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Social Policy Research Centre

THE LINK BETWEEN CHILDREN'S SERVICES AND CHILD PROTECTION

FINAL REPORT

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Acknowledgements

Executive Summary

The Executive summary describes the background to the study and the methodology used to conduct the research. It summarises the themes emerging from the study and offers recommendations in relation to each of the themes.

Background to the Study

Research suggests that access to children's services may be an important factor in preventing young children at risk of harm[1] from moving further into the welfare system. However, there is little empirical evidence available to indicate whether the use of such services prevents children at risk from moving further into the welfare system. The Department of Community Services (DoCS) Office of Childcare commissioned this project to examine the relationship between children's services for children under school age in NSW and DoCS child protection function. More specifically, the aim was to examine the effectiveness of children's services as a strategy in the area of child protection and the prevention of abuse and neglect. Children's services in the context of this project include pre-school, long day care centres, family day care, home-based care, occasional care and mobile children's services.

The number of children deemed to be at risk in NSW is considerable. Over the twelve month period June 1998-99, DoCS received 72 762 reports[2] concerning children and young people, an increase of 8117 (12.6 per cent) for the period 1997-98. Children aged less than 12 months accounted for 7454 or 10 per cent of all reports. This figure is the largest proportion for a single age group and is an increase of one per cent on the previous year (DoCS, 2000). Ongoing action and/or monitoring by DoCS was taken for 2842 (28 per cent) of cases where abuse or neglect was determined. A similar number of cases, 2880 (28 per cent) were referred to other agencies for services including counselling, regular weekend respite care, family support, children's services and family mediation. In the context of this study it is apparent that children's services could be used as both a strategy for protection (when abuse/neglect is substantiated) and prevention (when help is sought).

The Research Project

The research was conducted in two stages.

Stage 1 involved the conduct of a literature review of contemporary child protection issues and research undertaken in Australia and overseas on the use of children's services as a child protection strategy.

Stage II involved field based studies encompassing the collection and analysis of data received from directors and staff of children's services and workers in child protection. This stage comprised two components:

? a postal survey of children's services directors; and
? discussions with eight focus groups with workers in children's services and child protection agencies.

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1 Children at risk of harm is defined in the new Children's and Young Person's (Care and Protection) Act 1998, s 23. This was previously referred to as children at risk of abuse and neglect.

2 A report occurs when a person contacts the Department either to notify their concern about a child (if the concern is the belief of abuse or a need for care this is known as a 'notification'); or requests assistance for themselves, known as a 'request for a service' (DoCS, 2000).

The fieldwork was conducted in four areas: a metropolitan location, a regional location, a rural area and a multicultural locality. These areas were selected because of their high level of notifications of abuse and neglect for children under five years and a high usage and availability of children's services. Furthermore, population characteristics, from DoCS administrative data were used to ensure that disadvantaged families, Aboriginal and Torres Strait Islanders families and those from a non-English speaking background were represented in the research areas. Table 4.1 outlines the characteristics of the areas selected for the fieldwork.

Common Themes and Recommendations

The Effectiveness of Children's Services

Children's services are used by parents for a number of reasons such as their own work and training needs and because parents want their children to be involved in activities which stimulate and assist in their development (Brennan, 1983). Longitudinal studies have indicated that children do better if they have experienced good quality children services before starting school. In their future development they are also less likely to have contact with the juvenile justice system and are more likely to gain employment (see also Weikart 1982; Osbourne and Milbank ,1987, cited in Cohen and Fraser, 1991).

A review of a number of international studies (McCain and Mustard, 1999) on the significance of the first years of life to the development of children indicated that early years from conception to age six, particularly the first three years, set the base for competence and coping skills that affect learning, behaviour and health throughout life. The brain is most receptive in early childhood and matures during the early years in a sequential manner. With the most favourable conditions and experiences the brain develops healthy and diverse capabilities. Neurodevelopment can be damaged if disruptions occur to the normal developmental experiences. Children who are abused or neglected can develop maladaptive behaviours (Perry and Marcellus, 1997). McCain and Mustard, (1999) state that the evidence is clear that quality early child development programs that involve parents can influence the way they relate to and care for children in the home and vastly improve outcomes for children.

In both the literature review and the focus groups it was found that access to children's services as part of a holistic approach to family support, minimises the risks of abuse and neglect (Provence and Naylor, 1983; Miller and Whittaker, 1988; Weikart and Schweinhart, 1992). The literature review indicated that the use of this approach improves likely outcomes in adolescent and adult life. It has been estimated that the social and financial benefits in later life of providing early intervention programs for families with young children far outweighs the earlier costs (Barnett, 1993; Roditti, 1995; National Crime Prevention Authority, 1999). The research and the focus group discussions showed that the provision of accessible, affordable and good quality children's services benefited children socially and developmentally, particularly children from disadvantaged families or families under stress neglect (Weikart and Schweinhart, 1992; Tregeagle and Voigt, 1993; Cooper and Sutton, 1999; McCain and Mustard, 1999).

Children's services can provide a safe and stimulating environment for children at risk, with the additional benefit of having well trained and professional staff to monitor the welfare of

children at risk and to detect early signs of neglect and abuse (Cohen, 1979; Durkin, 1986, cited in Miller and Whittaker, 1988; O'Brien, 1992; Weikart and Schweinhart, 1992). Children can also be empowered through the teaching of protective behaviours and experiencing models of appropriate behaviour. Of equal importance to the children, are that services provide an opportunity for parents to have positive interaction with peers, respite from parenting and access to other parental support services (Yandell and Hewitt, 1996).

These benefits of universal and targeted access to children's services and family support have been recognised in Australian reports including *Pathways to Prevention* (National Crime Prevention Authority, 1999) and State government initiatives such as Families First (Cabinet Office, NSW, 1999).

Existing child protection and prevention literature referred to throughout these recommendations include:
? *Interagency Guidelines For Child Protection and Prevention;*
? *Making A Difference, Towards Better Practice, Child Protection Procedures, Practice Manual;*
? *Towards Better Service, A Continuous Improvement Strategy for Child and Family Service Teams, Service Development;*
? *Child Protection: Procedures for Recognising, Notifying and Responding to Child Abuse and Neglect;*
? *Practice Manual: Working with Children and Families;* and
? Childcare Assistance brochures.

Target groups of children at risk are Aboriginal and Torres Strait Islanders, children from a non-English speaking background, children aged less than 12 months and children and parents with a disability. All the recommendations should be implemented with sensitivity to the cultural and linguistic needs of children, families and communities.

Recommendations

1	*That the State Government place a high priority on funding access to good quality and affordable children's services for all families in need of support, particularly in disadvantaged locations and for target groups of children at risk.*
2	*That the DoCS Office of Childcare conduct a public awareness campaign highlighting the benefits of using children's services in terms of the education and social development of children, and as a transition to school.*
3	*That the DoCS Office of Childcare in collaboration with The Cabinet Office, Families First Initiative, promote children's services as a respite option and prevention strategy for families with additional needs or under stress.*

Government Policies, Practice and Finance

Both the State and Commonwealth Governments have a range of policies and programs in relation to the use of children's services as a strategy for children at risk from abuse and neglect. Reflecting the complex nature of the issue of child protection various roles and

responsibilities are spread across a range of departments. They include the Commonwealth Department of Family and Community Services (DFaCS) and Centrelink; and in NSW the Department of Community Services, Department of Education and Training, Police Department, Department of Health, Attorney General's Department, Department of Juvenile Justice, Premier's Department, NSW Ombudsman's Office, Department of Housing, Department of Corrective Services and the Commission for Children and Young People. A range of other government and non-government organisations and agencies also have roles and responsibilities in this area.

The research revealed that this complexity caused confusion to staff of children's services accessing and organising support for stressed families with children at risk of abuse and neglect. The complexity was also evident in the eligibility criteria for various forms of financial assistance for a placement in a children's service, dependent on the circumstances of family and the specific need of the child. Neither child protection nor children's services workers appeared to be familiar with the range of financial assistance available to facilitate the placement of children at risk.

Recommendations

4	*That the State Government facilitate a coordinated State and Commonwealth approach to the planning and funding of children's services as an integral part of the child protection and prevention strategy to improve the efficiency of administrative and financial support for this strategy, using existing structures such as inter-government and interagency meetings and training.*
5	*That the Department of Community Services prepare and distribute information about the current means of placing and funding children at risk in a children's service, including both State and Commonwealth financial assistance, by amending existing literature targeted at children's services, child protection workers and families. This material should be available in different languages.*

Funding for Children at Risk

Limitations to the funding of placements in children's services for children at risk were identified as being due to both the amount of financial assistance available and the time period for which the placement could be subsidised. These limitations resulted in reduced access to care for a number of groups of children. First, a funded placement in a children's service for use as a preventative strategy was unheard of by the focus group participants. Second, although a child protection worker might refer a family to use a children's service, the family sometimes did not follow up the recommendation. The reasons for this included: cost, families were unaware of Childcare Assistance, isolation, transport constraints or the worker was unaware of or unable to access the full range of State and Commonwealth financial assistance (this appeared to vary between DoCS Areas). And finally, some children at risk were reportedly withdrawn from services when funding ceased because their families assessed they could not afford the fees.

Recommendations

6	*That the Department of Community Services review the State and Commonwealth funding for placing children at risk in children's services in the light of the findings of this research, to consider:*
?	*requesting from Treasury an increase in the total funding to facilitate an early intervention preventative use of children's services for children at risk;*
?	*greater targeting of funding to high risk locations and target groups of children at risk; and*
?	*more flexible application of funding based on individual need e.g. lengthening the period of financially assisted access; travel costs to appropriate services; and funding a place in a more appropriate quality service for fewer days.*

Roles and Responsibilities

It is stated in the *Interagency Guidelines* that the safeguarding of the welfare of children is a community responsibility. In relation to the use of children's services as a protective and prevention strategy the extent of their responsibility was not always clear to workers in children's services. Difficulties contacting and accessing child protection workers and communicating concerns about children at risk contributed to children's services workers' dilemmas about who was responsible for the welfare of a child. Most children's services workers in the focus groups were unaware of the existence of the *Interagency Guidelines*.[3]

Partnerships between families, children's services and DoCS seemed to work well when there was a case plan. Case plans facilitated ongoing communication and review of the child at risk. Both children's services and child protection workers also emphasised the benefits of regular interagency meetings to share information in relation to families at risk and give them a better understanding of other agencies' involvement with families.

Recommendations

7	*That the Department of Community Services update the existing child protection literature to ensure compatibility between the documents and inclusion of the ethos of the new legislation and the principles of the Interagency Guidelines. The updated literature should be redistribute to children's services, child protection workers and Children's Services Advisers. The update should include descriptions of the role and responsibilities of both DoCS and children's services in protection and prevention in relation to both children and families; their responsibility to promote supportive preventative action e.g. parent education; and an emphasis on practice implications for children's services.*

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3   The principles of the *Interagency Guidelines* are included in the *Making A Difference* training package but the children's services staff did not seem aware of the *Guidelines* as a resource document.

8	That the Department of Community Services encourage DoCS child protection workers to include children's services in their case management plans through:
?	editing existing child protection literature and providing initial training and refresher modules about the potential role of referral to or placement in children's services including: preventative strategies such as referral to children's services of children who are the subject of requests for service and unconfirmed reports, including the distribution to families of a range of literature including brochures about Childcare Assistance, the benefits of children's services, how to find children's services and CSA contact details; appropriate disclosure and exchange of information with children's services to benefit the safety and development of the child (see Recommendation 10); inclusion of children's services workers in case conferences and protection planning meetings, alternative dispute resolution and court processes as encouraged by the new legislation; and
?	editing the Community Service Centre Service Directories[4] to include children's services and other parenting support. Editing could be improved through the involvement of local government and family support and children's services.
9	That the DoCS Office of Childcare encourage children's services workers to adopt the concepts of interagency coordination and partnerships with families in relation to prevention and protection. These concepts should include the development of service networks, for example with ethno-specific community organisations, through:
?	distributing copies of Community Service Centre Service Directories to all services in accordance with the principles of the Interagency Guidelines and the new legislation;
?	ensuring children's services retain a copy of the essential child protection and prevention policy and practice literature and commit to retaining relevant records regarding children at risk, through means such as annual checklists in licensing requirements;[5] and
?	training (see Recommendation 14).

Communication and Information Exchange

A number of children's services workers indicated that when a child protection officer requested placement of a child at risk the information given to the service about the child and family's circumstances was inadequate. In some instances the lack of adequate information led to delay in planning and implementing appropriate intervention for the child. Ongoing review and monitoring of a child's progress by the Department was often non-existent, ad hoc

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4   see *Towards Better Service* (1998).
5   Listed in Appendix 3, *Practice Guidelines for Risk Assessment in Children's Services* (1998).

or informal. This is despite statements in the Departmental document the *Practice Manual, Working with Children and Families* about the list of procedures be followed in relation to responding to reports of children at risk.

Recommendation

10	*That the Department of Community Services develop a set of specific procedures to be implemented when children at risk are placed in a children's service or when services report children at risk.[6] The procedures should be attached to the existing child protection literature aimed at children's services and child protection workers and families. The procedures should incorporate the legislative regulations and include:*
?	*comprehensive and easy to follow documentation for a case plan;*
?	*respect for the confidentiality of the circumstances of the child and family that allows for a shared exchange of adequate information between the family and professionals (including all services involved with the family) that is necessary to ensure the safety, well-being and development of the child;*
?	*a set of procedures to meet the cultural and linguistic needs of families in a sensitive manner;*
?	*the roles (including who is to be the caseworker) and responsibilities of the Department, the service and the family in relation to the case plan;*
?	*in the plan an outline of the processes involved when the child is placed with a service; the nature of the records to be kept by a service in relation to the child and family; how on-going information is to be exchanged between the family, DoCS and a service; and a review date;*
?	*financial arrangements for the placement, including child care fees and any specialist support; and*
?	*when and how a case is to be closed.*

Role of the Children's Services Adviser

It became evident in the focus group discussions that the role of the Children's Services Adviser (CSA) could be pivotal to finding and organising a placement for children at risk in a service to best meet their needs. The CSA could act as a link between children's services and child protection workers. If child protection workers had access to a CSA within their office, concerns about an appropriate placement could be easily discussed and resolved. At best, a CSA familiar with the local services was involved in placing children at risk. CSAs with knowledge of current policy and practice developments, could also provide informed support and advice to child protection workers, children's services staff and families.

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6   The following discussion draws heavily on a local protocol prepared by a children's services reference group in the north coast of NSW.

Recommendations

11	*That the DoCS Office of Childcare revise the role of the Children's Services Adviser to increase the priority given to the support and advice they can provide to child protection officers by arranging and monitoring appropriate placements for children at risk. Ensure that the CSA undertakes initial training and refresher training about the roles of child protection workers and children's services in child protection and prevention e.g. District Officer Entry Level Training Modules;*
12	*That the Department of Community Services prioritise the location of CSAs in all Community Service Centres. Where this is not possible, allocate responsibility for a CSA to attend all relevant CSC child protection meetings,[7] team and staff meetings to provide information and advice on children's services' matters.*
13	*That the Department of Community Services amend child protection procedures so that whenever possible child protection workers liaise with the CSA before placing a child at risk in a children's service; otherwise they inform the CSA immediately after making the placement.*

Children with Additional Needs

The research findings illustrated that for children with additional needs it was often difficult to access adequate support services (Butler 1993, Farmer and Owen, 1995; Litwin, 1997; D'Souza, 1999, Llewellyn and Fante, 1999). Child protection officers were often not able to access culturally appropriate services for children from Aboriginal and Torres Strait Islander and non-English-speaking backgrounds. It was also difficult to find places for children at risk aged under two years old. Workers in children's services also expressed concerns about the lack of available support programs for children with disabilities and a shortage of bi-lingual workers for children from a non-English-speaking background.

Many families had moved away from extended family and friends to find low cost housing. For some stressed families this meant a lack of social support and knowledge of local information to access services. Often such areas were poorly serviced by public transport. A decision to place children at risk in a particular service was reported as frequently based on the proximity of the service to the family home. In some cases this resulted in children at risk being placed in services that could not adequately meet their needs.

Recommendation 6 (regarding targeting funding to facilitate an early intervention focus to using children's services in high risk locations and for target groups of children at risk) and part of Recommendation 9 (developing networks with ethno-specific networks) should help address these additional needs, both within mainstream and specialist services. Parts of Recommendation 17 are concerned with further research into the specific needs of target groups of children at risk.

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7   These meetings include protection planning meetings and case planning meetings for children at risk.

Training in Child Protection

There was agreement from both sets of workers that training in child protection issues was important. Some children's service workers thought existing training courses were useful. However the more experienced workers wanted advanced courses (e.g. roles and responsibilities in case management). They also noted the difficulty for staff to attend training programs because of the lack of funds to employ relief staff.

Neither children's services nor child protection workers had a clear understanding of the implications of the implementation of the new legislation on their practices. Most were aware of the mandatory reporting requirements (see Feldman, 2000). They were concerned first, that there might be an unmanageable increase in the number of reports. Second, they were concerned about reporting abuse in care, implications for employee records and, especially in family day care, their vulnerability to false allegations against carers.

Recommendations

14	*That the Commission for Children and Young People allocate responsibility and adequate funding to coordinate the delivery of child protection training,[8] for example through a specialist training institution, existing accredited trainers or a government agency. Design flexible training delivery to facilitate three year refresher training in child protection and prevention for all primary contact carers in all types of children's services as a condition of licensing.*
?	*Topics should be consistent with the new legislation and include recognising and reporting child abuse and neglect and abuse in care; addressing cross-cultural perspectives and developing cultural support networks available for workers; legislative requirements, such as policies for notifications and reporting, specific family support as a mandated intervention; concepts of interagency coordination and partnerships with families; child protective behaviours; care and programming for children at risk; and additional needs of target groups of children at risk.*
?	*Training delivery should be flexible to service type and staff resources with options to include training off-site or on the job; train the trainer modules; written packages; and peer training modules.*
?	*Modify the Making A Difference training package in accordance with new legislation and include a number of levels e.g. introductory level, intermediate and advanced and also include topics specifically on cross-cultural perspectives in child protection.*
?	*Include child protection and prevention training in all children's services training institution courses eg TAFE, universities.*

Limitations of Data Collection

Despite the NSW Government recognition of the importance of child protection policies, information was not accessible from the DoCS database about the number and age of children

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8   The training was formerly managed by the Child Protection Council.

at risk using children's services as a protection or prevention strategy. Neither was the amount, type or length of financial assistance to the families of these children recorded. Of greater concern was the lack of information accessible to both DoCS and children's services as to the outcomes for children who left a service. The Department's Client Information System (CIS) is currently being reviewed to improve data collection and retrieval.

Recommendation

15	*That the Department of Community Services in its review of its data system consider incorporation of the following information within a quality assurance system in relation to identified children at risk:*
	? *information from child protection workers e.g. type of intervention strategies used (e.g. children's services, parenting education); type, amount and duration of financial support for placement in children's services;*
	? *information from CSAs as part of licensing requirements about the number of children using a service as a child protection or prevention strategy. Information could include the number of children identified by the children's service as at risk, the number given priority of access, the number referred by DoCS for a placement and the number of children at risk not accepted;*
	? *information from the teleservice data collection system on referrals to children's services; and*
	? *information from an abuse in care tracking system.*

Benefit of Parenting Programs

Both workers in children's services and child protection believed that parenting programs for families with children at risk were a valuable support. They noted that there was a lack of available programs and many parents had difficulty arranging transport to attend. Some services initiated parent support groups but noted that often the parents who attended were the ones least likely to need them. Some workers in children's services appeared to have the experience, skills and confidence to provide support to parents having difficulties with their children. However, others lacked not only the necessary expertise but the time required to spend with these vulnerable families.

Recommendation 9 (relating to distribution of the Services Directory to children's services) should assist in increasing children's services workers' awareness and access to information about appropriate assistance available to support parents.

Recommendation

16	*That the DoCS Office of Childcare in collaboration with The Cabinet Office, Families First Initiative commission a review of effective models of parenting support programs related to the delivery of children's services (e.g. Positive Parenting Programs and Schools as Community Centres projects, Families First projects). A pilot program, with an evaluation component, associated with a children's service should also be established.*

Future Research

The provision of children's services was stated by both workers in children's services and child protection to be an effective and appropriate strategy for the protection of children and prevention of abuse and neglect. However, it is also important to note that it seems that unless the provision of children's services is set within the context of a range of family support services it is likely to be an insufficient intervention (Provence and Naylor, 1983; Seitz, Rosembaum and Apfel, 1985; O'Brien, 1992; Weikart and Schweinhart, 1992; Russell et al, 1994a; Scott and O'Neil, 1996). It is difficult to determine the effectiveness of children's services as a protection and prevention strategy for children at risk due to a lack of longitudinal data and few rigorous evaluative research studies.

Due to the limitations in the data available on CIS and the short duration of this project it was not possible to measure outcomes for children at risk attending children's services. This study explored the strengths and weaknesses of the current system from the dual perspectives of workers involved in children's services and child protection, without examining the experience of the families and children.

It was not possible conclusively to state whether the use of children's services prevented children at risk moving further into the welfare system. Further research canvassing the views and experiences of parents and children and which monitors the outcomes for children at risk attending children's services over time is needed to answer this fundamental question.

Recommendation

17	*That the DoCS Office of Childcare commission further research projects to examine:*
?	*the models of practices and outcomes over time for children at risk who attend children's services. A longitudinal study over three to five years tracking the pathways, outcomes and other concurrent strategies would measure the impact of the provision of children's services. A comparison group of children at risk who did not attend children's services would further enhance the ability of the research to evaluate the effectiveness of children's services as a child protection strategy;*
?	*the perspective of families and children about the effectiveness of children's services as a child protection and prevention strategy;*
?	*the extent to which children at risk leave children's services when DoCS funding ceases and the impact of this on the rate of re-notification to the Department;*
?	*effective types of children's services to meet needs of children at risk of harm particularly those from the target groups including children aged less than 12 months, children from Aboriginal and Torres Strait Islander and non-English-speaking backgrounds and children and parents with disabilities;*
?	*best practice for children's services when caring for children at risk including program and curriculum development, staff skills, specialist support, operational support, record keeping, family communication and equipment. These findings should to be incorporated in policies and procedures developed by the DoCS Office of Childcare; and*
?	*the extent of abuse occurring within children's services and the evidence of effective procedures for deterring, detecting, reporting and responding to abuse and neglect in care. The study should involve both an international literature review and fieldwork specific to NSW.*

Conclusions

The effectiveness of the use of children's services as a child protection strategy is widely supported by both the findings of the literature reviewed and frontline workers in children's services and child protection. The provision of accessible, affordable and good quality children's services benefits children socially and developmentally, particularly children from disadvantaged families and improves their likely outcomes in adolescent and adult life.

Children's services provide a safe and stimulating environment for children at risk. Trained staff can monitor the welfare of the children as well as detect early signs of neglect and abuse thus enabling early intervention. Children's services assist not only children at risk but also their parents by providing respite from the pressure of child rearing and allowing them to attend programs which provide information, education and shared discussion about parenting.

The use of children's services as a prevention strategy for children at risk was also strongly advocated. However, lack of funding and resources allocated to child protection workers inhibits the provision of children's services as a tool for the prevention of abuse and neglect.

Children services play a vital role in the early stage of children's lives when the foundations are laid for the future competence and coping skills that affect learning, behaviour and health throughout life. For disadvantaged children early intervention by way of children's services appears to be not only important but essential. The evidence presented in this report highlights the crucial role of children's services in child protection and the even greater potential they could play in prevention. Children's services are well placed to become a focal point for government policy in child protection and prevention.

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1   Introduction

1.1   The Purpose of this Project

Research suggests that access to children's services may be an important factor in preventing young children at risk of harm[9] from entering substitute care. However, there is little empirical evidence available to indicate whether the use of such services prevents children at risk from moving further into the welfare system. The DoCS Office of Childcare commissioned this project to examine the relationship between children's services[10] for children under school age in NSW and the Department of Community Services (DoCS) child protection function and to examine the effectiveness of children's services as a protection and prevention strategy for children at risk.

The research was conducted in two stages.

Stage 1 involved the conduct of a literature review of contemporary child protection issues and research undertaken in Australia and overseas on the use of children's services as a child protection strategy.

Stage II involved field-based studies encompassing the collection and analysis of data received from children's services staff and workers in child protection. Data were collected using surveys and focus groups.

This report presents the literature review, analysis of data, findings from the project and recommendations.

?   The introductory section includes information on definitions and statistics relevant to the project.
?   Section 2 reviews the literature on contemporary developments in child protection. More specifically, this review focuses on the use of children's services for children at risk, as a protection and prevention strategy.
?   Section 3 reviews policies and procedures in relation to child protection. An overview of the use of children's services for children at risk of abuse and neglect is outlined with particular attention given to programs for Aboriginal and Torres Strait Islander children, children from non-English-speaking backgrounds and children with a disability.
?   Section 4 outlines the findings of the fieldwork component of the study.
?   Section 5 draws together the findings of the literature review and the fieldwork component of the study. Recommendations for practice and future policy direction are reviewed.

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9   Children at risk of harm is defined in the new Children's and Young Person's (Care and Protection) Act 1998, s 23. This was previously referred to as children at risk of abuse and neglect. The terms at 'risk of harm' and 'at risk of abuse and neglect' are interchangeable throughout the text to denote a similar condition.

10   Children's services in the context of this project include pre-schools; long day care centres; family day care, home-based care, occasional child care and mobile children's services for children aged 0-5 in NSW.

The new legislation concerned with child protection and delineation of responsibilities is described (see Appendix 1 and 2 respectively).

