children represent just 1.2 per cent of Victoria's child population (Department of Education and Early Childhood Development 2010, p. 34). Aboriginal children are therefore around seven to eight times more likely to be the subject of a report to DHS than non-Aboriginal children.

In 2009-10 the DHS regions with the highest number of Aboriginal children who were the subject of reports to DHS were: Loddon Mallee, North and West Metropolitan and Gippsland (see Figure 9.11).

The statutory response to a child protection report

As discussed earlier, all child protection reports go through an intake phase, where it is determined whether the report warrants an investigation by child protection practitioner or if it will be closed following advice. In addition, no further action may be required. Table 9.1 shows the outcomes of the intake phase for reports received in 2009-10.

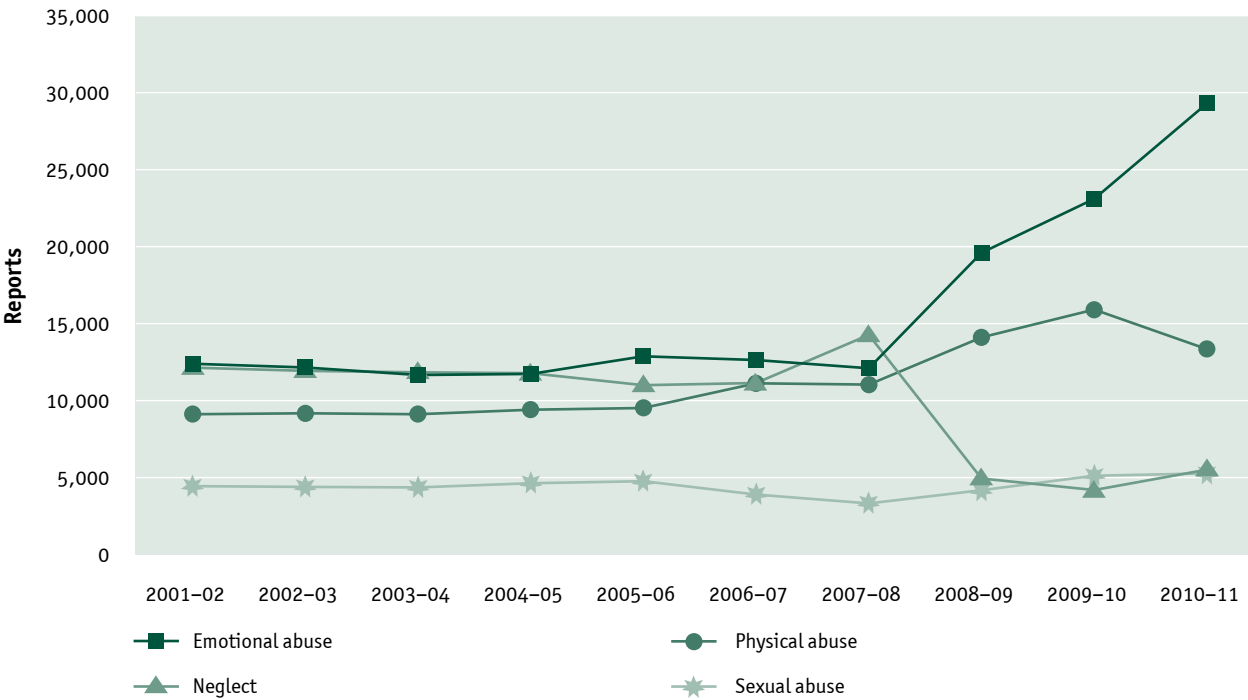
For 2009-10 overall, 29 per cent of reports to DHS were referred to an investigation, while two-thirds resulted in advice or information and were closed. Three per cent of reports resulted in no further action, due to either insufficient information or if the report has been determined to be inappropriate.

Table 9.1 Outcomes of the intake phase: child protection reports received in Victoria, 2009-10

Report outcome	2009-10	Comment
Investigation	29%	Reports proceeding to investigation phase
Advice/information	68%	This includes reports where advice was provided to the reporter and no further action was taken
No further action	3%	This includes 852 'inappropriate reports' as well as 738 reports where there was 'insufficient information' and no further action was possible
Total	100%	

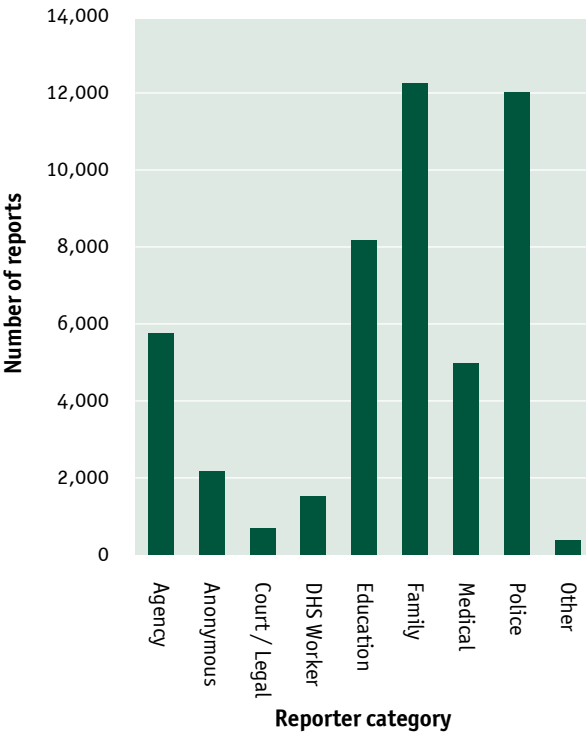
Source: Information provided by DHS

Figure 9.9 Child protection reports, by category of report, Victoria, 2001-02 to 2010-11



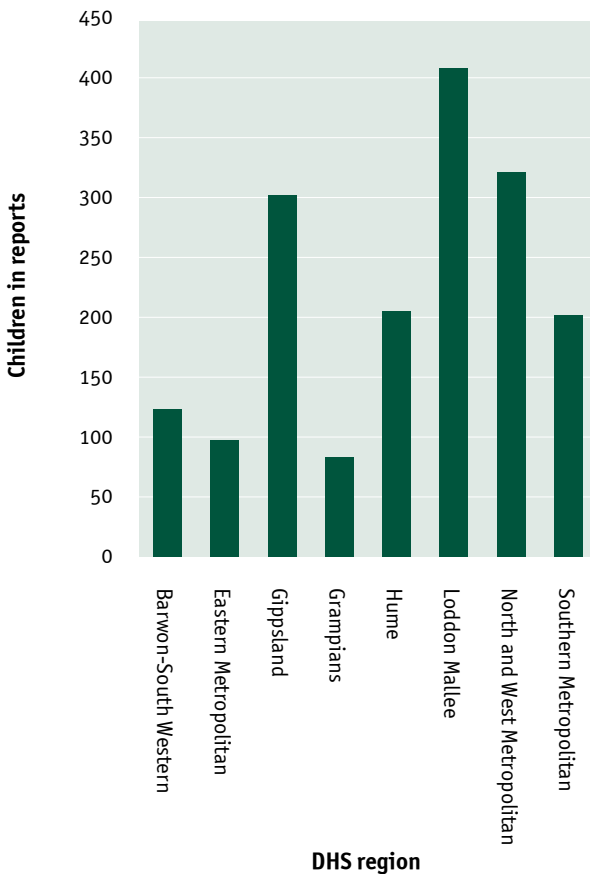
Source: Inquiry analysis of information provided by DHS

Figure 9.10 Child protection reports, by source of report, Victoria 2009-10



Source: Inquiry analysis of information provided by DHS
Note: Reports to DHS from Child FIRST are included under the ‘Agency’ category. There were 350 reports from Child FIRST in 2009-10.

Figure 9.11 Child protection reports of Aboriginal children, by DHS region, 2009-10



Source: Inquiry analysis of information provided by DHS

Referrals to and from Child FIRST

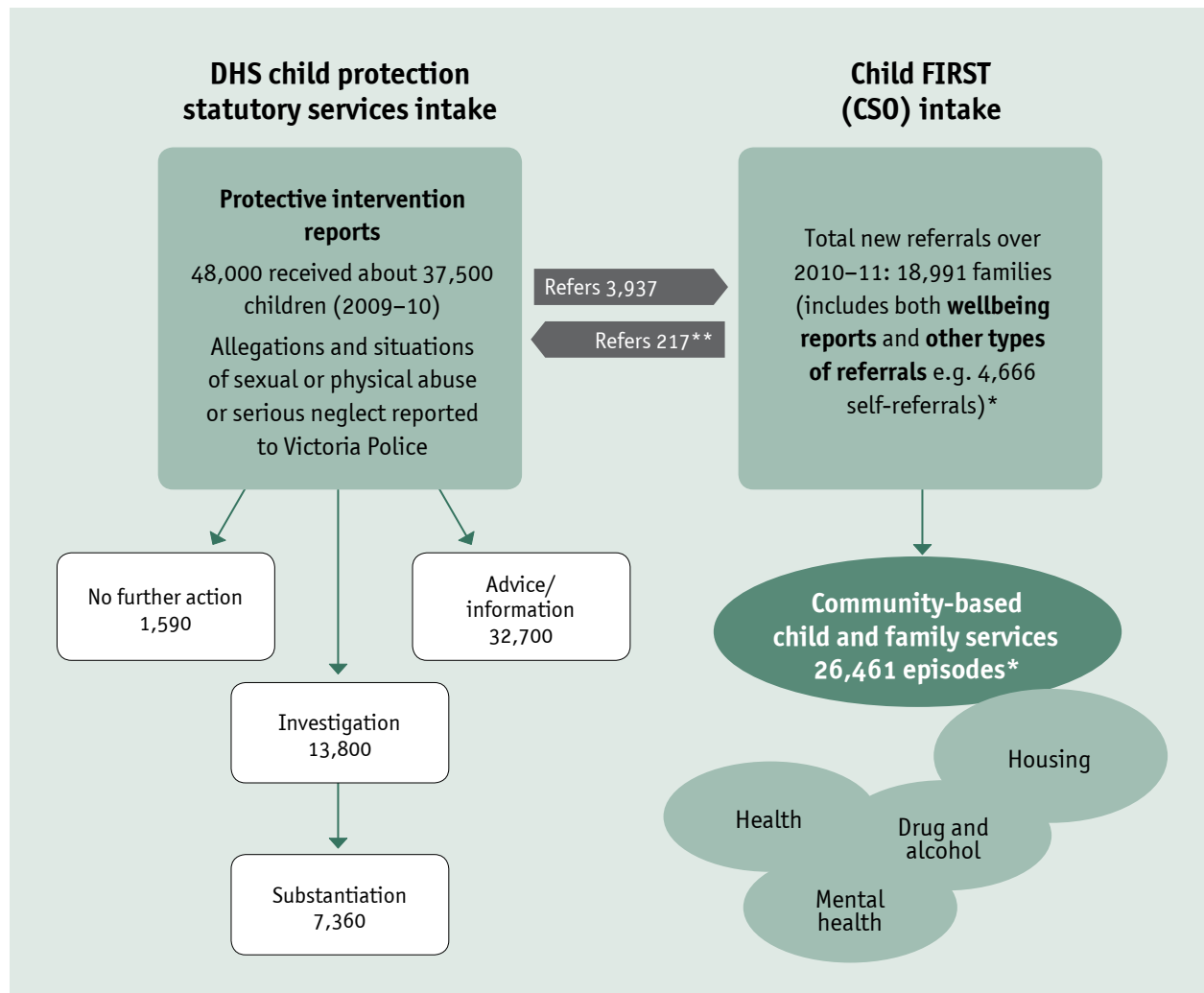
There is overlap between the families who access family support services funded by DHS and families whose children are the subject of reports to statutory child protection services. One way of measuring the extent of the common client group exists is to examine the referral rates between the Child FIRST intake and DHS.

Figure 9.12 presents the available data on referrals activity between statutory child protection services and Child FIRST.

During 2010-11, a total of 18,991 referrals were made to Child FIRST. Around 25 per cent of this figure, 4,666, were cases of self-referral (where a family voluntarily seeks assistance) while 21 per cent of this figure, 3,937, were referrals from statutory child protection (information provided by DHS). Child FIRST made 217 protective intervention reports during the same period (information provided by DHS).

In October 2011, the Victorian Ombudsman reported that in the Loddon Mallee region referrals of reports from DHS to Child FIRST (operated by St Luke's Anglicare) had risen over the preceding three years from 155 referrals in 2008-09 to 216 referrals in 2010-11 (Victorian Ombudsman 2011d, pp. 32-33).

Figure 9.12 Referral activity and Child FIRST and statutory child protection services, 2010-11 (some data from 2009-10)



Source:

*Information provided by DHS. The total number of family services cases provided in 2009-10 was 26,223, against the target of 23,150. The 2010-11 target is 24,910 (Victorian Government 2010b, p. 224).

**Note: The 2009-10 figure was 356.

9.3.2 The investigation phase

A total of 13,941 investigations were conducted in relation to the 55,718 child protection reports received by DHS in 2010-11. Based on the Inquiry's analysis of 2009-10 data, reports of alleged physical harm or sexual harm were more likely to be investigated than some other reports, for example, emotional harm. Similarly, if a child was the subject of multiple reports in 2009-10 their case was twice as likely to be investigated as the average.

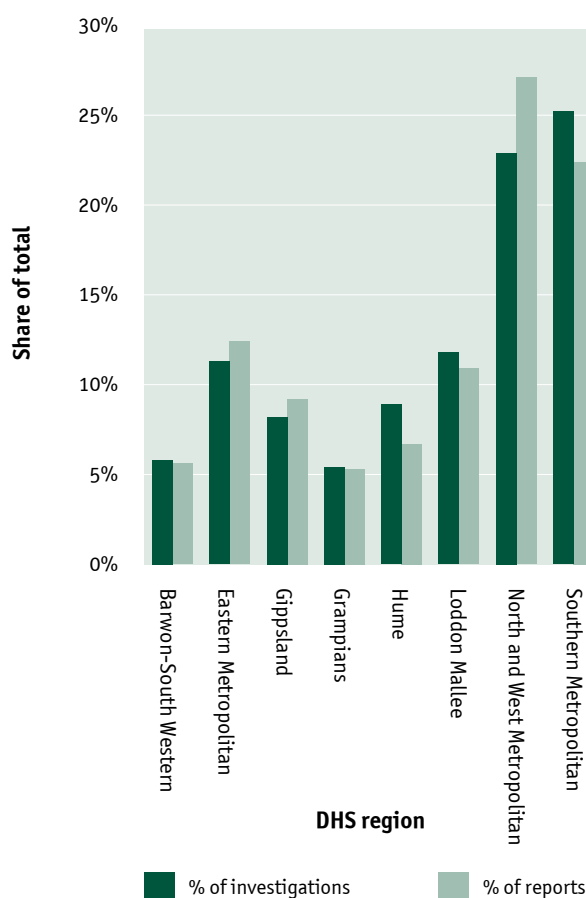
These trends are likely to reflect prioritisation decisions based on the risk of significant harm presenting to a child. Such decisions are required when resources are constrained and investigations cannot be conducted on every report.

There is some regional variation on the number of investigations carried out (see Figure 9.13). Although broadly similar, the Hume, Loddon Mallee and Southern Metropolitan regions have a higher share of investigations than reports, implying that a higher proportion of reports received in these regions in 2009-10 were investigated. The Southern Metropolitan region had a significantly lower share of investigations than reports.

Table 9.2 summarises the outcomes of investigations initiated in 2009-10. Overall:

- Just over half of investigations result in the report being substantiated;
- Of substantiated reports, around 70 per cent proceeded to protective intervention; and
- Less than 10 per cent of not-substantiated reports were referred to support services.

Figure 9.13 Child protection reports and investigations, by DHS region, 2009-10: percentage distribution



Source: Inquiry analysis of information provided by DHS

Table 9.2 Outcomes of investigations for child protection reports received in Victoria, 2009-10

Investigation outcomes	Substantiated	Not-substantiated	Total
Protective intervention	5,037	0	5,037
Referral to family services	22	423	445
Advice / no further action	2,266	5,963	8,229
Total	7,325	6,386	13,711

Source: Inquiry analysis of information provided by DHS

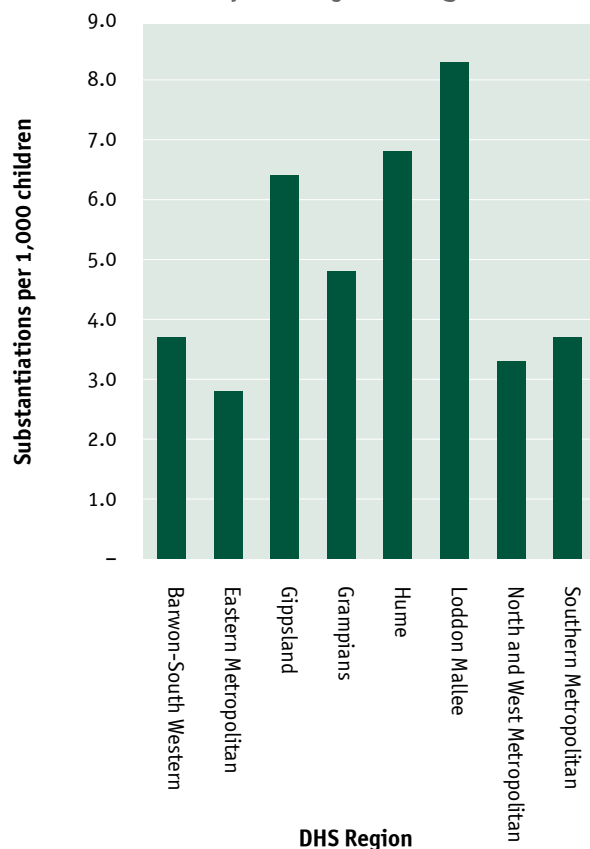
Note: Figures were only included where the investigation outcome was recorded, hence totals are somewhat lower than those reported elsewhere in this Report).

Substantiations

Figure 9.14 shows the number of substantiations based on 2009-10 reports per 1,000 children for each of the DHS regions, the region with the highest rate of substantiations per 1,000 children is Loddon Mallee (8.3), followed by Hume (6.8) and Gippsland (6.4). There is a significant difference in the substantiation rates between regions. For example a child in the Loddon Mallee region is three times as likely to be the subject of a substantiation than one in the Eastern Metropolitan region.

The rate of substantiations as a proportion of investigations was 52.7 per cent overall; however, this rate varies between DHS regions. Southern Metropolitan (44.2 per cent), Gippsland (48.0 per cent) and Hume (51.8 per cent) had a lower proportion of substantiations compared with investigations, while Barwon-South Western (58.3 per cent) and Eastern Metropolitan (58.2 per cent) had the highest rates of substantiations (see Figure 9.15).

Figure 9.14 Child protection substantiations per 1,000 children, arising from 2009-10 reports, by DHS region



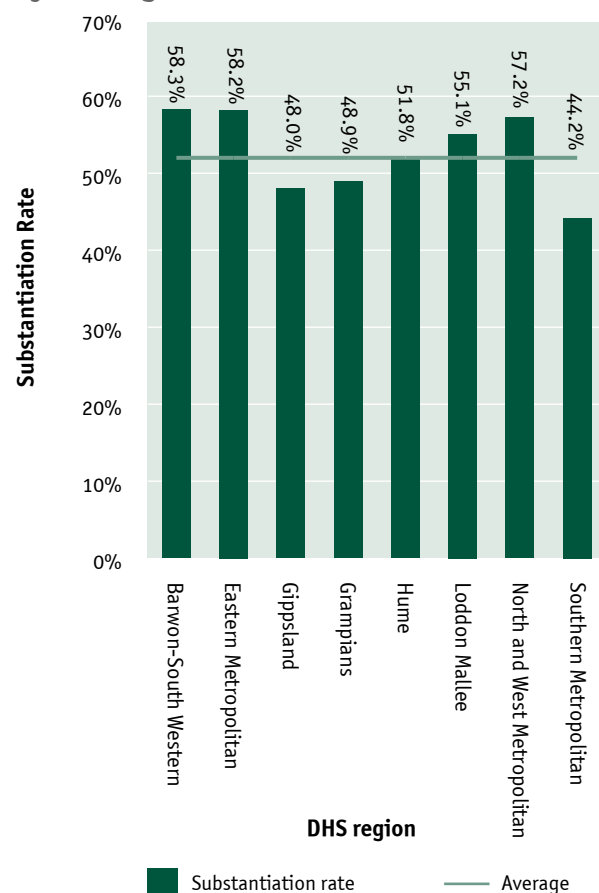
Source: Inquiry analysis of information provided by DHS and Department of Planning and Community Development (DPCD) unpublished population data
Note: Excludes substantiations where the region was not stated

As will be seen in the following section, which looks at the performance of statutory child protection services, substantiation rates are a key measure of effectiveness. Investigation and substantiation rates are also discussed further in this chapter in the context of demand and capacity constraints at section 9.5.1.

9.3.3 The protective intervention and assessment phase

In 2010-11 there were 5,897 cases that proceeded to the protective intervention and assessment phase, equivalent to just over 10 per cent of the total number of reports received. As of June 2011 there were just under 2,000 cases in the protective intervention stage (information provided to the Inquiry by DHS).

Figure 9.15 Child protection substantiation rates arising from 2009-10 reports, by DHS region



Source: Inquiry analysis of information provided by DHS
Note: Substantiation rate is calculated as the per cent of investigations that were substantiated.

9.3.4 The protective order phase

There are a variety of orders to obtain lawful authority to mandatorily intervene in the child's family, for example, to further supervise or monitor a family, or potentially, to make alternative arrangements for their care.

It is not uncommon for multiple orders to be made in relation to the one child. For example a court may issue a warrant for the removal of a child from their parents, followed by an interim accommodation order, followed by a protection order. In 2010-11, there were 15,612 orders, warrants and undertakings issued in relation to 5,171 children. The nature of these orders is discussed in detail in Chapter 15 dealing with court processes.

Children on care and protection orders

At June 2011, Victoria had around 6,700 children on care and protection orders compared with around 4,700 in 2001 (see Figure 9.16). The growth in the number of children receiving statutory child protection services has flow on effects to the volume of applications and orders sought in the Children's Court and to the provision of out-of-home care services. These issues are discussed further in Chapters 10 and 15 of this Report.

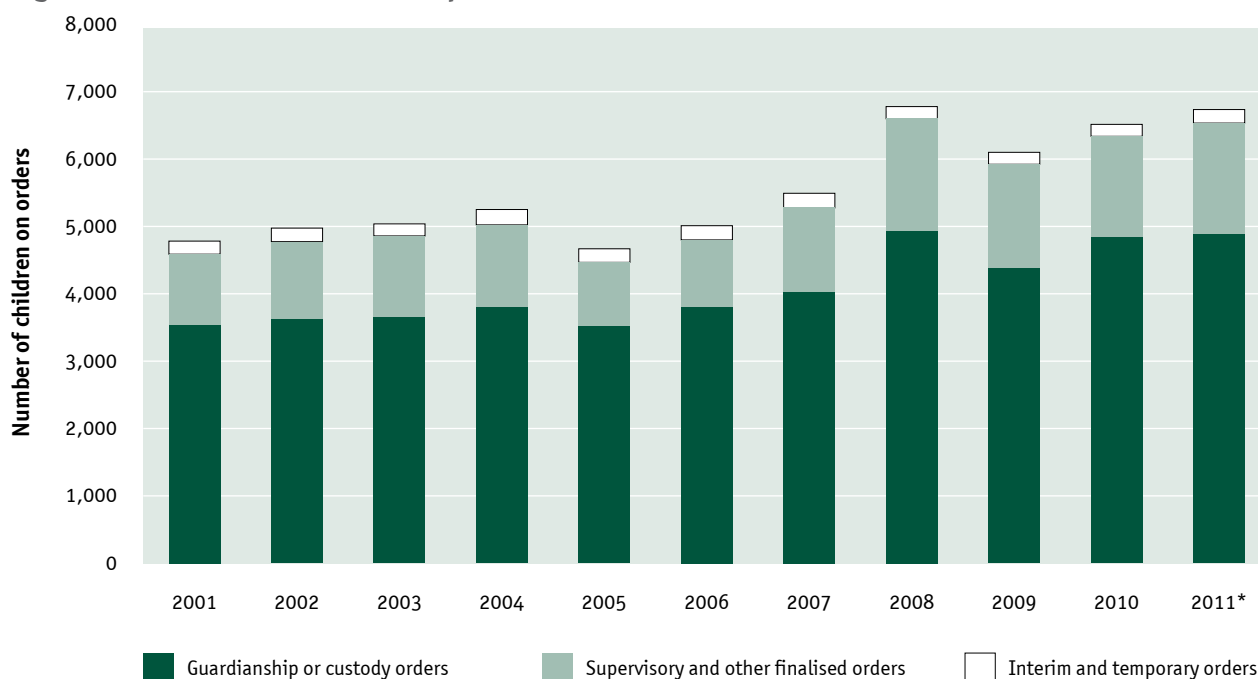
9.4 The performance of statutory child protection services

A range of internal and external performance measures are used for the statutory child protection system. These include broader whole-of-government wellbeing indicators measuring Victorian children's health, budget performance measures used by the Victorian Department of Treasury and Finance, internal monitoring carried out by DHS and national performance indicators developed by the Australian Institute of Health and Welfare (AIHW) and the Productivity Commission to inform the annual Report on Government Services (ROGS) publication.

The practice manual also contains a series of rules that stipulate standards to be applied for statutory child protection services. For example, these might include the number of days within which a particular activity or action (such as an investigation) must take place.

Aside from the indicators contained in the publications just listed, performance results of statutory child protection services against the internal standards applied by DHS are not generally publicly available.

Figure 9.16 Children on care and protection orders, Victoria, June 2001 to June 2010



Source: SCRGSP 2011c, Table 15A.52

* Provided to the Inquiry by DHS

National performance indicators

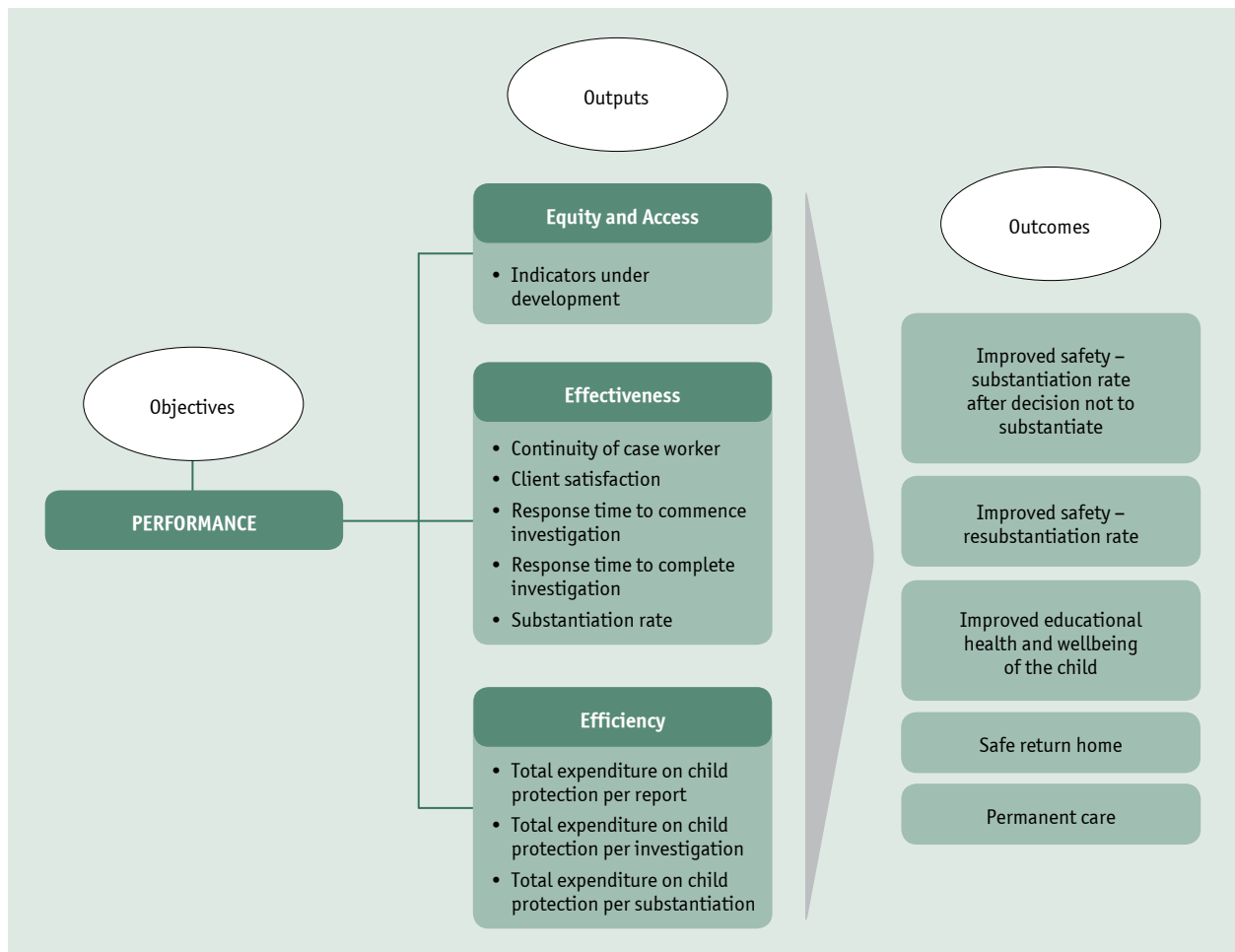
As set out in Figure 9.17, Australia's national performance indicator framework for child protection and out-of-home care outlines three major objectives for child protection and out-of-home care: effectiveness, efficiency, and equity and access (the latter a combined objective). Indicators have not yet been developed to measure equity and access.

As noted in Chapter 4, gaps in available performance data, particularly over time, prevents a clear picture emerging of the effectiveness and efficiency of statutory child protection services. There are a number of indicators for which data is not collected or where trend information is unavailable to show changes over time.

In relation to output measures, continuity of case worker and client satisfaction is not generally available. Of the outcome measures listed above, there is no clear and publicly available measure of the educational health and wellbeing outcomes of children or young people receiving statutory child protection services. The Inquiry has recommended the development of a holistic performance indicator framework in Chapter 6 to address these issues. Other ways to improve system transparency are covered in Chapter 21 on regulation and governance and Chapter 20 on the role of government agencies.

With the above limitations in mind, the next section reviews available performance information and presents some comparative analysis of Victoria's statutory services with other Australian jurisdictions.

Figure 9.17 National performance indicator framework for statutory child protection services



Source: Adapted from AIHW 2006, p. 10

9.4.1 Effectiveness measures

The 2011-12 Victorian State Budget projects an expected 59,700 reports to child protection in 2011-12, an increase of 7 per cent over the figure for 2010-11. This increase in reporting trends is analysed in more detail through the major issues discussion in this chapter at section 9.5.

Although Victoria has the second highest figure for the number of children who are the subject of a report in Australia, on a per-capita basis Victoria has the third lowest number of children who are the subject of a report (see Figure 9.18).

Differences in jurisdictional approaches to child protection can influence rates of reporting, for example, approaches to mandatory reporting or the availability of universal and secondary prevention services.

Client satisfaction

A partial picture of client satisfaction outcomes for statutory child protection service can be derived from a survey report prepared by the Social Research Centre at the Queensland University of Technology (QUT) for DHS. The survey sought views from the principal carers of clients receiving services from child protection, family services and placement (or out-of-home care) services. Care must be taken with use of the results as they are the early findings of an incomplete survey of principal carers and parents. QUT observes, however, that the interim data set is sizeable and allows for robust analysis of recent reforms (Lonne et al. 2011, pp. 1, 38).

The focus of questions posed by researchers to parents and carers was around the provision of information about services, their utility, decision-making processes and whether safety levels and parenting had improved (Lonne et al. 2011, p. 28).

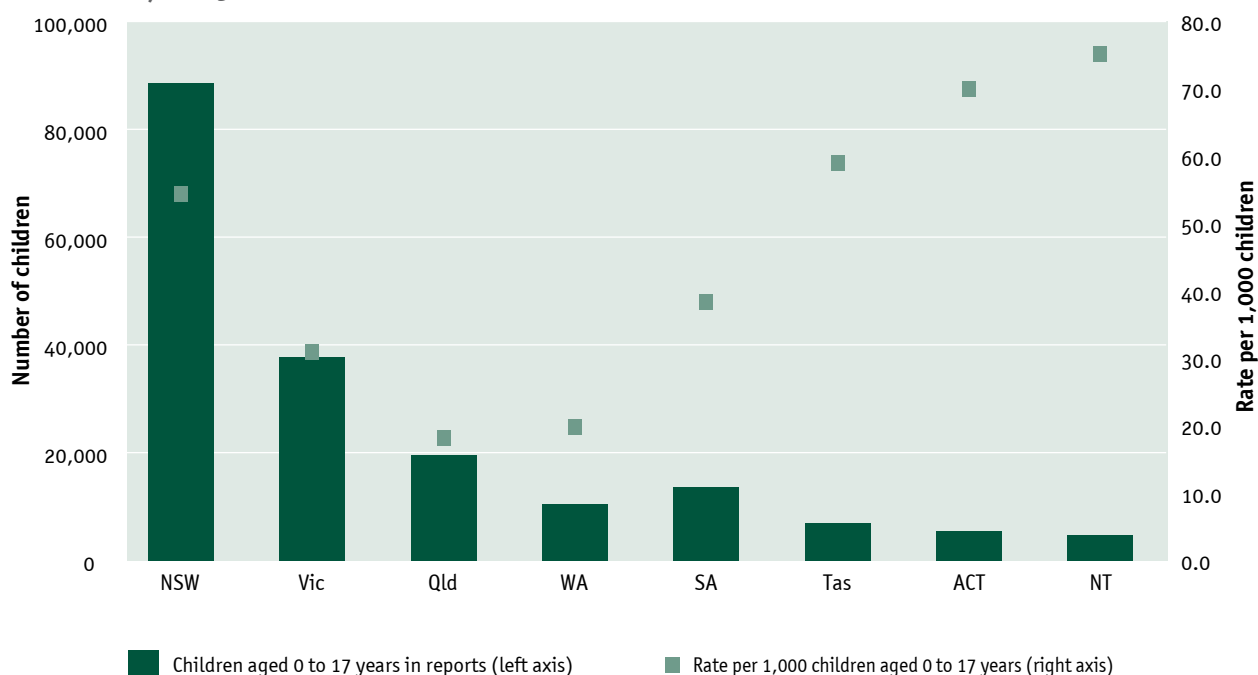
Overall, the survey report found that parent and carer attitudes towards statutory child protection services were mixed, compared with their views about family services. Roughly half believed that the statutory child protection assistance provided had not improved their parenting skills nor the child's health and wellbeing. The other half of respondents, however, thought that the child's wellbeing or health had improved since the provision of statutory child protection services. These latter respondents attributed the positive outcomes for families to the provision of statutory intervention services (Lonne et al. 2011, p. 36).

Response times

For those reports assessed as requiring an immediate response, DHS has internal targets for response times to visit 97 per cent of these cases within two days (DHS 2011j). In 2010-11, performance against this target was 94.1 per cent (DHS 2011b, p. 27).

If a report is not considered urgent, a DHS visit must occur within 14 days (DHS 2011k, advice no. 1172). DHS internally monitors performance against this 14 day requirement for visiting.

Figure 9.18 Children in child protection reports and rates per 1,000 children, states and territories, 2009-10



Source: SCRGSP 2011c, Table 15A.8

DHS advised the Inquiry that, while often cases have been visited within the required timeframe, this may not be recorded accurately or consistently for each sibling within a given family. The standard therefore is used as a management or supervisory mechanism and does not represent an accurate measure of the proportion of cases visited.

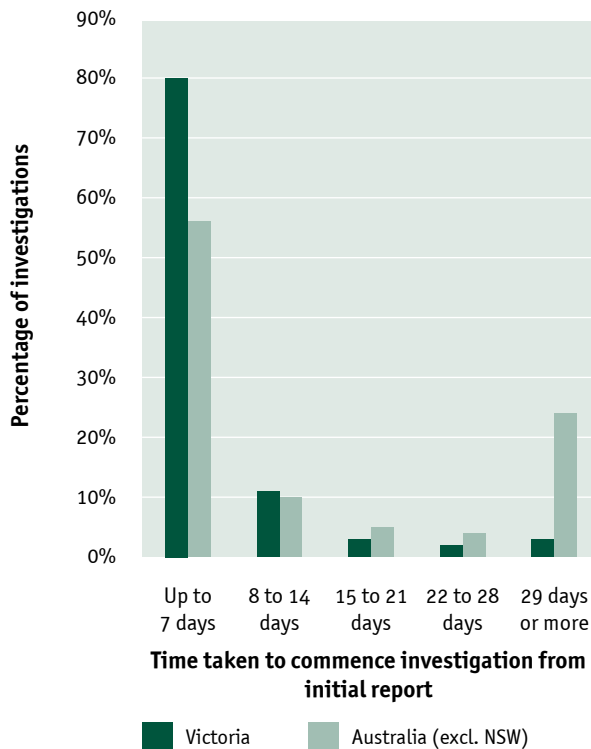
The DHS *Policy and Funding Plan 2010-12* sets a target for the percentage of investigations commencing within 14 days of a report to child protection. This target is 90 per cent.

Time taken to commence an investigation is reported in ROGS, which shows that, in 2009-10, 80 per cent of investigations in Victoria were commenced within seven days of receiving a child protection report and a further 10 per cent between eight and 14 days. It can be seen from Figure 9.19 that Victoria performs well by comparison with the whole of Australia on investigation commencement.

The time taken to complete an investigation is longer in Victoria than for other jurisdictions (see Figure 9.20).

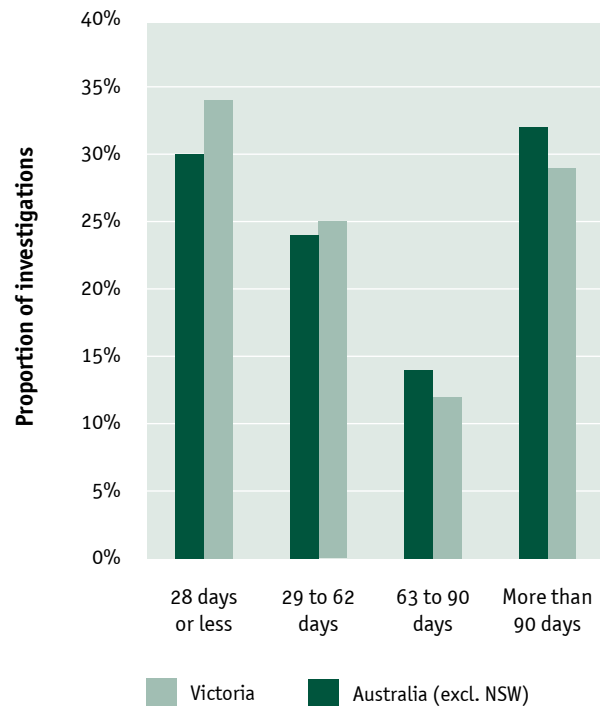
Figure 9.21 shows that the time taken to complete investigations has increased over the three years to 2009-10, with a smaller proportion of investigations completed in 28 days and a larger proportion exceeding 90 days.