1.2   Definitions of Children at Risk of Harm

Definitions of the types of child at risk of harm from abuse and neglect are provided in various publications[11] used by those who work with children. For the purposes of this project the terms and definitions contained in *Child Protection: Procedures for Recognising, Notifying and Responding to Child Abuse and Neglect*, have been adopted (DoCS, 1997a). The definitions are as follows:

> **Physical abuse** – non-accidental injury to a child by a parent, caregiver or another person responsible for the child. It includes: injuries caused by excessive discipline; severe beatings or shakings; bruising, lacerations or welts; burns; fractures or dislocations; female genital mutilation; attempted suffocation or strangulation; and death.

> **Emotional abuse** – behaviour by a parent/caregiver, which can destroy the confidence of a child, resulting in significant emotional deprivation and trauma. It involves impairment of a child' social, emotional, cognitive, intellectual development and/or disturbance of a child's behaviour.

> **Neglect** – where a child is harmed by the failure to provide the basic physical and emotional necessities of life, including food, clothing, shelter, emotional security, affectionate attachments, medical care and adequate supervision. Neglect is characterised as a continuum of omissions in parental caretaking.

> **Child sexual abuse** – any sexual threat imposed on a child. Adults and adolescents who perpetrate child sexual abuse exploit the dependency and immaturity of children. Coercion, which may be physical or psychological, is intrinsic to child sexual abuse and differentiates such abuse from consensual peer sexual activity.

> **Domestic violence** – violence, abuse and intimidatory behaviour perpetrated by one person against another in a personal, intimate relationship causing fear, physical and/or psychological harm. Domestic violence has a profound effect on children and constitutes a form of child abuse.

1.3   Overview of Statistics on Child Abuse and Neglect

Over the twelve month period June 1998-99, DoCS received 72 762 reports[12] concerning children and young people, an increase of 8117 (12.6 per cent) for the period 1997-98 (Table 1.1).[13] Almost one third (31 per cent) of the reports came from individuals in the community,

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11   Examples of definitions and indicators of abuse and neglect are provided in the *Interagency Guidelines for Child Protection Intervention,* CPC, 1997c; *Training Manual: Making a Difference, recognising and updating/notifying child abuse and neglect*, CPC 1998b.

12   A report occurs when a person contacts the Department either to notify their concern about a child (if the concern is the belief of abuse or a need for care this is known as a 'notification'); or request assistance for themselves, known as a 'request for a service' (DoCS, 2000).

13   Of course, these statistics only reflect reported cases of children at risk.

followed by Police (25 per cent), Education (15 per cent), Health (12 per cent), non-government community services and child care providers (7 per cent) and DoCS and other Government departments (5.5 per cent). Children in the 0-5 year age group made up 31 729 or 44 per cent of all reports to the Department (Table 1.1). Children aged less than 12 months accounted for 7454 or 10 per cent of all reports. This figure is the largest proportion for a single age group and is an increase of one per cent on the previous year (DoCS, 2000).

Table 1.1: Age of Child by Number of Reports, 1997-98 and 1998-99

Age (years)	1997-98 Number	Percentage	1998-99 Number	Percentage
0-5	27 268	42.2	31 729	43.6
6-11	21 104	32.6	23 649	32.5
12-17	16 784	24.4	16 970	23.3
Not specified	489	0.8	414	0.6
Total	*64 645*	*100.0*	*72 762*	*100.0*

Source: DoCS (2000), *Annual Report*.
Note: Percentage totals may not add to 100 due to rounding.

The total number of children involved in reports for the period 1998-99 was 50 181. The difference between the number of children and number of reports is due to some children being reported more than once. Table 1.2 indicates the types of issues and numbers of children involved in reports received. Close to half (45 per cent) of the children were reported as being harmed or at risk of abuse or neglect.

Table 1.2: Number of Children in NSW Involved in Reports Received by Primary Reported Issue, 1998-99

Primary Report Issue	Number	Percentage
Harm and/or injury, actual to child	12 857	26
Child at risk	9504	19
Sub-total	*22 361*	*45*
Adult/carer issues affecting care of child	17 320	35
Family issues	9582	19
Other mandated issues	69	0.1
General issues	682	1.4
Adoption issues	27	0.1
Not specified	140	0.3
Total	*50 181*	*100.0*

Source: DoCS (2000), Information & Research Unit, Policy & Planning Directorate, DoCS, January.
Note: Percentage totals may not add to 100 due to rounding.

Of the reports assessed by a Departmental officer,[14] 10 053 reports (regarding 8624 children) were confirmed as abuse or neglect of a child. Table 1.3 indicates that for those reports where

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14   In contrast to the reported issue, which is from the perspective of the caller, the primary assessed issue describes the most serious issue from the perspective of the assessing officer. This, in conjunction with

an assessment determined abuse or neglect, over two-thirds (69 per cent) were assessed as abused and 22 per cent as neglected. Almost a third (29 per cent) involved physical abuse, followed by sexual abuse (23 per cent) and emotional abuse (17 per cent).

Table 1.3: Number of Children in NSW where Assessment Determined Abuse or Neglect of a Child by Type of Abuse, 1998-99

Primary Assessed Issue	Number	Percentage
Physical abuse	2542	29
Sexual abuse	2 66	23
Emotional abuse	1338	17
Sub-total	*6046*	*69*
Neglect	169	22
Harm or risk not classified	809	9
Total	*8624*	*100*

Source: DoCS (2000), Information & Research Unit, Policy & Planning Directorate, DoCS, January.
Note: Percentage totals may not add to 100 due to rounding.

Ongoing action and/or monitoring by DoCS was taken for 2842 (28 per cent) of cases where abuse or neglect was determined (Table 1.4). A similar number of cases, 2880 (28 per cent) were referred to other agencies. DoCS closed 4065 (40 per cent) cases that required no further intervention to protect the child.[15] Around three per cent of cases were awaiting a decision by the Department on the most appropriate action.

Table 1.4: Outcomes of Reports where Assessment Determined Abuse or Neglect, 1997-98 and 1998-99

Outcomes	1997-98		1998-99	
	Number	Percentage	Number	Percentage
Requiring on-going action and/or monitoring by DoCS	3571	31	2842	28
Referred to other agencies for appropriate intervention	3266	28	2880	28
No further work required	4534	39	4065	40
Awaiting decision	163	1	266	3
Total	*11 534*	*100*	*10 053*	*100*

Source: DoCS (2000), *Annual Report*.
Note: Percentage totals may not add to 100 due to rounding.

In the period 1998-99, DoCS received 12 526 reports (17.3 per cent of total reports) where assessment by an officer determined there was no harm or risk to a child but carer/family issues impacted on the care of the child (DoCS, 2000). The Department provided support to these families by helping them resolve their problems and access a range of child and family

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any actual harm or injury sustained by the child is therefore used to determine whether abuse or neglect has occurred (DoCS, 2000).

15   These included situations where the abuse occurred outside the family and the family was able to take action to protect the child (DoCS, 2000).

services. The types of services provided were counselling, regular weekend respite care, family support, children's services and family mediation. In the context of this study it is apparent that children's services could be used as both a strategy for protection (when abuse/neglect is substantiated) and prevention (when help is sought).

This section of the report provides the context in which the study was commissioned by outlining the definition of terms used and a summary of the statistics concerned with the incidence of abuse and neglect. The following section reviews the literature on the use of children's services as a protection and prevention strategy for children at risk.

2 Review of the Literature

The literature on child protection, the prevention of abuse and neglect and value of children services has been developed over a number of years across a wide range of disciplines. These areas have been covered extensively though often the links between the three have not been as closely developed as might have been expected. This section of the report begins by briefly outlining the recent literature pertaining to child abuse and child protection and some of the underlying principles. The current research debates are also presented. The provision of children's services and why they are important to families particularly with children at risk of abuse and neglect are then discussed. Following this the empirical research from overseas and Australia on the use of children's services as a prevention and protection strategy for children at risk of abuse and neglect is reviewed. Literature on the problems associated with notifications of abuse and abuse in care settings is then discussed. Finally, the themes emerging from the literature are summarised.

2.1 Historical Overview of Contemporary Developments in Child Protection

In the late 1960s and early 1970s child protection policies in Australia, the United Kingdom and the United States, were, in general, narrowly focused on the families of abused and neglected children. Policies and practices were mainly directed at removing children from parents, taking them into care (often residential), or adopting children out. Very little support was offered to the families of these children to assist them in keeping their children at home or providing financial assistance for child care (Parton, 1985; Carter et al., 1988; Holman, 1988; Garbarino and Kostelny, 1992; Lindsey, 1994; Scott and O'Neil, 1996; Parton, Thorpe and Wattam, 1997).

Parton (1985) noted that in the 1970s there was little uniformity or agreement by researchers either in definitions or terms used to denote the phenomenon of child abuse. Many researchers ignored the social arrangements in which families lived, failing to note the impact of social and economic factors, even though there was substantial evidence indicating a strong relationship between poverty and child abuse and neglect (Pelton, 1981; Parton, 1985; Vinson and McCarthur, 1988; Pelton, 1989). The relationship between poverty and maltreatment is less easily established in instances of sexual abuse. The feminist literature has incorporated dimensions of power relations in their analyses of the sexual abuse of children (Parton and Parton, 1989; Parton, 1990; Calvert,1991; Dominelli, 1991).

2.2 Prevention, Coordination and Partnerships

Two concepts, 'prevention' and 'coordination' were prominent in the literature and are still paramount in current child protection debates and discussion. Parton noted that the House of Commons Select Committee on Violence in the Family (1977) stated that the principle of coordination was essential in the response needed to identify and assist families with children at risk of abuse. It recommended a focus on prevention and that priority in assistance should be given to children (under five) by providing children's services. The report also made three important recommendations:

?   increase publicity advising parents where to go for help;
?   give parenting advice to new parents; and
?   undertake medical examinations for all under fives as a means of checking for 'at risk' children (Parton, 1985).

The report broke new ground in viewing the problem as one of 'social' pathology rather than 'individual or 'family' pathology (Parton, 1985: 110). The report, however, was produced at a time of constraints on public spending and the government's response was that while they acknowledged the recommendations were useful there were 'difficulties' in making resources available to implement preventative practices. As a consequence the approach to child abuse continued to be one of little welfare support for deprived families with an onus on families to change their lifestyle to keep their children. Parton concluded that the practice of working with such families was based on deeming that parents were responsible for their actions and little weight was given to structural, environmental or material factors. Among Parton's recommendations for assisting families in all aspects of child development and family services was that assistance should be based on the principle of partnership – working *with* (rather than *for*) families (Parton, 1985).

In the US, researchers were developing a comprehensive framework and explanation of child abuse - the ecological perspective based on Bronfenbrenner's ecological model (Bronfenbrenner, 1979). Garbarino and Gilliam (1980) (quoted in Parton) believed that 'child maltreatment' (child abuse)

> … is an indicator of the overall quality of life for families and is concentrated among people who have the least going for them economically, socially and psychologically and who thus comprise high risk families … (child abuse) cannot be accounted for or understood without understanding how the conditions surrounding the family affect interaction between the child and parent. (Parton, 1985:154)

The principle of partnerships with families and community has also been adopted in developments in child abuse in the Australian context. In Australia, as in the UK and US, Scott and O'Neil (1996), noted that the 1970s was a time when notions of blaming the victim and implementing policies of control and authority over families with a child at risk were being replaced by concern with social inequalities and poverty as an explanation of child abuse. In the US, in an attempt to develop a comprehensive approach to child welfare policy and practice family preservation services have evolved as an essential component to service delivery to vulnerable children and families (McGowan, 1990).

In the 1980s, feminism, in both Australia and the UK (Farmer and Owen, 1995) advanced critiques of 'mother blaming' theories of child abuse and highlighted neglected issues of domestic violence (affecting both women and children) and child sexual abuse (see also Calvert, 1992).

The 'rights' movements of the time led to the development of self-help groups that also became prominent in the field of child welfare, such as peer support for parents and parent effectiveness training. The right to self-determination for Aboriginal and Torres Strait Islander people was becoming recognised and in child welfare policy area there was a focus on the detrimental effects of the forced removal of Aboriginal and Torres Strait Islander children from their families and communities. Notions of differing child rearing practices in a multicultural society also raised issues for those working in child welfare and child protection.

Scott and O'Neil (1996), like Fernandez (1996), suggest a cooperative, non-adversarial and also non-judgemental relationship between families and workers in the area of child

protection. Their work describes an innovative family-centred practice for families whose children have been abused. They developed a model of working together by tapping into the families' strengths (competencies) and allowing the families to suggest ways that will help them. The aim of the agency is family preservation and work with the family takes place in the family home. An evaluation by staff and parents in the agency were supportive of the approach and it appears to be a useful model for adaptation for other communities (Scott and O'Neil, 1996).

The recent study by Farmer and Owen in the UK also supports a partnership approach in child protection. Their study showed that when the working relationship between the child protection system and the family was positive and cooperative the intervention worked well. The study showed that for at least 68 per cent of the children there were improvements resulting from of a combination of casework, family support and services such as day care, activity groups or welfare assistance (Farmer and Owen, 1995: 312).

However, the study also found that while there were substantial improvements for a number of children, the needs of the primary carer were only met in a third of the families. Those whose needs were often not addressed had problems in the areas of marital violence, poor housing conditions or social isolation.

Prevention and coordination were also important themes in Holman's (1988) work which noted that effective prevention practice needs resources in coordinating support services for families at risk of poverty and deprivation as it entails work with a whole family. It also includes cooperation, collaboration with a number of agencies and community participation and depends to a great degree on the development of mutual trust between client and workers.

2.3 Early Intervention to Reduce the Risk of Abuse

Early intervention, prevention and risk reduction are concepts embedded in the 1998 NSW legislation (EnAct, 1999)[16]. Rather than focusing merely on process, the new Act begins from a philosophical position of the responsibility of government to protect children, firstly through prevention.

Early intervention can be described as a risk-reduction strategy with two elements: the identification of a risk factor or potential risk factor; and second, the timely implementation of a strategy to negate or reduce the possible impact of the factor (EnAct, 1999).

It covers a range of possibilities, including:
? improving the caring and parenting capacities of families;
? providing information to parents on health, development and well-being for a child; and
? offering amenities, social experience and services (e.g. children's services) to help parents cope.

Early intervention aims to avoid the need for greater interference later. Prevention in its most global sense means making sure that children are not removed from their families into public or voluntary care, unless it is in the child's best interests (Holman, 1988).

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16   See Appendix 1 for a review of the relevant legislation

The theme of prevention was prominent in Australia in the early nineties when increases in the reports of incidences of child abuse lead to the implementation of the National Strategy for Prevention of Child Abuse. The strategy focused on prevention as a priority so as to avoid child abuse. Russell et al (1994a) indicated there was evidence from a number of studies (Briggs and Hawkins, 1994; Daro, 1993; Olds, 1988 cited) to show that preventative programs could be useful.

> …home visitation programs, coordinated with a system of support that helps parents until the child is 5 years old, have reduced child abuse and paid for themselves (Russell et al, 1994a: 23).

The South Australian study by Russell and colleagues (1994a) in the early nineties on the availability of information on parenting or parenting problems, in particular child abuse, found:

? a lack of easily accessible information for parents;
? a shortage of appropriate counselling services;
? a high focus on assistance for victims (child and family) of child abuse;
? a low focus on prevention; and
? a lack of co-ordination between organisations .

Further work by Russell et al. (1994b) supported early intervention where parents could seek non-threatening help with problems caring for children. Early intervention meant that a problem could be solved or improved before abuse occurred. Because of the burdens and stresses associated with parenting, Russell et al. (1994b) recommended that any information directed towards parents virtually needed to be placed in their hands. It could not be presumed that they would seek out information for themselves or read literature distributed throughout the community.

The state-wide NSW Government initiative, Families First, has taken the global perspective on early intervention to build better links between early intervention and prevention services and community development programs to form a comprehensive service network capable of providing wide-ranging support to families raising children (EnAct, 1999). This includes the provision of children's services.

Despite many positive accounts of the use of preventative practices some criticism has been raised in relation to the practice. In overview of recent research in the area of child protection and child abuse a study found policies in both the UK and USA, urged greater prevention practices to keep children at home. The report analysed a number of preventative strategies and found both their application and effects variable. The study found the aims of some initiatives were not well-defined and outcome evidence was limited.   Research on interventions and treatment for children at risk of abuse or neglect they concluded were not well developed (DSRU, 1995).[17]

2.4   Overview of the Development of Children Services

Early children's services in the UK and France developed in response to concerns that the needs of children of employed parents were not being met by informal child-minding

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17   See Section 5, Recommendation 21 for suggested further research.

arrangements. The concept of providing formal care encompassed notions of safety, play and education for the pre-school child (Cohen and Fraser, 1991).

In contrast, in Australia early services (kindergartens) for children in NSW were introduced at the turn of the century to educate children from poor families and also to visit the homes of these children with the aim of reforming working class family life. Few children's services were available for employed mothers in poor working class families. The introduction of day nurseries in the early 1900s was the first service offered to working class women in paid work to meet their child care needs (Brennan, 1998). Concern for maternal health and the well-being and education of poor children during the years of the Depression led to the establishment in 1938 of the Australian Association of Pre-School Child Development (now the Early Childhood Association) which aimed to set standards for both the care of children and the training of teachers in the area.

The increasing labour market activity of women during the war years (1939-1945) and a need for children's services led to the introduction of Commonwealth funding for existing children's services. This was offered on a limited basis but only for the benefit of legitimate war workers. In the post war years of the forties and fifties kindergartens were regarded as appropriate pre-school education centres for children aged three to five. Children were expected to attend for a few hours a week in school term time and there was an expectation that most mothers were based in the home, caring for their families (Brennan, 1998).

It was not until the end of the 1960s and the rise of the women's movement that there was a new approach to the provision of children's services. Feminists argued that services for children were a fundamental social requirement and that child care could be undertaken outside the family with no risk to the maternal bonds of child and mother. (Brennan, 1998)

The value of the provision of children's services as a support for families is highlighted by Brennan who stated that,

> Child care services are among the most effective support services that governments can provide for families. Good quality child care provides social and educational benefits for children and relieves parents of anxiety about their children's well-being while they are at work, studying or participating in community activities. The availability of child care is of fundamental importance in enabling women to take an active and equal part in society. (Brennan, 1983: 1)

Cass (1990) argued that the provision of children's services has social and economic benefits. The results of her study indicate that the provision of children's services assisted in reducing inequalities in family income distribution and offered long-term protection from poverty. Children services were found to provide social as well as economic dividends. The provision of formal services allows women to participate in labour market activity and in the wider society alleviating some of the stresses resulting from living in disadvantaged circumstances. Also the labour market activity of mothers who access children's services results in higher household income and less reliance on other government financial support.

These findings are echoed by Cohen and Fraser (1991). They argue that children's services make a major contribution to the relief of disadvantaged families and to the promotion of greater equality in terms of the life chances of children. Their value lies in not only meeting

children's needs but also in enabling parents to combine their parental responsibilities with participation in education, training and paid employment to achieve financial independence which protects children from poverty and neglect (see also Brennan,1983; Frank et al., 1989; Gormley, 1995).

2.5   The Quality of Children's Services

Children's services are used by parents for a number of reasons such as their own work and training needs and because parents want their children to be involved in activities which stimulate and assist in their development (Brennan, 1983).   Longitudinal studies have indicated that children do better if they have experienced good quality children services before starting school and in their future development are less likely to have contact with the juvenile justice system and more likely to gain employment (see also Weikart, 1982; Osbourne and Milbank, 1987; cited in Cohen and Fraser, 1991).

Citing research conducted by Schaffer (1990), Melhuish (1990) and Moss (1989), Cohen and Fraser emphasised that the quality of children's services has been shown to be an important mediating factor in the development of a child. Gormley (1995) found that high quality child care allows children to learn rapidly, develop strong attachments to adults and behave sociably with their peers. This positive early experience then translates to school where children are prepared to continue with the learning process making education easier, more rewarding and more effective. Following this continuum, Gormley argues the outcomes are higher employment levels, higher wages and better health. Even more important, then, is the importance of quality children's services for children at risk if they are to overcome their disadvantages.

In a review of a number of international studies (McCain and Mustard, 1999) on the significance of the first years of life to the development of children indicated that early years from conception to age six, particularly the first three years, set the base for competence and coping skills that will affect learning, behaviour and health throughout life.   The brain is most receptive in early childhood and matures during the early years in a sequential manner. With the most favourable conditions and experiences the brain develops healthy and diverse capabilities.   Neurodevelopment can be damaged if disruptions occur to the normal developmental experiences.   Children who are abused or neglected develop maladaptive behaviours (Perry and Marcellus, 1997). McCain and Mustard, (1999) state that the evidence is clear that quality early child development programs that involve parents can influence how they relate to and care for children in the home and vastly improve outcomes for children. Perry and Marcellus (1997) state:

> Aggressive early identification and intervention with abused and neglected children has the capacity to modify and influence development in many positive ways. (Perry and Marcellus, 1997:3)

2.6   International Research on Children's Services and Child Protection

As discussed earlier in the report, children under five years of age, those living in poverty, from single parent families or from an Aboriginal or Torres Strait Islander background appear to be at high risk of abuse and neglect (Parton, 1985; Roditti, 1995; Hood, 1998). While most child welfare services 'substitute' for parental care, children's services have the potential to reduce the need for more extreme intervention, by providing support for parents and

developmental opportunities for the children (Hayden, 1993). Access to children's services can enable parents to attend training, counselling, or parenting classes to receive information about coping skills that could prevent a crisis from occurring at a later stage (Roditti, 1995).

Children's services provide safe and stimulating environments that foster children's development and give relief to families under stress thereby minimising the risk of abuse and neglect (Provence and Naylor, 1983 cited in National Crime Prevention Authority, 1999; Miller and Whittaker, 1988; Weikart and Schweinhart, 1992 cited in National Crime Prevention Authority, 1999; Tregeagle and Voigt, 1993; Cooper and Sutton, 1999; McCain and Mustard, 1999). Access to children's services also offers the opportunity to reach children early by providing support to families that may prevent further problems such as involvement in crime or substance abuse (Roditti, 1995; National Crime Prevention Authority, 1999). The remainder of the section reviews the empirical evidence on the effectiveness of the use of children's services as a protection and prevention strategy.

Table 2.1 provides a summary of the main research studies located in the literature search. A number of studies have found that pre-school programs and quality child care benefit young children, particularly in addressing their developmental needs. In the USA two programs developed in the early 1960s were designed to address the developmental needs of children from disadvantaged backgrounds, to maximise their learning potential and to reduce intellectual deficits in these children. To begin with, the *Head Start Program* was a six week summer program serving 500 000 pre-school children. An evaluation conducted by Westinghouse found that pre-school children who attended *Head Start* had improved performance on intelligence tests and performed better than non-*Head Start* children on tests of school readiness. The study found that immediate benefits were not long lasting and by the time children reached primary grades the gains had faded. However, the evaluation did not take account of variations in program content, staff quality, and staff to child ratios within the different programs implemented nationally (Valentine and Zigler, 1983).

The *Perry Preschool Program* was also developed and implemented in the early 1960s. It was a longitudinal study of the effects of pre-school education on disadvantaged children. The original sample was a group of 128 African-American children born between 1958 and 1962 whose parents were of low socioeconomic status. Children were assigned randomly to the intervention and control groups. The program involved two and a half hour classes each weekday morning and a 90 minute home visit by a teacher for 30 weeks. A follow-up of 123 children at 25 years of age was conducted. The results showed that the initial intellectual gains were not maintained. However, the intervention group had higher school achievement, higher rates of literacy, less criminal behaviour and less welfare dependency than the control group (Weikart and Schweinhart, 1992 cited in National Crime Authority (1999).

The 25 year follow-up study of the *Perry Preschool Program* also found that this program provided significant cost/benefits to the children involved and to the larger community, which far outweighed the cost of the program. Analysis revealed a cost/benefit ratio of 7:1. The analysis estimated that the cost/benefits from the program were in excess of $US 88 000 per child. The benefits to the general public were mostly in terms of reductions in crime related activities (Barnett, 1993).

The types of program discussed above, while showing the benefits of attending quality pre-school programs, were not designed specifically for children at risk of abuse and neglect.

Table 2.1: Summary of Literature on the Effectiveness of Children at Risk Attending Children's Services

Authors, year, country	Research methodology	Sample and Source	Type of service /intervention	Outcomes
Bradley et al., 1986, USA	Non-random, quasi-experimental	39 pre-school age children who were maltreated	Specialised day care programs, regular day care centres and family day homes	Maltreated children in day care settings exhibited more positive social behaviour, reasonably effective interaction with day care staff and productive interactions with peers. Quality of the day care positively correlated to the children's social competence.
Crittenden, 1983, USA	Quasi-experimental study, non-random	22 children who were recommended for protective day care due to risk of abuse and neglect	Protective day care	After four years no significant differences between children who attended day care and those that did not in terms of whether they lived at home, in temporary foster care or were permanently removed from their home.
*Durkin, 1986, USA		142 referred children and parents	Therapeutic day care, parents groups, individual counselling, transportation, parents support groups for 13 months	Decrease in recurrence of abuse. Improvement in child development.
Gilley, and. Taylor, 1995, Australia	Longitudinal study (3 years), interviews with all mothers and some fathers, (face-to face and telephone)	167 children born in two local council areas in inner Melbourne accessed through Maternal and Child Health Service	Paid child care, health services, play groups, toy libraries	Low-income families were less likely to use paid child care and other children services. Mothers with low income were more likely to identify services they would have liked to use but were unable to.
Heide and Richardson, 1987, USA	Non-random, matched intervention and control group, pre-test post-test comparisons	35 maltreated children enrolled in a therapeutic day treatment program and 35 maltreated children on waiting list for therapeutic day treatment program	Therapeutic day treatment including developing caring peer relationships, helping the children deal with their feelings and pre-school learning activities	Developmental gains for children in fine motor, cognitive, gross motor, social, emotional and language areas.

Table 2.1: Summary of Literature (continued)

Authors, year, country	Research methodology	Sample and Source	Type of service /intervention	Outcomes
Johnson and Walker, 1987, USA	Longitudinal study randomly assigned to intervention and control groups	128 Mexican-American mothers from low socioeconomic status in first follow-up	Home visits and centre-based program over two years	Intervention mothers were more affectionate, used less criticism, less restive control, more encouraging in interactions with child and provided more stimulating home environment for child than control group.
**Lally, Magione and Honig, 1988, USA		108 low-income families	Family support and early education over 3 years	Initial cognitive gains not sustained after 10 years. Lower delinquency and better school performance for girls.
*Provence and Naylor, 1983; Seitz, Rosenbaum and Apfel, 1985, USA	Quasi-experimental, matched pairs	18 pairs of economically disadvantaged first time parents located through clinic records of women registered for obstetric care	Home visits; extended paediatric care, regular day care/toddler school from prenatal to 30 months	After a 10 year follow-up intervention mothers more likely to be self-sufficient and self-supporting and smaller family size than non-intervention mothers. After a 10 year follow-up intervention children better school attendance, less aggression and antisocial behaviour than control group. Costs of the intervention less than saving to community in terms of welfare support and need for special education.
**Weikart and Schweinhart, 1992, USA	Randomised control and intervention group	128 African-American children born between 1958 and 1962 and parents of low socioeconomic status; follow-up 123 children	2 ½-hour classes each weekday and 90 minute home visit by teacher for 30 weeks of year	Initial intellectual gains not maintained, but higher school achievement, and rates of literacy, less criminal behaviour and less welfare dependency.
Yandell, and Hewitt, 1996, Australia	Exploratory study, multiple baseline pre-test/post-test single subject design	Parents requesting or being referred for respite daycare for the first time between January-June 1993. 8 families including 11 children	Occasional daycare at accredited child care facilities (non-working and non-study related daycare)	Respite care assisted families with pre-school children by acting as a circuit-breaker, reducing stress and allowing some time out for parents and children. Outcome measures, changes in parents' feelings, attitudes and behaviours towards their pre-school children.

Note: *   cited in Miller and Whittaker, (1988) 'Social services and social support: blended programs for families at risk of child maltreatment', *Child Welfare*, 67(2), 161-74.

   ** cited National Crime Authority (1999) *Pathways to Prevention*: *Developmental and Early Intervention Approaches to Crime in Australia*, National Crime Prevention, Commonwealth Attorney General's Department, Canberra

They were designed for children from disadvantaged and low socioeconomic families. Such families have been shown to be among families at risk of abuse and neglect of their children (Tomison, 1997b).

A number of other studies have been conducted in the USA in relation to the use of children's services for children either at risk of abuse or neglect or who have been maltreated. Crittenden (1983) investigated the effects of using children's services for families under stress in a quasi-experimental study of 22 children recommended for protective day care. In nine cases, protective day care could not be organised because of a lack of services, difficulties with transport and cost. These nine children were used as the comparison group to those who attended the protective day care. An assessment of the home environment, maternal attachment and infant development was conducted at the time of referral to the protective day care. At a one year follow-up more children who had not attended the protective day care were living at home compared to those who attended. However, after four years there was no difference in where children were living in the two groups. The author concluded that ' mandatory protective day care had hastened, but not caused, the removal of the children'. Day care seemed to function as a catalyst by exacerbating the process of family rejection and anger and thus making the home a less safe environment for the child rather than reducing the pressure and giving the family a break so that they can more adequately care for the child (Crittenden, 1983: 297). There were, however, several problems with the research methodology as the participants were not randomly assigned to control and intervention groups and the sample size was very small. But the findings raise the question of whether children's services, such as child care, are an effective protection strategy in all situations.

Cohen (1979), found that a program of therapeutic intervention including play therapy, individual and group therapy, therapeutic day care, crisis nursery services and medical care had positive benefits for children who had been abused and neglected. The 70 children in the study, exhibited a variety of psychosocial, emotional and developmental problems (interaction with peers, ability to give and receive attention, general happiness, attention span). By the end of the intervention many of the problems had been resolved. However, interventions with the parents were less successful (only 42 per cent were judged to have reduced the potential for abuse or neglect).

Bradley et al., (1986) conducted a study to determine whether the quality of three different types of day care (specialised day care programs, regular day care centres and family day homes) influenced the children's social development. The sample of the study included 39 pre-school age children who had been maltreated. The children were rated by their parents as displaying high levels of disturbed behaviour. Observations of the maltreated children when in care settings, however, showed that they exhibited more positive social behaviour, reasonably effective interaction with day care staff and productive interactions with their peers. The quality of the day care in terms of the program content, physical environment and carer traits was positively correlated to the children's social competence. They state that:

> There is an assumption that maltreated children will manifest more socially competent behaviour in day-care contexts where the caregivers consistently display such strategies as modulated voice control, fair and predictable rules, appropriate physical affection, courtesy, encouragement of mutual respect among children, fair and discrete discipline, clear communication, non-authoritarian attitudes, willingness to talk and listen to children, enthusiasm and positive emotional behaviours… Being in good quality day care, may remove the child … from … the 'world of abnormal rearing. (Bradley et al., 1986: 182)

In another study, 35 maltreated children involved in a therapeutic day treatment were compared to 35 children who were on the waiting list to attend the program. All 70 children were under the authority of the state protective services. The children attended the program for six hours, for five days a week and there was a 1:2 staff to child ratio. The program focused on building self-esteem, developing caring peer relationships, helping the children deal with their feelings, in addition to typical pres-chool learning activities. The results of the study showed that enrolment in the program raised children's fine motor, cognitive, gross motor, social, emotional and language development (Heide and Richardson, 1987).

Another study which supports these findings was conducted by Johnson and Walker, (1987). The Houston Parent-Child Development Centre, used a primary prevention program directed at infants (aged one to three years) and their parents to reduce the occurrences of behaviour problems. The program was designed to promote social and intellectual competence in children from Mexican-American families of low socioeconomic status. The program involved approximately 550 hours of participation over two years. In the first year, home visits were conducted and in the second year the mother and child came to the centre four mornings a week to attend classes on child management, cognitive development and family communication skills. At the end of the program mothers who participated in the program were more affectionate, used less criticism, used less restrictive control, were more encouraging and provided a more stimulating home environment compared to a control group (Johnson and Walker, 1987).

The *Kempe Early Education Project Service for Abused Families* (KEEPSAFE) involved a therapeutic pre-school for physically and sexually abused children. The program included early education and therapy to enhance the social and emotional development of the children so that they could enter the public education system. The program also involved home visits to improve the quality of interaction between the child and primary caretaker. Not all children were living with natural parents, 14 were with their natural families, four were with relatives and six were in foster homes. After completing the program 16 children were with their natural families, predominantly the mother, one was with relatives, two were in temporary foster care and five were in permanent foster care or had been adopted. The majority of children had made developmental gains. The authors concluded that the home visits, twice a month was not enough to have a significant effect on reducing the level of abuse (Oates et al., 1995).

The *Yale Child Welfare Research Program* was a research demonstration project. The target families for the program were severely impoverished, first time parents. The program ran from late pregnancy to 30 months after the birth of the child. The Program components included home visits, extended paediatric care, day care or pre-school with highly trained staff and low staff child ratios and regular developmental examinations. Each child had a primary caregiver and they focused on the children's emotional and social development. The primary focus was on services delivered by an interdisciplinary team. The intervention seemed to increase self-esteem in the children (Provence and Naylor, 1983, cited in Miller and Whittaker, 1988). Over a 10 year follow-up period the intervention group had better school attendance and less need for special education services than the control group. Also the intervention mothers displayed higher levels of satisfaction and pleasure with their relationships with their children and the families were more likely to be self-supporting and living independently than those in the control group. These results translated into economic benefits to the community in terms of less welfare dependency of the families and savings on special education programs. 'The results suggest that family support procedures including

quality day care, have considerable promise as a general model for intervention programs (Seitz, Rosembaum and Apfel, 1985: 376).

The *Childhaven Therapeutic Day Care* operated out of a private child care agency. It was developed in response to the need for services for high risk parents reported to the child protection services. As part of a holistic program the children were picked up from their homes and taken to child care. This process allowed for daily access to the children's homes that served as an extension of the formal program to assess parent-child interaction, parents personal functioning and the physical environment. The parents were also offered practical parent education within the day care. The service emphasised concrete assistance to alleviate stress. Results of the program showed that there were improvements in all problem areas, including the recurrence of abuse and the child's development up to the time the service was withdrawn (Durkin, 1986, cited in Miller and Whittaker, 1988).

The Syracuse Family Development Program (cited in Lally, Magione and Honig, 1988) involved weekly home visits to disadvantaged women from the time the women became pregnant until after the birth of their child. After the birth, day care was provided to the child until they reached five years of age. Home visits encompassed teaching the parents about games to assist their children to learn, nutrition, positive support and encouragement. They also helped family members to take an active role in the child's development. Family support combined with the provision of child care was the key to this project's success. It was found that the intervention children at age 15 had lower rates of delinquency than children in the control group.

2.7   Australian Research on Children's Services and Child Protection

While there are links that can be made in the overseas research studies of the benefits to children and families of the provision of a range of services (including children's services) especially for high risk families and children there have been few studies in Australia on the effectiveness of using children's services as a child protection strategy. In a study by Fernandez (1996) investigating children's need for and experience of substitute care it was found that just over half of the sample of parents felt that access to children's services would have prevented their child from entering substitute care.

The importance of children's services is also highlighted in the findings of the *Life Chances Study,* a longitudinal research project conducted by the Brotherhood of St Lawrence. The aim of the study was to investigate the life opportunities of a group of children from low income families. Interviews were conducted with 167 mothers, of children born in 1990, when their child was approximately six months old. Subsequent interviews were conducted when the children were 18 months and 2 ½ years old. The study found that the most helpful services used by the mothers were Maternal and Child Health Services and child care services. However, low income families were less likely to use paid child care and other children's services and more likely to identify services they would like to have used but were unable to. The reasons those families gave for not being able to use services included their cost and lack of availability (Gilley and Taylor,1995).

The only Australian study which specifically examines the impact of providing children's services as a preventive strategy was one conducted in 1993 by Yandell and Hewitt (1996). The intervention examined in the research was the provision of respite daycare over a period of three months for pre-school children of the participating families. It was an exploratory

study with eight two-parent families (11 children). Based on Hudson's (1982) Index of Parental Attitudes the children in the sample were at a low risk of being abused. Only one family was formally referred to respite care by an agency worker. The Index of Parents Attitudes scores indicated that one third of the parents showed a change in the direction of decreasing problems after the three month period of respite care. The respite care acted as a 'circuit-breaker', reducing tension and giving breathing space for both parents and children. However, the authors noted that the influence of intervening variables such as maturation of the child and the passing of time could not be discounted. Although these results are promising the study had a small sample size and there was no control group for comparison.

One of the themes emerging from the overseas literature is the need for a holistic approach to the prevention of child abuse and neglect abuse. This theme is also reflected in findings of the evaluation of the *Alys Key Family Care Demonstration Project* in Victoria. The aims of the project included:

?   Retention of children within the care of their families without the children being subjected to severe abuse or neglect;
?   Enhancement of parenting skills and empower parents to nurture and care for their own children;
?   Improvement of children's physical, emotional, social and intellectual development; and
?   Improvement of overall family functioning, both within the family as well as the family's links with their community. (O'Brien, 1992: 57)

The Victorian project's service model was based on a team approach to whole families rather than an individual family member. Priority was given to families whose children were at high risk of being removed from the family. The model was based on the provision of support by a multidisciplinary team including a family counsellor, a family support worker and a children's services worker. The intervention involved a number of group programs designed to allow parents to share the difficulties of being a parent and to learn ways to cope with and to interact positively with their child. There was also a program for pre-schoolers with developmental delays and respite care was provided once a week to give parents a break and to provide children with extra stimulation and friendships in a safe environment.

An evaluation of the project was conducted over the period 1986-1989. A total of 264 children from 102 families were involved in the program. There were 129 children at high risk of being removed from their families. The evaluation indicated that only nine children were removed from their families whilst they were involved in the program. There was an overall retention rate of 93 per cent and the service proved to be cost effective. Family functioning also improved. The evaluation concluded that using a combination of services, reaching out to families and addressing all aspects of family functioning was important in working with high risk families (O'Brien, 1992).

As with the use of children's services as a child protection measures, little is also known about the use of them in child abuse prevention programs. A CPC audit found that of all child abuse prevention programs, family support programs (46 per cent), (with a focus on the family as a whole rather than child alone) and community education programs (32 per cent) were the most prevalent with smaller numbers of other child focused programs. There was nothing specifically mentioned in the audit in relation to children's services as a preventive strategy for child abuse and neglect (CPC, 1997b).

2.8   Abuse in Care

The dramatic increase in the use of children's services has drawn attention to the need for research on abuse and neglect within these services. In contrast to abuse occurring within the family setting, abuse and neglect in children's services can affect large numbers of children over a short period of time. Without adequate research policy makers can not develop rational and effective solutions to this problem (Russell and Clifford, 1987; Cashmore, Dolly and Brennan, 1994).

Research on abuse in care is scarce. One study by Russell and Clifford (1987) attempted to describe the incidence of abuse and neglect in day care services and the effectiveness of regulations in preventing or alleviating this problem. It was conducted in Orange County, USA and used data from the complaint log maintained by the Office of Child Day Care Licensing. The complaint log was used to review centres and homes where severe complaints of abuse and neglect had occurred. Programs that were unlicensed or unregistered had the most frequent complaints, particularly in relation to violations of staff to child ratios. One out of six complaints were of alleged abuse and neglect of which 40 per cent were substantiated. However, the majority of complaints were made on a small number of programs.

An Australian study examined data from the Child Protection Unit of the Camperdown Children's hospital from July 1987 to April 1990. The abuse occurred in a number of settings including pre-schools, activity care and family day care. Booth and Horowitz (1992) noted that most abuse occurs in the home, however data show 'there is sufficient risk of abuse in child care facilities to make it imperative that the community develop strategies and systems to detect, deter and prevent abuse'. (Booth and Horowitz, 1992: 158)

The results from the analysis of the data show that of the 1133 children seen at the Child Protection Unit from July 1987 to April 1990, 95 children or 8.4 per cent, were abused in children's services outside the family home, with the great majority being sexually abused. Most children were younger than six years of age.   The children exhibited behavioural changes, which alerted the parents to the possibility of abuse. The abuse was later confirmed by the Department of Community Services, police or the Child Protection Unit, and in the cases of physical abuse, by the presence of non-accidental injuries.   The authors stated that

> 'if the number of places for child care outside the home is to increase in
> response to social and economic pressure, both those responsible for supervision
> of these services and parents must be mindful of the vulnerability of young
> children to abuse'. (Booth and Horowitz, 1992: 162)

Another study, again from the USA, was designed to identify variables associated with the abuse of children in daycare centres and homes, and to specify risk factors to guide professionals and parents.   Literature on child abuse (physical, sexual, and ritual) was reviewed. The study found that physical abuse occurred most frequently in the form of over-discipline, and may have been inadvertently supported by parents' permission for corporal punishment. Although sexual abuse occurred less frequently in centres than in homes, effects on the victim seemed worse in centres. The perpetrators were predominantly male. Failure of centre staff to report suspicion of abuse by fellow staff or parents was cited as a concern by several researchers (Schumacher and Carlson, 1999).

Only one study was located which focused on the notification by workers in children's services of suspected abuse and neglect. The study involved 3737 children attending child are institutions in three suburbs in Stockholm. Three per cent of these children were suspected of being maltreated. Of these cases only 37 per cent were reported to the Child Protective Agencies (CPA). Interviews with directors of these centres revealed delays in reporting suspicions of child abuse to the CPA. One of the possible reasons for delays in reporting suspected abuse and neglect was the way in which reports were processed by the CPA (Sundell, 1996).

Finkelhor, Williams and Burns, (1988) examined data collected in the United States related to cases of abuse of children under seven years old which occurred in day care settings and were substantiated in some way. They found a concerning increase in the numbers of cases of abuse. However they point out that day care is not an inherently high-risk locale for children. The risk of abuse is not sufficient reason to avoid day care in general or to justify parents' withdrawing from the labour force. They put forward a number of recommendations with regard to the prevention of abuse including preventive education for pre-school-age children; provision of toileting facilities in day care centres that reduce privacy; increased attention being paid to family members of day-care staff and operators who may have access to children. They also recommend that staff should be screened on a wide range of background information not just those associated with paedophile behaviour (Finkelhor, Williams and Burns 1988).[18]

The research on abuse occurring within children's services is scarce. The findings from this small body of work highlight the need for further research. The research indicates that children are at greater risk of abuse and neglect outside children's services settings and that the risk of abuse is not a sufficient reason to avoid using such services. However, it is vital that procedures for deterring and detecting abuse and neglect in care are implemented.

2.9   Summary of Research on Children's Services and Child Protection

Despite some methodological problems, the findings of the research reviewed shows access to good quality children's services has been found to benefit children in terms of their social and educational development, particularly children from disadvantaged backgrounds. Children's services provide children at risk with a safe and stimulating environment for part of their day and allow other adults to monitor their welfare. Children's services also offer the opportunity to reach children early and give parents respite from the pressures of caring for a child. Early intervention in the form of children's services has the potential to avert future problems from occurring such as delinquency and substance abuse. However, the research findings suggest that children's services alone do not provide the solution to the problems associated with abuse and neglect. A holistic approach whereby children's services are part of a range of support offered to the families and their children such as regular home visiting seems to be a more effective child protection strategy.

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18   Similar safeguards are included in the Quality Improvement and Accreditation System (QIAS) for child care centres and NSW Risk Assessment Process (DoCS, *Practice Guidelines for Risk Assessment in Children's Services*, 1998b).

3   Review of Policies and Procedures

This section reviews policies and procedures in relation to the provision of child protection and children's services by the NSW Government to families, children and young people. This is followed by an overview of children's services for children at risk of abuse and neglect with particular attention given to programs for Aboriginal and Torres Strait Islander people, people from a non-English-speaking background and children with a disability.

3.1   Overview

The NSW Government has a number of policies in relation to child and family services. These policies are primarily administered and implemented by the Department of Community Services (DoCS).[19]   Legislation underpins the policies, roles and functions of the DoCS services provided to protect children and young people. The framework of legislation, regulations and charters in relation to child protection for children under school age is as follows:

?   *Children and Young Persons (Care and Protection) Act 1998*;
?   Children (Care and Protection) Regulation 1996;
?   Centre-based and Mobile Child Care Services Regulation (No 2) 1996 [as amended May 1997];
?   Family Day Care and Home Based Child Care Regulation 1996; and
?   Interagency Guidelines for Child Protection Intervention (1997) (Charter) (see Appendix 2).

The 1998 Act replaces the *Children (Care and Protection) Act 1987* in July 2000. The relevant sections of the new Act are summarised in Appendix 1. The remainder of this section should be read with the awareness that the regulations and departmental guidelines are currently being redrafted in light of the new legislation. The Minister for Community Services established the Office of Childcare in October 1998. A Commission for Children and Young People was established in 1999 (see Appendix 1).

3.2   Child Protection Policies

Principles

The principles that underpin the Government's child protection policies include the following:

?   The safety, welfare and well-being of the child are paramount.
?   The child and family are given the opportunity to appropriately participate in decision making for the protection of children.
?   Professionals and agencies are responsible for ensuring that children are the focus of the procedures.
?   Interventions should aim to secure the safety of the child in their own family. In all cases where this is not possible appropriate links between the child and the family must be maintained.

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19   See Appendix 2 for a list of other Departments and agencies responsible for child protection roles.

? Intervention requires sensitivity to issues of age, sex, gender, race, culture, language, religion, disability, sexuality and location (CPC, 1997c; DoCS, 1997a).

Interagency Practices

Following on from these principles is the concept of an interagency approach to prevention and intervention in child protection. The prevention and protection of children from abuse and neglect is a shared community responsibility. Effective intervention in child protection cases demands cooperative and coordinated action across agencies (see Appendix 2). In 1985 the then NSW Child Protection Council (CPC)[20] was established to coordinate and monitor child protection programs and in 1991 the CPC published its first edition (second edition 1997) of the *Interagency Guidelines For Child Protection and Prevention* (referred to as the *Interagency Guidelines* in the remainder of the document). Training in the use of the guidelines began in 1997 to ensure that relevant agencies (government and non-government) understood the issues and their roles in identifying and reporting child abuse and neglect.

Interagency guidelines aim to ensure that a number of outcomes eventuate from the intervention procedures, including the following:

? Government organisations and agencies combined with non-government agencies work in partnership with families to ensure the safety, welfare and well-being of children.
? Agencies recognise, accept and understand the roles, responsibilities and practices of other relevant agencies.
? In implementing policies and practices, agencies ensure that staff are appropriately screened, qualified, trained and supervised so that best practice can be achieved (CPC, 1997c, DoCS, 1997a).

Notifications of Child Abuse

The *Children and Young Persons (Care and Protection) Act 1998* includes mandatory reporting from any person who delivers or manages children's services about reasonable grounds of suspected risk of harm to a child (see Appendix 1). This is a broader class of persons required to report than in the 1987 legislation.

Training for workers in children's services (and for other agencies) in general incorporates the use of a package of two publications *Making A Difference, Towards Better Practice, Child Protection Procedures, Practice Manual* (1997) and *Interagency Guidelines* (1997) for people working with children and families. The package provides an understanding of the complex issues involved in the recognition of child abuse and neglect, child protection responses and the procedures to be followed. The package was designed for use by supervisors, team leaders, directors, and coordinators of agencies and organisations working with children and families (CPC, 1998b: 7-8).

In the process of a child protection intervention there are several phases in the case coordination framework which embody a number of principles and procedures in relation to the notification of child abuse and neglect: intake; field action; and ongoing care and support

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20 The Child Protection Council was replaced by the Commission for Children and Young People in 1999.

(see Appendix 2). The focus groups and survey for this project examined the implementation practices in relation to these procedures (Section 4).

In cases of criminal child abuse (e.g. child sexual abuse or serious physical abuse) DoCS ensures that all notifications involving safety or risk and criminality issues are jointly investigated with the NSW Police Service and where appropriate, collaboration with the NSW Health and School Education Departments. These Joint Investigation Teams (JITs) comprise officers from government agencies located in a 'one-stop' location. The multi-disciplinary nature of these teams is an attempt to balance the needs of the child victim of abuse or neglect and the need for offender accountability. Nine JITs operate in urban locations in NSW and in rural NSW specially trained Police and the Department's child protection staff work together in Joint Investigation Response (JIR). If required, members of JIT, JIR, Police or Community Services can call on other agencies to ensure the safety and well-being of a child at risk (DoCS, 2000).

Allegations of Abuse in Care

In some instances it may be that a carer or staff employed by a children's service is alleged to be involved in abuse or neglect of a child. Such allegations are required to be reported both to DoCS and to the Ombudsman's Office, *Ombudsman Amendment (Child Protection and Community Services) Act 1998* (see Appendix 1).[21] Children's services are required to have policies regarding reporting of suspected abuse. It is also a requirement that all employees in children's services be screened (see Appendix 1).

Guidelines for reporting allegations of abuse in care settings are provided by DoCS and the Ombudsman's Office (DoCS, 1997a, Ombudsman's Office, 1999). The guidelines apply to all government services and some non-Government services including non-government schools, child care centres or residential child care centres; agencies providing substitute residential care for children, and statutory/affiliated health organisations (e.g ambulance service). A joint response (DoCS and Police) is required if there are issues relating to the protection of the children and criminality. To date there is no information available from the Ombudsman's Office in relation to overall numbers or trends in the reporting of abuse in care in children's services.

The fieldwork component of this study included investigation of abuse in care using a questionnaire to Directors of children's services and focus groups with children's services' directors and workers. The fieldwork examined the number of reports of suspected child abuse in care; worker's experience of action taken by DoCS and other responsible agencies; and their opinion of the barriers to effective reporting (see Section 4).

3.3   Context of NSW Children's Services and Child Protection

NSW Children's Services Program

The DoCS Office of Childcare coordinates the Children's Services Program within the Department of Community Services. The Office is responsible for planning, funding and

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21   Under the 1987 legislation a person alleging such abuse or neglect was required to inform DoCS.

licensing children's services in NSW. Children's services for children aged up to five years regulated or funded by the NSW Government include:

? Pre-schools;
? Long day care centres;
? Family day care and home-based care;
? Occasional child care; and
? Mobile children's services (DoCS, 1985). (See Appendix 4)

A goal of children's services is that services be accessible, affordable and sensitive to the special needs of Aboriginal and Torres Strait Islander children, children from non-English speaking background, children with disabilities, children from disadvantaged and vulnerable families and communities, and children requiring additional assistance (DoCS, 1985:4-9, 12). DoCS officers can request placement of a child at risk in any children's service in receipt of NSW Government funding (s 17 and 18 *Children and Young Persons (Care and Protection) Act 1998).*

As well as the provision of children's services the Department of Community Services funds a wide range of non-government projects in the area of child protection, child sexual assault, and child abuse prevention and family support programs (DoCS, 1998a).

Services for children, families, individuals and communities in NSW cost $489.5 million in 1997. Since 1995, the Government has provided an additional $30.2 million to improve child protection services run by the Department. Support and services for children, young people and families are provided by a Statewide network of 85 Community Service Centres and 16 Area Offices (DoCS, 1997b).