Figure 9.19 Child protection reports and time to commence an investigation, Victoria and Australia, 2009-10



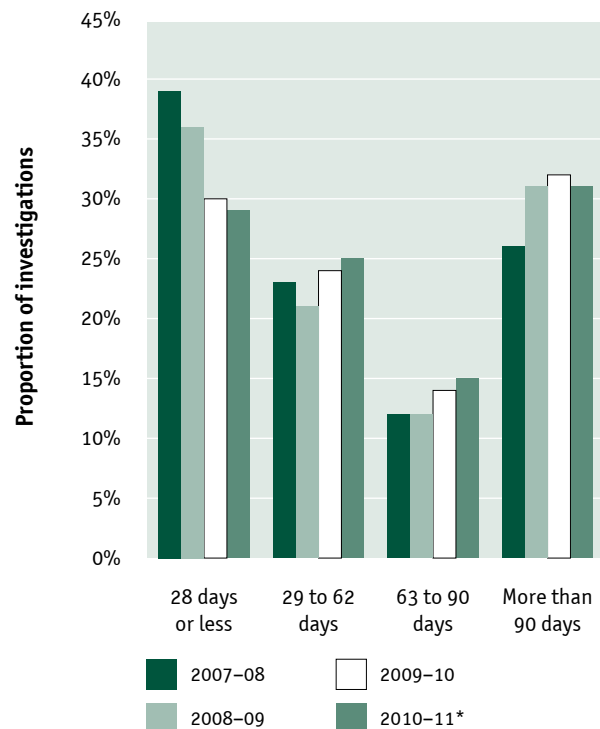
Source: SCRGSP 2011c, Table 15A.14

Figure 9.20 Child protection reports and time to complete an investigation, Victoria and Australia, 2009-10



Source: SCRGSP 2011c, Table 15A.15

Figure 9.21 Child protection reports and time to complete an investigation, Victoria, 2007-08 to 2009-10



Source: SCRGSP 2011c, Table 15A.15

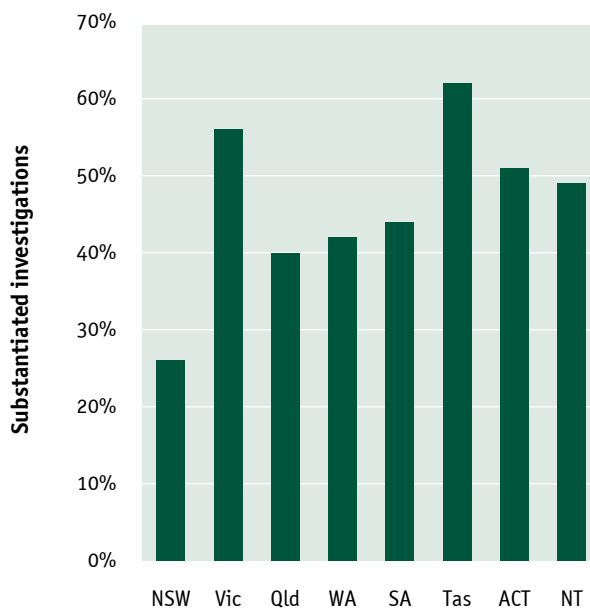
* Provided to the Inquiry by DHS

Substantiation rates

As noted previously, the primary outcome of an investigation is to either substantiate or not substantiate the report of concern. Based on reports received in 2010-11, there were 13,941 investigations, of which 12,979 had been completed when data was provided to the Inquiry. This resulted in an estimated 7,643 substantiations, or a substantiation rate of 59 per cent.

Figure 9.22, which is taken from ROGS, shows substantiations as a proportion of completed investigations in 2009-10. It shows that Victoria had the second highest rate of substantiation of the states and territories, behind Tasmania (note that ROGS shows a slightly higher proportion of substantiations from investigations than DHS data).

Figure 9.22 Child protection substantiation rates, states and territories, 2009-10



Source: SCRGSP 2011c, Table 15A.14

Note: Substantiation rate is calculated as the per cent of investigations that were substantiated

Performance indicators for services provided to children in the protective intervention and order phase

There are some overlaps in relation to the protective intervention and assessment phase and the protective order phase and fewer published performance measures exist for the protective intervention and assessment phase. Figure 9.23, prepared by the Inquiry using information provided by DHS, shows the days between receiving a child protection report and the commencement of the protective intervention and assessment phase. While a large number of cases proceed from report to this phase within a week, 50 per cent take longer than 31 days and 20 per cent take greater than 90 days. Comparative data across Australia is unavailable for these measures.

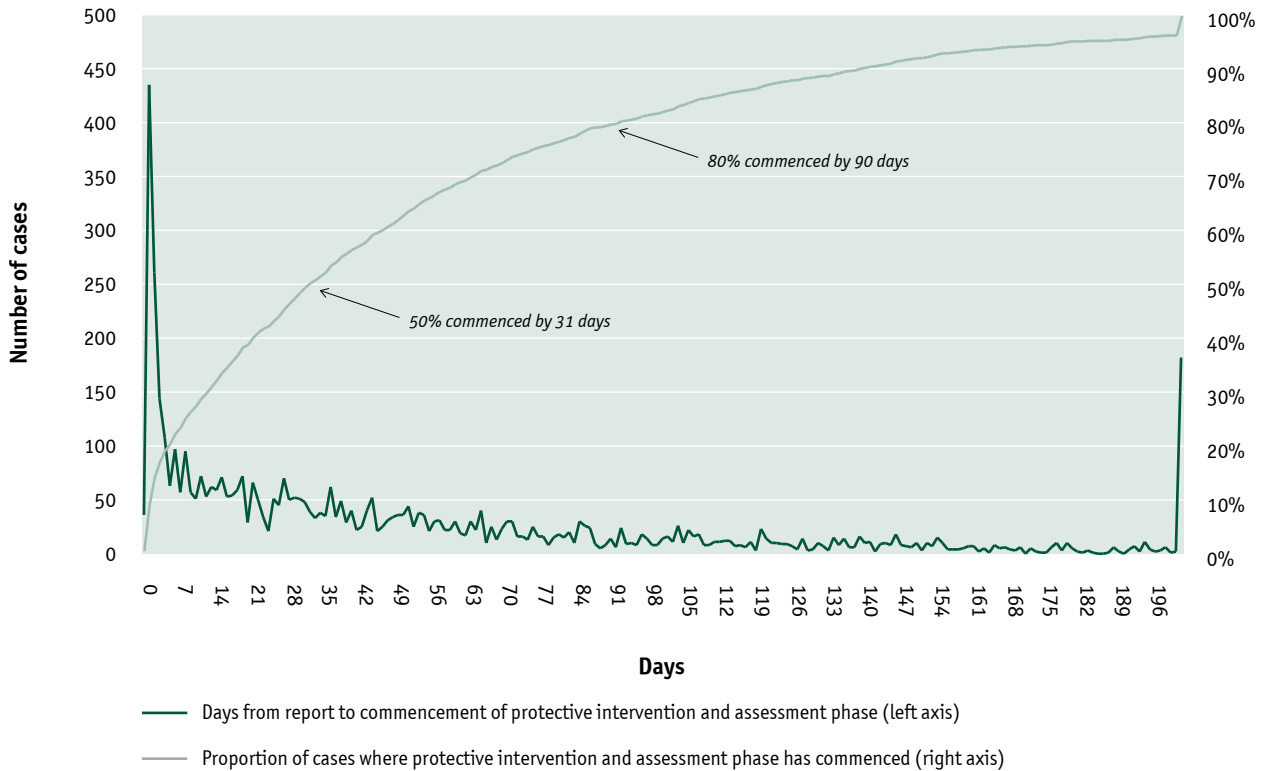
Figure 9.24 shows the time it takes from the date of the report to the conclusion of the protective intervention and assessment phase and the length of that phase. The protective intervention and assessment phase is concluded either with progression to the protective order phase or case closure. This is the case within 90 days for around a quarter of cases, while just under half of cases remain in the phase after 150 days after the date of the report. Comparative data across Australia is also unavailable for this analysis.

As noted previously, the number of children on care and protection orders has increased in Victoria over the past decade. Despite this Victoria still has the lowest rate of children on these orders per capita, as shown in Figure 9.25.

There are few other measures of system performance in terms of orders. ROGS has previously included measures of the educational outcomes for children on guardianship or custody orders, in terms of reading and numeracy. This information was published for school years three, five and seven, but has not been reported since 2006.

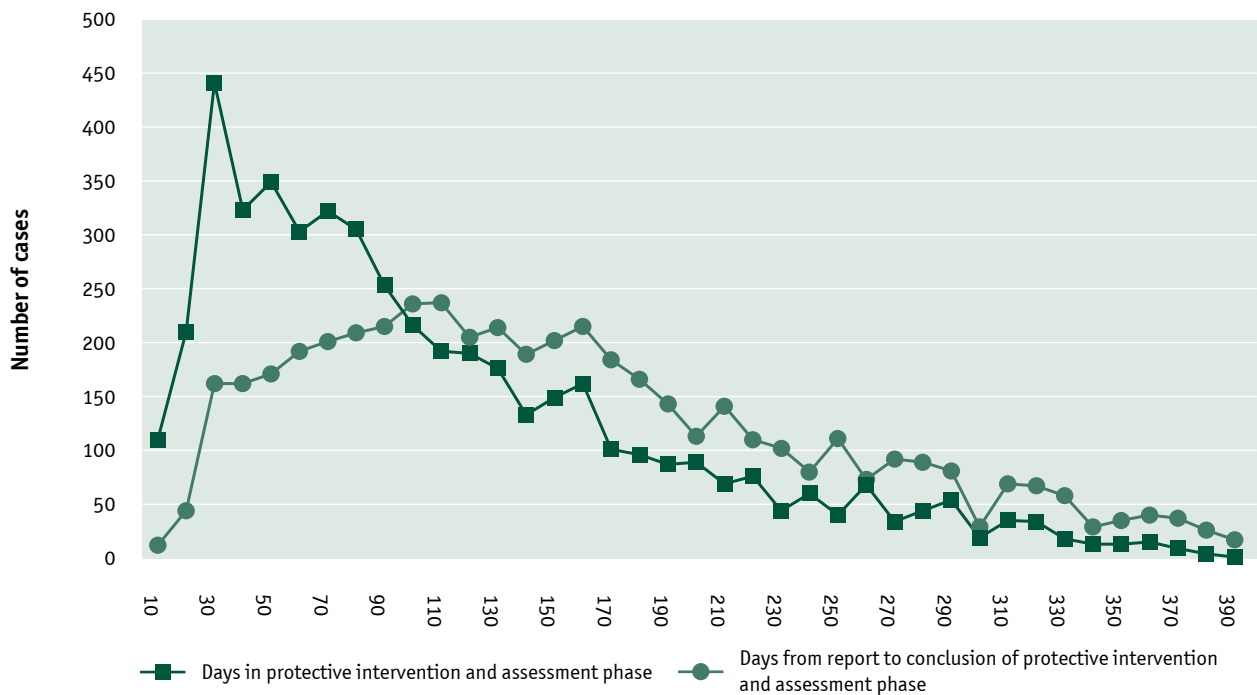
The remaining performance measures relating to this phase typically relate to children in out-of-home care. These are discussed in Chapters 10 and 11.

Figure 9.23 Child protection reports: days from receipt of report to commencement of protective intervention and assessment, Victoria, 2009-10

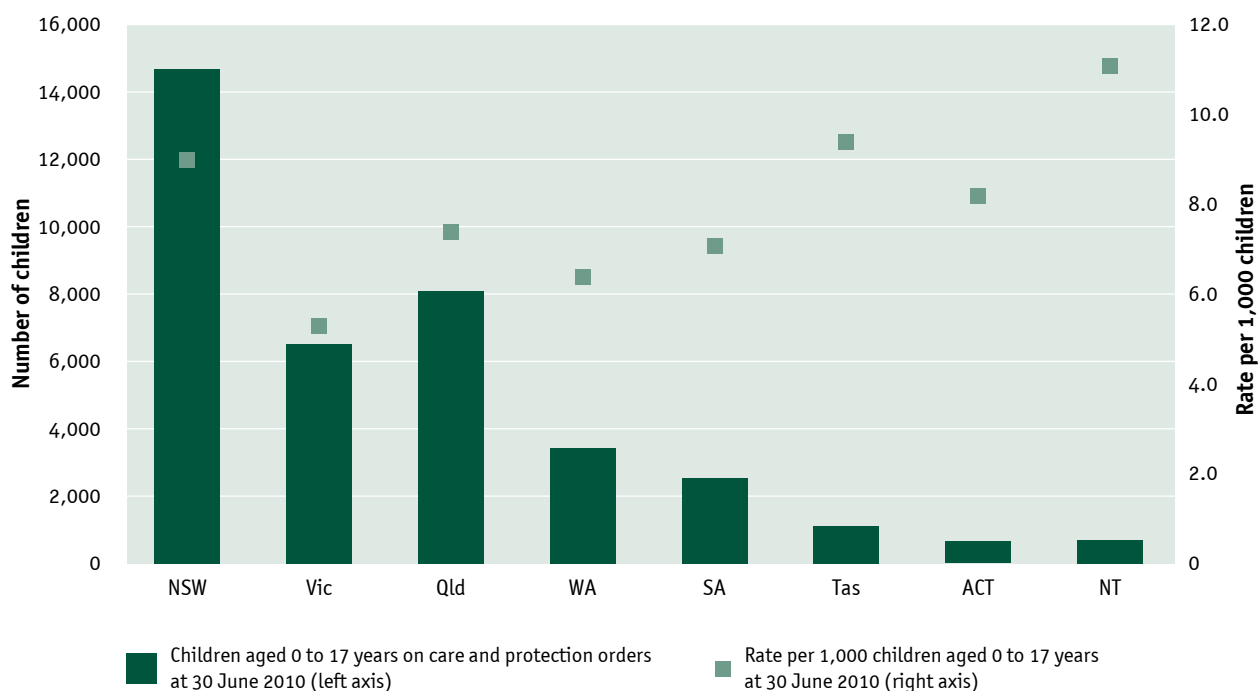


Source: Inquiry analysis of information provided by DHS

Figure 9.24 Child protection reports: days from receipt of report to conclusion of protective intervention and assessment phase and days in protective intervention and assessment phase, Victoria, 2009-10



Source: Inquiry analysis of information provided by DHS

Figure 9.25 Children on care and protection orders, number and rate per 1,000 children, states and territories, 2009-10

Source: SCRGSP 2011c, Table 15A.8

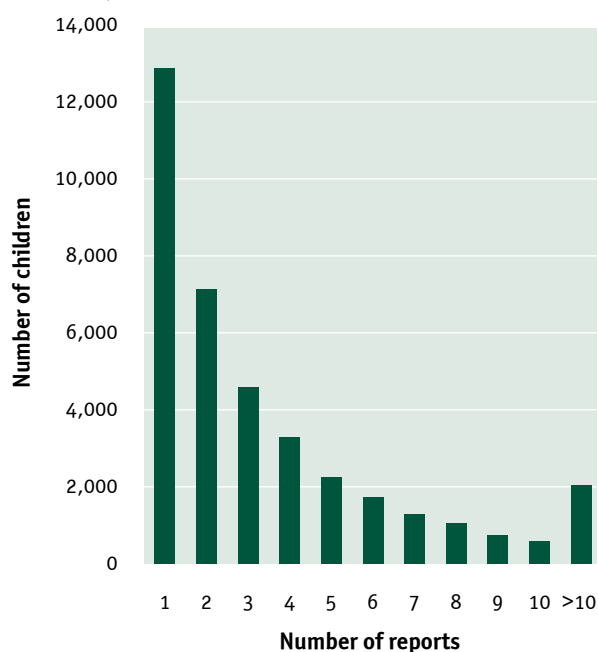
9.4.2 Outcomes measures

The national performance indicator framework measures outcomes through improved safety for children. The incidence of children coming back into contact with statutory child protection services is a proxy for improved safety as there are no direct measures of the incidence of child abuse and neglect.

Measuring a child's return to the statutory system can be addressed in two ways. The first is whether a child has presented multiple times to DHS over the course of their life, that is, covering from 0 to 18 years of age. The second method is more concerned with the proximity of the interactions of the child presenting to DHS, that is, measuring whether a child has been re-reported or re-substantiated within a three or 12 month period of the previous time they were in contact with statutory child protection services.

Re-reporting trends

There is evidence that a significant proportion of children are the subject of repeated reports to DHS over a sustained period of time. Figure 9.26 shows the reporting history of children at a point in time, for whom reports were made in 2009-10. Two thirds of these children have been the subject of multiple reports and a significant number of children have been the subject of a very large number of reports, with more than 2,000 children having been the subject of more than 10 reports to child protection intake over their lifetime.

Figure 9.26 Children in child protection reports in 2009-10, by number of reports to date, Victoria

Source: Inquiry analysis of information provided by DHS

Figure 9.27 shows the re-reporting rate over time for statutory child protection services. These reports cover a child's reporting history from 0 to 18 years of age.

Resubstantiation trends

Substantiation trends are considered in two contexts:

- The number of substantiations that occur after DHS has previously investigated a child or young person and made a decision not to substantiate; and
- The number of substantiations that occur after a substantiation of harm has previously been found for a child or young person.

Previous decisions not to substantiate

In relation to decisions not to substantiate, the subsequent substantiation rate within 12 months has decreased significantly over time and sits currently at around 10 per cent. This suggests that statutory child protection is more effectively identifying cases of abuse and neglect.

The Victorian Budget sets targets for DHS concerning where children were previously the subject of a decision not to substantiate. DHS has a target of 5 per cent for the number of those children who are then subsequently the subject of a substantiation within three months of their case being closed.

In 2010-11 DHS bettered this target, with 2.29 per cent of these cases re-substantiated within three months (DHS 2011b, p. 27).

Figure 9.27 illustrates, while the re-reporting rate has increased since 2004-05, the proportion of reports that are re-reports in 2011 (as against new reports) is largely the same as it was in 2004-05; around 64 per cent of total reports are re-reports.

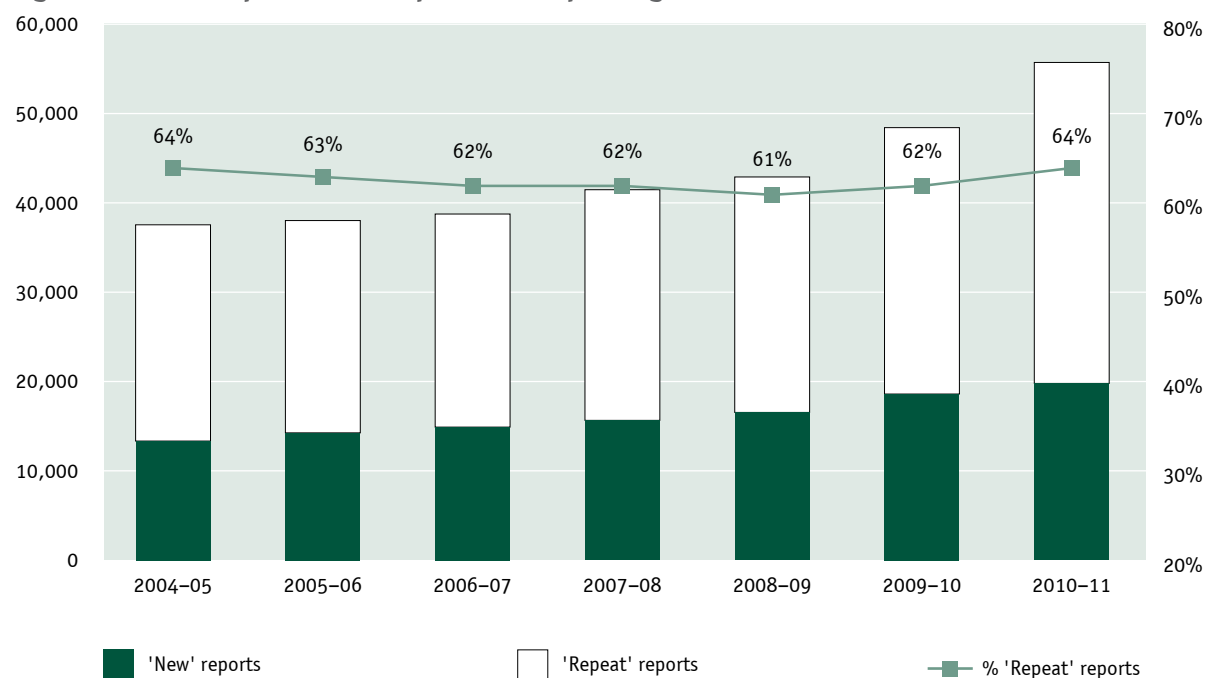
While rates of substantiations after a decision not to substantiate have generally been decreasing in Victoria over recent years, in 2008-09 Victoria had a greater number of substantiations within 12 months of a decision not to substantiate than Queensland and Western Australia, and a lower rate than in the remaining jurisdictions (see Figures 9.28 and 9.29).

Substantiations after a previous substantiation of harm has been found

A more complex picture emerges with resubstantiation patterns after substantiations have previously been found. As can be seen from Figure 9.30, once a child has been the subject of a previous substantiation, the resubstantiation rate rose in 2008-09.

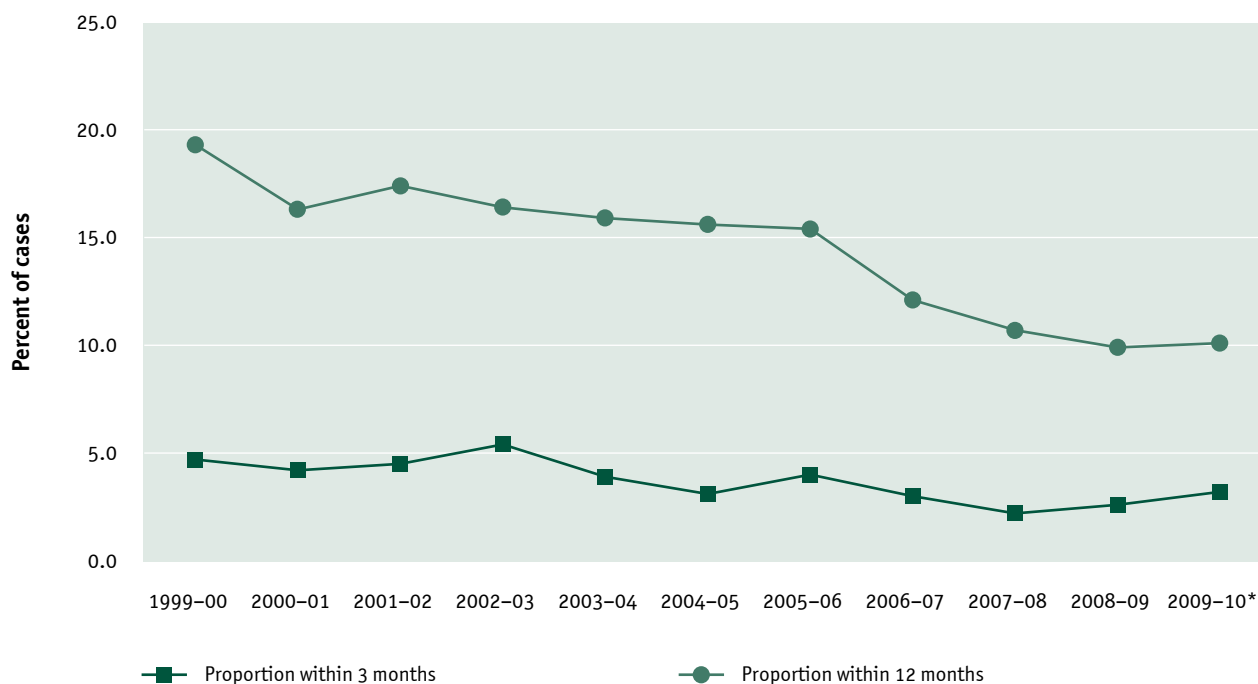
The Victorian Budget has a target of 15 per cent for protective cases being re-substantiated within 12 months of case closure. DHS bettered this target in 2010-11, with 10.3 per cent of cases re-substantiated (DHS 2011b, p. 27). Figure 9.31 illustrates how Victoria performs comparatively well in this measure by comparison with other jurisdictions.

Figure 9.27 Child protection reports: re-reporting rate, Victoria, 2004-05 to 2010-11



Source: Information provided by DHS

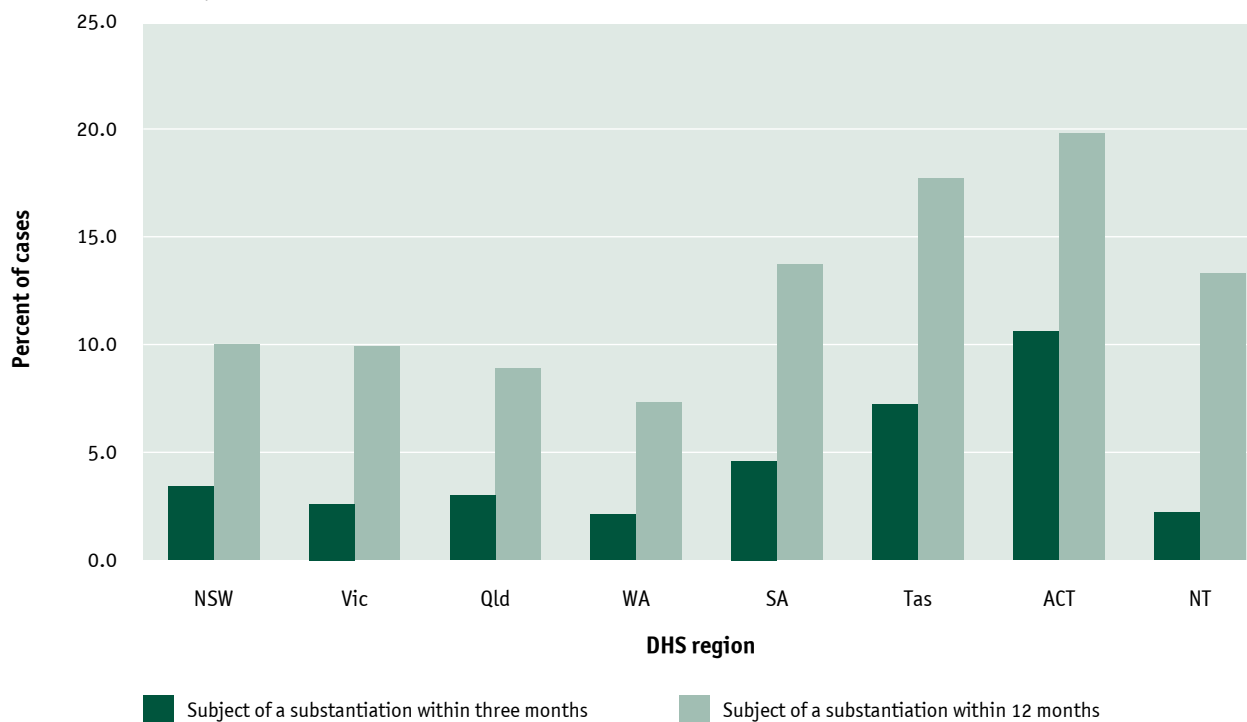
Figure 9.28 Child protection substantiation rates 3 months and 12 months after a decision not to substantiate, Victoria, 1999-00 to 2009-10



Source: SCRGSP 2011c, Table 15A.56

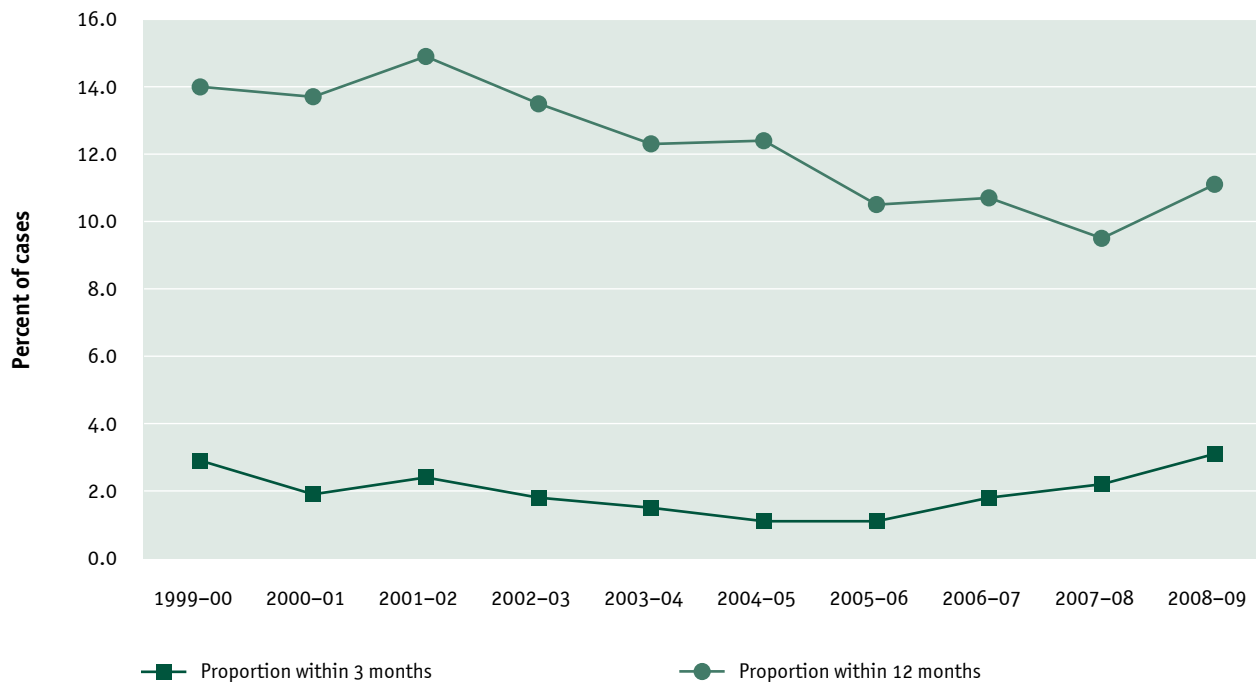
* Provided by DHS

Figure 9.29 Child protection substantiation rates after a decision not to substantiate, states and territories, 2008-09



Source: SCRGSP 2011c, Table 15A.9

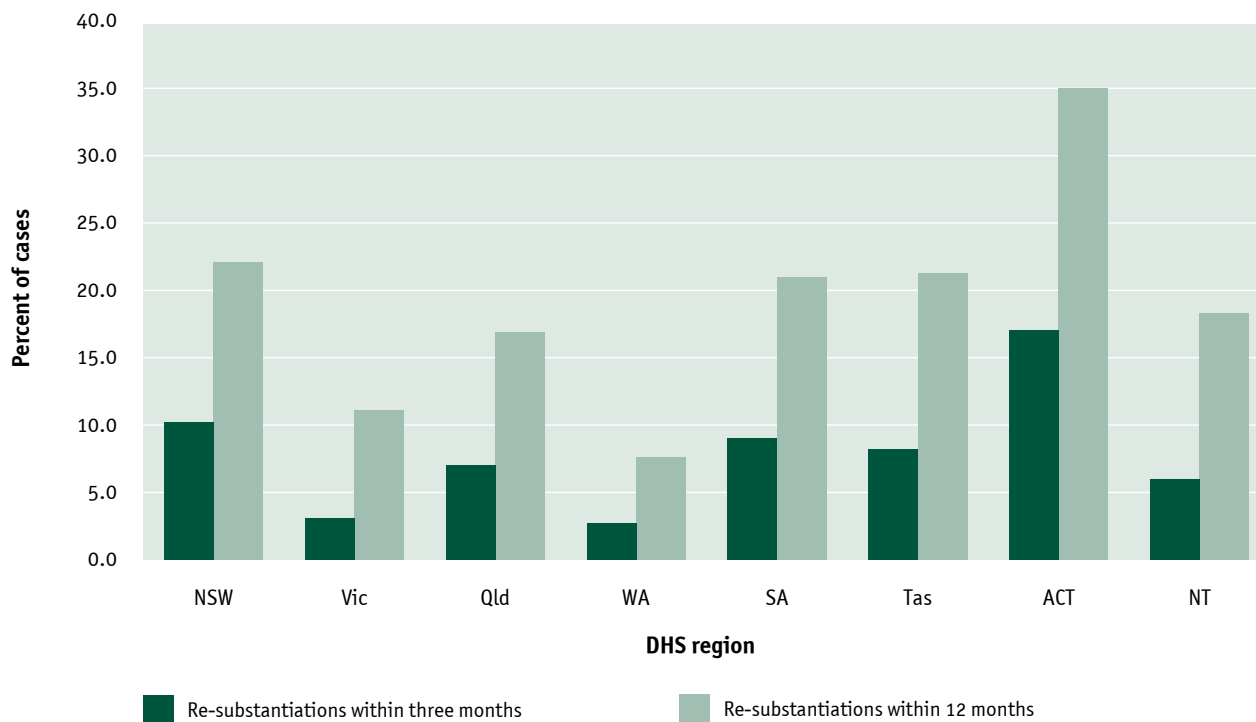
Figure 9.30 Child protection resubstantiation rates within 3 and 12 months of substantiation, Victoria, 1999-00 to 2008-09



Source: SCRGSP 2011c, Table 15A.55

Note: DHS have advised that a counting rule error has affected the resubstantiation rates presented in this chart. Accordingly, only published ROGS data has been presented. DHS is revising its resubstantiation calculations; however, these revisions will not be prepared in time for the ROGS 2012 publication.

Figure 9.31 Child protection resubstantiation rates within 3 and 12 months of substantiation, states and territories, 2008-09



Source: SCRGSP 2011c, Table 15A.9

Children who were the subject of multiple reports have similarly often been the subject of multiple substantiations. For the 37,500 children who were the subject of a child protection report in 2009-10, just under 6,000 have been the subject of more than one substantiation (see Figure 9.32).

Also concerning, is the Inquiry's analysis of the number of substantiations that a child is likely to have over their lifetime. The Inquiry examined the substantiation history of children for whom abuse had been substantiated in 2009-10. Table 9.3 shows previous statutory child protection interactions for children who were aged five, 10 and 15 at the time of their latest substantiation in 2009-10.

Table 9.3 shows, around half of these children for whom substantiated abuse was found in 2009-10 have been involved in multiple substantiations. Often there are many years between these incidents. Figures 9.33–9.35 show the proportion of these children for whom substantiated abuse was first found at an earlier age. Regardless of the age of the child in 2009-10, there was a significant proportion of children for whom substantiated abuse was first found when they were very young children, many years before abuse was again substantiated in 2009-10.

Other measures

The *DHS Annual Report 2010-2011* publishes information about two specific measures:

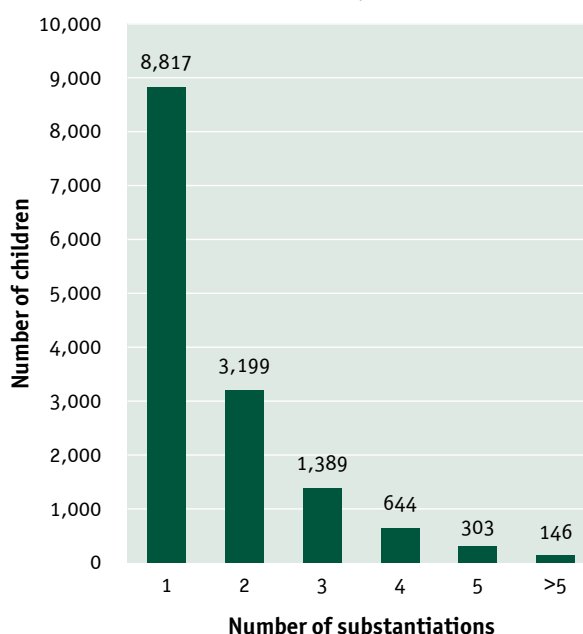
- Child protection practitioners receiving regular supervision (which was 81 per cent in 2010-11); and
- Unallocated cases (which was 7.8 per cent at June 2011) (DHS 2011b, p. 60).

Supervision rates are a quality control mechanism used by DHS to monitor child protection practice. Supervision is particularly important in the child protection setting due to the significant uncertainty that practitioners have to grapple with when they make decisions about the risk of harm to a child.

The unallocated cases measure (along with other indicators) was used by the Victorian Ombudsman to assess the effectiveness of statutory child protection services. The Ombudsman's reports are considered next.

These patterns of re-reporting and resubstantiation are examined in further detail in section 9.5 of this chapter in relation to capacity constraints affecting the provision of statutory services.

Figure 9.32 Children in child protection substantiations in 2009-10, by number of substantiations to date, Victoria



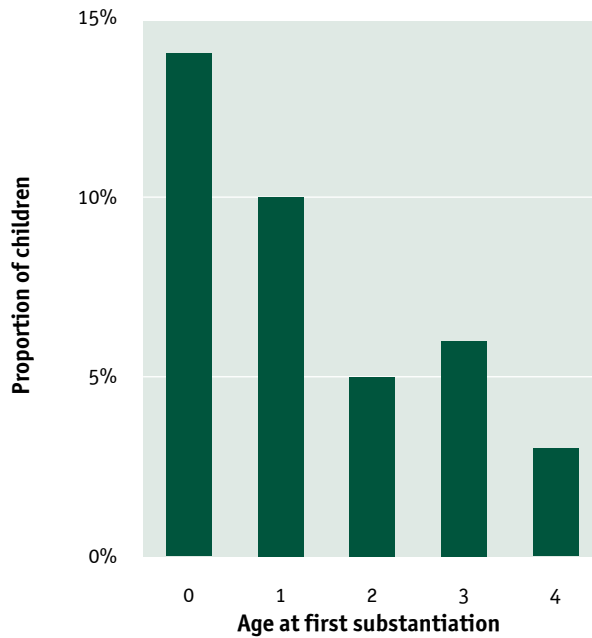
Source: Inquiry analysis of information provided by DHS

Table 9.3 Analysis of substantiated child abuse and neglect, by selected ages, Victoria, 2009-10

Age at time of substantiation in 2009-10	5	10	15
Number of children	316	301	348
% children with multiple substantiations	48%	48%	49%
% children with >3 substantiations	7%	15%	13%

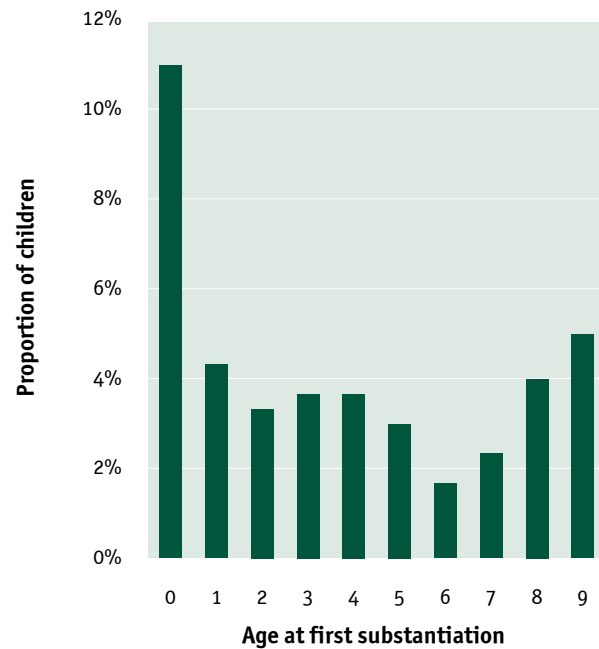
Source: Inquiry analysis of information provided by DHS

Figure 9.33 Five year old children with child protection substantiations in 2009–10 and prior substantiations, by age of first substantiation, Victoria



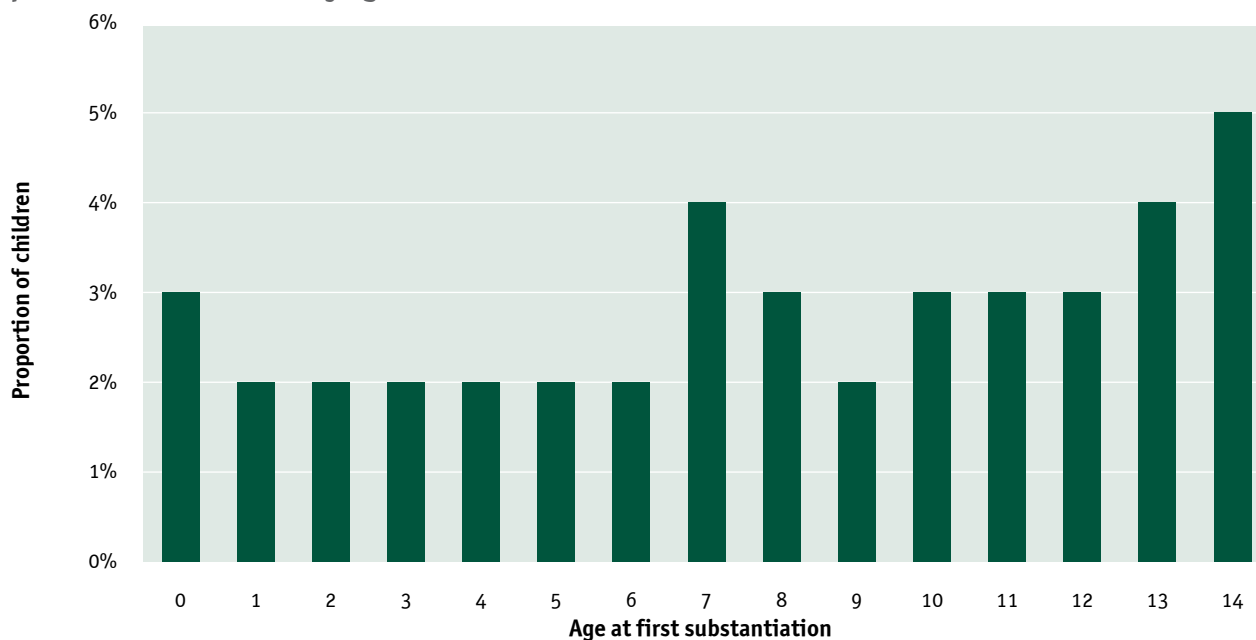
Source: Inquiry analysis of information provided by DHS

Figure 9.34 Ten year old children with child protection substantiations in 2009–10 and prior substantiations, by age of first substantiation, Victoria



Source: Inquiry analysis of information provided by DHS

Figure 9.35 Fifteen year old children with child protection substantiations in 2009–10 and prior substantiations, by age of first substantiation, Victoria



Source: Inquiry analysis of information provided by DHS

9.4.3 *Reports by the Victorian Ombudsman*

The Victorian Ombudsman's investigations into the system for protecting Victoria's vulnerable children are discussed in detail in Chapter 4. This section highlights the Ombudsman's key findings in relation to the performance of the child protection program.