The Role of Children's Services in Child Protection

Various members of DoCS staff work with children, young people and their families in Community Service Centres (CSC) located around NSW providing child protection and family services including Child Protection Specialists and District Officers (Child and Family Officers). District Officers (DO) provide direct service delivery to children and families and have key responsibility for intervening and managing cases of neglect or abuse of children. A number of CSCs have a Children's Services Adviser (CSA) operating from their centre. In other DoCS Areas the CSA is located in the Area Office.

CSAs have a number of roles and responsibilities in relation to child protection which include:

? providing specialist and expert advice on children's services program direction, practice and service delivery to the Department;
? keeping informed of trends in children's services' practice, theory and delivery; and
? participating in the wider child protection work of the Child and Family Program through resourcing services and child protection workers and the coordination of referrals of children at risk to appropriate children' services.

Commercial, for-profit children's services are a growing part of the provision of children services in Australia and Commonwealth fee relief (Child Care Assistance) is available to parents using these services. As with community-based services, private services are required

to fulfil policy, training, reporting and placement requirements of NSW children's services regulations (Appendix 1). In the UK work by Dillon and Statham (1998) in a study of funded day care looked at the contribution of private and voluntary day care providers as a source of day care provision for children in need of protection. They found they were a valuable source of child care placements for children at risk but noted there were sometimes lower levels of training, qualifications and support for workers. Workers were unlikely to have extensive experience in providing a service for children with special needs or with child protection needs. The main disadvantage of the services was the lack of suitable services where placements were most needed, particularly in socio economically disadvantaged areas. Cohen and Fraser (1991) in their study of children's services in the UK found that while private operators of children's services may have a commercial orientation to the provision of care, on balance the advantages they offer are substantial.

One of the purposes of State Government general funding of children's services in NSW is to ensure that such services play a role in preventing or reducing the risk of child abuse and neglect in families under stress. In addition, the Department makes financial provision for the purchase of places in children's services for children who have been assessed as at risk. Financial support for children's services is available through the Family Initiative Fund (FIF) Child Care Costs program.

FIF may be used as part of case planning to purchase placement in child care for children who are notified as at risk. FIF funding for a placement in a children's service is usually available for a period of up to three months. Approval from a DoCS Area Office is required to extend support for a longer period. Hours and days of attendance at a service are negotiated between the service, the parents and DoCS. Parents can be requested to contribute to the cost of care. When funding from DoCS ceases, the service and the family negotiate the child's continuing attendance at a service and determine how the costs will be met (DoCS, 1997d; Focus Group and Steering Committee Discussions, 1999).

Commonwealth Funding of Children's Services

The Commonwealth Department of Family and Community Services (DFaCS) has responsibility for the national child care policy. DFaCS assists families with dependent children to participate in the work force and general community by supporting the provision of affordable child care through Childcare Assistance and Childcare Rebate (see Appendix 4) (DFaCS, 1999a).

The Commonwealth provides funding for a number of children's services including long day care centres, family day schemes, occasional care, outside school care services, vacation care services, playgroups, multifunctional children's services, multifunctional Aboriginal children's services (MACS) and mobile children's services and toy libraries[22]. The Commonwealth also funds Aboriginal and Islander Child Care Agencies (AICCA).

The Commonwealth also has programs (see Appendix 4) to assist children with special needs (including children at risk of serious abuse and neglect). Workers in children's services can apply to Centrelink on behalf of parents for Special Childcare Assistance (SCCA) for up to 13

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22   To be eligible for Commonwealth funding, long day care centres must comply with State or Territory licensing requirements and participate in the Quality Improvement and Accreditation System (QIAS) administered by the National Childcare Accreditation Council (DF&CS, 1999: 15).

weeks. Families with a child at risk may otherwise be eligible to receive Childcare Assistance (CCA) to assist with the costs of child care if the placement is in an eligible service. CCA is limited to 20 hours per week for families unless both parents are participating in labour market activity, training or studying (H&FS, 1998).[23]

3.4 Families with Additional Needs

Within the Australian community there are groups of families that may be more likely to experience child-rearing stresses. The CPC noted that

> For a variety of economic, social and cultural reasons, Aboriginal parents, parents of non-English speaking background, and parents with disabilities, often experience particular child-rearing pressures and difficulties … Parents whose children have a disability (see also Robinson, 1996) are also at greater risk of additional stresses and problems. (CPC, 1997b: 73)

This section summarises children's services and child protection programs specific to these additional needs groups.

Programs for Aboriginal and Torres Strait Islanders

Smallwood (1995) noted it was not sufficient to simply address the issues of child abuse and neglect without acknowledging the loss of identity, culture and land for indigenous peoples due to contact with European culture and the effects of the separation of Aboriginal and Torres Strait Islander children from their families. [24]

These factors have caused many Aboriginal and Torres Strait Islander communities to reject mainstream protection and prevention services (see also D'Souza, 1999). Even when the forced removal of children from their families ceased, the disadvantages suffered by Aboriginal and Torres Strait Islander communities in relation to the provision of services for children continued (Butler, 1993; Litwin, 1997).

However, the establishment of agencies for children's services by indigenous people in Aboriginal and Torres Strait Islander communities since the 1970s has been a significant step in the development of services which reflect and enhance Aboriginal cultural beliefs and values (Watson, 1989).

The CPC in its audit noted

> Clearly, there is restricted access for Indigenous peoples to culturally appropriate services staffed and run by their community, with the bulk of the Indigenous programs actually being generalist and taking clients from a number of populations including

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23   The limit of 20 hours CCA can be extended for families receiving Child Disability Allowance or where one parent has a work related commitment but the other parent does not because of ill-health, disability or absence (H&S, 1998).

24   The 'Stolen Children' Report details the numerous instances, through official government policy, of the removal of Aboriginal children from their parents because they were of indigenous descent. These Aboriginal children were placed in European-run institutions and with non-indigenous families and allowed no or little contact or knowledge of their natural parents (Sidoti, 1997).

ATSI peoples. Given that Indigenous peoples prefer to attend services offering culturally relevant programs and managed by their own communities this is a significant issue. The result may be that Indigenous peoples do not attend these services and/or fail to seek assistance. (CPC, 1997b: 16)

In the area of programs for Indigenous people the CPC audit found only one preventative program pertinent to this project - the '*Young Women who are Parents Support Groups*', run by the Lismore Family Support Service. The Group's primary objective was to provide young Aboriginal and Torres Strait Islander mothers with information, education and shared discussion about parenting while providing safe, quality child care, incorporating positive modelling of play and ways of loving and being with children. Transport to and from the group is provided as well as a light lunch and opportunities are provided for women and children to 'be together' as a means of reducing social isolation. Aboriginal and Torres Strait Islander workers are employed in at least half the positions. (CPC, 1997b: 16)

As in mainstream children's services, funding and/or responsibility for Aboriginal and Torres Strait Islander children services is divided between various departments of the Commonwealth and the States and Territories. Both MACS and AICCA are funded by the Commonwealth. MACS centres offer a culturally appropriate, affordable service to children of often disadvantaged (generally low socio economic and educationally deprived backgrounds) families.

Mobile Children's Services are funded through the Commonwealth Children's Services Program however only three (two in NSW) are run by and provide services to Aboriginal and Torres Strait Islander communities (D'Souza, 1999). As D'Souza notes

Mainstream mobile services are expected to cover other areas where none exist specifically for Aboriginal children and this is an area of considerable need that has not been seriously addressed to date. The population distribution of Aboriginal people throughout Australia would suggest that, given the number of small and remote communities scattered throughout the country, mobiles would be a particularly suitable form of children's services. (D'Souza, 1999: 31)

The *Children and Young Persons (Care and Protection) Act 1998* also explicitly states the need for the opportunity for Aboriginal and Torres Strait Islander families and communities to participate in decisions about their children (Appendix 1, s 12).

Recognition of Aboriginal and Torres Strait Islander mistrust of DoCS and other child welfare organisations from past policies and practices for has resulted in new policy directions by the NSW Government (DoCS, 1999a). The aim of the policy is to work in partnership with Aboriginal and Torres Strait Islander families to improve the lives of their children in planning, providing and reviewing all services provided by the Department. In the area of child protection importance was placed on:

? awareness training for non-Aboriginal staff in Aboriginal and Torres Strait Islander culture;
? provision of specialist training for Aboriginal and Torres Strait Islander staff of Aboriginal organisations (including children's services);
? identification of flexible service models that emphasise prevention and early intervention; and

? establishment of pilot projects that increase participation in decision-making in child protection issues (DoCS, 1999a).

Programs for People from non-English-speaking Backgrounds

In the review of the literature on the effectiveness of child abuse prevention programs for children from non-English-speaking backgrounds the CPC noted that there were no specific articles in the area which looked at the effectiveness, outcomes, evaluation or planning in relation to programs for these particular children (CPC, 1995a).

In the audit in 1997 the CPC found that programs that specifically target people from non-English-speaking backgrounds were family support (52 per cent) and community education (28 per cent) programs. However the audit noted that NSW 'appears to be at the forefront of developing innovative, culturally relevant prevention programs' (CPC, 1997b). In the UK also there is little evidence of the extent to which children from minority ethnic groups with special needs (at risk) have access to children's services (Robinson, 1996).

A recent study on child protection practices in the UK by Farmer and Owen (1995) involved a small number of ethnic families. The study found that the difficulties in intervention were compounded by language problems and differences in the cultural value base. The researchers noted that the main deficits for these families was a lack of access to the services they needed and their circumstances were exacerbated by material deprivation and low educational achievement. The study's results underlined the importance where possible of allocating appropriate racial and ethnic workers as the most successful outcomes were where this occurred, and of providing cross-cultural training for mainstream workers. Other issues which also needed consideration were the racial and cultural context issues of gender and class.

The NSW Department of Community Services (DoCS, 1999b) is attempting to ensure that non-English-speaking background communities receive appropriate services. DoCS has developed specific policy directions in a number of areas including the delivery of culturally and linguistically appropriate services in the area of child protection and children's services.

Programs for Children with a Disability

The CPC similarly noted in their review of the literature in 1995 on the effectiveness of child abuse prevention programs for children with a disability that there was nothing specific in this area (CPC, 1995a).

The CPC suggested that it was possible for flexible generalist prevention programs to cater for the needs of children and parents where there was a disability present. The audit by the CPC in 1997 noted 19 specifically tailored programs for children with a disability. Of these, the following strategies were to prevent abuse or neglect: respite services (including play groups, baby therapy and pre-school), referrals to other network services, information, positive care giving practices, home visits and support for vulnerable families. Mention was made of an equally small number (23) of preventive programs specifically tailored to families where a parent had a psychiatric disability. In the area of disability and abuse the CPC noted

> The crux of appropriate support appears to be more in the provision of adequate resources such that services can be provided for as long as families require them,

rather than in the development of services to meet specific needs. However, the unavailability of family support services is a common theme in child welfare services in Australia and overseas and rationing of services a common result. (CPC, 1997b: 19-20)

A recent report, prepared for the DoCS, Office of Childcare looked at appropriate children's service models for the inclusion of young children with disabilities, found '… there is no comprehensive policy and planning or funding framework for the inclusion of children with disabilities in NSW children's services'. (Llewellyn and Fante, 1999: 5)

The authors noted that the various Commonwealth and State governments with responsibilities in the area

> … have differing policy objectives, planning processes and funding eligibility and accountability criteria. This results in complex, confusing and fragmented approach to providing services to children with disabilities. (Llewellyn and Fante, 1999: 5)

Due a lack of empirical evidence the report could not suggest the most appropriate type or model of child care for a child with a disability of any age. In addition the report noted that there is variation in the amount of time, energy and focus that families give to a child with a disability and not all families are committed to including their younger child (especially those under two years of age) in early childhood settings. The report noted that family day care is a preferred option for younger children with disabilities. Family day care, suggests the report

> … can be an especially good setting for young children with special needs because programs are usually small, can be individualised and can enhance children's social development, and the relationship between caregiver and parent can be close and supportive. (Llewellyn and Fante, 1999: 36).

A lack of appropriate programs, trained staff and children services for young children with disabilities in rural areas exacerbated by a lack of specialist professionals to support their families was also noted by Llewellyn and Fante (1999). For a child to have both a disability and to be at risk heightens the difficulties faced by such families and workers in children's services when a placement is suggested. For very young children with a disability and at risk, early intervention by use of children services may however be of more importance than previously thought. In a study currently being undertaken by Llewellyn (forthcoming) there is evidence that of all children coming before the Children's Courts in Sydney on matters related to care and protection, close to one-quarter were children with a disability. Early intervention for children with a disability at risk may reduce the likelihood of the irretrievable break down of the family and the child being taken into care (Llewellyn, forthcoming).

Programs in Rural and Remote Areas

For rural and remote communities new policy directions (DoCS, 1999c) have been implemented to enable people living in these areas to have better access to community services, including Aboriginal and Torres Strait Islander families.

A pilot area for Families First in northern NSW is coordinating strategies to increase the effectiveness of early intervention and prevention services by supporting parents of children

and helping them to solve problems early. In another area, under the Rural Child Care Initiative, a model for Farm Based Child Care is being established to provide care for children on farming properties.

In an Aboriginal community in western NSW a Parenting Skills Program has shown how a culturally appropriate program facilitated by an Aboriginal consultant resulted in real improvements in the care of children. The program lead to establishment of an Aboriginal women's committee to assist in managing local projects in the area (DoCS, 1999a).

3.5 Summary

This brief overview of the range of children services, funding arrangements and responsibilities in the area of child protection illustrates the complexity of the administrative arrangements. The various criteria, eligibility and type of financial assistance for placement of a child at risk in a service could prove difficult for workers in children's services to negotiate. It is likely that both parents and workers in children's services would struggle to understand the institutional and financial arrangements relating to children's services in NSW. In some instances it is possible that a placement in a children's service would not continue if no additional funding was made easily available to support some families, particularly those with financial disadvantages.

The literature in relation to the additional needs of some children, families and communities emphasised the need for extra resources to provide appropriate services either within existing programs or to create specialist services. And yet few programs were identified that met that ideal, particularly in relation to addressing child protection or prevention issues. The field work component of the project considered whether the additional needs of these groups are being met by children's services despite the paucity of specialist care (Section 4).

4 Results from the Fieldwork

4.1 Introduction

As outlined in Section 1, the aim of the research was to examine the link between children's services and child protection and prevention. In order to gain an overview of the relationship it was necessary to investigate how the system currently operates from the dual perspectives of workers involved in the provision of children's services and other workers involved in child protection. The crucial link in the provision of children's services, as a child protection strategy is the dynamic interaction between these two sets of workers.

This section presents the results from Stage II of the project, which investigated the experiences of those front line workers. First the research methodology is outlined. The characteristics of children at risk attending the children's services surveyed are then outlined. Next the main issues raised in the survey of directors of children's services and the focus groups with workers in children's services and child protection agencies are discussed. A more detailed summary of the issues raised in each focus group is contained in Appendix 3. Finally the themes emerging from the fieldwork are presented.

4.2 Research Methodology

Stage II of the project involved field based studies encompassing the collection and analysis of data received from directors and staff of children's services and workers in child protection. This stage comprised two components:

?   a postal survey of children's services directors; and
?   eight focus groups with workers in children's services and child protection agencies.

The full range of services for children under school age (long day care centres, pre-school, occasional care, mobile care, family day care and home-based care) were included in both the survey and the focus groups.

A Reference Group consisting of representatives from the University of Sydney, Lady Gowrie Children's Services, the Institute of Early Childhood, Macquarie University, the Sydney Children's Hospital, the Association of Children's Welfare Agencies (ACWA) and Barnardos gave advice at various stages of the project including: sources of literature and research; survey design and development of the discussion guide for focus groups; and the field-based component of the research.

In order to examine the contribution of children's services to preventing or reducing the risk of child abuse and neglect in families under stress, it was important to gain some understanding of the context in which the present system operates. Directors of children's services were surveyed to provide this contextual information.

The information collected in the survey for the period January 1999 to November 1999 included:

?   the number of referrals from DoCS and non-government agencies for children at risk of neglect or abuse over this period;
?   the characteristics of children at risk attending their service, eg. age and sex;

? the total number of hours of service used by children at risk and length of placement;

? any change in the type of order (if any) the child was under over this period;

? number of suspected child abuse and neglect cases reported to the DoCS; and

? how funds allocated for child protection were utilised over this period.

The sample for the survey included all children's services for children under school age in each fieldwork area. Complete lists of services for all research locations were obtained through the local Children's Services Advisers (CSAs). The NSW Department of Education and Training was approached to seek permission to include Early Intervention Support Classes for children (below school age) with disabilities in the survey sample. Unfortunately, permission to contact school principals with regard to the survey was granted after the fieldwork component had been completed.

After piloting the survey instrument, the survey was conducted in November 1999. A modified version of Dillman's method was used to distribute the survey (Dillman, 1978). Initially, a questionnaire and an accompanying letter were sent to those included in the list of services provided by the CSAs. One week later a reminder postcard was sent to the whole sample, to thank those who had returned the survey and to remind those who had not returned it to do so. Two weeks later a replacement questionnaire and another letter were sent to the non-respondents.

Originally 182 questionnaires were distributed as indicated in Table 4.1. As of 10 January 2000, 95 completed surveys had been returned. This produced a response rate of 54 per cent. This response rate was calculated using the adjusted sample, which excluded three surveys that were returned, marked 'not known at this address' and three surveys that were returned because the workers were no longer employed as home-based carers. The response rate across areas ranged between 49 per cent and 64 per cent, with the highest response rate from the regional area.

Table 4.1: Survey Response Rate

Area	Initial sample No.	Returned not known at this address No.	Respondents no longer home-based carers No.	Adjusted sample No.	Completed surveys No.	Response rate Percentage
Rural and Remote	12			12	7	58.3
Metropolitan	57	2	2	53	26	49.0
Regional	51	1		50	32	64.0
Multiculural	62		1	61	30	49.2
Total	**182**	**3**	**3**	**176**	**95**	**53.9**

The major focus of this project was the consultation process with workers in children's services and child protection. To gain the perspective and views of front-line workers implementing current government policy, the research methodology included a series of focus groups with these staff. Their perceptions and understanding of how policies worked in

practice shed light on the strengths and weaknesses of the current system and how it might be improved.

Focus groups provide a rich source of information about people's feelings, perceptions and impressions and allow issues to be explored in more depth than standard questionnaires (Sussman et al., 1991, Magill, 1993; Kitzinger, 1994). Focus groups are essentially group interviews, lead by a facilitator. Interaction within focus groups creates a 'group dynamic' that allows issues of significant emotional salience to be discussed in a supportive environment amongst people with similar experiences (McCallum and Gelfand, 1990).

Two focus groups were conducted in each fieldwork area one with staff from children's services and the other with workers in child protection. Focus groups usually comprise individuals who share some common characteristics. A purposive sample selection procedure is used to ensure that participants are as homogenous as possible. This sampling technique produces a small non-representative sample (Hughes and DuMont, 1991).   Homogeneity promotes in-depth discussion as participants can identify with each other's experience.

In two research areas the CSA recruited participants and organised the focus groups with staff from children's services. In another area the children's services workers were recruited by sending flyers to services and in the fourth area the convenor of the local early childhood group assisted with the recruitment. In all fieldwork areas managers or assistant managers in the CSC were approached and assisted with the recruitment of participants for the focus groups with child protection workers.

The focus groups were conducted in November and early December 1999. A total of 86 workers in children's services and child protection participated in the focus groups. The types of children's services represented included pre-schools, long day care, family day care and occasional care. Managers, assistant managers, DOs and intake officers participated in the other series of focus groups.

Topics discussed in the focus groups with directors and staff of children's services included:
- ? their views on the effectiveness of children's services in the prevention of child abuse and neglect and child protection;
- ? the impact of the provision of children's services on the child;
- ? the effectiveness of communication and feedback between themselves and DoCS once a child has been placed in the service;
- ? the need for specialised staff training; and
- ? changes needed for improvement.

The focus groups with child protection workers examined the following issues:
- ? the ease of gaining a suitable placement of a child at risk in a children's service;
- ? the effectiveness of communication and feedback process between themselves and children's services once a child has been placed in the service;
- ? how adequately the needs of children at risk of abuse and neglect were met by children's services as part of a holistic approach to child protection; and
- ? the strengths and gaps in the present system.

The fieldwork was conducted in four areas: a metropolitan location, a regional location, a rural area and a multicultural locality. These areas were selected because of their high levels of notifications of abuse and neglect for children under five years and a high usage and

availability of children's services. Furthermore, population characteristics, from DoCS administrative data were used to ensure that disadvantaged families, Aboriginal and Torres Strait Islanders families and those from a non-English-speaking background were represented in the research areas. Table 4.2 outlines the characteristics of the areas selected for the fieldwork.

The research was conducted within the Department's areas of NSW. For administrative purposes NSW has been divided into 16 areas. Each research location falls within one of these Departmental areas. The research locations and the Departmental areas in which they fall have not been identified in this report. As child protection issues are highly sensitive a decision was made to keep the locations confidential.

Table 4.2: Characteristics of Research Areas

Type of Research Location	Characteristics
Rural and remote	High level of notifications of abuse of neglect Low socioeconomic status High level of unemployment High proportion of Aboriginal and Torres Strait Islanders CSA located in Area Office
Metropolitan	High level of notifications of abuse of neglect Low socioeconomic status High level of public housing High level of unemployment High proportion of people from a variety of cultural backgrounds High level of usage and availability of children's services CSA located in Community Services Centre
Regional	High level of notifications of abuse of neglect Low socioeconomic status High level of unemployment High proportion of new estate development High level of usage and availability of children's services CSA located in Area Office
Multicultural	High level of notifications of abuse of neglect Low socioeconomic status High level of unemployment High proportion of people from a variety of cultural backgrounds High level of usage and availability of children's services CSA located in Area Office

Table 4.3 shows the number of reports received during 1998/99 of suspected abuse and neglect by Departmental area where the research was conducted. It can be seen that the Departmental area containing the metropolitan location in the project had the highest number of suspected (3 658) and confirmed (502) cases of abuse and neglect of the four research areas. Although the Departmental area containing the rural and remote research location had the lowest number of reports of suspected abuse and neglect (932) of the research areas, it had the highest proportion of cases where suspected abuse and neglect was confirmed (22.5 per cent). These figures do not take account of the different number of children aged up to four years living in each area.

Table 4.3: Reports of Suspected Abuse and Neglect for Children Aged 0-4 Years by Departmental Area, 1998-99

| | Children aged 0-4 years during 1998/99 | | |
| | Reports received of suspect abuse and neglect | Reports received where assessment determined abuse or neglect | |
	No.	No.	Percentage
Departmental area in which *Rural and Remote* location situated	923	208	22.5
Departmental area in which *Metropolitan* locations situated	3658	502	13.7
Departmental area in which *Regional* location situated	1069	120	11.2
Departmental area in which *Multicultural* location situated	1749	208	11.9
Total for all DoCS Areas in NSW	**27 030**	**3398**	**12.6**

Source: Client Information System, July 99.

Unfortunately it was not possible to ascertain from the Client Information System (CIS) the number of cases where the use of children's services was recommended for children at risk of abuse and neglect. The only information that could be accessed was the outcome of a decision in terms of a case requiring ongoing monitoring; being referred to another agency for appropriate interventions; and where no further work was required. Table 4.4 shows that of the Departmental areas in which the fieldwork was conducted, during the period 1998/99, those containing the regional location and the multicultural location had the highest proportion of cases referred to other agencies for appropriate interventions.

Table 4.4: The Outcome Decisions of Assessments where Abuse and Neglect was Determined for Children Aged between 0-4 Years, 1998-99

Outcome Decision for children aged 0-4 years during 98/99	Departmental area in which *Rural and Remote* location situated		Departmental area in which *Metropolitan* locations situated		Departmental area in which *Regional* location situated		Departmental area in which *Multicultural* location situated	
	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage
Requiring ongoing monitoring by DoCS	65	31.2	142	28.2	37	30.8	71	34.8
Referred to other agencies for appropriate intervention	41	19.7	98	19.5	40	33.3	52	25.5
No further work required	100	48.1	241	48.0	43	35.8	70	34.3
Awaiting decision	2	0.9	21	4.2	0	-	11	5.4
Total	**208**	**100.0**	**502**	**100.0**	**120**	**100.0**	**204**	**100.0**

Source: Client Information System, July 99.

4.3   The Characteristics of Children At Risk

A range of services responded to the postal survey of directors of children's services. Table 4.5 shows the number of different types of services represented. The majority of the sample (54 per cent) consisted of long day care centres with just under a third from pre-schools (29 per cent). Other service types included occasional care, home-based care, mobile services and family day care (FDC). It should be noted that although only two surveys from FDC were received, they were completed by the service managers in two of the fieldwork areas and represent 123 family day carers caring for over 700 children.

Table 4.5: Types of Children's Services included in the Survey

Service Type	Number	Percentage
Long day care centre	51	54.3
Pre-school	27	28.7
Home-based care	7	7.4
Mobile	4	4.3
Occasional care	3	3.2
Family day care	2	2.1
Total	**94**[a]	**100.0**

Note: [a]One respondent did not nominate type of service

The number of children aged less than three years attending a particular children's service, ranged from two to 235 children. Similarly there was variation in the number of children aged three years and over in children's services in the survey (1-336). The number of primary contact carers engaged in a specific service in the sample of children's services varied between one and 95.

Just over a third (36 per cent) of the services in the sample had children at risk of abuse and neglect placed in their service for the period January 1998 to November 1999. The majority of services with children at risk, were long day care centres (59 per cent).

Half the sample of services with children at risk (50.0 per cent) received funding from DoCS for these children. However, 38 per cent received no additional funding for children at risk in their service. The majority of services that received additional funding (75 per cent) used these funds to pay fees, with 10 per cent of services allocating the funds for additional staff.

A total of 96 children at risk had been placed in services in the sample. Table 4.6 illustrates a number of selected characteristics of these children. Most of the children at risk were aged over three years and just over half were male. Eleven per cent of the children at risk were from a non-English-speaking background. Very few of these children had a disability. The majority of the children were referred to the services by DoCS (58 per cent). Over a third of the children at risk were referred to the services for respite for the carer. It is interesting to note that services did not know the reason for referral in eight per cent of cases.

Table 4.6: Selected Characteristics of Children at Risk

	Number	Percentage
Age (n=90)		
Under 3 years	30	33.3
3 years and over	60	66.7
Sex (n=86)		
Male	44	51.2
Female	42	48.8
Target Group (n=96)		
Non-English-speaking background	11	11.5
Aboriginal and Torres Strait Islander	6	6.3
Child with a disability	4	4.2
Parent with a disability	4	4.2
Not from a target group	71	74.0
Referring Agency (86)		
DoCS	50	58.1
HACC	2	2.3
CSA	6	7.0
Other[a]	28	32.6
Reason for Referral (n=88)		
Respite	32	36.4
Neglect	18	20.5
Physical abuse	17	19.3
Don't know	7	8.0
Behavioural	5	5.7
Sexual abuse	4	4.5
Disability	3	3.4
Supervision	2	2.3

Note: Total numbers vary due to missing cases.
a) includes: Family Support Programs, children's service workers, carer, court house, CentaCare, Barnardos, Foster Care Specialist Agency and Early Intervention services.

In this project it was not possible to measure the outcomes of providing children's services as a protection and prevention strategy. However, changes in the situation of the child over the year was examined. For 16 per cent of the children at risk there had been a change in their court order and three per cent were considered no longer at risk. Table 4.7 also shows that the majority of children at risk in these services were living with a parent (or parents), 16 per cent were living with other family members and 11 per cent were living with foster carers in November 1999.

Table 4.7: The Situation of the Children at Risk in November 1999

	Number	Percentage
Changes in child's situation		
Change in court order	15	15.6
Re-notification	8	8.3
No longer at risk	3	3.1
No change	70	72.9
Total	**96**	**100.0**
Place of Residence in November 1999		
With parent/parents	48	54.5
Other family	14	15.9
Foster carers	10	11.4
Refuge	3	3.4
Others	1	1.1
Don't know	12	13.6
Total	**88**	**100.0**

Note: Total numbers vary due to missing cases

4.4 Overall Effectiveness of Children's Services in Child Protection

Overall, it appears that the majority of respondents (84 per cent) to the survey viewed the use of children's services as an effective protection strategy. Eighty per cent of the sample also indicated that using children's services as a prevention strategy was effective, as shown in Table 4.8.

Table 4.8: Overall Effectiveness of Children's Services in Child Protection

	Ineffective		Neither	Effective	
	Very	Fairly		Fairly	Very
Effectiveness of Children's Service	Percentage	Percentage	Percentage	Percentage	Percentage
As a protection strategy (n=57)	5.3	8.8	1.8	47.4	36.8
As a prevention strategy (n=56)	5.4	8.9	5.4	50.0	30.4

These findings from the survey were supported by the focus groups findings. There was general consensus from both child protection workers and staff in children's services that children's services were an effective protection and prevention strategy as they provided children at risk with:

? social and developmental stimulation;
? a structured and safe environment;
? a means of monitoring emotional and social development;
? access to education in protective behaviours;
? experiences of different role models; and
? education about different ways to deal with problems other than physical responses.

Children's services were thought also to assist parents or carers as well as children at risk as they provided parents or carers with a number of benefits including:

? respite or time out;
? access to other support services;
? links to family support programs or positive parenting programs;
? links to social networks and groups of other parents;
? one to one interaction with staff,
? information about age appropriate behaviours and developmental milestones and positive ways to interact with children; and
? an outlet to express concerns about a domestic situation, frustration about parenting or financial difficulties.

Workers strongly supported the idea that children's services were an effective protection strategy but said that they did not solve the problems associated with abuse and neglect. The workers promoted the need for a holistic approach to support the family and the child.

There was a mixed response to the issue of children's services as a prevention strategy. The perception of its effectiveness differed from the perspective of the different workers. Child protection workers did not use children's services as a prevention strategy for abuse and neglect due to a lack of resources, funding and staff levels and current policy to prioritise cases and respond to notifications of serious abuse and neglect and crisis situations.

The response about the effectiveness of children's services as a prevention strategy from the workers in children's services was more varied. Some workers thought that education in protective behaviours and observation of other adult role models was empowering for children. Other workers said it was much harder to make a judgement of whether you could measure the effect in terms of prevention.

Protection and prevention should not be seen as two distinct categories. From time to time it appeared from the discussions within the groups that children's services acted as both a tool to protect children from current abusive situations but also prevented further incidences of abuse and neglect. This happened because there was ongoing monitoring and observation of the child and the parent.

4.5   Current Practices

One of the issues examined in the focus groups was current practice when a child at risk was placed in a children's service. The criteria used to make the decision to place a child in a children's service were complex and were decided on a case-by-case basis. First, parents had to agree that they wanted their child to attend child care, though in some serious cases (e.g. parents with drug or alcohol dependencies) where the court was involved, the parents had no choice but to agree to place a child in a service.

There appeared to be two common strategies that DoCS used in the placement of children at risk. The first strategy involved a telephone call from a DO to a children's service requesting a placement. After this DoCS involvement in the process of placement varied, from no further contact with the service to a follow-up visit. In some instances an officer from DoCS introduced the family to the service and assisted with the enrolment. The second strategy involved suggesting that parents contact the service and organise the placement themselves. 'Parents' could be a child's own parents, a foster parent or grandparents. The Department sometimes gave parents an introductory letter to a child care service.

It became apparent that in many cases the CSA was only consulted when the Department or the parents could not arrange a placement in a particular service. The CSA would then arrange for the service to exceed licensed numbers. If the CSA was located in the Community Service Centre they were consulted more frequently on issues such as where to place a child at risk and in some instances they organised the placement. One child protection worker commented on benefits of having the CSA located in the CSC.

> *The CSA would give us advise about what was happening within ... like who had vacancies, who didn't, who was most likely to get an exception to go over numbers and how we did that. That was really handy to have that at the desk down the back, to be to say we've got this and we really need a place.*

4.6 Communication between DoCS and Children's Services Regarding Children at Risk

One of the key research aims of the project was to explore the link between children's services and the ongoing communications with DoCS. A series of questions in the postal survey and the focus groups explored this issue. Table 4.9 shows the responses to questions in the survey of directors of children's services about the effectiveness of communication with DoCS for those with a child at risk in the year to November 1999. Over 80 per cent of the sample indicated that their communication with DoCS when a child at risk was placed in their service was fairly or very effective. However the nature of the communications between the Department and service rated poorly in terms of:

? ongoing monitoring and review;
? being informed of changes in the child's circumstances;
? the end of financial support by the Department; and
? when the case was closed by DoCS.

The focus groups allowed us to investigate these issues in more depth. Overall, there was no standard procedure followed in terms of the provision of information given by DOs when referring a child at risk to a children's service. In general the information given on referral included the reasons for referring children and the particular protection issues. However, the

Table 4.9: Communication with DoCS about Children At Risk

| | Communication with DoCS | | | | |
| | Ineffective | | Neither | Effective | |
Situation	Very Percentage	Fairly Percentage	Percentage	Fairly Percentage	Very Percentage
The placement of children at risk (n=28)	10.7	-	7.1	60.7	21.4
Beginning of financial support (n=22)	27.3	27.3	-	36.4	9.1
Ongoing monitoring and review (n=28)	21.4	42.9	-	21.4	14.3
Changes in children's circumstances (n=23)	17.4	39.1	13.0	21.7	8.7
Program support[a] for children at risk (n=24)	33.3	33.3	8.3	20.8	4.2
End of financial support (n=14)	35.7	28.6	21.4	7.1	7.1
When the case is closed by DoCS (n=12)	50.0	33.3	-	8.3	8.3

Notes: a) eg. program support for children with disabilities

Child protection workers noted that they did not give much information so as not to jeopardise the placement of the child. One child protection worker stated:

> *We don't want to be involved in peoples' lives more than what we have to be.*
> *We want them to get on with life and do their own thing.*

In some instances the limited information provided by DoCS to a children's service about a referred child prevented workers effectively meeting their needs. The importance of access to relevant information about a child was highlighted by one children's services worker who stated:

> *It [information] would save you a lot of wasted time trying to gain that*
> *information through observation. If you had it when the child walked through*
> *the door you would be able to plan straight away to meet the need instead of a*
> *month later after observations to find where the child is at. Eventually you get*
> *there because of your observation skills but in that time that child hasn't been*
> *supported as well as it may have been if you had it [information] in the first*
> *instance.*

In the focus groups with children's services workers there was dissatisfaction with the ongoing monitoring and review of the child at risk once placed in the service. For some services, contact with the Department was limited to the initial phone call from the DO. Unless there were concerns about the child or problems with the placement there was no further contact. In the more complex cases protection planning meetings or case conferences were arranged between the Department and all services involved with the family including children's services. However, they did not occur frequently as they were difficult to arrange. It was believed that these meetings assisted with interagency cooperation.

In most cases, funding for a placement of a child at risk was on a limited basis, usually three months. In many cases parents were asked to contribute. Predominantly, funds provided by DoCS only paid for child care fees. Several children's services workers noted lengthy delays in being reimbursed for their claims for funding for child care fees. Some spoke of six and 12-month delays since submitting invoices to the Department. One worker said their community-based service had been out of pocket for over $1 000 at one stage. When funding ceased it was not uncommon for the child to leave the service. However, in some circumstances parents would continue with the placement but with reduced hours.

Participants in the focus groups reported that there were a number of departmental committees aimed at fostering interagency collaboration. The workers felt that these were effective in raising the awareness of DoCS' functions and information sharing. They also conducted some joint training where they discussed peoples' roles and responsibilities in child protection. This was reported to have alleviated some of the breakdowns in communication.

4.7   Meeting the Needs of Target Groups

The directors of children's services were asked in the survey to assess how adequately their service met the needs of children at risk. For all of the specified groups the majority of services indicated that they adequately met these children's needs as summarised in Table 4.10. Least adequate appeared to be the ability to meet the needs of Aboriginal and Torres Strait Islander children.

Table 4.10: Meeting the Needs of Children at Risk

	Meeting the Needs				
	Inadequately		Neither	Adequately	
	Very	Fairly		Fairly	Very
Target Group	Percentage	Percentage	Percentage	Percentage	Percentage
All children at risk (n=70)	4.3	-	4.3	30.0	61.4
Aboriginal & Torres Strait Islanders (n=49)	2.0	2.0	14.3	32.7	49.0
Children with a disability (n=65)	6.2	-	1.5	24.6	67.7
Non-English speaking background (n=61)	3.3	-	6.6	26.2	63.9

Although the survey showed that the directors perceived that needs of children from particular target groups were being met adequately while in their care the focus groups revealed a number of problems associated with accessing appropriate services.

Aboriginal and Torres Strait Islander Children

While Aboriginal and Torres Strait Islander children's services were available in most areas they were few in number and for some families distance from a service and transport to it was problematic. Some Aboriginal children's services provided a bus to transport children. In the rural and remote area some difficulty was expressed about finding culturally appropriate services for Aboriginal and Torres Strait Islander children under two years of age. The lack of Aboriginal and Torres Strait Islander family day carers exacerbated this situation.

In other areas an Aboriginal liaison person was required to visit services and provide programs to meet cultural needs. In one area where there were few long day care centres, pre-schools were seen as not appropriate for children of Aboriginal and Torres Strait Islander parents working or training, as pre-schools did not cover the hours required for work.

Children from non-English-speaking Backgrounds

In three of the fieldwork areas, children's services workers found it difficult to meet the needs of children from non-English-speaking backgrounds.[25] Some services appeared to provide cultural programs for children from a non-English-speaking background. Some concern was expressed however in one area about obtaining a bi-lingual service to assist a child from a non-English-speaking background when it was needed. In the rural and remote area concern was expressed at the limited number of services available for such children. It was often not possible to match a child at risk to an appropriate service.

In the multicultural area there were a number of children's services with workers from a variety of multicultural backgrounds. In this area there was also a support service which assisted a child from a non-English-speaking background for two hours if required. Workers said their greatest difficulties were with children who had a speech delay and also communicating with some parents with limited English.

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25   There appeared to be very few children from a non-English speaking background living in the fourth area or attending children's services.

The apparent acceptability of domestic violence among certain cultures and its effect on young children was seen as a concern by workers in one area but the children's services workers noted that there were no easy solutions to this issue. Often workers from multicultural backgrounds had difficulty getting parents to discuss personal matters with them.

Children's services workers, in the multicultural location, reported that accessing services for children was difficult for newly arrived immigrants as they often had limited knowledge of their local area and were unsure of available transport and routes. These families could be quite transient and often came and left a children's service depending on their financial circumstances and ability to find employment.

Children Under Two Years of Age

In the rural and remote location and the metropolitan location participants in the focus groups highlighted the difficulty of meeting the child care needs of children aged under 2 years old. In one area it was noted that there were 42 children aged under two years on the shared waiting list for the three long day care centres in the area.

> *There is obviously a lack of available spaces for the 0-2s which impacts on whether families can rejoin the workforce. And it also means more stress on children at risk.*

Children with Disabilities

Services for children with disabilities were very limited in the rural and remote and metropolitan locations. Workers in the rural and remote location stated that this town was one of the only towns in the area that did not have a specialist therapy service for children with disabilities. There was a nine-month wait for speech therapy services in the area.

In the regional fieldwork area child protection workers felt that the needs of children with disabilities were catered for adequately by a specialist section of DoCS and the early intervention programs or classes funded by the NSW Department of Education. This is in contrast to the Llewellyn and Fante (1999) report finding discussed in Section 3.

Communication with Families

It is interesting to note that most of the participants in the children's services focus groups felt that the needs of children at risk were being met by attending their services. However, they indicated that it was often more difficult to meet the needs of the parents and find the resources and support services that they would accept. They highlighted the need for parent education courses dealing with the developmental phases of children particularly for parents who had unrealistic expectations about appropriate or normal behaviour of children at particular ages.

Workers in children's services highlighted the importance of fostering a good relationship between a family and the service. The family and staff would build up a relationship based on support and advice from the worker and the sharing of issues and concerns about a child from the parent to the staff. However, in some cases such a relationship was reported as inhibiting workers reporting concerns about risk or harm of a child to DoCS.

4.8 Process of Notifications and Suspected Abuse in Care

The general opinion from the focus groups in all areas was that the Department did not respond adequately to their concerns about suspected abuse and neglect of children in their services. For example one worker stated *'If you report a child it seems to go into a big void'*.

Participants felt that they did not receive enough feedback when they reported suspected abuse or neglect. They felt it was important to receive some information even only to tell them that nothing had been substantiated.

In one area the child protection workers themselves also noted that the Department's feedback mechanism did not work effectively.

> *We should be giving them feedback. That's where I think the fall down would occur in that we don't do that well. We don't do that because of resources and overload, lack of time and we acknowledge that that is the best practice.*

These findings were somewhat different to the responses to similar questions in the postal survey as shown in Table 4.11. It can been seen that a third of the sample indicated that the communication between themselves and DoCS was either very or fairly ineffective, when making a notification of suspected abuse or neglect. Just over 40 per cent respondents rated the communication as very or fairly ineffective when referring to DoCS' responses to a notification.

Table 4.11: Effectiveness of the Communication with DoCS Regarding Suspected Abuse in Care

	Communication with DoCS				
	Ineffective		Neither	Effective	
	Very	Fairly		Fairly	Very
Situation	Percentage	Percentage	Percentage	Percentage	Percentage
Notifying DoCS about children at risk (n=21)	14.3	19.0	14.3	42.9	9.5
DoCS response to a notification (n=21)	14.3	28.6	4.8	38.1	14.3
Reporting suspected abuse occurring in your service (n=12)	33.3	8.3	-	41.7	16.7

There was agreement from many of the child protection workers that some children's services staff were reluctant to report concerns about a child because of parents' reactions. One participant felt that many children's services staff were too hesitant and too concerned about the reaction of the parents rather than concerned about the protection of the child. This worker also believed that these services often did not they meet their responsibilities and needed more training in child protection issues.

As one children's services worker stated:

> *Once you make a notification you don't see the family again because you're their only other place of contact and they automatically assume that you have*

done it. And then it's the phone call saying DoCS have just rung me and you reported me. And you have to say no. And you're lying in their face - and they know that you are. And there goes that rapport you have had with that parent.

As seen in Table 4.11 the majority of respondents regarded the communication with DoCS when reporting suspected abuse or neglect by a staff member or some one else associated with the service as effective, although a significant minority (41.6 per cent) thought it was effective.

It emerged in the focus groups that most children's services have policies and procedures dealing with allegations of abuse by staff which will be revised in light of the new legislation. Others were in the process of putting into place these procedures.[26]

Generally the services were satisfied with the Department's involvement when an allegation of abuse was made against staff or others in the children's service. However, for one service there was a period of six weeks between when the allegation was made and when DoCS investigated and resolved the matter. It was very stressful for the staff over this period. The staff would have preferred that DoCS had informed them earlier about the procedure, what it involved and that it would take six weeks. These workers were given an opportunity to comment on how DoCS had handled the process. Another allegation was made against another centre after this example and the worker involved thought that response was more prompt and had been handled more effectively than the earlier case. The participants felt that there was a lack of support for staff when an allegation was made. Only 14 per cent of services had participated in training about abuse in care (see Table 4.12). Their lack of familiarity with the issue and what procedures to follow was also evident in the focus groups.

4.9   Training in Child Protection

Another important issue in the effectiveness of the role of children's services in child protection is the ability of staff to identify abuse and neglect and respond to these children's needs. The survey of directors investigated the level and content of training in child protection for staff. Over half of the primary contact carers had undergone some form of child protection training (56 per cent). In five services (six per cent), with a total of 20 primary contact carers, none of the carers had undergone child protection training.

It was not possible to ascertain from the survey how many individual primary contact carers had taken particular types of training courses. However, Table 4.12 shows how many children's services as a whole had undertaken different types of child protection training courses. According to the directors of services, 65 per cent of primary contact carers had undertaken the *Making a Difference Training* course.[27] Also in the majority of services staff had been trained in topics such as identifying abuse and the notification process in their training courses. In contrast only 35 per cent and 21 per cent had covered issues relating to caring for children at risk or cross-cultural issues during their training.

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26   All services are required to have such policies under the licensing regulations (Appendix 1).
27   See Appendix 2.

Table 4.12: Content of Child Protection Training

Content of the child protection training	Number	Percentage
Identifying abuse (n=83)	63	75.9
Notification process (n=83)	60	72.3
Making a Difference Training (n=83)	54	65.1
Disclosure of abuse by children (n=83)	41	49.4
Caring for children at risk (n=83)	29	34.9
Cross cultural issues (n=83)	17	20.5
Abuse in care (n=83)	14	16.9
Court processes (n=83)	13	15.7

Note: Multiple response questions so percentages sum to more than 100

Reaction to the *Making a Difference* package varied according to the level of experience of the children's service worker. Some felt it was more appropriate for newer workers but too basic for those who had worked in children's services for many years. Other workers thought that the training was adequate. In contrast another worker experienced difficulties with the manual and found that it did not have sufficient information about reporting procedures. Another thought that there was conflicting information about mandatory reporting in the manual. It was difficult for some services to cover for staff when they attended training programs. Few workers mentioned training about the Interagency Guidelines in their courses.

Some workers raised the difficulty of knowing when to notify DoCS of suspected abuse even after attending training. One worker felt that this was not due to the adequacy of the training but as a result of not having the skills to decide if a change in behaviour was due to abuse or other changes in the family situation, such as the father leaving home.

4.10   Impact of the New Legislation

There was a mixed response from the workers in children's services group about the impact of the new legislation. Some seemed to be familiar with some aspects of it while others had no idea what it would mean to their procedures.   Some workers, in particular family day carers were concerned that they could be unreasonably accused of abuse of a child in their care and have no way of defending themselves because of the nature of their caring role as a single carer. There was also concern in the group that the new mandatory aspect of reporting would result in a flood of notifications to the Department because workers would be frightened of being penalised if they did not act on their suspicions of abuse or neglect of a child in their care.

Workers thought, however, that the new legislation would help them to handle situations of reporting domestic violence in relation to a child. They thought the impact of the new legislation may vary between services with some staff over- or under-reporting if they feared losing parents from their service.

Many workers thought staff would need more training to understand what the new legislation meant and what their responsibilities were. Their biggest concern was how a service would cover the cost of the training when staff attended courses in work time.

The child protection workers' understanding of the new legislation was that there appeared to be an increased emphasis on accountability for both Departmental workers and workers in

children's services. They noted that they had had little exposure to the new Act and that meetings had been arranged for December to discuss the new Act. Some concern was expressed that under the new Act there may be an expectation that the Department would provide a service if requested by another agency and this mighty not be possible. The workers also felt that there would be more pressure on other services/agencies to take charge of the case plan for a child at risk.

One participant stated that *'The new legislation puts more responsibility on other agencies apart from our own (DoCS) to protect kids'*.

4.11   Issues for Particular Groups

Rural and Remote

Distance and problems accessing resources, for all types of services, were the issues raised in relation to living in a rural or remote location. For example, some families had a round trip of 200 kms to access the mobile children's service. Many found it difficult to afford the child care fees and to pay for petrol for travelling to the service, particularly given the financial burdens associated with drought and poor harvests.

Participants in the focus groups emphasised the need to establish trust before people would admit they needed help. However, they also talked about how people in the area were self-reliant and did not want to depend on welfare or others to help them. The small size of the community could also inhibit parents who were having problems from seeking assistance.

Issues relating to location discussed in these focus groups encompassed access to resources, services and qualified staff. It was noted that some towns in the area had no long day care centres so it was very difficult to find places for children at risk under two years of age. In these cases the workers would have to ask around to find someone such as a family or a friend who could take the child. Also the area had not been able to attract a non-government agency to provide substitute care. As a consequence, the Department had to arrange all substitute care.

Another problem associated with this area involved cross border issues. People living in remote locations were often closer to services across the border rather than in New South Wales. They were investigating ways to address this problem of access.

Transport and Location

In most areas the location of a service appeared to be a crucial factor in arranging placement for a child at risk. Parents had to be able to access services easily, as transport in many areas was both scarce and expensive. For other areas, a lack of knowledge of local suburbs for families of a non-English-speaking background also meant services had to be close to where families lived. In some cases this meant that children at risk did not access the services that could best meet their needs. Such services were characterised as having high numbers of trained staff with up-to-date knowledge of recent research and who were committed to making the placement work. In remote and rural areas, the choice of a service and location was limited to what few service were available.

4.12   Summary

The importance of children's services as a child protection strategy was evident in the results of the survey of directors of children's services. The majority of respondents indicated that children's services were an effective child protection and prevention strategy for children at risk of abuse and neglect.

Just under a third of the children's services surveyed were caring for children at risk. Although it was not possible to investigate the impact of the receipt of children's services for children at risk over time, the results from the survey showed that the majority of these children were still living with their parents in November 1999.

Both workers in children's services and child protection workers agreed that the provision of children's services was an effective child protection strategy. Children's services assisted not only children at risk but also their parents by providing respite and support for the parent and a stimulating and safe environment for the child.

Staff in children's services and child protection workers advocated the usefulness of children's services as a prevention strategy for a child at risk. However, the lack of funding and resources allocated to child protection workers inhibited the provision of children's services as a tool for the prevention of abuse and neglect.

There were four main issues, which dominated the discussions in the focus groups with workers from both children's services and child protection agencies. These included:

?	the effectiveness of children's services as a child protection strategy;
?	lack of funding and resources;
?	lack of formalised procedures; and
?	lack of effective ongoing communication.

The majority of services indicated that the communication between themselves and DoCS was effective at the time of referral of the child at risk. However, there were problems associated with the information exchange in terms of ongoing monitoring and review of the child's progress; changes in the child's circumstances; the time when financial support by the Department ended; and when the case was closed by DoCS.

The nature of communication and information exchange between the Department and children's services was reported as informal and ad hoc. In some instances these arrangements appeared to work satisfactorily. However, in other cases the informal arrangement often led to a breakdown in the communication process. This lack of ongoing formal communication could have an impact on the effectiveness of a service in meeting the needs of a child at risk.

5 Conclusions and Recommendations

5.1 Common Themes and Recommendations

This research showed that access to family support and children's services for children during infancy and early childhood has many potential benefits. It can help create a healthy environment that fosters children's development, supports parents and carers, minimises the risks of abuse and neglect and improves likely outcomes in adolescent and adult life. It has been estimated that the social and financial benefits in later life of providing early intervention programs for families with young children far outweighs the earlier costs. This section of the report draws together the findings of Stage I, the literature review and Stage II, the fieldwork component of the study. The common themes emerging and recommendations for practice and future policy direction arising from the study are presented.

Existing child protection and prevention literature referred to throughout these recommendations include:
? *Interagency Guidelines For Child Protection and Prevention;*
? *Making A Difference, Towards Better Practice, Child Protection Procedures, Practice Manual;*
? *Towards Better Service, A Continuous Improvement Strategy for Child and Family Service Teams, Service Development;*
? *Child Protection: Procedures for Recognising, Notifying and Responding to Child Abuse and Neglect;*
? *Practice Manual: Working with Children and Families;* and
? Childcare Assistance brochures.