In his 2009 report into the child protection program, the Ombudsman found that 'the system is struggling to meet its operational responsibilities' and that some regions in particular seemed to be operating under serious pressure (Victorian Ombudsman 2009, p. 9). The report highlighted a number of performance issues arising from the provision of statutory child protection services including:

- Resource constraints for DHS affecting the quality of services, for example, the timeliness of response to an allegation of abuse or neglect, or addressing cumulative harm caused to children and young people;
- The rate of unallocated cases where child protection practitioners are not allocated responsibility for addressing a vulnerable child or young person's needs, particularly in regions such as Gippsland;
- The threshold of harm for risk of abuse or neglect to children being applied variably across Victoria;
- Functionality problems surrounding the rollout of the CRIS information technology system; and
- Issues with the recruitment and retention of child protection practitioners resulting in vacancies and inexperienced staff (Victorian Ombudsman 2009, pp. 9-18).

The Ombudsman also commented on the size and complexity of DHS' responsibilities, querying the complex web of communication pathways created by lines of reporting from the level of a child protection practitioner to the Secretary (Victorian Ombudsman 2009, pp. 110-112).

In his 2011 report on statutory child protection services delivered in the Loddon Mallee region in Victoria, the Ombudsman made several findings about the efficacy of child protection intake, including:

- Failures to protect children at risk;
- The pursuit of numerical targets overshadowing the interests of children;
- A practice of providing the minimum possible response to child protection reports that can be justified; and
- Poor record-keeping.

The Ombudsman's findings suggest the number of investigations carried out by DHS should have increased in line with the increase in the number of reports received during 2010-11. The report reflects on the Ombudsman's previous report from 2009 and argues that independent scrutiny of the thresholds applied by DHS when deciding which reports to investigate should be present.

Other issues highlighted by the report include:

- Premature closing of cases with poorly documented risk assessment and reasons for the decision not to complete an investigation of a report;
- Inappropriate case allocation practices to staff on leave or whose normal duties should not have included being allocated cases (for example, specialist child protection practitioners, supervisors or managers); and
- The influence of using snapshot data at a point in time on case closure decisions and unallocated case trend data.

The Ombudsman expressed concern that higher thresholds for investigations may be applying more broadly in Victoria because the proportion of reports investigated was lower during 2010-11 than it was in 2009-10. The Ombudsman also noted that the number of repeat reports has increased across Victoria during the past two years. No further data as to the outcomes for those children re-investigated or re-substantiated was examined by the Ombudsman.

9.4.4 *Victorian Child Death Review Committee*

The role of the Victorian Child Death Review Committee (VCDRC) is described in Chapters 4 and Chapter 21. Chapter 4 also describes the extent to which child deaths in Victoria have involved children known to DHS statutory child protection services.

The VCDRC advised the Inquiry that practice and service delivery issues consistently identified in child death inquiry reports included:

- Problems with assessment, information gathering and analysis by child protection practitioners, including where information is not routinely being sought from important universal services; and
- The need for more effective communication and collaboration between child protection statutory services and other services including re-invigorating case conferencing as a basic working together mechanism (VCDRC submission, p. 23).

The VCDRC does not express an opinion about the factors leading to a child's death nor does it determine culpability. Responsibility for these matters rests with the State Coroner.

9.5 Statutory child protection services: major issues

Based on the Inquiry's analysis of the performance of the statutory child protection service and also drawing on the input received through submissions, there are three major issues that need to be addressed. These issues are:

- The question of whether statutory child protection services are sufficiently resourced to intervene when required to protect vulnerable children and young people, given:
 - the changing nature of child protection reports and increasing knowledge about the risk factors likely to give rise to child abuse and neglect;
 - the continuing rise in reports to statutory child protection services and expectations that these reports will be managed appropriately;
- The efficiency and effectiveness of child protection practice, encompassing a range of issues arising from re-reporting and resubstantiation trends but also recognising some children and families are clients of both statutory child protection services and family support services; and
- Once a child has been brought into the statutory child protection system, the need to improve stability in placements for vulnerable children and young people, to avoid causing further harm and trauma.

9.5.1 Statutory intervention capacity

While the Inquiry has recommended increasing the level of funding to meet the needs of Victoria's child protection system, it recognises that as with any other area of government service delivery, statutory child protection services will always be operating in an environment of resource constraints. Ideally, the amount of statutory child protection services provided would be directly tied to the prevalence of child abuse and neglect occurring in Victorian communities. However, in the real world in which Victoria's statutory child protection system operates, it is almost impossible to construct such an approach as there are no precise measures of the prevalence of child abuse and neglect. It is very difficult to determine likely future demand for statutory child protection services, particularly given the constantly changing views within society about what might constitute child abuse and neglect.

This dilemma is exacerbated because the increase in the number of child protection reports is not a direct representation of the increase in prevalence of child abuse or neglect. This is because reports today cover a much broader range of child and family

welfare and safety issues than they did previously (for example, the concept of cumulative harm was not necessarily recognised or understood in the past but is increasingly being identified as a particular risk factor for some children and young people). The expanded scope of reports reflects society's broadened understanding of vulnerability and what places a child at risk of harm. Advances in scientific knowledge about the impact of child development on brain functioning combined with legislative changes widening the grounds for statutory intervention have inevitably affected the nature of child protection reporting, and therefore the level of resources that Victoria needs to dedicate to its statutory child protection and related services.

As a result of these changes, the scope of a report to Victoria's statutory child protection authorities has progressively widened from covering emergency, episodic issues to also encompassing a broad range of issues faced by chronically vulnerable families. Such increased awareness of vulnerability and child abuse and neglect in our society has led to an increased willingness by professions and individuals to express concern about risks to a vulnerable child or young person's wellbeing by making a report to statutory child protection. As a result, Victoria's child protection intake now receives a significant number of reports each year. In 2011 the number of reports to Victoria's statutory child protection intake was around 55,000 and growing.

Many submissions commented on the growth in child protection reports (for example The Salvation Army submission, p. 22 and the Anglicare Victoria submission, p. 10).

The significant number of reports received by child protection intake has an inevitable impact on the nature and delivery of statutory services. To cope with this unpredictable, changing and increasing demand, significant resources within statutory child protection must inevitably be directed towards creating a sophisticated set of screening processes at intake to enable the best possible assessment of risk and a prioritisation of the increasing number of cases which are being brought to the attention of statutory child protection services. The inevitable consequence of the constant and significant increase in the number of reports is that the structure, focus, and allocation of resources within Victoria's statutory child protection services are increasingly being driven by the need to cope with assessments of this increasing number of reports. This means there is an inevitable reduction in focus on other vital functions such as prevention and early intervention with vulnerable children and their families.

Decision making for statutory intervention

Statutory child protection services must consider and assess every report that raises concerns about children and young people. This is the role of the intake team. In doing so, DHS considers the appropriate service response for each report and determines whether or not it has reached the threshold of risk of significant harm for a particular child that requires a statutory response and investigation. As can be seen from the outcomes of reports illustrated above at Table 9.1, the majority of these reports, when investigated by DHS, are not deemed to meet the current statutory threshold for further action by DHS, which is defined as 'of immediate risk to the harm or safety for a child'.

The formal statutory threshold that must be reached before a child protection practitioner can decide that some form of statutory intervention response is required is that there must be a risk of 'significant harm' to the child or young person who is the subject of the report (s. 162, CYF Act). The CYF Act requires that government will only use statutory investigatory powers to monitor parental capacity when it is absolutely necessary to ensure a child or young person's wellbeing and safety. If a report does not concern a risk of significant harm, then DHS either takes no action if this is appropriate, or refers the family concerned to a relevant support service if this is more appropriate.

Victoria's statutory child protection services, like those elsewhere, must therefore address an inherent tension arising from the broadened community view of what places a child at risk of significant harm:

They get criticised for not doing enough to protect some children, whilst at the same time being criticised for being too intrusive or not managing demand (Mansell et al. 2011, p. 2,076).

Comments made by submissions to the Inquiry illustrate this tension.

The CatholicCare submission argued that statutory child protection services are at times too focused on reducing the number of reports at the expense of undertaking sufficient investigations that could avert a later escalation. CatholicCare argued that the system should be broadened to encourage and promote help-seeking by parents to enable greater early intervention and prevention through non-statutory support (CatholicCare submission, pp. 9-10).

The Australian Childhood Foundation submission argued that the threshold of harm a child must suffer before statutory action is initiated is too high and that there was a decision-making culture that prioritises diverting reports away from statutory child protection when it is not appropriate to do so (pp. 1, 5).

Other submissions argued there is confusion over where reports should be directed and that there was a poor understanding of the differences between statutory and voluntary services, and which course was the most appropriate for different situations (FamilyCare, p. 12; Australian Childhood Foundation, p. 3).

The tension in the scope and direction of statutory child protection services is exacerbated by the very nature of the task of assessing risk in dynamic and fluid family situations. Even though a high-quality professional decision made by a highly qualified professional might determine that the probability of significant harm for a child in their birth family is low, low probability events, such as child deaths, do happen (Munro 2010, p. 21). Even with the most conservative decision making thresholds in place, child protection statutory services would not be able to prevent the death of every single vulnerable child or young person in society. Indeed, child deaths occur in families with no known history of child abuse or neglect.

A critical factor affecting DHS' decision-making practices about whether some form of intervention is required is the known occurrence of false-positive and false-negative results for protective risk assessment. 'False-positive' risk assessments occur when DHS, for a number of reasons, over-estimates the risk presenting for a particular child or young person and unnecessarily responds with statutory intervention when this is not required for a given family situation. A 'false-negative' assessment occurs when DHS under-estimates the risk presenting for a given report and fails to detect the risk of significant harm of abuse or neglect. As Munro has observed, changing decision-making practices with the objective of reducing false positive assessments will inevitably increase the rate of false negative assessments and vice versa, other things being equal (Munro 2010, p. 21). The two assessment errors are inextricably linked; if a low threshold has been set for intervention, then a high rate of false positives will occur. Conversely a high threshold for intervention will see a higher number of false negatives, or missed cases of significant risk (Munro 2010, p. 22).

Measures of effective statutory intervention

In addition to trying to design a statutory child protection system that has a sophisticated and effective method of determining the likely risk to a child of child abuse or neglect, it is important to determine if the statutory child protection system is effective in meeting its goals. In order to determine whether Victoria's statutory child protection service is meeting its goals and if it is constrained by insufficient capacity or resourcing, the performance of these services must be evaluated against a view, or value statement, as to what their objective is. As noted in Chapter 4 and captured by the Inquiry's Terms of Reference – the key objective of Victoria's system for protecting children is reducing the incidence and negative impact of child abuse and neglect.

The question of whether the right level of statutory child protection services are being provided to the Victorian community requires a judgment as to what is the most effective means of achieving this objective.

Assessing the performance of the statutory child protection system is a complex exercise. This is because of the inherent nature of statutory child protection services as an interconnected chain of activity flowing from intake through to investigation, protective intervention and assessment, protective orders and, ultimately, placement of children in out-of-home care. Resources and demand are distributed

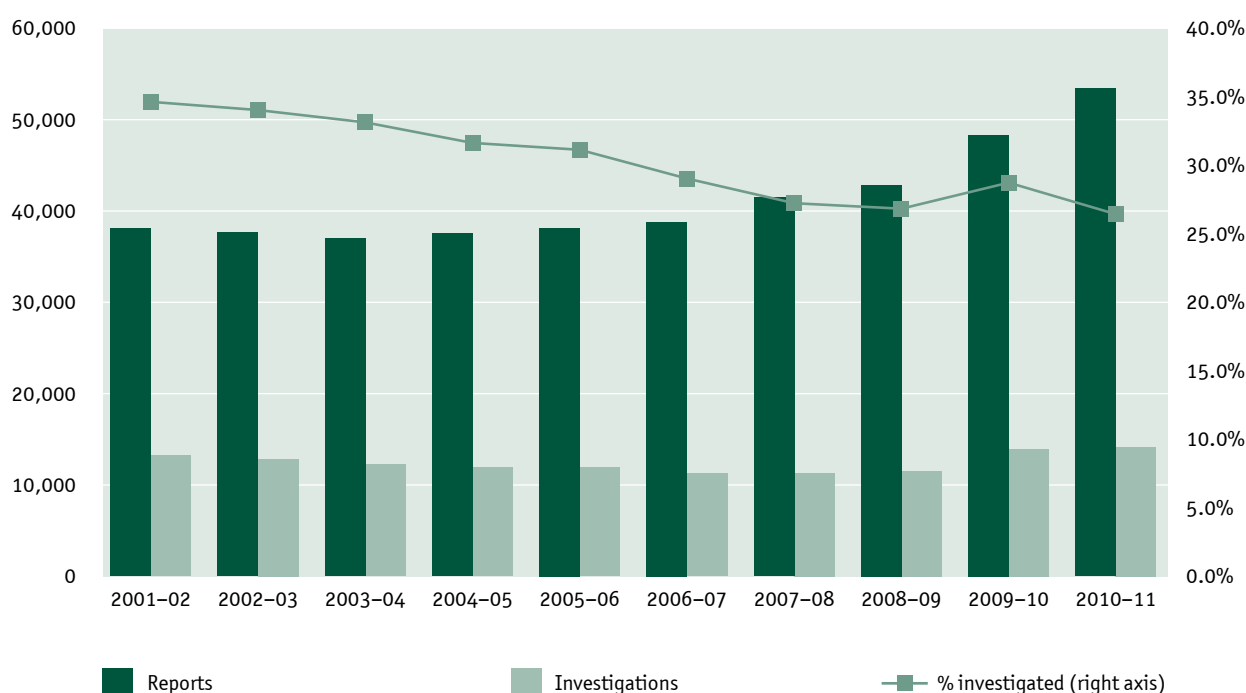
throughout this chain. Significantly, statutory child protection services on their own have only a limited ability to affect the fundamental underlying risk factors for child abuse and neglect.

However, even though it is difficult to assess the performance of statutory child protection systems, it is important that these assessments be done. The following data provides a partial picture of Victoria's statutory child protection systems, performance and capacity.

Proportion of investigations carried out on reports

As can be seen in Figure 9.36, while reports have risen, the proportion of investigation to reports has declined. The Ombudsman was particularly concerned about the proportion of investigations carried out in Loddon Mallee, arguing that the failure to increase the number of investigations in line with the number of reports received carried a significant risk that vulnerable children may be left in unsafe circumstances. The Ombudsman quoted the Secretary of DHS' advice in relation to implementation of his 2009 report: 'With a continued growth in reports, the investigation rate is likely to come under further pressure as the capacity of the child protection program to investigate reports is finite' (Victorian Ombudsman 2011d, pp. 24-25).

Figure 9.36 Child protection reports, investigations and investigation rate, Victoria, 2001-02 to 2010-11



Source: Inquiry analysis of information provided by DHS

Note: Investigation rate refers to the percentage of reports investigated

Staffing, case carrying loads and unallocated cases

The number of child protection practitioners has increased in recent years, although the proportion of case-carrying workers has declined slightly (see Figure 9.37). This could be possible due to the increase in staffing numbers mainly affecting CPW1s and specialist workers who do not normally carry cases.

Although there are now 20 per cent more reports per child protection practitioner than there were five years ago, the number of annual investigations per worker is relatively unchanged and average case loads have declined since 2009 (see Figure 9.38).

Since 2009, the variation in caseloads by region appears to be reducing. Also since 2009, the number of unallocated cases has more than halved and regional variance has dramatically decreased (see Figure 9.39).

Evidence of changes in the nature and effort involved for cases is apparent from the change in the number of open cases being dealt with by child protection practitioners. There were 41 per cent more open cases in 2010-11 than there were in 2005-06.

In addition, analysis of children who were the subject of a report in 2009-10 reveals that, in relation to time spent by cases in the different phases:

- While a large number of cases proceed from report to protective intervention and assessment within a week, 50 per cent take longer than 31 days and 20 per cent take more than 90 days; and
- Just under half of cases remained in the protective intervention and assessment phase after 150 days of the date of the report.

Complexity of cases receiving statutory child protection services

In summary, the data on statutory activity indicates that:

- While reports have increased over time, the rate of investigations conducted has not (Figure 9.36);
- Average caseloads have decreased for staff (Figure 9.38);
- Unallocated cases have decreased (Figure 9.39); and
- The total number of open cases has increased (Figure 9.40).

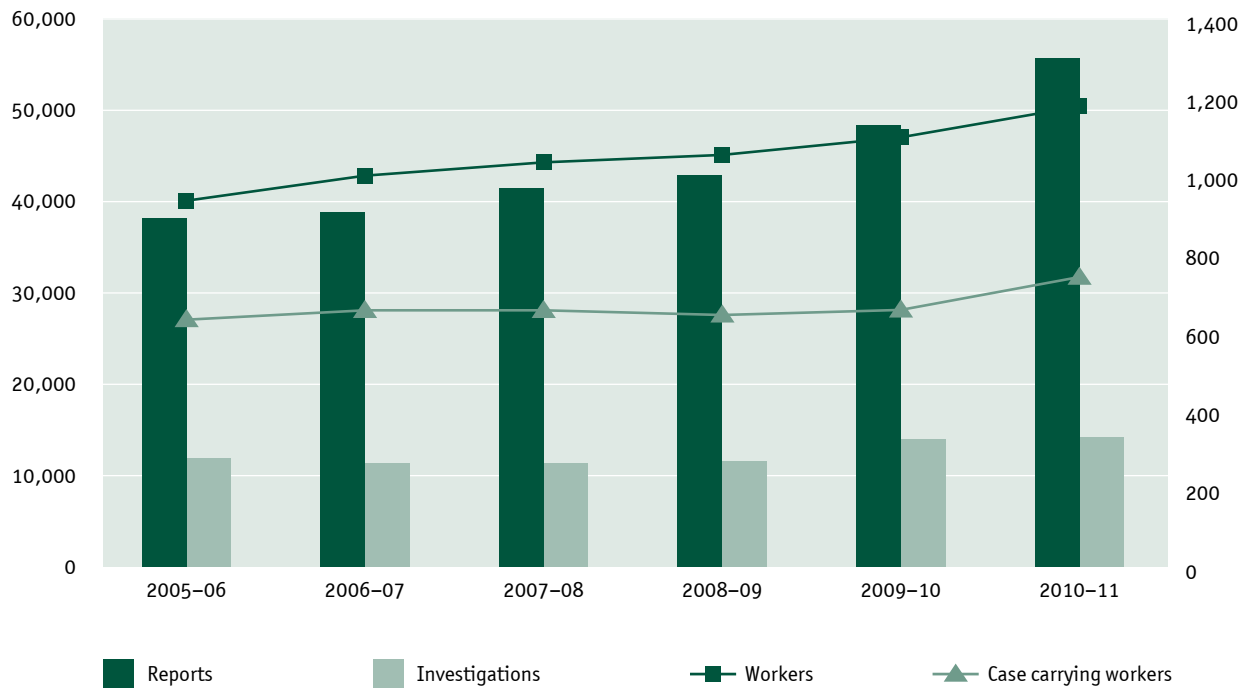
The Inquiry is concerned that statutory child protection services should be undertaking an appropriate rate of investigations based on the best interests of children and their safety. On the face of it, it could be assumed that an increase in reports would lead to an increased rate of investigations. However, the appropriateness of investigations undertaken is inextricably linked to an assessment of the circumstances of each child or young person. To arrive at a view about the appropriate level of investigations, the Inquiry has sought to understand why DHS decides to investigate some cases and not others. Two primary drivers for statutory child protection investigation decision making are case complexity and workload pressures.