Target groups of children at risk are Aboriginal and Torres Strait Islanders, children from a non-English speaking background, children aged less than 12 months and children and parents with a disability. All recommendations should be implemented with sensitivity to the cultural and linguistic needs of children, families and communities.

Children's services can provide a secure and stimulating environment for children at risk, with the additional benefit of having well trained and professional staff to monitor the welfare of children at risk and to detect early signs of neglect and abuse (Cohen, 1979; Schweinhart, Barnes, and Weikart, 1984; Durkin, 1986, O'Brien, 1992). Children can also be empowered through the teaching of protective behaviour. Of equal importance to the children, are that services provide an opportunity for parents to have respite from parenting and access to other support services (Yandell and Hewiitt, 1996).

Recommendations

1	*That the State Government place a high priority on funding access to good quality and affordable children's services for all families in need of support, particularly in disadvantaged locations and for target groups of children at risk.*
2	*That the DoCS Office of Childcare conduct a public awareness campaign highlighting the benefits of using children's services in terms of the education and social development of children, and as a transition to school.*
3	*That the DoCS Office of Childcare in collaboration with The Cabinet Office, Families First Initiative, promote children's services as a respite option and prevention strategy for families with additional needs or under stress.*

Government Policies, Practice and Finance

Both the State and Commonwealth Governments have a range of policies and programs in relation to the use of children's services as a strategy for prevention and protection of children from abuse and neglect. Reflecting the complex nature of the issue of child protection roles and responsibilities are spread across a range of departments. They include the Commonwealth Department of Family and Community Services (DFaCS) and Centrelink; and in NSW the Department of Community Services, Department of Education and Training, Police Department, Department of Health, Attorney General's Department, Department of Juvenile Justice, Premier's Department, NSW Ombudsman's Office, Department of Housing, Department of Corrective Services and the Commission for Children and Young People. A range of other government and non-government organisations and agencies also have roles and responsibilities in this area.

The research revealed that this complexity caused confusion to staff of children's services accessing and organising support for stressed families with children at risk of abuse and neglect. The complexity was also evident in the eligibility criteria for various forms of financial assistance for a placement in a children's service, dependent on the circumstances of family and the specific need of the child. Neither child protection nor children's services workers appeared to be familiar with the range of financial assistance available to facilitate the placement of children at risk.

Recommendations

4	*That the State Government facilitate a coordinated State and Commonwealth approach to the planning and funding of children's services as an integral part of the child protection and prevention strategy to improve the efficiency of administrative and financial support for this strategy, using existing structures such as inter-government and interagency meetings and training.*
5	*That the Department of Community Services prepare and distribute information about the current means of placing and funding children at risk in a children's service, including both State and Commonwealth financial assistance, by amending existing literature targeted at children's services, child protection workers and families. This material should be available in different languages.*

Funding for Children at Risk

Limitations to the funding of placements in children's services for children at risk were identified as being due to both the amount of financial assistance available and the time period for which the placement could be subsidised. These limitations resulted in reduced access to care for a number of groups of children. First, funded placement in a children's service for use as a preventative strategy was unheard of by the focus group participants. Second, although a child protection worker might refer a family to use a children's service, the family sometimes did not follow up the recommendation. The reasons for this included: cost, families were unaware of Childcare Assistance, isolation, transport constraints or the worker was unaware of or unable to access the full range of State and Commonwealth financial assistance (this appeared to vary between DoCS Areas). And finally, some children at risk were reportedly

withdrawn from services when funding ceased because their families assessed they could not afford the fees.

Recommendations

6	*That the Department of Community Services review the State and Commonwealth funding for placing children at risk in children's services in the light of the findings of this research, to consider:*
?	*requesting from Treasury an increase in the total funding to facilitate an early intervention preventative use of children's services for children at risk;*
?	*greater targeting of funding to high risk locations and target groups of children at risk; and*
?	*more flexible application of funding based on individual need e.g. lengthening the period of financially assisted access; travel costs to appropriate services; and funding a place in a more appropriate quality service for fewer days.*

Roles and Responsibilities

It is stated in the *Interagency Guidelines* that the safeguarding of the welfare of children is a community responsibility. In relation to the use of children's services as a protective and prevention strategy the extent of their responsibility was not always clear to workers in children's services. Difficulties contacting and accessing child protection workers and communicating concerns about children at risk contributed to children's services workers' dilemmas about who was responsible for the welfare of a child. Most children's services workers in the focus groups were unaware of the existence of the *Interagency Guidelines*.[28]

Partnerships between families, children's services and DoCS seemed to work well when there was a case plan. Case plans facilitated ongoing communication and review of the child at risk. Both children's services and child protection workers also emphasised the benefits of regular interagency meetings to share information in relation to families at risk and give them a better understanding of other agencies' involvement with families.

Recommendations

7	*That the Department of Community Services update the existing child protection literature to ensure compatibility between the documents and inclusion of the ethos of the new legislation and the principles of the Interagency Guidelines. The updated literature should be redistributed to children's services, child protection workers and Children's Services Advisers. The update should include descriptions of the role and responsibilities of both DoCS and children's services in the areas of protection and prevention in relation to both children and families; their responsibility to promote supportive preventative action e.g. parent education; and an emphasis on practice implications for children's services.*

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28 The principles of the *Interagency Guidelines* are included in the *Making A Difference* training package but the children's services staff did not seem aware of the *Guidelines* as a resource document.

8	*That the Department of Community Services encourage DoCS child protection workers to include children's services in their case management plans through:*
?	*editing existing child protection literature and providing initial training and refresher modules about the potential role of referral to or placement in children's services including:*
	preventative strategies such as referral to children's services of children who are the subject of requests for service and unconfirmed reports, including the distribution to families of a range of literature including brochures about Childcare Assistance, the benefits of children's service,s how to find children's services and CSA contact details;
	appropriate disclosure and exchange of information with children's services to benefit the safety and development of the child (see Recommendation 10);
	inclusion of children's services workers in case conferences and protection planning meetings, alternative dispute resolution and court processes as encouraged by the new legislation; and
?	*editing the Community Service Centre Service Directories[29] to include children's services and other parenting support. Editing could be improved through the involvement of local government and family support and children's services.*
9	*That the DoCS Office of Childcare encourage children's services workers to adopt the concepts of interagency coordination and partnerships with families in relation to prevention and protection. These concepts should include the development of service networks with ethno-specific community organisations. This could be achieved through:*
?	*distributing copies of Community Service Centre Service Directories to all services in accordance with the principles of the Interagency Guidelines and the new legislation;*
?	*ensuring children's services retain a copy of the essential child protection and prevention policy and practice literature and commit to retaining relevant records regarding children at risk, through means such as annual checklists in licensing requirements;[30] and*
?	*training (see Recommendation 14).*

Communication and Information Exchange

A number of children's services workers indicated that when a child protection officer requested placement of a child at risk the information given to the service about the child and family's circumstances was inadequate. In some instances the lack of adequate information led to delay in planning and implementing appropriate intervention for the child. Ongoing

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29   see *Towards Better Service* (1998).
30   Listed in Appendix 3, *Practice Guidelines for Risk Assessment in Children's Services* (1998).

review and monitoring of a child's progress by the Department was often non-existent, ad hoc or informal. This is despite statements in the Departmental s document the *Practice Manual, Working with Children and Families* about the procedures to be followed in relation to responding to reports of children at risk.

Recommendation

10	*That the Department of Community Services develop a specific set of procedures to be implemented when children at risk are placed in a children's service or when services report children at risk.[31] The procedures should be attached to the existing child protection literature aimed at children's services and child protection workers and families. The procedures should incorporate the legislative regulations and include:*
?	*comprehensive and easy to follow documentation for a case plan;*
?	*respect for the confidentiality of the circumstances of the child and family that allows for a shared exchange of adequate information between the family and professionals (including all services involved with the family) that is necessary to ensure the safety, well-being and development of the child;*
?	*a set of procedures to meet the cultural and linguistic needs of families in a sensitive manner;*
?	*the roles (including who is to be the caseworker) and responsibilities of the Department, the service and the family in relation to the case plan;*
?	*in the plan an outline of the processes involved when the child is placed with a service; the nature of the records to be kept by a service in relation to the child and family; how on-going information is to be exchanged between the family, DoCS and a service; and a review date;*
?	*financial arrangements for the placement, including child care fees and any specialist support; and*
?	*when and how a case is to be closed.*

Role of the Children's Services Adviser

It became evident in the focus group discussions that the role of the Children's Services Adviser (CSA) could be pivotal to finding and organising a placement for children at risk in a service to best meet their needs. The CSA could act as a link between children's services and child protection workers. If child protection workers had access to a CSA within their office, concerns about an appropriate placement could be easily discussed and resolved. At best, a CSA familiar with the local services was involved in placing children at risk. CSAs with knowledge of current policy and practice developments, could also provide informed support and advice to child protection workers, children's services staff and families.

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31   The following discussion draws heavily on a local protocol prepared by a children's services reference group in the north coast of NSW.

Recommendations

11	*That the DoCS Office of Childcare revise the role of the Children's Services Adviser to increase the priority given to the support and advice they can provide to child protection officers by arranging and monitoring appropriate placements for children at risk. Ensure that the CSA undertakes initial training and refresher training about the roles of child protection workers and children's services in child protection and prevention e.g. District Officer Entry Level Training Modules;*
12	*That the Department of Community Services prioritise the location of CSAs in all Community Service Centres. Where this is not possible, allocate responsibility for a CSA to attend all relevant CSC child protection meetings,[32] team and staff meetings to provide information and advice on children's services' matters.*
13	*That the Department of Community Services amend child protection procedures so that whenever possible child protection workers liaise with the CSA before placing a child at risk in a children's service; otherwise they inform the CSA immediately after making the placement.*

Children with Additional Needs

The research findings illustrated that for children with additional needs it was often difficult to access adequate support services (Butler 1993, Farmer and Owen, 1995; Litwin, 1997; D'Souza, 1999, Llewellyn and Fante, 1999). Child protection officers were often not able to access culturally appropriate services for children from Aboriginal and Torres Strait Islander and non-English-speaking backgrounds. It was also difficult to find places for children at risk aged under two years old. Workers in children's services also expressed concerns about the lack of available support programs for children with disabilities and a shortage of bi-lingual workers for children from a non-English-speaking background.

Many families had moved away from extended family and friends to find low cost housing. For some stressed families this meant a lack of social support and knowledge of local information to access services. Often such areas were poorly serviced by public transport. A decision to place children at risk in a particular service was reported as frequently based on the proximity of the service to the family home. In some cases this resulted in children at risk being placed in services that could not adequately meet their needs.

Recommendation 6 (regarding targeting funding to facilitate an early intervention focus to using children's services in high risk locations and for target groups of children at risk) and part of Recommendation 9 (developing networks with ethno-specific networks) should help address these additional needs, both within mainstream and specialist services. Parts of Recommendation 17 are concerned with further research into the specific needs of target groups of children at risk.

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32   These meetings include protection planning meetings, and case planning meetings for children at risk.

Training in Child Protection

There was agreement from both sets of workers that training in child protection issues was important. Some children's service workers thought existing training courses were useful. However the more experienced workers wanted advanced courses (e.g. roles and responsibilities in case management). They also noted the difficulty for staff to attend training programs because of the lack of funds to employ relief staff.

Neither children's services nor child protection workers had a clear understanding of the implications of the implementation of the new legislation on their practices. Most were aware of the mandatory reporting requirements (see Feldman, 2000). They were concerned first, that there might be an unmanageable increase in the number of reports. Second, they were concerned about reporting abuse in care, implications for employee records and, especially in family day care, their vulnerability to false allegations against carers.

Recommendations

14	*That the Commission for Children and Young People allocate responsibility and adequate funding to coordinate the delivery of child protection training,[33] for example through a specialist training institution, existing accredited trainers or a government agency. Design flexible training delivery to facilitate three year refresher training in child protection and prevention for all primary contact carers in all types of children's services as a condition of licensing.*
?	*Topics should be consistent with the new legislation and include recognising and reporting child abuse and neglect and abuse in care; addressing cross-cultural perspectives and developing cultural support networks available for workers; legislative requirements, such as policies for notifications and reporting, specific family support as a mandated intervention; concepts of interagency coordination and partnerships with families; child protective behaviours; care and programming for children at risk; and additional needs of target groups of children at risk.*
?	*Training delivery should be flexible to service type and staff resources with options to include training off-site or on the job; train the trainer modules; written packages; and peer training modules.*
?	*Modify the Making A Difference training package in accordance with new legislation and include a number of levels e.g. introductory level, intermediate and advanced and also include topics specifically on cross-cultural perspectives in child protection.*
?	*Include child protection and prevention training in all children's services training institution courses eg TAFE, universities.*

Limitations of Data Collection

Despite the NSW Government recognition of the importance of child protection policies, information was not accessible from the DoCS database about the number and age of children

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33 The training was formerly managed by the Child Protection Council.

at risk using children's services as a protection or prevention strategy. Neither was the amount, type or length of financial assistance to the families of these children recorded. Of greater concern was the lack of information accessible to both DoCS and children's services as to the outcomes for children who left a service. The Department's Client Information System (CIS) is currently being reviewed to improve data collection and retrieval.

Recommendation

15	*That the Department of Community Services in its review of its data system consider incorporation of the following information within a quality assurance system in relation to identified children at risk:*
	? *information from child protection workers e.g. type of intervention strategies used (e.g. children's services, parenting education); type, amount and duration of financial support for placement in children's services;*
	? *information from CSAs as part of licensing requirements about the number of children using a service as a child protection or prevention strategy. Information could include the number of children identified by the children's service as at risk, the number given priority of access, the number referred by DoCS for a placement and the number of children at risk not accepted;*
	? *information from the teleservice data collection system on referrals to children's services; and*
	? *information from an abuse in care tracking system.*

Benefit of Parenting Programs

Both workers in children's services and child protection believed that parenting programs for families with children at risk were a valuable support. They noted that there was a lack of available programs and many parents had difficulty arranging transport to attend. Some services initiated parent support groups but noted that often the parents who attended were the ones least likely to need them. Some workers in children's services appeared to have the experience, skills and confidence to provide support to parents having difficulties with their children. However, others lacked not only the necessary expertise but the time required to spend with these vulnerable families.

Recommendation 9 (relating to distribution of the Services Directory to children's services) should assist in increasing children's services workers' awareness and access to information about appropriate assistance available to support parents.

Recommendation

16	*That the DoCS Office of Childcare in collaboration with The Cabinet Office, Families First Initiative commission a review of effective models of parenting support programs related to the delivery of children's services (e.g. Positive Parenting Programs and Schools as Community Centres projects, Families First projects). A pilot program, with an evaluation component, associated with a children's service should also be established.*

Future Research

The provision of children's services was stated by both workers in children's services and child protection to be an effective and appropriate strategy for the protection of children and the prevention of abuse and neglect. However, it is also important to note that it seems that unless the provision of children's services is set within the context of a range of family support services it is likely to be an insufficient intervention (Provence and Naylor, 1983; Seitz, Rosembaum and Apfel, 1985; O'Brien, 1992; Weikart and Schweinhart, 1992; Russell et al, 1994a; Scott and O'Neil, 1996). It is difficult to determine the effectiveness of children's services as a protection and prevention strategy for children at risk due to a lack of longitudinal data and few rigorous evaluative research studies.

Due to the limitations in the data available on CIS and the short duration of this project it was not possible to measure outcomes for children at risk attending children's services. This study explored the strengths and weaknesses of the current system from the dual perspectives of workers involved in children's services and child protection, without examining the experience of the families and children.

It was not possible conclusively to state whether the use of children's services prevented children at risk moving further into the welfare system. Further research canvassing the views and experiences of parents and children and which monitors the outcomes for children at risk attending children's services over time is needed to answer this fundamental question.

Recommendation

17	*That the DoCS Office of Childcare commission further research projects to examine:*
?	*the models of practices and outcomes over time for children at risk who attend children's services. A longitudinal study over three to five years tracking the pathways, outcomes and other concurrent strategies would measure the impact of the provision of children's services. A comparison group of children at risk who did not attend children's services would further enhance the ability of the research to evaluate the effectiveness of children's services as a child protection strategy;*
?	*the perspective of families and children about the effectiveness of children's services as a child protection and prevention strategy;*
?	*the extent to which children at risk leave children's services when DoCS funding ceases and the impact of this on the rate of re-notification to the Department;*
?	*effective types of children's services to meet needs of children at risk of harm particularly those from the target groups including children aged less than 12 months, children from Aboriginal and Torres Strait Islander and non-English-speaking backgrounds and children and parents with disabilities;*
?	*best practice for children's services when caring for children at risk including program and curriculum development, staff skills, specialist support, operational support, record keeping, family communication and equipment. These findings should to be incorporated in policies and procedures developed by the DoCS Office of Childcare; and*
?	*the extent of abuse occurring within children's services and the evidence of effective procedures for deterring, detecting, reporting and responding to abuse and neglect in care. The study should involve both an international literature review and fieldwork specific to NSW.*

5.2   Conclusions

The effectiveness of the use of children's services as a child protection strategy is widely supported by both the findings of the literature reviewed and frontline workers in children's services and child protection.   The provision of accessible, affordable and good quality children's services benefits children socially and developmentally, particularly children from disadvantaged families and improves the likely outcomes in adolescent and adult life.

Children's services provide a safe and stimulating environment for children at risk. Trained staff can monitor the welfare of the children as well as detect early signs of neglect and abuse thus enabling early intervention. Children's services assist not only children at risk but also their parents by providing respite from the pressure of child rearing and allowing them to attend programs which provide information, education and shared discussion about parenting.

The use of children's services as a prevention strategy for children at risk was also strongly advocated.   However, lack of funding and resources allocated to child protection workers inhibits the provision of children's services as a tool for the prevention of abuse and neglect.

Children services play a vital role in the early stage of children's lives when the foundations are laid for the future competence and coping skills that affect learning, behaviour and health throughout life. For disadvantaged children early intervention by way of children's services appears to be not only important but essential.   The evidence presented in this report highlights the crucial role of children's services in child protection and the even greater potential they could play in prevention. Children's services are well placed to become a focal point for government policy in child protection and prevention.

Appendix 1: Review of Legislation on Children's Services and Child Protection

Children and Young Persons (Care and Protection) Act 1998

The Act repeals previous legislation relating to children and young people. Its intention is that when making decisions about the provision of care and protection to focus on active participation by children and young persons.

Sections relevant to this research include the following.

s 8 The objects of the Act include providing that children receive care and protection as necessary for their safety, welfare and well-being; that services are free from violence and exploitations; and that assistance is provided to families to promote a safe environment.

s 3 A care plan to meet the needs of a child is not enforceable except the aspects endorsed by the Children's Court.

s 12 Aboriginal families and their community are to be given the opportunity to participate in decisions about their children.

s 17 and 18 Government departments, agencies and non-government agencies in receipt of government funding may be requested to provide services to the child to promote the safety, welfare and well-being of a child. They must use their best endeavours to comply with the request.

s 22 Note. The Director-General (DoCS) when responding to a request for assistance can provide or arrange services, including children's services.

s 27 Mandatory reporting about reasonable grounds of suspected risk of harm to a child is required from any person who delivers or manages children's services. (Broader class of persons required to report than in the 1987 legislation)

s 115 An alternative parenting plan can be drafted when there is a breakdown in the relationship between a child and parents, to reallocate parental responsibilities. (Children's services are not explicitly mentioned as an example but presumably for a young child they may be included.)

Chapter 12 Children's Services

s 199 and s 200 Definitions

s 201 The objects of the Chapter are to ensure the safety, welfare and well-being of children in children's services; promote standards in the services; and ensure workers are suitable for the work.

s 215 A children's service licensee can deny access to a child by a parent if they have a court order or request from appropriate authority (DoCS, Health, Police).

s 215 Note. Children's services may be required by regulation to have policies about parental contact.

s 227 and s 228 Definitions of the offences of abuse and neglect of children.

Centre-based and Mobile Child Care Services Regulation (No. 2) 1996 as amended May 1997

(The Regulation is currently being redrafted to accord with the 1998 Act.)

cl 8(3)(h)-(h2), 8(3A)(i)-(n), 10(2A) The licence application requires information on the prospective licensee and the proposed authorised supervisor including details of any charges, disciplinary action or departmental or other proceedings in the last five years or convictions of the applicant relating to neglect or assault of a child.

cl 11 The proposed licensee and supervisor's criminal record will be checked.

cl 12 (2) (j)The applicant must submit a written statement and implementation plan for the service setting out policies, practices and procedures including reporting of suspected abuse of any child enrolled at the services.

cl 27(f) The service must keep records including any court orders affecting the custody or residence of or access to the child of which the staff of the service are aware; any injury to the child while being provided with the service.

cl 31 Emergency child care arrangements may be made by the Minister with the agreement of the licensee to enrol more children than the maximum number for a child at risk.

cl 32A The licensee may make inquiries about the criminal record of prospective contact staff (not required to).

Sch 2 Code of Conduct

cl 7 Procedures must be in place to exclude parents who have been denied access to a child by a court order

cl 9 Interactions with children must ensure the dignity and rights of each child (no physical, verbal or emotional punishment etc)

The document to explain the implementation of the Regulation to prospective child care operators is published by the NSW Department of Community Services, 1999, *The Licensing Process for Establishing a New Centre-based Child Care Service in NSW.*

The document to explain the agreed set of guidelines for assessing whether or not a service is complying with the regulations is published by the NSW Department of Community Services, (1998b), *Practice Guidelines for Risk Assessment in Children's Services, Service Development*, DoCS, Ashfield. The document contains tools (see Appendix 1) to assess the management of risks for all types of services and include the management of risks associated with 'access to children' and 'abuse' which are important when a child at risk is placed or is already in a service.

The relevant documents to refer to and assist with assessment of each risk, including 'access to children' and 'abuse' are contained in Appendix 3.

Family Day Care and Home Based Child Care Services Regulation 1996

(It is assumed that the Regulation is currently being redrafted to accord with the 1998 Act.

cl 8(3)(h) The application for a licence is to include details of any criminal conviction of the applicant relating to neglect or assault of a child.

cl 11 The applicant's criminal record will be checked

cl 12 (2) (j)The applicant must submit a written statement and implementation plan for the service setting out policies, practices and procedures including reporting of suspected abuse of any child enrolled for the service.

cl 27(f) The service must keep records including any court orders affecting the custody or residence of or access to the child of which the staff of the service are aware; any injury to the child while being provided with the service.

cl 31(d) A carers' name may be removed from the register for service if a person normally resident in the home of the carer has injured or taken verbal or physical action against a children provide with a service at the home that has seriously humiliated, frightened or threatened the child.

cl 33(3) The authorised supervisor is to make inquiries about the criminal record of the carer and adults in the carer's home as appropriate.

cl 35 Emergency child care arrangements may be made by the Minister with the agreement of the licensee to enrol one more child than the approved child numbers for a child at risk.

Sch 2 Code of Conduct
cl 8 Procedures must be in place to exclude parents who have been denied access to a child by a court order
cl 10 Interactions with children must ensure the dignity and rights of each child (no physical, verbal or emotional punishment etc)

Ombudsman Amendment (Child Protection and Community Services) Act 1998

s 25B The Ombudsman is to keep under scrutiny the systems for preventing child abuse by employees of government and some non-government agencies including children's services.
s 25C, 25D The head of those agencies must notify the Ombudsman of any child abuse allegation or conviction against staff or any information giving reason to believe abuse by staff has occurred and the proposed action. Staff are required to notify the head of the agency.
s 25E The Ombudsman may monitor the progress of the investigation
s 25F The results of the investigation must be reported to the Ombudsman
s 25G The Ombudsman may conduct an investigation into alleged abuse or the inappropriate handling of an investigation by an agency.

Child Protection (Prohibited Employment) Act 1998

The Act prohibits the employment in child-related services of persons convicted with a serious sex offence in NSW. It is an offence for such a person to work in a child-related service or to employ such as person through seeking disclosure from the person.

Commission for Children and Young People Act 1998

The Act establishes the Commission and provides for employment screening for child-related employment.
s 11 The functions of the Commission include promoting participation by children; promoting their safety, welfare and well-being; and monitor screening for child-related employment.
Part 7 Employment screening
s 36 The Commission will keep a data base for the purpose of employment screening on apprehended violence orders and conduct employment screening.
s 37 Employment screening is mandatory for preferred applicants for child-related employment including children's services (s 34 apprehended violence orders, criminal records, and probity check).
s 39, s 40 Employers must notify the Commission of relevant disciplinary proceedings against staff and rejected applicants in connection with employment screening.

Appendix 2: Review of the Roles and Responsibilities in Relation to Child Protection

Department of Community Services (DoCS)

? agency with lead responsibility in child protection
? agency charged by law with responsibility for the care and protection of children
? wide powers to carry out this responsibility
? legal mandate to ensure a child's safety, care and well-being
? receives and assesses notifications of child abuse/neglect

> investigates notifications where child's well-being is in question
> ensures safety of child
> meets on-going needs of child for care and nurture, plus needs of families for assistance and support in conjunction with other services.
> initiate care proceedings in the Children's Court
> arrange out-of-home care on temporary/long term basis

Police   detect/investigate and initiate legal proceedings

Health   identify and notify suspected child abuse; provide treatment, counselling, medical examinations

Office of the Director of Public Prosecutions

? prosecute criminal proceedings for child sexual assault offences and serious offences involving violence against children

Department of Education and Training

? provide educational programs; assist in the recognition of suspected child abuse and neglect, notify suspected child abuse and neglect; offer support to students

Department of Corrective Services

? manage persons convicted of child sexual assault offences

Department of Juvenile Justice

? recognise and notify suspected child abuse and neglect and ensure protection of young people under its supervision

Department of Sport and Recreation

? promote a safe environment for all children; recognise and notify suspected child abuse and neglect

Department of Housing

? provide assistance to victims of abuse (parents/children)

Interagency Guidelines for Child Protection Intervention
Child Protection Council (1997)

The NSW Government has within their child protection policies incorporated a set of Interagency guidelines to be adopted by all government departments and agencies involved in

child protection intervention. The adoption of the guidelines is in recognition that no one agency acting alone can effectively ensure that children receive adequate protection and that a united approach is essential.

The guidelines outlines the roles and responsibilities of the various government departments and agencies and non-government organisations and authorities in relation to child protection. Details are provided on the pre-requisites for practice, including key definitions, the exchange of information and how to resolve differences. The guidelines also provide a practical framework for child protection intervention practice and contain a number of procedures for recognising, notifying and responding to child abuse and neglect. These procedures reflect best practice standards which agencies are encouraged to adopt.

The complexity of the problem of child abuse and neglect means that effective intervention requires cooperative and coordinated action across agencies. The Government recognises that while there are common features, which enable consistent procedures to be developed, and implemented, different responses will be required in the case of physical abuse, emotional abuse, neglect and child sexual assault. Service providers require an understanding of the roles and responsibilities of the various agencies which respond to child abuse and neglect to ensure a shared responsibility is taken in the protection of children from abuse and neglect (CPC, 1997c).

The responsibilities of agencies are:
? To ensure that all workers are aware of indicators of child abuse and neglect and the procedures for notification;
? To work with other government and non-government agencies within agreed arrangements, To plan and provide services in order to protect the child and support the family;
? Provide counselling, support and care and material assistance to the child and family;
? Act as an advocate for the child or where appropriate for other family members;
? Provide training for staff in the recognition of suspected child abuse and neglect and the implementation of non-government organisations' child protection policies and procedures; and
? Develop and implement or undertake educational and preventative programs and community development strategies aimed to protect children and strengthen families and communities.

The practice of agencies is to:
? Take account of a child's immediate needs.
? Ensure the immediate and on-going safety of the child by prompt and purposeful information exchange between agencies.
? Appoint an identified key worker for every case.
? Engage in interagency planning of assessments and investigation to minimise trauma to families.
? Recognise the variation in the experience and impact of child abuse.
? Constructively handle the difficulties and differences between professionals and agencies
.

Towards Better Service, A Continuous Improvement Strategy for Child and Family Service Teams
NSW Department of Community Services (1998c)

The purpose of the manual is to provide Child and Family Service staff with a framework to improve the quality of services provided particularly in relation to work practices, feedback to staff, outcomes for consumers and team problem solving and ownership of strategies.

Throughout the manual there seems to be very little or no reference to follow up about or review of referrals to other agencies, and no reference to children's services.

Part 3.2 Review of Needs and Resources
Recommends that the Community Service Centre have a Service Directory, listing local services (p28 last dot point. Children's services are not specifically listed as an example of a community resource. Perhaps this omission could be addressed).

Part 3.4 Client and Agency Feedback
Includes survey for agencies to assess the quality of the communication between DoCS and the agency.

Practice Manual: Working with Children and Families
NSW Department of Community Services (1997)

The purpose of the manual is to provide Child and Family Service staff with a guide to assist staff in providing consistent service delivery which meet statutory requirements for children, young people, families and carers. The manual covers policies and procedures for work with individuals and families, child protection services including, care and support, protective intervention, criminal prosecution and adoption activities undertaken at CSCs.

While child care is referred to (Section 3) there is no discussion on appropriateness of particular services to be used in general nor for what length of time the placement should last. The consideration of children with additional needs is referred to. The manual mentions that the CSA is to be consulted when a child in pre-school or child care is being reviewed (Section 11) but not for the initial decision regarding the appropriateness of a particular service.

In relation to funding Section 14 has a small paragraph on child care placements and the use of FIF to purchase time in child care. There is no mention for how long initial funding may be granted, nor the number of days and hours a service is to be recommended, nor whether parents are to asked to contribute to the costs. There is also no guidance to staff as to what decision to take if a child's placement in a service cannot continue due to financially disadvantaged families being unable to afford care when FIF is not available.

Child Protection: Procedures for recognising, notifying and responding to child abuse and neglect
NSW Department of Community Services (1997)

1.   The *intake phase* – the specific needs and circumstances of each child and their family is to be assessed to ensure they receive an appropriate service. In the intake phase the

safety, risk and well-being issues for the child/young person are to be determined. There are four levels of issues to be considered.

? safety and/or high risk; [34]
? risk and well-being issues;
? welfare issues; and
? no safety, risk or well-being issues.

In some situations an interagency planning meeting may be held. In other cases where a joint response is required, an assessment and investigation plan would be developed and approved by both DoCS and the NSW Police. If an outcome of a notification is that no further action is required by the Department then the notifying agency is to be informed.

2. The *field action phase* – the information as assessed will determine the most appropriate service to promote conditions of care that provide for the child's ongoing safety and well-being and will be based on the whole family situation rather than the abuse incident in isolation. Where agencies are already working with the child (and/or family) that agency must be informed. An appropriate referral networks and a collaborative interagency approach will be developed and maintained to support any action taken. The officer will indicate to the notifier what action, if any, will occur.

3. The *ongoing care and support phase* – there will be on-going monitoring, reviews and assessment by Departmental officers to ensure the service provided continues to meet client's needs and that goals are being met. It is also recommended that staff are to have appropriate supervision to support their work with children and families. The case is to be closed if the child's safety is ensured and risk issues resolved. Services are to be informed in writing in case of closure.

Customer Complaints Service Guide, Complaints Policy and Procedures, Customer Complaints System (CCS), User's Guide
NSW Department of Community Services (1997)

Complaints about funded and licensed services are registered on CCS and referred to the Children's Services Adviser (CSA) who will write to the service requesting a written response. The request and response are filed on the service's funding or licensing file.

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34 In instances where the issues involve safety and/or high risk and criminality (especially if they involve Government services, all childcare services and NGOs) must involve JIT officers. In this instances where there is actual or high risk of harm or injury which has been determined then total protective action will be taken by a Departmental officer.

Appendix 3: Summary of the Issues Raised in the Focus Groups

Area 1 Rural and Remote Location, Children's Services Workers

The effectiveness of children's services as a protection and prevention strategy

There were mixed responses to the question of the effectiveness of children's services as a child protection strategy. In this area the workers stated that children's services were often used for respite for the parents of children at risk. They noted that for children at risk attendance at the services was often the children's first contact with people outside the family. Some highlighted the important role that children's services played in terms of monitoring the children's behaviour and general development. However, others felt that children's services were not an effective child protection strategy because of the erratic attendance of the children at risk.

> *As a referral we don't know how long the family will stay in the care and it can be quite disruptive for the staff. Because you take on board a new family and a child with a lot additional needs. And then it can be very short term and they go back into another similar situation or even leave town. They are booked in a spot, but we have found, in the past, that they have been very erratic in their usage of the position. So I don't know whether it has been fairly effective or not.*

Another worker felt that children's services were a good preventative strategy for isolated families. For some, the mobile children's services workers were the only contact with adults that the parents had. The service gave the parents a break and often diffused tense situations while providing an opportunity for the children's progress to be monitored. Children's services provided a secure environment for children from violent situations. The worker felt that the services could not prevent neglect as the children could only attend the service once a week. Another advantage of the service was that it facilitated bringing the community together to fix a problem.

Experiences of the current system

In one long day care centre in the area, the placement of children at risk was usually organised via the phone. DoCS would contact them and tell them that they had a child whose parents needed respite or that the child needed interaction with other children. Then the Director would request that DoCS accompany the parent and child to the centre and assist with the organisation of the placement.

> *If I can place them [the child at risk] immediately I ask them [DoCS] to come down with the family and assist them with filling out the enrolment forms. And that's when we get more of an orientation process happening. If they're wanting to place a child at risk I would feel that this is very important.*

Other participants agreed that it was very important for DoCS to explain the circumstances of the family to the service. In some cases services just received a short phone call to ask if they had a place for a child without any specific details. One worker stated that

> *I think a lot of children might have been missed because it's just a phone call rather than a visit saying that we have a family at risk and I'm here to ask you [the children's service] what can you do.*

The participants agreed that they needed adequate information about the family's and the child's situation.

> We have a waiting list for children, mostly ... and sometimes someone will ring up [about] someone in the care of the shelter. And by the time we have a vacancy [for that child] of course that child is no longer there. So probably in our situation we are not very effective.

If the services were made aware that the children were at risk of abuse or neglect they felt that they would be better able to accommodate them and meet their needs instead of placing them on a waiting list.

Another problem identified in this area was the monitoring process for children at risk once they had been placed in the service. The participants felt that the ongoing monitoring of children once in their service was not adequate.

In this area the children's services were predominantly pre-schools. It was felt that DoCS often placed children at risk in long day care centres rather than pre-schools. The reasons for this, the participants stated, was because long day care centres were open for longer hours and also over school holidays. Long day care centres also took in a broader range of ages and had the capacity to take siblings. In addition they could access child care assistance.

Meeting the Needs of Target Groups

The participants highlighted the difficulty of meeting the child care needs of children under two years old. It was noted that there were 42 children aged between 0-2 years on the shared waiting list for the three long day care centres in the area.

> There is obviously a lack of available spaces for the 0-2s which impacts on whether families can go back and rejoin the work force. And it also means more stress on children at risk.

Another participant emphasised the impact that lack of available spaces had on children at risk in terms of the quality of the care they received.

> It also means inadequate care [for children at risk] because they are taking second best. They get a neighbour or somebody to look after them this day and another friend the next day, grandmother the next day. So it's inconsistent care ... For children at risk this is certainly not good and these children need some consistency.

Aboriginal children in the area were quite well serviced according to the participants. Thirty eight per cent of the children in one long day care centre were from an Aboriginal background and there was another Aboriginal child care service in town. The Director of the long day care centre said that

> We actually do have quite a lot of Aboriginal families who work and study so they have to use long day care. They can't use pre-school because it doesn't cover the hours they are working and training. We have no problems meeting their needs or not that we're aware of.

Services for children with disabilities were very limited. Participants stated that this town was one of the only towns in the area that did not have a specialist therapy service for children with disabilities. There was a nine month wait for speech therapy services in the area.

The difficulties associated with meeting the needs of children with challenging behaviour were raised. This was particularly evident for services with only two staff members, as one would have to spend all their time supervising the child.

Rural Issues

The group spoke of the problems associated with distance such as accessing resources for all types of services in the area.

One participant stated that

> *I don't think they [children at risk] are being provided with the amount of opportunities that perhaps children in larges centres are getting access to.*

The difficulties faced by many of the families in the area were distance and isolation. The round trip for some to access the mobile children's service was 200kms. Many found it difficult to afford the child care fees and to pay for petrol for travelling to the service, particularly given the financial burdens associated with drought and poor harvests.

One worker emphasised the need to establish trust before people would admit that they needed help. However, the worker also talked about how people in the area were very self-reliant and did not want to depend on welfare or others to help them.

Staff Resources and Training

Opinions differed as to the relevance of the child protection training. One worker was in two minds about the adequacy of the *Making a Difference* training. She felt it was more appropriate for newer workers but too basic for those who had worked in the area for many years. Another worker thought that the training was adequate but it was a very long and emotionally draining day.

Other workers raised the difficulty of knowing when to notify DoCS of suspected abuse even after the attending the training. This, she felt, was not due to the inadequacy of the training but a result of having to decide if a change in behaviour was due to abuse or other changes in the family situation such as the father leaving home.

It was often difficult for staff to attend training because of the cost and problems finding relief staff. Most of the training was conducted in the larger population centres so staff had to travel and pay for overnight accommodation.

There was confusion about the impact of the new legislation. People were concerned about the requirement for police checks for staff and volunteers. They were also concerned about the possibility that people could make false allegations against staff.

The Department's response to concerns about suspected abuse or neglect

There was general agreement among the participants that the Department did not follow up or provide feedback to the services if they made notifications of abuse or neglect.

> *We are left thinking 'What has happened to this child?'*

The service workers did not think it was their responsibility to follow up the situation. The lack of feedback inhibited some from making further notifications.

> *We can't be ringing and saying what's happening, what's happening?*

The participants also discussed the difficulty associated with making the decision to notify, as it was a very small community. Also some were reluctant to make a notification because of the reaction from the parents and losing trust they had built.

Allegations involving child abuse against staff or other persons in children's services

Generally the services were satisfied with the Department's involvement when an allegation of abuse was made against staff or others in the children's service. However, for one service there was a period of six weeks between when the allegation was made and when DoCS investigated and resolved the matter. It was very stressful for the staff over this period. The staff would have preferred that DoCS had informed them earlier about the procedure and what it involved and that it would take six weeks. These workers had been then given an opportunity to comment on how DoCS had handled the process. Another allegation was made against another centre after this previous example and the worker involved thought that the response was more prompt and handled more effectively than the earlier case. The participants felt that there was a lack of support for staff when an allegation was made and this made a stressful and draining situation worse.

Another issue raised in the focus group was the lack of contact that services had with the CSA since she had been moved and located in another town. The CSA had provided support to the services, particularly when they were going through the process of allegations and investigations of suspected abuse in care.

> *When we had one [CSA] here it was quite alright.*

The future

Suggestions for changes for the future included:

? better communication and feedback between DoCS and children's services in terms of referral of children at risk and notifications of suspected abuse and neglect;
? more information from DoCS when children at risk are referred to a service;
? a DoCs officer accompanying the family and the child when enrolling them in the service;
? increased services to support parents;
? CSA to be relocated in the area;
? more training for teachers and staff about how to educate children about protective behaviours and how to meet the needs of children at risk more generally;

? training to be conducted in the local area;
? priority to be given to the resolution of investigations of abuse in care and support for staff through the process; and
? decisions to be made at the local level.

Area 1 Rural and Remote Location, Child Protection Workers

The effectiveness of children's services as a protection and prevention strategy

The child protection specialists in this area thought that children's services were an effective preventative strategy as they provided the parents with respite.

> *In as far as looking at the value of respite and breaks for the parents and helping dealing with the actual stress levels of being a parent ... more along that preventive line ... it's giving the parents a break and reducing the stress levels and they're better able to cope and not likely to lash out.*

Children's services also enabled the children's situation to be monitored and gave the child contact with other adults outside the home.

The Aboriginal services in the area were provided within the Aboriginal community.

> *This provides a focal point for the community in terms of having a child care centre that is there.*

Experiences of the current system

According to the workers in this group, no set criteria were used to decide if children's services were an appropriate child protection strategy for children at risk. Many factors such as the family environment, availability of a support network and the children's development were taken into account before it was decided to use children's services.

The workers stated that centre-based care was the preferred option for children at risk as many families viewed it as a safer option than home-based care. There was a lack of places and problems accessing other types of children's services in the area for example there was only one Aborginal family day carer. The workers also felt that centre-based care provided an opportunity for closer monitoring of the children's development and an opportunity for formal feedback. The centres were also spread over a number of different locations in the town so that they could meet the needs of different communities.

The process of organising for children at risk to attend a service varied from case to case. The process ranged from a minimal level which involved giving advice and information about the service to the family or perhaps making a phone call to say that a family was interested, to the more complex level where a protection planning meeting would be organised. All services, including children's service would be involved in a joint planning process.

Communication and ongoing information

As with any confidential service the workers noted that the amount of information given to children's services on referral of children at risk was on a need to know basis.

> *Obviously you need to give them information so they have an understanding of how they can assist the family but no, it's not automatic that you give them all of it.*

The level of ongoing monitoring of the progress of children at risk, once placed in a service depended on the complexity of the case. The effectiveness of this ad hoc process varied considerably particularly if the personnel involved in a case changed.

> *A change of workers here or a change of Directors in the children's service and you lose that information without realising that you've lost it ... [For example in] one of the more ongoing cases and the risk was quite high ... you have an agreement that the pre-school has been monitoring and you've had a change in Director and that information hasn't swapped across. And we're actually sitting back here thinking everything is fine and then something blows up. And then suddenly there're two different people talking and no one knew the history.*

Children's services for children at risk were chosen according to the families needs, location and affordability.

> *We have a very poor transport system in [this area] and a very poor footpath service, there is none. You walk on the road or you walk on the grass. So its close to where people live.*

> *For people in outlying areas the choice is the mobile service – there's fairly limited choices for the people.*

> *Their willingness to access...particularly the Aboriginal community they might be more inclined to access the Aboriginal pre-school. And that often helps in accessibility because they've pick up service ... so you don't have a transport problem.*

The area had not had difficulties funding places in children's services for children at risk. They usually asked parents to contribute to the fees or help people over a financially difficult time. They also encourage people to access the various child care rebates.

> *We might pay for the first month while they get themselves on their feet.*

Cases were not reviewed after a particular time period, it varied.

Meeting the Needs of Target Groups

There was a waiting list for the long day care centres in the area so it was difficult for parents to organise a place for children below two years old and places for children at risk were limited.

> *To access these services you need to be organised and the families that we are working with don't have the high level of organisation to be already on a waiting list for six months.*

The CSA was approached in some instances to go over license numbers.

One of the problems discussed by the workers in this groups was that many of the families at risk had more than one child and it was very difficult to find places for the children in the same service.

> *Depending on the need, sometimes we just have to say that, well, it's something we would like to do and we acknowledge that it's something that would benefit the family but we can't do it. There is that bottom line reality ... Our case plans often don't meet reality.*

The workers identified a need for more Aboriginal services in the area. Aboriginal parents often preferred to have their children in an Aboriginal centre because they knew the service and knew it was set up to meet the needs of the community.

For Aboriginal people in remote communities access to children's services was very limited. Usually there was only one centre and if the parents did not want their child to go there there was no alternative service.

Participants emphasised the difficulties associated with child protection and children with a disability. There was a major lack of disability services in the area and this impinged on the quality of service that could be offered to children with disabilities at an early stage.

Rural Issues

Major issues relating to location discussed in the group encompassed access to resources, services and qualified staff.

> *Sometimes you can get the funding but it's really difficult to attract the qualified staff to come here ... across the board [of services] ... Also once you attract them you have to maintain them.*

It was noted that some towns in the area had no long day care centres so it was very difficult to find places for children at risk under two years old. In these cases the workers would have to ask around to find someone such as a family friend who could take the child. Also the area had not been able to attract a non-government agency to provide substitute care. So the Department had to arrange all substitute care.

The workers felt that the size of the community made it difficult if parents were having problems.

> *Everyone in the community knows what's going on and there is a perception that you're not a good parent.*

Another problem associated with this area involved cross border issues. People living in remote locations were often closer to services across the border rather than in New South Wales. They were investigating ways to address this problem.

> *At a state level they have a committee that has been set up to look at crossborder issues ... but you have to come back and look at the local level and*

see what's the level of cooperation. It doesn't matter how many memorandums you have … it doesn't necessarily work at the local level unless you've got those networks there.

The Department's response to concerns about suspected abuse or neglect

Participants in this group stated that children's services in the area had a good understanding of the process of notifications of suspected abuse or neglect and knew what to notify. They also felt that they were very cooperative in terms of monitoring the situation. However, they noted that the Department's feedback mechanism did not work effectively.

We should be giving them feedback. That's where I think the fall down would occur in that we don't do that well…We don't do that because of resources and overload and lack of time. And we acknowledge that that is the best practice.

The benefits associated with having a CSA located within the CSC were discussed. They said that there had been more contact with the CSA when she was in the same office. They would often go to her for advice on the using children's services.

The CSA would give us advice about what was happening within … like who had vacancies, who didn't, who was most likely to get an exception to go over numbers and how we did that. That was really handy to have at the desk down the back, to be able to say we've got this and we really need a place.

Interagency Collaboration

There were a number of committees operating in the town that aimed to foster interagency collaboration. The workers felt that these were effective in raising the awareness of what DoCS did and fostered information sharing. They also conducted some joint training where they discussed peoples' roles and responsibility. This alleviated some of the breakdowns in communications.

They felt that as the new legislation emphasised the roles of community partners in child protection that all agencies would have more interaction particularly in terms of prevention.

Future Changes

Suggestions for the future included:

? more funding for additional children's services, including overnight respite particularly for Aboriginal families;
? more creativity in terms of getting out more information for people so that they could access services and target families at risk;
? training for mothers to care for their children so they can take on the responsibility;
? improving DoCS's feedback to children's services about the results of notifications of suspected abuse and neglect; and
? encouraging a non-government agency to come to town to provide respite and support services.

Area 2 Metropolitan Location, Children's Services Workers

The effectiveness of children's services as a protection and prevention strategy

Overall there was agreement that the use of children's services was an effective protection strategy for children at risk for several reasons. They provided a social environment for the child and gave them the opportunity to experience different ways of dealing with issues and relating to adults and other children other than with violence or emotional abuse. Participants felt that children's services provided structure and security to the child's life. The use of children's services was an important tool for monitoring a child's progress and a place of education in terms of protective behaviours.

> *Children can learn what is right and wrong ... that's where children's services are a great prevention tool.*

Workers in the children's services also felt that their services assisted the parents or caregivers by giving them respite and access to other support networks. They emphasised the need for the whole family to be supported.

> *They [parents] can talk to centre staff about what they are feeling about the child and that can be helpful in preventing abuse.*

Experiences of the current system

The process of organising the placement of a child at risk in a children's service varied considerably. For some children at risk who were referred by DoCS, the process involved the District Officer (DO) ringing the centre and asking whether they had a vacancy. If there was no vacancy the DO would organise for the service to go over their licensed number to accommodate the child. Then the DO would arrange a time to visit the centre with the parent or carer, fill out the enrolment forms, discuss the fees and arrange a start date for the child. However, the process was different for other types of service. A worker from an occasional care service said that DOs often just arrived on the premises and expected to be able to 'drop the children off.' In other instances the parents would arrive with a letter from DoCS. In most of these cases the information provided by the Department was limited and the services were not briefed on the child's circumstances.

In gaining access to information about a child, one worker stated that:

> *It [information] would save you a lot of wasted time trying to gain that information through observation. If you had it when the child walked through the door you would be able to plan straight away to meet the need instead of a month later after four weeks of observations to find where the child is at. Eventually you get there because of your observation skills but in that time that child hasn't been supported as well as it may have been if you had it in the first instance.*

In contrast a worker from Family Day Care stated:

> *We don't have the same issues because we have carers in the home who have specific numbers who they can care for and we are asked if they can fit them in.*

> *Then we look for someone who will be able to take them in. We do get the*
> *details because we need to match the carer with the child very carefully. We*
> *can't have a child with behaviour problems with a carer that has two babies.*

One participant stated that:

> *If the CSA is involved then it is done well. If a DO is involved without a CSA*
> *then it can causes problems and you don't get as much information from a DO*
> *as you would from one of the CSAs.*

The participants agreed that the CSAs' involvement in the process of placing child at risk had diminished since some had been relocated to the area office.

Other problems raised by the participants included the lack of information exchange between themselves and DoCS in terms of ongoing monitoring of children's progress once they had been placed and the late payment of fees by the Department.

All services said that the funds they received from the Department for children at risk were used for the payment of the child's fees. Several workers noted the lengthy delays in being reimbursed for their claims for funding for child care fees. Some spoke of six and 12-month delays from the time that invoices were submitted to the Department. One worker said their community-based service had been out of pocket for over $1000 at one stage.

All participants felt that the needs of children at risk were being met by attending their services. However, they indicated that it was more difficult to meet the needs of the parents and find the resources and support services that they would accept. They highlighted the need for parent education courses dealing with the developmental phases of children particularly for parents who had unrealistic expectations about the behaviour of the child and what was appropriate or normal behaviour at a particular age.

Access to services, such as bilingual workers for people from a non-English-speaking background, in this area was limited. The children's services were often placed on a waiting list and by the time they gained access to a bilingual worker, the family had moved away from the area or some other form of communication had been established. The workers noted that it was impossible to respond to the needs of these families quickly.

Similarly, for children with a disability access to support services was limited and there were long waiting lists for the early intervention programs. It was suggested that Family Day Care was suited to meeting the needs of children with disabilities as they could take fewer children and could access the disability support payment. This enabled a Family Day Care worker to take only one or two children and devote more time to the child with additional needs.

Staff Resources and Training

It appeared that most workers had undertaken training in child protection, mentioning the *Making a Difference* package and the *Interagency Guidelines* manual as sources of information. One worker said she thought the training from the package offered in the one day workshop could be better. She said most of the information provided was too basic for those who had a lot of experience. She would like to see more advanced information on

issues to do with 'working together' with the Department and other agencies in the area of child protection. She felt it would be useful to know more about 'how and when' workers from children's services could put issues to be discussed on the agenda or into case planning and management.

The workers spoke of the difficulties of not having the time or staff resources to play the role of case manager or to attend case management meetings. They also spoke of their lack of knowledge about what other services were involved with the family. They asked how could they work together with other agencies to assist the family and the child without this knowledge?

There was a mixed response from the group about the impact of the new legislation. Some seemed to know some aspects of it while others had no idea what it would mean to their procedures. There was some discussion of the mandatory reporting requirements. The Family Day Care coordinator stated that the mandatory aspects of the new legislation coming into force might mean that some of her workers would give up being carers because they were fearful of what might happen to them. The workers were concerned that they could be 'accused' unreasonably or unfairly of abuse of a child in their care and have no way of defending themselves because of the nature of their caring role as a single carer. There was also concern in the group that the new mandatory aspects would result in a flood of notifications to the Department because workers would be frightened of being penalised if they did not act on their suspicions of abuse or neglect of a child in their care.