Significant data limitations have meant that the Inquiry is unable to arrive at a precise view about the complexity of statutory child protection cases. Although there is rich case material on the CRIS database, DHS was unable to extract client complexity material for the Inquiry.

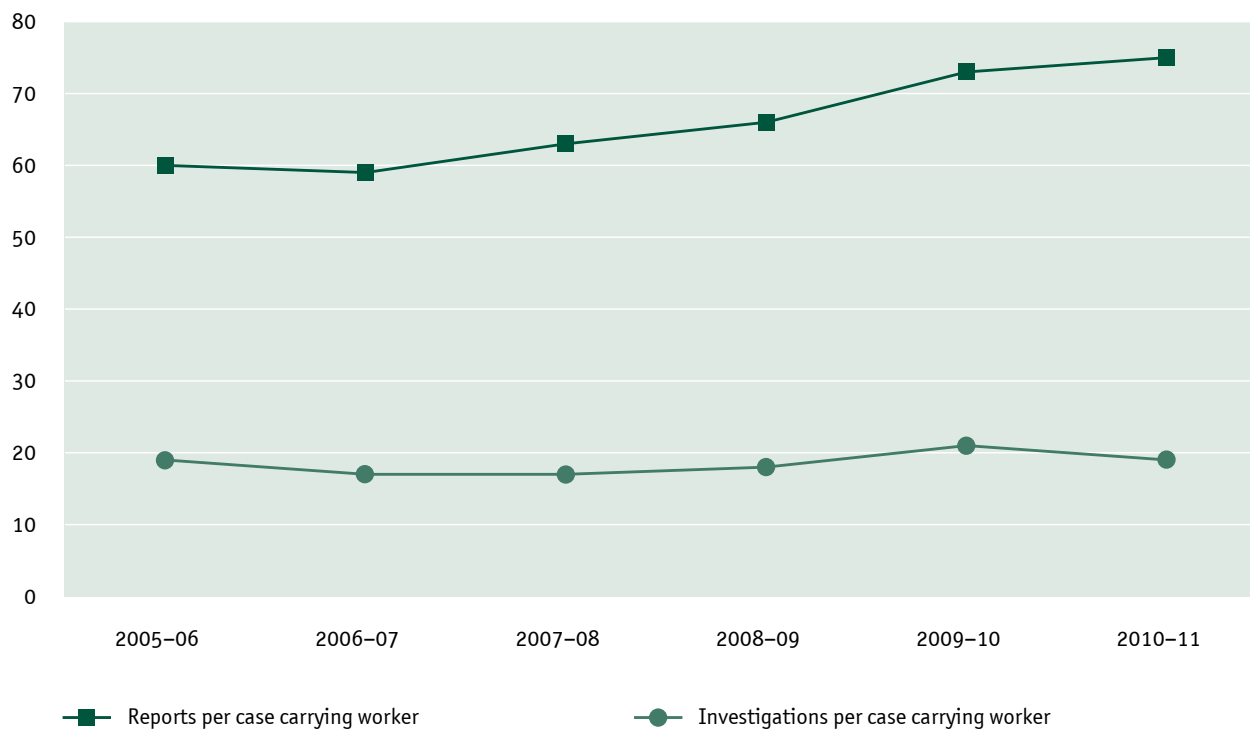
In terms of the workload demand pressures on investigation staff and strategies used by DHS to manage these, the Inquiry has found these difficult to assess due to the interconnected nature of activity across the statutory intervention phases. No data was available for the Inquiry to assess the relative effectiveness of allocation of resourcing effort across the various statutory intervention phases. In future, this would require mapping of staff effort across the phases. Another critical input is also a greater understanding of demand pressures across the statutory child protection system. Demand pressures and implications for resourcing are considered in more detail in Chapter 19.

In addition to these significant data limitations, there are a number of additional factors to be taken into account that influence the capacity of statutory child protection services. These include, for example, the length of time required to complete court processes authorising intervention (see Chapter 15). Another major factor contributing to the complexity of caseloads is the social infrastructure present in the various communities where vulnerable children and young people reside. Similarly, levels of staffing experience and competence have an effect on capacity.

The Inquiry considers that these data gaps and capacity issues must be investigated urgently by DHS in order to inform future analysis and improvements of statutory child protection services.

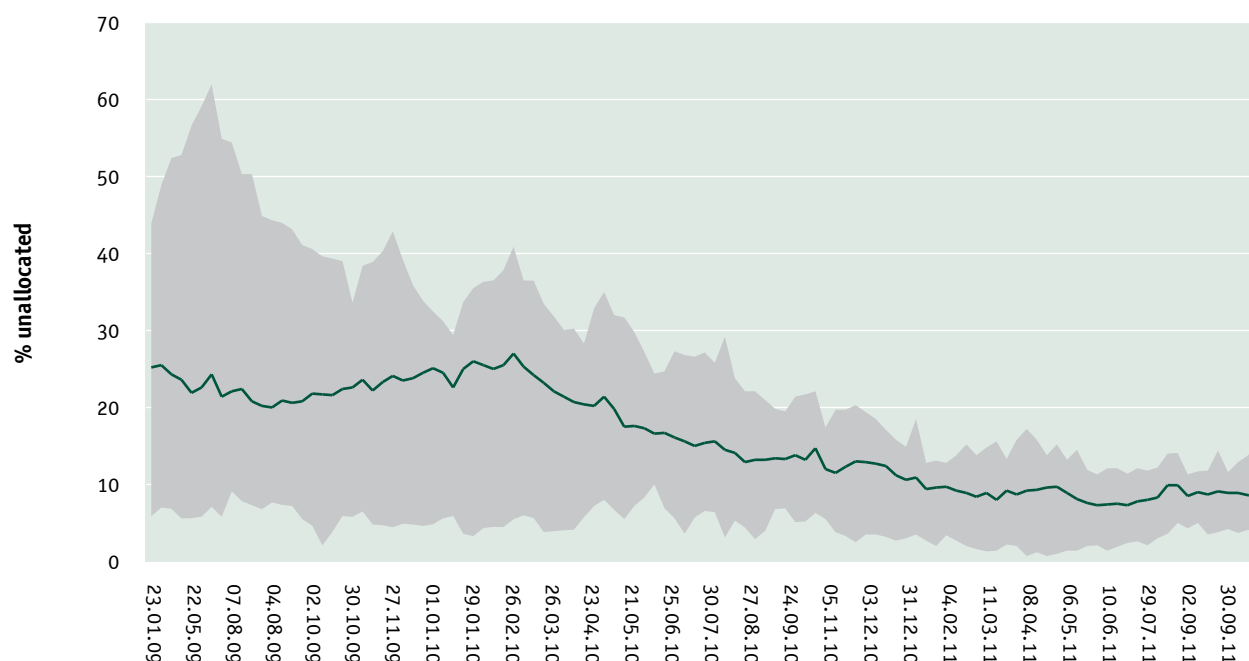
Figure 9.37 Child protection reports, investigations and child protection workforce, Victoria, 2005-06 to 2010-11

Source: Inquiry analysis of information provided by DHS

Figure 9.38 Child protection reports and investigations per case-carrying child protection worker, Victoria, 2005-06 to 2010-11

Source: Inquiry analysis of information provided by DHS

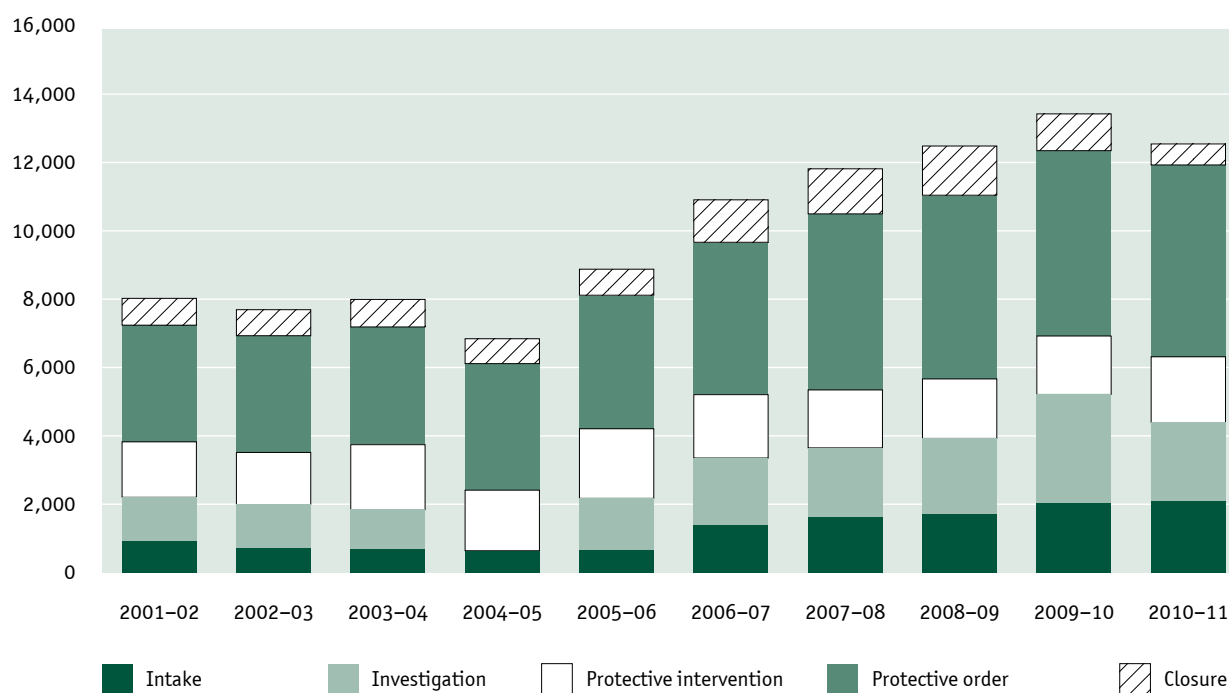
Figure 9.39 Child protection unallocated cases percentage, Victoria and regional variation, January 2009 to September 2011



Source: Inquiry analysis of information provided by DHS (no data available prior to 2009)

Note: Grey shaded area shows the difference between the DHS regions with the highest lowest unallocated cases percentage.

Figure 9.40 Child protection cases, by statutory child protection phase, Victoria, 2001-02 to 2010-11



Source: Inquiry analysis of information provided by DHS

The most effective service response for reducing the incidence of child abuse and neglect

The role of increased statutory intervention as a mechanism to reduce the incidence of child abuse and neglect must be considered in the context of government's overall service response to vulnerability. There may be a detrimental impact for families and children that arises from being unnecessarily brought into statutory intervention processes, that is, a false positive. Unnecessary government intervention runs the risk of damaging relationships within already vulnerable families (Mansell et al. 2011, p. 2,078; Higgins & Katz 2008, p. 44). As Mansell observes, concerns exist that highly coercive powers to separate families might be undertaken with little or no consultation, lead to worse outcomes and target over-represented, marginalised communities such as Indigenous populations (Mansell et al. 2011, p. 2,077).

Victoria's statutory child protection services must have the capability to respond effectively in a timely manner to soundly made reports of possible child abuse and neglect. However, a key question the Inquiry is concerned with, is whether an increase in investigations and substantiations, by itself, is the most effective means of achieving the government objective of protecting vulnerable children and reducing the incidence of child abuse and neglect.

The threshold point at which statutory child protection practitioners decide to intervene in a family is a judgment made by policy makers and practitioners about the scope of what constitutes child abuse and neglect, and, as Munro has observed, this is sometimes influenced by media coverage of mistakes made by statutory child protection systems and the public's response to those mistakes (Munro 2010, p. 23). However, as discussed above, if a society becomes 'risk averse' in relation to its child protection system, it is important to note the impact of increasing the number of false-negative risk assessments, or over-estimation of risk because of the serious consequences for a child if they are unnecessarily placed in the statutory child protection system because of a misdiagnosis.

The best measure of the performance of a statutory child protection service should be based on the outcomes for those children receiving statutory child protection services. These outcomes for children should inform any consideration of the question of capacity and the resources required to sustain the system. The primary available data for assessing the effectiveness and outcomes for children and young people from statutory intervention, as discussed above, comprises the re-presentation rates of

vulnerable children who, despite an initial provision of statutory child protection services, continue to require additional statutory intervention at subsequent stages throughout their life.

The data presented, particularly in relation to resubstantiation trends indicates that outcomes are generally poor for those children provided with statutory child protection services because their chances of return to the statutory system are likely. In addition, outcomes for children and young people in out-of-home care are also poor and this is examined further in Chapters 10 and 11.

Such evidence demonstrates that Victoria's statutory child protection services are not effective at addressing the fundamental causes of child abuse and neglect. This is particularly persuasive when the major risk factors for child abuse and neglect are considered, such as alcohol and drug misuse, mental health and so on. These are areas of policy and practice that statutory child protection services are neither resourced nor tasked to provide.

The Inquiry considers that statutory child protection services are likely to be most effective when they are balanced with other services for children, young people and their families that are designed to reduce the vulnerability of Victoria's children and young people.

9.5.2 *The efficiency and effectiveness of child protection practice*

A number of submissions suggested to the Inquiry that the approaches currently adopted by statutory child protection services to assess and assist vulnerable children and young people could be significantly improved.

This section discusses issues that cover several areas of statutory child protection practice:

- Statutory child protection intake arrangements;
- Opportunities to use differentiated or customised approaches for providing statutory services;
- The concept of cumulative harm and how it has been applied in practice;
- The way statutory child protection services assess and plan for a child's needs including the task of collaborating or integrating service delivery with other agencies and departments;
- Improving case management practices;
- Managing risk and supporting practitioners;
- Workforce retention and professional development;
- Information communication technology (ICT) systems to support practice; and
- Trust and public confidence.

Statutory child protection intake arrangements

In order to improve the way DHS handles and refers reports about vulnerable children, a major system reform to the intake arrangements is required over time that more clearly specifies the respective roles and responsibilities of the available service responses to child abuse and neglect.

Many families and children do not currently receive any statutory child protection services because the level of risk, as determined by DHS, is not deemed to have reached the threshold required for statutory intervention. The Inquiry considers, however, that these reports are about vulnerable children and families with a wide range of needs. Statutory child protection intake arrangements need to connect these vulnerable families concerned in these reports more effectively to the agencies and CSOs equipped to meet the child and their family's needs. Statutory child protection intake does not function as an effective gateway to the wide range of family support and other services required to address vulnerability. Changes are required to intake arrangements that recognise and align the role of statutory services as part of a broadened service response across government that protects vulnerable children and their families. Intake arrangements can be better calibrated to ensure vulnerable children, where it is in their best interests, receive priority assistance from prevention and early intervention initiatives (in particular, alcohol and drug abuse, family violence, mental health and disability services).

The Inquiry's vision is for all the components of statutory intake and family support services to be working in unison to address the needs of vulnerable children before statutory child protection intervention is needed. The Inquiry's aim is for families to receive effective earlier intervention that proactively addresses risk factors such as drug or alcohol misuse. It is important to note, however, that improving the efficacy of referrals from statutory child protection to child and family support services can be expected to dramatically increase demand for voluntary community-based services for assistance and support for vulnerable families.

As discussed in Chapter 8 and also in Chapter 19 on funding, improving access to early intervention services will require a significant investment in the capacity of voluntary family, child and adult specialist support services. The progressive widening of the range of services available to children and their families anticipated through expansion of the proposed Vulnerable Child and Family Service Networks, will require increased, targeted investment to ensure access is available to those services.

Adopting a clearer policy position on the objectives of statutory child protection services requires a paradigm shift, not only in the way DHS sees its role, but also to the way that other departments, agencies and other family and adult specialist support services see their role as part of a whole-of-government response to vulnerable children and young people.

The Inquiry has expressed its vision for a more effective governance structure for delivering voluntary support services to vulnerable children and families through changes to the Child FIRST model in Chapter 8. Following these reforms, the introduction of a broadened service system, Vulnerable Child and Family Service Networks (Recommendation 17), could deliver an increased range of services to vulnerable families aimed at improving family functioning.

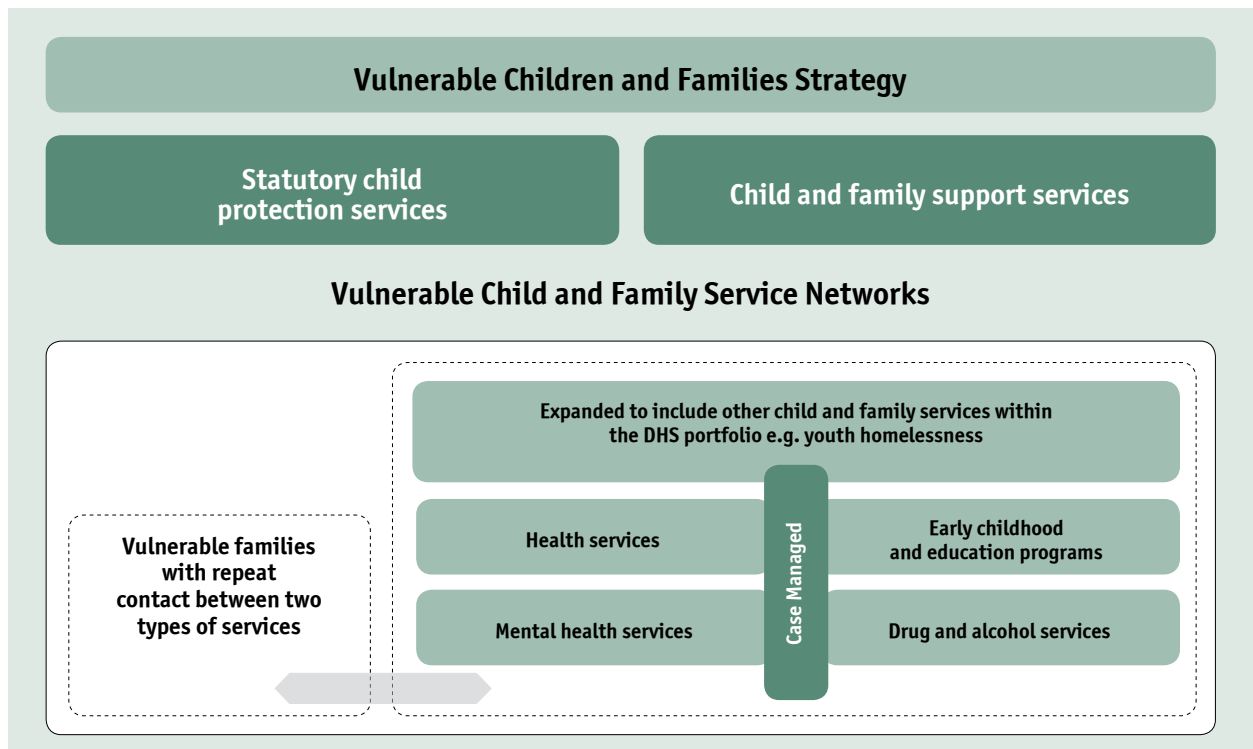
As can be seen from the nature of the proposed whole-of-government Vulnerable Children and Families Strategy (Recommendation 2), the Inquiry's vision for the future emphasises that statutory child protection services are part of and not separate from, the overall government and community response to child abuse and neglect (see Figure 9.41).

Over time and following the phased implementation of broader Vulnerable Child and Family Service Networks, it is envisaged that statutory child protection services could begin to be seen within the context of a broader service response, which would better recognise the interconnections between families experiencing chronic vulnerability and families that require statutory intervention. This also orients the range of possible service responses to one that is more capable of addressing a broader range of child and family need.

Accordingly it is important to consider changes to intake arrangements to support an evolved and broadened service response to child abuse and neglect.

The Inquiry received several submissions arguing for a strengthened and expanded partnership between government and the community sector in child protection intervention. In particular, the joint submission from Anglicare Victoria, Berry Street, MacKillop Family Services, The Salvation Army, the Victorian Aboriginal Child Care Agency and the Centre for Excellence in Child and Family Welfare (Joint CSO submission) proposed a new protection and care system where current statutory services would have an increased capacity to work with CSOs (Joint CSO submission, p. 9). This proposal argued for more collaborative arrangements recognising that government and the community sector share responsibility for achieving better outcomes for vulnerable children and young people across Victoria (Joint CSO submission, p. 10). Chapter 17 examines the appropriate relationship between governments and CSOs in more detail.

Figure 9.41 Vulnerable Children and Families Strategy and the role of statutory child protection services



Source: Inquiry analysis

Co-location of intake arrangements

The Joint CSO submission proposed co-locating child protection intake with the community services sector, arguing that this would improve the timeliness of decisions and responses and strengthen transfers of knowledge and skill between statutory child protection practitioners and CSOs. It also argued to improve the quality of decisions made as they would be made with more direct contact with those providing family support services to the vulnerable families involved. Anglicare Victoria's submission strongly supported the existing community-based child protection practitioners and argued that more should be based in high-demand Child FIRST sites across Victoria to facilitate collaboration and advice about engaging families with complex needs and ensuring timely statutory intervention where a child is at risk of significant harm (Anglicare Victoria submission, p. 18).

The Children's Protection Society submission also argued for greater community referral points to reduce service demand on statutory child protection services (Children's Protection Society submission, p. 32).

In addition to intake, the Joint CSO submission proposed co-locating child protection practitioners more broadly throughout local CSOs to provide secondary consultation services, carry out investigations and casework (for example co-locating

DHS specialist infant protective practitioners with maternal and child health services). This proposal would co-locate statutory child protection services with family and child support services because both organisations share the same clients to some extent.

The Joint CSO submission argued that many benefits would flow from co-locating child protection practitioners, including more timely, coordinated and effective service responses, with a focus on resilience and capacity building for vulnerable families. Additionally, this was expected to divert families from statutory services and enable identification and management of risk at an earlier point. It was argued that this environment would contribute to a more stable workforce, as it would provide more satisfying work for both child protection practitioners and CSO workers (Joint CSO submission, pp. 35-36; Anglicare Victoria submission, p. 19).

Co-location of intake arrangements recognises that the group of vulnerable children who are the subject of reports to DHS are not a dramatically different group of children from those who are referred to child and family support services. Bringing intake decisions about these two types of services together provides a better holistic picture to government, of both the prevalence of vulnerability but also a means of assessing the effectiveness of the service responses provided or funded.

The Inquiry considers that co-locating intake processes so that DHS statutory child protection practitioners sit physically alongside CSO Child FIRST intake workers would drive greater collaboration and knowledge sharing about protective risk assessment. Such a change would evolve the current community-based child protection practitioner function to co-locating intake teams on an area basis. Separate lines of accountability would remain in place, with DHS statutory intake workers reporting to the Secretary of DHS, and Child FIRST intake officers working within the strengthened governance arrangements for Child FIRST recommended in Chapter 8.

The Inquiry considers that co-location of intake is a foundation reform that must be successfully implemented, through a pilot approach, and evaluated before any further changes to intake could be contemplated. Although the Inquiry sets out below a future vision for further reforms to intake arrangements, a number of serious risks and challenges are presented by these changes that must be considered carefully and addressed before any reforms could be trialled in the future.

A vision for consolidated intake

The Inquiry considers that a future vision for statutory child protection intake would involve a consolidated approach to intake, which would combine decision making about reports. A consolidated intake approach would have as its goal a well-respected, area-based single entry point for a broad range of services. A single entry point would be responsible for connecting members of the surrounding community to government or community services that respond to the prevalence of vulnerability and priority risk factors for child abuse and neglect. One of these possible service responses would include statutory intervention where it is required to ensure a child's safety, but another possible service response readily available is a range of support services designed to meet the needs of a vulnerable child and his or her family before statutory intervention is required.

The area-based entry point would involve experienced DHS and CSO staff working jointly, in a logical extension of co-located intake. As indicated in the Inquiry's vision for a Vulnerable Child and Family Services Network in Recommendation 17, this entry point would represent a broadened spectrum of service responses.

Matters that must be addressed before the Inquiry's vision could be realised

Continued demand pressures

As noted above, the Inquiry's recommendations require a significant increased investment in the funding to child and family support services in order for these services to be able to respond adequately to the anticipated increase in demand. The Inquiry's vision is to connect families involved in child protection reports that currently receive little effective service response from DHS (the 35,000 or so reports that receive advice, information or no action) to a more effective response that minimises the likelihood of subsequent intervention. A better picture of demand is expected to result from consolidated intake arrangements that will better equip government to forecast future funding requirements and assess the efficacy of the services it funds and provides.

The need for continued self-referral to support services

Moving to a consolidated area-based intake point aligns with the Inquiry's vision that statutory child protection services are part of and not separate to government's efforts to tackle the prevalence and impact of child abuse and neglect. As such a single entry point would eventually become a first port of call for families seeking help. Over time, a consolidated intake point would need to become known as a broad entry point to a wide range of child, family and specialist adult support services that are closely linked to statutory child protection.

Self-referrals to services must not be compromised by a consolidated entry point and, similarly, service providers should continue to be able to refer families directly to voluntary family services. Such referral behaviour should continue to occur, albeit with the benefits seen with the Child FIRST reforms that have enabled greater tracking of trends and outcomes data for vulnerable children and families.

Avoiding duplication and additional complexity

The Inquiry's vision is to simplify the burden of navigation for vulnerable children and their families requiring different types of services ranging from family support to specialist child and adult services. It should be easier for children and families to be connected to local services in their communities. A common assessment process by the broader range of services will become more important as the Vulnerable Child and Family Services Network evolves over time.

It is critical, however, that any future reforms do not carry the unanticipated consequences of establishing additional intake processes or gatekeepers. The second phase of statutory child protection, investigation, would need to remain in DHS and as it currently operates and not function as a secondary intake process. Similarly CSOs delivering child, family and specialist adult support services should not be carrying out secondary intake decision making except in the most exceptional of circumstances. Likewise, existing arrangements for referring suspected criminal acts to Victoria Police should not be affected by these reforms.

Matter for attention 6

The Inquiry draws attention to the need for any future reforms towards consolidated intake arrangements to avoid establishing secondary intake decision-making, including at both the second investigation phase of statutory child protection services or by community service organisations delivering child, family and specialist adult support services, except in the most exceptional of circumstances.

Separating intake from investigation

The need to overcome barriers or challenges caused by the physical separation of intake practitioners from statutory intervention practitioners must be actively planned for and managed. Communication protocols, face-to-face handover requirements and supporting ICT tools will need to be developed. Outcomes from the recommended piloting of co-location intake arrangements will provide valuable information and experience that should be used by DHS to manage the challenge of physical separation of intake from investigation.

Recommendation 19

Following adoption of the Child FIRST governance changes and using a piloted approach, intake functions carried out by the Department of Human Services and by Child FIRST should be physically co-located on an area basis throughout Victoria. Statutory child protection intake should remain a separate process to child and family support services intake, but there should be an increased focus, particularly with common clients, on improving collaboration between statutory child protection and family support services and greater joint decision making about risks presenting to vulnerable children and young people.

Following implementation and evaluation of co-located intake throughout Victoria, and provided the key challenges and risks have been addressed appropriately, the Department of Human Services should aim to move towards a consolidated intake model where Child FIRST and statutory child protection intake processes are combined.

Opportunities to use differentiated or customised services

For some vulnerable families, the level of risk presenting to a child may be dynamic, or episode driven. From time to time, a family may move between only requiring broader family support services or when particular incidents or events occur, statutory intervention may be required to address the risk of harm for a child or young person.

The increasing complexity of vulnerability indicates that different approaches are required to improve outcomes for different client groups, based on the types of problems present in those families.

Some piloting of more customised or differential responses to families' needs has been trialled by DHS and other jurisdictions, and initial evidence indicates that these approaches could improve outcomes for vulnerable children and young people. Other approaches were specifically endorsed in submissions to the Inquiry as areas where advances in knowledge about therapeutic approaches should be applied.

Differentiated pathways use specialist and therapeutic service streams that are customised to the particular problems experienced by vulnerable children and young people. Differentiated pathways provide an opportunity to improve the quality of assessments provided to children and young people through a clearer understanding of the objectives of services for particular client groups. Adopting more differentiated pathways offers greater opportunities for CSOs and DHS to work more closely together to support these vulnerable families.

The Inquiry considers that two pathways in particular merit immediate implementation of a differentiated service response by DHS; these cover first-time contacts and victims of alleged sexual abuse. The first-time contacts pathway refers to cases where a vulnerable child and his or her family is first brought into contact with statutory child protection services. DHS could adopt an intensive approach with these children and families, with the objective of diverting the family from any future statutory involvement. This would involve convening intensive family meetings, strengthening links to family services and persistent follow-up of referrals so that problems are addressed earlier.

DHS has trialled this approach in the Eastern Metropolitan region with some signs of success (KPMG 2011c, pp. 2-5, 10). A focus on families with young children (such as children under five years of age) would be appropriate to develop this pathway.

Adopting a differentiated pathway for suspected child sexual abuse cases would strengthen current responses provided by DHS and the broader system for protecting children. Submissions pointed to low levels of substantiations and prosecutions (Powell & Snow, p. 3) and argued that DHS needed to be more proactive and prevention focused with respect to suspected child sexual assault cases (Children's Protection Society, p. 37).

The Inquiry considers that Multidisciplinary Centres (MDCs) are more sensitive to the needs of a child or young person allegedly subjected to sexual abuse because of the specialised training and co-location of support services, Victoria Police and DHS. Victoria Police and DHS have trialled this approach in Frankston and Mildura and submissions were supportive of these (CASA Forum, p. 9, Royal Children's Hospital, p. 12; Ms Wilson, Warrnambool Public Sitting). The Inquiry visited MDCs in Mildura and Frankston and was impressed by their operation, effectiveness and potential. Unmet demand for sexual assault support services and the prosecution of child sexual abuse is discussed in further detail in terms of the laws that protect children in Chapter 14 and MDCs are discussed further in Chapter 20.

The Inquiry has identified two additional pathways that require further collaboration and planning between DHS and CSOs before they can be implemented. These pathways would customise the service response for repeated contact families and families experiencing chronic and entrenched vulnerability. Ultimately adopting these pathways could lead to more contracting out of case management by DHS to CSOs.

Repeated contact families refers to those children and their families with high vulnerability who struggle to engage successfully with available support services. They are referred between and come into repeated contact with both statutory child protection services and child and family support services delivered by CSOs. Whether or not the family is involved with the statutory system is triggered by events or crises that move the level of risk from a wellbeing concern to a protective concern.

Adopting a repeated contact families pathway would lead to greater joint case management of these families between DHS and CSOs during the protective intervention and assessment phase. DHS would also increasingly consider contracting out pre-court case management responsibility to CSOs.

The Inquiry considers that different approaches need to be developed for cases where serious abuse or neglect have occurred with significant previous statutory child protection involvement including where older siblings in a family have been removed and placed in out-of-home care. DHS needs to adopt an approach that provides greater stability for vulnerable children who have experienced significant abuse and neglect, and for whom reunification with their birth family is unlikely to be successful. Barriers to permanent care should be addressed through this pathway.

Adopting a differentiated pathways approach for assessing and working with vulnerable families is critical for building a more sophisticated performance indicator framework that, over time, provides a better picture of how the statutory service system is performing against its objectives. Performance indicators to measure outcomes for the differentiated approach would include decreases in re-reporting and resubstantiation rates. In relation to sexual assault victims, the performance measures could include improved experiences for victims, greater prosecution rates when appropriate, greater stability for children with their protective parent and other improved outcomes. In relation to repeated contact families, an increase in the successful take-up of support service could measure the effectiveness of the statutory response.

Recommendation 20

The Department of Human Services should introduce differentiated pathways as part of the statutory child protection response, with some increased case management by community service organisations.

The two pathways that should be adopted immediately should involve first-time contact families and the use of multidisciplinary centres to respond to suspected child sexual abuse victims. Following collaboration between the Department of Human Services and key stakeholders, two additional pathways should be adopted to address the needs of families that have repeated contact with the Department of Human Services and families experiencing chronic and entrenched vulnerability.

Cumulative harm: a different type of abuse

Advances in child development knowledge have driven greater awareness of the significant harm that can be caused to a child through ongoing exposure, to lower levels of abuse and neglect over time (Bromfield & Miller 2007, p. 2; Higgins & Katz 2008, p. 44). The Take Two Partnership submission argued that the 2005 inclusion of cumulative harm as a grounds for intervention was widely considered an important and positive step (p. 4).

The notion of cumulative harm exposes the tensions that exist between the previous characterisation of statutory child protection services as designed to intervene only in emergency situations when there is a significant risk of harm to a child, and its present day, broadened responsibilities that involve longer term involvement with chronically vulnerable families that periodically experience crisis events.

The Children's Protection Society submission argued that difficulties pursuing cases of emotional abuse and cumulative harm as grounds of abuse might be because Victoria's system for protecting children remains event and crisis focused (pp. 32-33).

The primary targeting of statutory child protection services on children considered to be at the highest risk (with an emphasis on those children suffering physical and sexual abuse) was argued to reduce the capacity for effective early intervention as well as 'losing sight of the cases where children are still at risk of cumulative harm' (CatholicCare submission, p. 9).

Submissions argued that problems applying cumulative harm as grounds for protection arose from different interpretations and practical applications of the concept (Take Two Partnership, p. 4). FamilyCare argued that there are problems in regional courts' interpretation of cumulative harm (FamilyCare submission, p. 17). The Children's Court, however, argued that the difficulties arise instead from DHS' focus on crisis events, rather than a family's history (Children's Court submission no. 2, p. 26).

Identifying and responding to cumulative harm requires more long-term interactions with a vulnerable child or young person in contrast to a once-off intervention. It also involves multiple reports of a low-level concern or abuse. Anglicare Victoria argued that developing skills in co-working cases between family services and child protection practitioners would enable intervention that is based on an assessment of both current and past harm (Anglicare Victoria submission, p. 16).

An individual submitter, Ms Johns, suggested more public and professional education was required by DHS to promote a greater understanding of cumulative harm among practitioners of health and welfare disciplines (Ms Johns submission, p. 2).

Further comments are made about the need to clarify the operation of cumulative harm in practice in Chapter 14, in relation to strengthening the law.

Assessing and planning for a child or young person's needs

Submissions to the Inquiry raised concerns about the quality and efficacy of case assessments, planning and the capacity of statutory child protection services to collaborate and integrate the services required to support a vulnerable family to care for their child safely.

Berry Street argued that there is a need to review, simplify and integrate the overlapping case planning and client information management and monitoring systems.

At present, the system is literally awash with well intended but overlapping requirements for the development and completion of plans for individual children and young people (Berry Street submission, p. 32).

St Luke's Anglicare argued that families find the child protection and wider service system complicated, bewildering and confusing, caused by the different services plans, assessments and referral tools developed for (not with) families by statutory services and the wider service system (St Luke's Anglicare submission, p. 15).

The FamilyCare submission stressed the difficulties inherent in undertaking child protection work and noted that sweeping criticisms of DHS and its staff coupled with sensationalistic media reporting was unfair and often inaccurate. With these caveats in mind, however, FamilyCare argued that obtaining vital input or feedback from child protection practitioners was too slow, intermittent or unreliable. Communication challenges with DHS were found to undermine opportunities for effective interaction and collaboration with other service providers in relation to planning and care (FamilyCare submission, p. 12).

The VCDRC submission argued that statutory child protection services and service partners need to put a higher value on reciprocal communication and constructive challenge of divergent assessments in order to build shared understandings as the basis of working together (p. 24).

DHS managers suggested case planning could be simplified and proposed the Looking After Children framework should be used as the building block for developing a single plan (Inquiry workforce consultations).

Collaboration across service systems

Many submissions referred to the need for a comprehensive and integrated service response that addresses not only the protective concerns for children or young people, but that also covers mental health, education, alcohol and drug use and other issues. The Take Two Partnership submission argued that a major problem with the adult and child service system is the continuously 'siloed service systems' that fail to address the complex needs of vulnerable children and families (p. 1).

The Child Safety Commissioner argued that 'it is clear that "silos" within and between departments and professional groups and services still exist'. The Child Safety Commissioner noted that case reviews had revealed many examples of inadequate collaboration and coordination between services and professionals, including a lack of clarity regarding roles and responsibilities, inadequate communication and no case conferencing or shared understanding about case directions (Office of the Child Safety Commissioner submission, p. 3).

In relation to family violence and disability services in particular, greater clarity is required as to which service system is responsible for coordinating and case managing a particular child or young person or their parents. Closer connections and collaboration between these services could lead to significant improvements in quality and effectiveness of the services.

The Joint CSO submission argued that structural barriers prevent greater collaboration between family violence services and statutory child protection services (pp. 46-47).

Professor Humphreys' submission highlighted problems caused by automatic referral to statutory child protection of children living with family violence. When the child or young person's circumstances do not meet the intake threshold no investigation or services are provided (Humphreys submission (a), pp. 4-6, 10). Professor Humphreys argued for alternative pathways for children living with family violence that better recognise the need to strengthen the relationship between a vulnerable child or young person and his or her mother (Humphreys submission (a)).

The Inquiry notes that as part of the progressive development of differentiated pathways within statutory child protection services, the development of appropriate responses to reports of family violence would be a logical extension of the Inquiry's recommendation. For example, police, in partnership with CSOs, play a more active role in responding to family violence.

The Office of the Public Advocate noted a significant increase in the number of families where disability was present (Office of Public Advocate submission, p. 3). The intersection between child protection statutory activities and disability services occurs both when a parent has a disability and/or where a child has a disability.

Submissions to the Inquiry raised concerns about service gaps in assessment and case planning for responses to the needs of children from homes where disability is present. Submissions argued that the protocol in place between statutory child protection and disability services was ineffective at supporting children with a disability (Association for Children with a Disability, p. 3; Disability Services Commissioner Victoria, p. 3). The Public Advocate argued that misunderstandings and, at times, active discrimination occurred against parents with a disability by child protection practitioners (Office of Public Advocate submission, p. 4).

The prevalence of disability is relevant to statutory child protection services in a number of ways. As was discussed in Chapter 2 on vulnerability, where a parent or child has a disability, this can mean that a child is more vulnerable to child abuse or neglect and may be more likely to come into contact with statutory child protection services. A child with a disability may experience greater difficulties with feeding, sleeping and settling and may have more complex needs. These factors impact on the relationship or attachment formed between an infant and their parent and can result in heightened stress, increasing the risk of neglect or abuse.

At the same time, abuse or neglect by a parent may cause a vulnerable child or young person to experience developmental disabilities, ultimately impacting on their transition to independent adulthood. A child with an intellectual disability may also be at a higher risk of child sexual abuse.

The Inquiry considers that the presence of intellectual disability in parents and the presence of disability among children in vulnerable families in Victoria is a significant factor affecting the prevalence of child abuse and neglect. Although the Inquiry heard from some individuals about these issues, it has not been able to fully examine them and make recommendations in the context of the overall effectiveness of Victoria's disability services.

Matter for attention 7

The Inquiry draws attention to the significance of disability as a risk factor among vulnerable families in Victoria affecting the prevalence of child abuse and neglect. This is a matter that should be further considered.

The Inquiry's recommendation for simplification of case planning and for stronger collaboration and diversion pathways dealing with intersecting agencies is set out in Recommendation 21.

Recommendation 21

The Department of Human Services should simplify case planning processes and improve collaboration and pathways between statutory child protection services and other services, particularly family violence and disability services.

The Department of Human Services should increase case conferencing with other disciplines and services related to child protection issues including housing, health, education, drug and alcohol services and particularly for family violence and disability services.

In relation to family violence, consideration should be given to the evidence base for establishing differentiated pathways that lead to improved outcomes along the lines of those pathways discussed in Recommendation 20.

The protocol between statutory child protection and disability services should be strengthened, with more explicit statements around the roles and responsibilities of the different service agencies.

Improving the effectiveness of case management functions

Currently, DHS contracts a range of case management functions to CSOs on a case by-case basis. A number of the major CSOs proposed to the Inquiry that case management responsibility for statutory child protection services should be transferred from DHS to the community sector (submissions from Berry Street, pp. 32, 49-52; Children's Protection Society, pp. 32-33; Anglicare Victoria, p. 19).

The Joint CSO submission proposed that statutory child protection services should be refocused solely on forensic or investigative activities, with case management being transferred to CSOs with appropriate oversight by DHS (p. 50).

Anglicare Victoria argued that the current culture of child protection and related demand issues often meant that cases 'drifted'. Anglicare Victoria argued that refocusing statutory child protection services to cases from receipt of a report up to statutory intervention in court would provide more capacity for DHS practitioners to work intensively and for a longer duration with families at the investigation phase. There would also be more opportunities to co-work complex cases involved with family support and other human services. CSOs would progressively receive statutory case management responsibilities after court orders were obtained (Anglicare Victoria submission, p. 19).

Berry Street argued that DHS should cease directly providing services including case management because it believed this was a role better performed by community sector agencies (Berry Street submission, p. 13).

On the whole, the Inquiry found that these proposals lacked robust evidence to illustrate how a wholesale shift of case management responsibility to the CSO sector would necessarily lead to improved outcomes for vulnerable children and young people.

As was seen with views about the appropriate role of child protection intake, there is not necessarily clear agreement within the community as to what protective intervention work is appropriate for statutory child protection services and what work CSOs might carry out. For example, the CASA Forum submission cautioned against the transfer of statutory functions, arguing that '[n]on statutory agencies should not deal with the legal responsibilities of mandated notifying' because they are not subject to the same scrutiny (p. 9).

A wholesale shift of case management is unlikely to be feasible in the short term due to a range of governance, workforce and funding constraints. The Inquiry's recommendations for differentiated pathways (Recommendation 20), however, will provide greater opportunities for statutory child protection services to, over time, move case management functions to CSOs where this has been shown to improve outcomes. Such case contracting would be carried out on the basis of a greater appreciation of the characteristics of the problems that have led to a child's abuse or neglect, along with clear objectives about the purpose of sharing responsibilities between DHS and the community sector.

A guiding principle for any case contracting changes should be the objective of reducing the number of unnecessary service providers and people in a child's life. Issues arise when multiple agencies and professionals are involved in child and family circumstances including an increased risk of losing focus on the child's needs and diffusion of responsibility. A family experiences disruption and distress to its daily life when it has to manage a host of well-intentioned but uncoordinated service providers.

Managing risk and supporting practitioners

The nature of child protection work involves the application of professional judgment in an environment dominated by risk and risk assessment concerns.

The child protection practitioner's role is to manage this environment and apply professional judgment about the risk that exists to a child's safety and wellbeing. Particularly at intake, when there might be intense time pressures and minimal information that is conflicting or uncertain, this is a difficult balancing act (Mansell et al. 2011, p. 2,078).

The use of standards and procedures to control risk

The working environment for a DHS child protection practitioner involves applying the practice manual - a complex combination of rules, procedures, guidance and advisory notes. DHS advised the Inquiry that the practice manual contains 296 standards within 92 separate pieces of advice. Administrative procedures are required to manage risk but these should enable the exercise of professional judgment, rather than hinder it.

A Humphreys and Campbell submission noted concerns that statutory child protection practice has seen an exponential increase in the number and complexity of practice instructions and standards, without a streamlining of existing expectations or a corresponding rise in the resources to meet the rising standards (Humphreys & Campbell submission (a), p. 2).

In the United Kingdom (UK), the Munro review found that previous well-intentioned practice reforms had skewed work priorities, leading to an over-standardised system that cannot respond adequately to the varied range of a child's needs (Munro 2011b, pp. 9, 14, 51, 61). Similarly, Mansell et al. argues that: '[j]udging the performance of child protection systems by a piecemeal focus on one kind of error and on single cases of errors is a poor source of performance information' (Mansell et al. 2011, p. 2,078).

Munro argued that high-risk sectors such as aviation and health care used alternative people and risk management systems that grappled with high levels of uncertainty and avoiding errors of judgment in practice (Munro 2010, p. 33; 2011b, pp. 86-87).

The Children's Protection Society submission argued that a patient safety systems approach to safety and managing error could move DHS away from a culture of individual blame to an analysis of the human, treatment and systemic factors that provide the multifactorial basis of most errors that occur within complex systems.

The child protection system should aspire to be a high reliability system like medicine and air traffic control ... [where] there is an acceptance that mistakes will be made and so considerable effort is put into training and supporting staff to recognise and recover from such mistakes (Children's Protection Society submission, p. 39).

By reference to bushfire management and aircraft situations, Weick and Sutcliffe argued that organisations operating in high-risk circumstances need systems in place with particular characteristics to support the right people behaviours. These behaviours include continuous monitoring and adaptation to changing circumstances to minimise the likelihood of error and reduce the impact of errors when they do occur (Weick & Sutcliffe 2007, pp. 2, 160).

In these systems, reliability does not depend on strict adherence to processes, rather it relies on the ability to introduce appropriate variation to adapt to changing circumstances (Weick & Sutcliffe 2007, pp. ix-xi).

The Jesuit Social Services' submission argued that frontline practitioners need to be empowered to use their professional judgment to solve the problems they encounter (p. 20). The Joint CSO submission also argued for a fundamental redesign of statutory child protection roles to reduce unnecessary bureaucracy and place accountability and responsibility for decision making closer to the child, young person and their family (p. 50).

Recommendation 22

The Department of Human Services should simplify practice guidance and instructions for child protection practitioners.

The Department of Human Services should reduce practice complexity by consolidating and simplifying the number of standards, guidelines, rules and instructions that child protection practitioners must follow. This process should investigate and apply learnings from comparatively high-risk sectors such as health or aviation in the approach taken to risk management and adverse events.

DHS workforce retention and professional development

Many submissions commented on the workforce issues faced by DHS including staff recruitment, staff retention, professional development and staff morale (St Luke's Anglicare, p. 14; The Salvation Army, p. 22).

Statutory child protection workers must feel as though they are under perpetual review, continually judged to be failing in their protective duties and constantly blamed for adverse child outcomes (Children's Protection Society submission, p. 38).

The Joint CSO submission argued that demand pressures, high rates of turnover, poor job design and unwieldy and cumbersome administrative layers hampered DHS' capacity to deliver an effective statutory response (p. 49).

Similarly, the Parenting Research Centre argued that 'simplistic and sensationalistic media reporting have helped create an undeserved sense of chaos and crisis in child welfare, obscuring the good work as well as the real challenges faced by the dedicated professionals who work in the sector in Victoria' (Parenting Research Centre submission, p. 4).

The Take Two Partnership submission argued that there is insufficient understanding in child protection and foster care services about how trauma and disrupted attachment affects young children and infants and brain development. The Take Two Partnership argued for greater workforce training and specific development initiatives about developmental and therapeutic needs for young children and infants (Take Two Partnership submission, p. 7).

The people management and workforce reforms proposed by DHS to provide more support for child protection practitioners in their risk assessment and decision making are discussed in more detail in Chapter 16.

Information and communication technology systems to support practice

In all consultations held with frontline child protection practitioners the Inquiry heard major concerns about the efficacy and the operation of the CRIS/CRISP information technology systems. Submissions argued that current systems are time consuming and require simplification (Humphreys & Campbell (a), p. 2). Berry Street argued that the CRIS/CRISP systems lack basic reporting functions and there is no return on effort to input data to support monitoring, evaluation and quality improvement (Berry Street submission, p. 33). In a report prepared in collaboration with the Victorian Auditor-General, the Victorian Ombudsman commented on a number of issues arising from CRIS including inadequate training, poor help-desk support and slow responses to functionality change requests.

The Ombudsman observed:

CRIS has been in place for three years, and yet it remains plagued by the concerns of Child Protection workers interviewed who state the system has caused stress, frustration and an increased desk-based workload (Victorian Ombudsman 2011d, pp. 89-90).

DHS advised the Inquiry that a range of issues had been identified in 2010 with the efficiency, effectiveness and safety of its client information system, CRIS/CRISP. In particular, the areas identified for improvement were the need for greater training, system support teams and establishing business processes that staff at all levels could understand and follow. A range of CRIS business improvement projects are currently underway to address these findings. In response to the Ombudsman's report, DHS noted that additional funding had been requested in August 2011 to address issues arising from CRIS.

The Inquiry supports continued implementation of the Victorian Ombudsman's recommendations regarding the CRIS and CRISP ICT systems including continuing:

- To strengthen supporting systems and efforts to improve the CRIS/CRISP systems;
- To increase and improve training and support available to staff so that the CRIS system is easier to use and more widely understood; and
- Projects to enhance the capability, efficiency and effectiveness of the CRIS/CRISP systems.

Trust and public confidence

Many submissions commented on the negative impact of what they describe as sensationalist media reporting and the unhelpful nature of current public debate surrounding statutory child protection services.

The Australian Childhood Foundation submission argued that there is insufficient publicly available data about decision-making patterns and benchmarks against which Victoria's system for protecting children could be evaluated. This lack of transparency was argued to impede continuous, transparent review and improvement (Australian Childhood Foundation submission, pp. 2, 6-7).

Greater clarity and publicly available information about the role and expectations for the performance of statutory child protection services is fundamental to the maintenance of public trust.

Informed commentary relies on the availability of clear indicators and standards against which the performance of statutory services can be evaluated or assessed. The major performance standards tool used by child protection practitioners is the practice manual. This document, while it contains supporting advice and guidance for practitioners, contains far too many detailed instructions and advice notes to be suitable for use as a public indicator framework. In addition, performance information against the standards set out in the practice manual is not publicly released.

As proposed in Chapter 6, publicly available and easier to understand performance reporting will support more informed public debate about the efficacy of statutory child protection services. The Inquiry's recommendation about public reporting contained in Chapter 6 and also referred to as part of the governance and accountability recommendations in Chapter 21 will support greater transparency and accountability about the performance of statutory child protection services.

9.5.3 *A child's need for stability and permanency planning*

It is well established that good outcomes for children and young people in the statutory system depend on safe reunification with their family or stable, long-term placements. Improved outcomes for children and young people in long-term placements are also linked to a child's age at his or her entry point into long-term care and the extent of any emotional or behavioural disturbance. The timeliness of decisions made in respect of children requiring long-term placements are therefore an important factor influencing a child's outcomes.

Adoption and permanent care

Whether adoption or permanent care best meets the needs of a child who cannot return to their biological parents' care or to a member of the extended family, will depend on their individual circumstances. It is a matter that requires very careful and timely consideration.

Adoption is one way of securing a permanent substitute family for a child in care for whom there is little prospect of being reunited with their biological parents and where there is no member of the extended family who is able to provide a suitable stable placement. There are two types of adoption orders; an open adoption where the biological parents give their consent to the child's adoption and where continuing contact may occur with the child; or an adoption order where dispensation of parental consent to adoption is granted by a court.

There are very few adoptions of children in State care in Victoria, and adoptions that are based on the dispensation of parental consent are extremely rare. Only two adoption orders dispensing with parental consent were made across Australia in 2009-10 (AIHW 2010, p. 26). It is unknown to what extent, if at all, DHS seeks the consent of biological parents to adoptions of children for whom there is little prospect of returning to their care. The Inquiry examined the current provisions relating to the requirements for a dispensation of parental consent to adoption under section 43 of the *Adoption Act 1984* and concluded that these are comprehensive and sound. It was not possible to determine why there are so few adoptions of children whose circumstances would make them eligible under these provisions.

The Inquiry considers that children should be afforded the full protection of the law in order to secure their best interests. Consequently, DHS should, as a matter of priority, pursue timely action to secure the release of children for adoption if parental consent is unavailable and if the child's circumstances would make them eligible for parental dispensation of consent to adoption. This should be done in circumstances where suitable adoptive parents are available and where there is no suitable member of the extended family who can provide an alternative permanent placement for the child.

While additional resources may be required to pursue this course of action, and in some instances, to provide post-adoption support that a child with special needs may require, the savings are likely to be very considerable compared with the cost of the child remaining in care until the age of 18. The reason for the Inquiry advocating this course of action, however, is not financial but is advocated because the right to adoption should be available to eligible children for whom this is appropriate and who have no other prospect of a secure and stable family to whom they can belong.

There may also be wider benefits to the out-of-home care system by giving greater emphasis to adoption. Suitable individuals and families who would be willing to consider adoption but who are not willing to consider foster care or permanent care, could expand the pool of carers, thus reducing the pressure on foster and permanent care.

Another way in which placement stability may be secured for a child in care who is unable to return to their biological family is through a permanent care order under sections 319-327 of the CYF Act. Parents may consent to a permanent care order, but such consent is not essential. The order ceases when the child turns 18 and the Children's Court sets the frequency of contact a child will have with their biological family. A permanent care order may be revoked and, while this is unusual, the Inquiry has heard examples of the insecurity that the prospect of this revocation may engender in the child and the carers. Unlike adoption, the government continues to provide some financial support for children placed under a permanent care order.

When a child enters care at a later age and their identity is based on their biological family with whom continuing contact is important to the child, then a permanent care order is likely to be more appropriate. Where a child has spent little time in their biological family, enters care at a young age, does not have a significant attachment to their biological parents and there is no member of the extended family to provide suitable stable placement for the child, then adoption may be more appropriate.

A recent UK study suggests that the main factors influencing outcomes in care are age, pre-placement adversity and delay in placement (that is, exposure to adversity). Where adversity levels are similar, children in stable foster care and adopted children had similar needs and outcomes when they arrived at their placements at similar ages. Overall there were no significant differences in outcomes between children in stable foster care and children who were adopted (Beek et al. 2011, pp. 2-4). Local evidence on comparative outcomes between adoption and permanent care is scant, however, and it must be noted that children in the two groups tend to differ in age as well as background and abuse histories (Rushton 2003, p. 19).

A number of legislative changes were made alongside the Child FIRST reforms to promote the objective of greater placement stability and for permanent care decisions to be made earlier for children in out-of-home care. The provisions (s. 170, CYF Act) sought to align the developmental needs of a child in out-of-home care and the time available for a parent(s) to demonstrate sufficient change for their child to be returned to their care.

In Victoria there were 203 permanent care orders issued in 2009-10. The average age of children when they commence permanent care orders is around 6.5 years, and the average age of children on permanent care orders is 10.5 years. Nearly 90 per cent of these orders were made more than two years after the initial substantiation of harm. The average time taken between a child's first report and their ultimate permanent care order, at just over five years (Inquiry analysis of information provided by DHS), is too long. For children who have been abused and known to statutory child protection services at a young age, it takes too many years for a permanent care order to be granted when this is necessary to ensure their safety and wellbeing. During this time, many children are subjected to multiple placements, compounding psychological harm.

Finding 4

The Inquiry finds that the current average time taken for permanent care orders to be granted, when this is necessary to ensure a child's safety and wellbeing, is too long. On average, it is five years between a child's first report and a permanent care order.

The Inquiry has heard evidence that the process for securing a permanent care order is complicated and ineffective. It was argued that a failed reunification plan was required before a permanent care order would be granted. Failed reunification plans are traumatic, can delay the formation of healthy attachment with carers, and may lead to prolonged exposure to harm (submissions from Jordan, pp. 1-2; Take Two Partnership, p. 5; The Salvation Army pp. 12-13).

Berry Street's submission argued that Victoria today is doing worse than it was a decade ago in providing placement stability for children and young people (p. 30). The CatholicCare submission argued that permanent alternative care decisions were not made in a timely enough manner, causing significant detriment to the needs of the children involved (p. 14).

The Inquiry considers there are too many barriers to timely, stable, long-term permanent care for vulnerable children. The Inquiry heard barriers included the lack of support for permanent carers, a perception that DHS or court processes are reluctant to fully implement permanent placement planning and the practical consequences of practitioners needing to plan for both reunification and permanency simultaneously.

Put simply, the legislative reforms to the CYF Act have not achieved their desired objective of improving the likelihood that permanent care orders are made in a timely manner to improve outcomes for vulnerable children and young people. It should be noted that Chapter 10 makes recommendations addressing the lack of support measures that mean some carers are reluctant to apply for permanent care orders.

Recommendation 23

The Department of Human Services should identify and remove barriers to achieving the most appropriate and timely form of permanent placements for children unable to be reunited with their biological family or to be permanently placed with suitable members of the extended family by:

- Seeking parental consent to adoption, and where given, placing the child in a suitable adoptive family;
- Pursuing legal action to seek the dispensation of parental consent to adoption for children whose circumstances make them eligible under section 43 of the *Adoption Act 1984*;
- Resolving the inconsistency between practical requirements for child protection practitioners to simultaneously plan for reunification while contemplating permanent care arrangements; and
- Reviewing the situation of every child in care who is approaching the stability timeframes as outlined in the *Children, Youth and Families Act 2005*, to determine whether an application for a permanent care order should be made. Where it is deemed not appropriate to do so (for example, where a child's stable foster placement would be disrupted), the decision not to make application for a permanent care order should be endorsed at a senior level.

9.6 Conclusion

Among the broad range of service responses available to Victoria's vulnerable children and young people, statutory child protection services play an important role. By their very nature, these services are an interconnected chain of activity ranging from intake to investigation, protective intervention and assessment, through to protective orders and placement of children in out-of-home care.

Informed by concerns raised in submissions and available performance data, the Inquiry has examined a number of issues relating to the Victoria's statutory child protection services. These issues have included:

- The question of whether statutory child protection services are sufficiently resourced to intervene when required to protect vulnerable children and young people, given:
 - The changing nature of child protection reports and increasing knowledge about the risk factors likely to give rise to child abuse and neglect;
 - The continuing rise in reports to statutory child protection services and expectations that these reports will be managed appropriately;
- The efficiency and effectiveness of child protection practice, encompassing a range of issues arising from re-reporting and resubstantiation trends but also recognising some children and families are clients of both statutory child protection services and family support services; and
- Once a child has been brought into the statutory child protection system, the need to improve stability in placements for vulnerable children and young people, to avoid causing further harm and trauma.

Statutory child protection services have not been established to address the fundamental underlying causes of child abuse and neglect.

The Inquiry's recommendations in previous chapters are part of a package of reforms that seek to balance the role of statutory child protection services with universal, secondary and specialist adult services as part of a system that meets the needs of vulnerable children. The incidence and impact of child abuse and neglect in Victoria can only be reduced if all of the relevant areas across government accept responsibility for services delivered to vulnerable children and families. The introduction of a whole-of-government strategy and accompanying performance indicator framework in Chapter 6, better use of preventative and early intervention services from Chapters 7 and 8, and, critically, the governance and regulatory changes recommended in Chapters 20 and 21 will establish a framework for government agencies to work together better to address the needs of vulnerable children.