The Department's response to concerns about suspected abuse or neglect

The general opinion from the group was that the Department did not respond adequately to their concerns about suspected abuse and neglect of children in their services. For example one worker stated:

> *If you report a child it seems to go into a big void*

Participants felt that they did not receive enough feedback when they reported suspected abuse or neglect. They felt it was important to receive some information even only to tell them that nothing had been substantiated.

Others were concerned about making notifications because of the reactions from parents and destroying the relationship they had built with the family and the child. In some cases families leave the centre. One stated that:

> *Once you make a notification you don't see the family again because you're their only other place of contact and they automatically assume that you have done it ... And then it's the phone call saying DoCS have just rung me and you reported me ... and you have to say no. And you're lying in their face - and they know that you are. And there goes that rapport you have had with that parent.*

Allegations involving child abuse against staff or other persons in children's services

Most of the services either have policies and procedures dealing with allegations of abuse by staff which will be 'revamped' in light of the new legislation. Others were in the process of

putting into place these procedures. Only one centre had been involved in such a case. The worker stated that:

> *I find that the whole investigation is done - and then, the JIT come and say - one of the staff has been accused, this is what's happened, this is the investigation, this is the outcome, call the staff member and we want to meet with you all together. It's all done - we just get on the end of it and - go okay, we're here now.*

Future Changes

The group's suggestions for changes included:
? 	more two-way communication between the Department and services;
? 	access to more information when a child is referred;
? 	more staff in the DoCS;
? 	more support for families;
? 	regular network meetings; and
? 	more support for staff working with the children.

Area 2 Metropolitan Location, Child Protection Workers

Effectiveness of children's services as a child protection and prevention strategy

The participants felt that children's services were an effective child protection strategy for children living with their parents or those in the care of the Department. The services offered a range of opportunities for children, in terms of meeting their developmental and social needs. It was a useful tool for the child protection workers to gain information about the behaviour and development of the child at risk. Also the progress of the family and the child could be monitored. Access to children's services also offered parents 'time out' and respite.

However, the group did not agree that they used children's services as a preventative tool. As one worker stated:

> *We would like to work in prevention but the department and our workload does not allow us to work in a preventative way. We just catch the cases and then we do something about it.*

Experiences of the current system

The appropriateness of using children's services as a protection strategy was reported as being made on a case by case basis. For example a mother may have a limited social network or she may have several small children. In that case, accessing a children's service could be deemed an appropriate strategy so that she could have a break. However, before organising the placement of a child in a children's service the parent would have had to agree that they wanted their child to attend the service. Once they agreed, an assessment of the family's ability to pay was made. Usually the parent paid some of the children's services fees.

To organise the placement, the DOs gave the mother or carer the phone number of the children's service and asked them to ring and enrol them. If the service was full, then the

DOs would approach their CSA and talk to her about placing the child on an ad hoc basis or giving the service an exemption to go over their licensed numbers.

The child protection workers in this group usually preferred to place a child at risk in centre-based care. They did not think that home-based care was appropriate for children at risk. They noted that the service chosen for a particular child was usually determined by geographical location. As it is a low socioeconomic area, most families did not have access to cars so parents wanted services that were within walking distance of their homes.

The ongoing monitoring of the child's progress once placed in the service was ad hoc. The area had a specialist centre for children at risk of abuse and neglect. This centre provided regular, often written, feedback to the DOs. However, frequently the DOs only heard from other centres in the area if something went wrong. If the DOs wanted to know something about the case then they had to ring the service and ask specific questions and tease the information out of them – sometimes it was difficult to get information from a service. On the other hand, one participant noted that in some instances children's services wanted to abdicate all responsibility to the Department. They did this by informing them of everything if there was a problem with the child or the family.

Funding

The Family Initiative Fund was used to fund the placement if the child was living at home. The decision in regard to the amount of funding to be made available for a placement was made on a case-by-case basis. The workers noted that they always tried to get the parents to contribute towards the fees. The funding by the Department was time limited and each case was reviewed after three months to assess the situation.

In this area there had not been a situation where a child could not access children's services because of a lack of available funds, instead the number of days that a child attended the service may be reduced.

Children with special needs

Within this area, there were limited services for children from a non-English-speaking background. The workershad tried to place the child in centre with an appropriate worker but they 'often just have to make do with what is available'. It was often not possible to match a child at risk to an appropriate service. There was a service for Aboriginal children in the area.

The workers noted that they did not have difficulties finding places for children with disabilities however they did not usually put additional support into the service for these children. The main problem was finding places for children with challenging behaviour and then maintaining them in child care. One worker had difficulties finding places for children less than two years. In those cases the worker spoke to the CSA.

Communication and ongoing information

The information given when referring a child at risk to a service included the reasons for referring the child and the particular protection issues. However, the workers noted that they did not give too much information so as not to jeopardise the placement of the child. There

was an ad hoc exchange of information and communication for the ongoing monitoring of the child's progress. One participant stated:

> We don't want to be involved in peoples' lives more than we have to be. We want them to get on with life and do their own thing.

Case conferences were sometimes organised and every one involved in the case was invited. However, they did not occur frequently as they were difficult to arrange. It was believed that these meetings assisted with interagency cooperation.

There was agreement from the group that in general, children's services were afraid of reporting concerns about the child to the Department because of parents' reactions so they were guarded when giving information. One participant felt that many children's services' staff were too hesitant, too reserved - and too concerned about the reaction of the parents rather than concerned about the protection of the child. This worker also believed that these services often did not they meet their responsibility in that area and needed more adequate training in child protection issues.

There was some discussion about the new legislation. One participant stated that:

> The new legislation puts more responsibility on other agencies apart from our own (DoCS) to protect kids.

The Future

Suggestions for future changes included:
?	increased provision of culturally appropriate child care;
?	the need to foster the perception of DoCS as an agency that is there to help families rather than take and remove the children;
?	improved communication with children's services; and
?	more education for children's services about their role in child protection.

Area 3 Regional Location, Children's Services Workers

Effectiveness of children's services as protection and prevention strategy

The group agreed that the provision of children's services on its own was not sufficient as a strategy for children at risk - there was a need to look at the family as a whole. Other support mechanisms for the rest of the family were important. They said that children's service should not be seen as a 'quick fix' placement. Children's services can be the 'first contact' for some families. As one worker said,

> They come to us – they trust us – sometimes they (the parents) overstep boundaries and 'you see things' that put the children at risk and we can give them support.

The workers said there needed to be a partnership with the family (or carer) and child because they worked as much with a parent as the child. They said there was a need for a twofold approach to children at risk, one as a preventative strategy in terms of the staff actually identifying a child at risk and the other one as a protection strategy when a child at risk was

placed into the centre. Neither, however, would work without support for the staff in the service as well as for the parents at home. Short term placements were not the best option for the child or parent - they would rather a placement over six or 12 month to stabilise the situation.

Building up relationships with a child and family were very important, as over time the parent would seek advice from the workers. Parents would come to a worker in a children's service because they perceived that person as being non-judgemental and they were to help them.

Current practice

Usually a referral came via a phone call from a child protection officer who asked for a placement. A number of workers stated that only limited information about the child was provided, while others commented that they were given *'a good deal of information'* on anything they needed to know to help the family. At times workers needed to have information about people who might be a threat to the child or who were restricted from seeing the child.

On occasions it was a grandparent who had care of a child and sought a placement on the advice of DoCS. As one worker noted, *'that seems to be the way it is happening in more recent times'*. In other cases a placement was sought by the family themselves. As the worker said

> *They actually went and looked for their own services and decided to come to us and then they told us who to speak to and referred us to the (CSC) office. Years ago ... even two years ago, we had case workers ring us and say we have got this family. They would come out and introduce the family and they (DoCS) used to be very involved that way. I don't know whether we just haven't had those cases ... but nowadays I've had more families seek us out and say 'Look - my grandchildren are known by DoCS and I've taken over their care for a little while'.*

There were differences in the information provided when it was a family initiating a placement. More follow up was required when it was the family who approached a service. One worker noted

> *...it's sort of left to them (the parents) to do it their way. When DoCS initiates the contact there is more contact from them but when the family is empowered its sort of left to them*

In some instances grandparents (with custody) come to a service without the knowledge of the local DoCS office. Because of the grandparents limited finances they could only afford small amounts of care and were reluctant to approach DoCS for help. While some grandparents have received funding from DoCS for children's services, one worker noted how difficult it was for some grandparents who were caring for their grandchildren and who were trying to support their children in their parenting role. Workers thought children's services did a great job in supporting grandparents in these situations.

> *Services give them respite – gives them a break. In time the children usually go back to their birth parents.*

Some children, said one worker, were 'lost' in the system and it could be difficult to find someone who knew about the child. Staff turnover in the Department also caused difficulties and funding for an arranged placement of a child at risk could also be problematic. Workers noted that there could be a time lag in obtaining funding and they had to chase up DoCS for the money for fees.

Families were informed about the length of DoCS funding and asked by DoCS whether they could contribute to the costs of care. A contract for a placement was between a children's service and the supervising district officer with a copy going to the CSA in Area Office. Ongoing accounts were looked after by the CSA and tied in with the review date. If review dates were not noted by a service the Department did not pay. As a CSA said

> *I mean there is an understanding that no payment will be made for any services beyond the review date...and I am very strict about that ... if the services sends a bill for child care beyond that date ... I say unless you have you have a contract with the department beyond that date I can't pay that.*

The DO is supposed to follow up the review of the contract with the service but this did not always occur before funding finished. When asked what happened to these children the workers laughed and said – *'we usually keep them'*. It was then up to the parent and the service to negotiate payment of fees. This situation had left some services 'out of pocket'. Where this happened it would not affect an individual's income as the loss could be absorbed by a centre's budget. However, in the case of a Family Day Care worker there is no mechanism for compensation for the individual.

> *It's the carer who is missing out - its their own personal income that is being affected.*

Workers said that children at risk were treated just the same as other children in the service. If workers were made aware of a problems, eg. aggressive behaviour then they planned for the situation. The impact of a child at risk placed in a service varied, with one worker commented

> *Sometimes you get a child coming into a service who is very emotionally unstable ... they have suddenly been taken away, from maybe an aggressive situation - but it was their environment. Then they are placed with their 'kind and caring' grandparents and then they are put into a child care atmosphere. These children may never have been with so many children before ... and with bars around them (fencing) and things like that ... and that can create a lot of difficulties for workers in child care.*

Workers felt that child protection workers did not have adequate knowledge about which services were most appropriate to meet the needs of children at risk.

> *They (DO) would ring around and they would tend to go to services where they had got a place in the past ... the children are coming through and into DoCS care and they don't necessarily know about the behaviours that we in the services will be encountering ... It's often selected on location ... its not necessarily the appropriate service type for the family ... transport(is a concern) and where they can get them in. It's where they can get access ... but this*

doesn't mean the child will be placed in a service that will benefit the whole family.

The removal of CSAs from Community Service Centres to Area Office meant that DOs no longer had easy access to appropriate service information from a CSA in their Unit. The CSA agreed that it was very difficult to continue to liaise with workers.

We are probably a bit of 'a missing link' there to some extent ... it's just the fact we are not convenient at the time - to just pop over to the desk and say 'we have this child what do you reckon'. They have to make a phone call ... and out of the unit you are probably less of a team member to [be able] to have input into team meetings about child care.

Services used DoCS funding for fees for the hours provided. With a CSA's approval a service could go 'above numbers' but there was no money to get additional staff. Workers noted that vacancies were often available in services due to the increased numbers of centres in some areas, the reductions in Commonwealth funding for community-based centres and the resulting increase in fees and the restriction on financial assistance for non-working parents. These changes had led to a reduction in the amount of hours children were in care, with more families using a service for shorter periods of time.

One worker thought that when a child at risk was placed in a service, the Department sponsoring them for a period of time, then the whole idea would be to have the child absorbed into the service if this could be afforded (by the parents). However, even with child care assistance for long day care, the higher fees made it difficult for families to afford a permanent place. Families tried to keep their children in care, often reducing the hours of care when the DoCS funding ceased. In public housing areas it was more likely, however, that when funding finished the child was taken out of care.

Workers said they would call in other services if they needed support for a child with special needs. There were not large numbers of children from a non-English-speaking background or Aboriginal children in this area. One worker noted there were a number of Aboriginal families in her area and they had been accessing occasional care on a regular basis. Workers from an Aboriginal Unit in the Area came to the service, helped them with their programming for the Aboriginal children and were very supportive.

Staff Resources and Training

In some centres parents were invited to participate in the centre's program and a number of workers had completed a course in Positive Parenting Program (PPP) which supported families who had been referred to a service by DoCS. Parenting programs had been facilitated through the local council and Area Health.

Workers commented that there could be difficulties building up trust and rapport with a parent of a child at risk as staff were not trained counsellors. Staff were under increasing pressure to find out where to get help with children, not always children at risk, but children with challenging behaviours who were likely to be clients of the Department. Workers in children's services were often the only social contact some mothers appeared to have with many families having no access to extended families in the area.

Resources were scarce in the area as one worker explained:

> *This can be a prevention ... you are reaching out trying to do (something) ... and if you are taking children over numbers ... this is putting extra stress on staff and the children you already have enrolled ... The parents are also very needy people and they become quite close to staff. Because you can see them (the children) develop over time ... you hope they will continue to come. Often their attendance at the service is somewhat spasmodic and as a service you are starting at the ground roots with parents, reassuring them about small things and encouraging them to keep coming. Quite often they become quite co-dependent on the child care worker and that's a big issue.*

Workers expressed frustration because children returned to a home situation they had no contact with. If no other services have been provided for the family, then the good work they did was being undone. Coping with this frustration is harder for FDC workers who were quite isolated compared to staff in centres or pre-schools. The FDC coordinator commented:

> *The fact is that the children are coming to us through the family or DoCS. We are dealing with the children and we talk to parents and tell them about support agencies but we can't take them there. Probably we haven't got the knowledge to work with the family. We can help the (FD) carer and see great progress being made with the children but the lack of parenting skills may be at issue - be the cause ... in the first place.*

Workers said they would use their own networks to get help with, for example, a Family Support Program. They rarely contacted the Department for assistance, explaining

> *Everyone in the world knows DoCS have got no money and are stressed beyond what they can do - you never, ever have a DoCS person in your centre unless there is a reason. Four years ago departmental officers would always be at the services – they would come twice or three times a year ... for a case conference or something like that but now you only ever see them because of your license. They are stretched to the limit for what they do - they are the front line.*

Workers who had participated in training in child protection thought it was of value. Equally important was teaching children protective behaviours and this was now an intrinsic part of most services programming. It encouraged children to be assertive and also learn more appropriate (verbal) ways to respond to situations rather than use physical responses. Workers thought there should be more regular training in child protection. Most were aware of the manual *Making a Difference*. It was noted that taking time to complete a course was always an issue and not just for child protection training. Relief staff had to be called in and a service had to work these costs into their budget.

One worker found the Interagency Guidelines useful in knowing what to do in particular situations, the roles people were to play and what the forms had to be filled in. Many others appeared not to know about the Interagency Guidelines. All noted how important it was to be kept informed of any changes in departmental regulations.

The Department's response to concerns about abuse and neglect

There was a mixed response to how effectively the procedures between the Department and services work. Some thought the process had improved while others had experienced difficulties in getting support after hours or when making a notification. While some workers were aware of a Departmental priority to attend to children under one year of age, they thought children of pre-school age, at risk, were missing out.

Notifying the Department of a child at risk was for many an emotive and frightening experience and there was a need for a service to support workers when they had taken such action.

> *We look after the families ... we follow all the procedures. We are also aware of the Ombudsman Office and all of those sorts of things. We are up-to-date, we train ... but nothing can prepare you for when you are in the middle of a crisis and you can have a couple of crises and emotive families coming through the door and all those sorts of things ... there is no one to turn to.*

In instances where a service had been the notifier of a child at risk there had been better contact with the Department particularly if the Joint Investigation Team (JIT) had become involved with the family. Problems were likely when parents were informed that a service needed to contact DoCS about their child. Workers said that they would much rather have families stay in the service and try to help them.

> *They are going to take off if they think the Department is to be involved.*

Allegations involving child abuse against staff or other persons in children's services

All agreed that services needed to have policies and procedures in this area. Workers thought that FDC workers were particularly vulnerable in either reporting suspected abuse in care or when an allegation was made against them. Due to the solitary nature of their caring they had no one to support them when confronted by angry families about whom they had notified the Department. When an allegation of abuse was made against a FDC worker their service was closed until the matter had been investigated. The guidelines from the Ombudsman's Office were still perceived as 'pretty new' and not all workers seemed clear on procedures - most had not needed to used the 'new' system.

New Legislation

The workers knew little more than the Act was coming into existence . The CSA said the Department's implementation should be starting around March 2000 though the regulations applying to the Act had not yet been provided. The CSA said the new legislation had a much broader base for notifications and noted there would be more mandatory reporting by services and more Interagency involvement in child protection.

Future Changes

Suggestions for future changes included:
? the need for more follow up by District Officers;
? additional support for staff including debriefing for staff;
? the provision of more Parenting programs;
? an examination of the costs for accessing both children's services and parenting programs;

? *Families First* could be really important in terms of child protection and workers thought they would be very involved in this program;
? monitoring new parents and home visiting programs in general were seen as very positive approaches in the area of child protection;
? provision of other services for young children with challenging behaviours;
? easier access to the Special Needs Subsidy for a child at risk;
? the Department to provide additional assistance to FDC workers who were providing care for children with multiple needs;
? the provision of additional resources for child protection and prevention; and
? provision of affordable children's services for low-income families.

Area 3 Regional Location, Child Protection Workers

Effectiveness of children's services as protection and prevention strategy

There was a mixed but generally positive response from the group to using children's services as a child protection strategy with some saying it was a 'good' strategy and others saying it depended on other issues involved with the family. Workers said services were helpful with the child's development and socialisation and as respite for foster carers and parents. Services offered professional assistance of value not only to the children but to the children's family as well.

> *The child can be observed by a trained worker on an on-going basis and any concerns relayed to the child protection officer.*

The group felt they did not have resources (staff or time) to use children's services as a prevention strategy. It was noted that where children services were used as respite this could be as both protection and prevention of abuse or neglect. With only limited time for each case, workers, said there was less on-going contact with the family. There are families and children 'out there' who did not get the services they needed because of an overall lack of funding and resources.

Experiences of the current system

Before a decision about the use of a children's service was made, a risk assessment was conducted by a a child protection officer. Services were offered – for stimulation, development and socialisation and to provide routine and a degree of discipline into a child's life. Babies at risk and sole parent families, where a mother had more than one child under school age, were given priority In some situations there was a need to provide a service for a very young child for extended periods. Referrals to a children's service were usually made by an officer.

The placement was based on an agreement between the family and DoCS. Child protection workers had no particular preference for using either community-based or commercial services. If a child protection officer had difficulty finding a suitable placement then a CSA was contacted. Once a child was placed in a service a case plan was prepared and was sent to the Area Office. The CSA in the Area office received information on all children at risk placed in a children's service.

The location of a service was particularly important, as a parent had to be able to access it easily. Public transport (private bus service) was particularly poor in the area, infrequent in some outlying areas and quite expensive to use. Concern was expressed that there was no funding allocation to assist with transport costs to access services.

The amount of information given to children's services about the child at risk varied considerably. In some instances it was important to inform the service if certain behaviours had been noted by the child protection officer, such as, when a child was *'acting out sexually'*. In most cases, however, the information given to the service was minimal.

It was noted that the workers in children's services play an important role in helping the family when a child at risk was placed. Both the child and parents (carers) benefited from access to children's services and sometimes the relationship between the family and the service became significant.

On-going monitoring was by way of informal telephone contact between the children's services and the department but only when concerns about the child arose. Child protection workers felt the system worked well and that communication with children's services was very good. It appeared that when a three-month contract period was complete the case closed automatically. However, in some complex cases where the Court was involved with the family, extensive delays in court proceedings meant it could take between nine to 12 months to have a case resolved.

> *Case closures can be problematic because of court delay.*

It was noted that in a number of cases there were protection planning meetings and/or case management meetings, which usually involved workers from services and/or agencies, the child protection workers and the family. The Department was not always the case manager where a child was at risk and it was noted that Interagency meetings were now becoming more important in the on-going monitoring of a child at risk.

It was usually possible to find an appropriate centre for a children aged three to five but Family Day Care (FDC) was preferred for a younger child (under two). It was not always possible to access FDC in the area where the family lived and occasionally there were problems with finding a suitable place for a child in a centre. No concerns were expressed in arranging funding for a placement. Three months was the first option and if necessary the placement could be extended.

Funding

There were limits on the period of a placement (usually three months) and this was strictly monitored. Funding was sourced from the Family Initiative Funding to provide for children's services. Where possible, families were asked to contribute to the costs of a placement. When the three month period was up some families would continue with a placement, paying fees themselves, even for less hours, because of the respite it gave to a parent. However, it was noted that not all families who would like to continue with a service could afford to do so.

Children with special needs

The workers said that children with disabilities were catered for by a special section of DoCS and there were also early intervention programs or classes funded by the NSW Department of Education. Accessing children's services for children from non-English-speaking background was not perceived as a concern as there were very few in the area. Aboriginal children by contrast were increasing as a proportion of the population in the area and it was sometimes difficult to find an appropriate service for these children especially if the child was under two. (There were no concerns with services meeting the needs of children at risk from the target groups). The workers said

> *Children's services in the area are very pro-active in their approach to caring*
> *for children and do not appear to have difficulties in meeting needs.*

New Legislation

The workers' understanding of the new legislation was that there appeared to be an increased emphasis on accountability for both Departmental workers and workers in children's services. They noted that they had had little exposure to the new Act and that meetings had been arranged for December to discuss the new Act. Some concern was expressed that under the new Act there may be an expectation that the Department would provide a service if requested by another agency and this mighty not be possible. The workers also felt that there would be more pressure on other services/agencies to take charge of the case plan for a child at risk.

The Future

Suggestions for future change included:
? transport: the issue of transport funding in relation to support for families who accessed services needed to be addressed;
? Aboriginal children: in regard to Aboriginal children there was only one Aboriginal pre-school in the area and there was a need for more children's services specifically for Aboriginal children. There was also a need for an Aboriginal liaison person to visit children's services where Aboriginal children had been placed to ensure services were meeting cultural needs;
? Centrelink: there had been many problems with Centrelink in regard to facilitating child care assistance for families (and foster parents) for a placement. It was noted that obtaining fee relief was quite difficult because of issues of privacy and confidentiality. This caused barriers to the progress of case plans and consideration should be given to ways of making this process more simple and effective. In addition many foster parents cannot receive fee relief (child care assistance) for child care for a foster child as their family income is too high for eligibility. In some cases workers felt this was not an equitable situation and needed to be addressed;
? children's services: there was a lack of children's services in many of the newer residential areas with high concentrations of families with young children. The population was increasing at such a pace that it was impossible for services in general to keep up with need and demand. The provision of additional services in these newer areas needs to be addressed;
? parenting programs: it was the policy in some children's services to encourage parents (usually mothers) to come along to the service with their children and participate with the child. They said this had benefits for the child and the parent and should be

extended to other children's services. Some Parenting classes offered by Family Support Programs were not always accessible when needed, nor affordable because of the transport costs; and

? training of children's services workers should be on a continuous basis.

Area 4 Multi-Cultural Location, Children's Services Workers

Effectiveness of children's services as protection and prevention strategy

Workers thought that from a protection perspective, services were definitely effective. Whether services were effective as a prevention strategy was more difficult to answer. They thought services offered parents a break and support that helped to lessen the stresses on the parent.

> *We can give them support in their parenting skills or just with being with another adult to talk to if its a single parent situation.*

Another worker's service - a charity organisation that also received government funding- offered accommodation for families in crisis and a range of other services for families.

> *A good deal of time is spent with parents. Sometimes parents are referred to a play group where they can get to know other parents in similar situations or maybe the parents need to come into the office and sit and have someone to talk to - we do a lot of this.*

One worker whose service was for families from a non-English-speaking background found that parents would not discuss the 'stress' (domestic violence) that they may have experienced at home. Even when referred to another worker who spoke the parent's language the communication broke down as the parent felt the worker knew too much about her situation. The worker commented,

> *Sometimes within certain cultures they don't want somebody within their culture to find out what is happening.*

One worker found that families from the Asian community were becoming a lot more open and involving themselves in parent's groups that were offered at the centre. This helped to develop relationships not only with the child but with parents.

> *You become part of the child's life and their's as well the parents. So they share things with you.*

This community's attitude affected the action that a parent in a situation of domestic violent felt capable of taking, said the worker.

> *One parent (a mother) took out an AVO (Apprehended Violence Order) and with her 3 children left her husband. She then went back to him because the whole family said 'what are you doing leaving your husband? You have three children, go back to your husband'. There was no physical abuse of the children. The children accept this behaviour as the father's role to keep everyone in line. Domestic violence is very much 'inbound' in the culture. It's*

accepted by the whole community so you as a worker are up against a huge cultural wall. It's also the issue of them not wanting anybody in their community to know … they don't know where to go.

Experiences of the current system

When organising the placement of a child at risk in a children's service, the DOs usually rang and asked if a places was available. They were often prepared to extend numbers depending on how long the placement was for. Staff were usually informed when the child was coming from a situation of domestic violence or sexual assault. This information was important so that the service had some sort of strategy and plan when they arrived. One worker in a multi-service centre said that it would be beneficial to have more contact with DoCS.

I would like to sit down with the worker (from DoCS) and have a little bit of time to sit and discuss … so we are all working in the one direction with the child and this family - but this just doesn't happen.

Another worker said DoCS encouraged parents (or foster carer) to come to their service and arrange a placement. It was not unusual for this service to have had no contact with DoCS at all – the parents explain to the service why they had come to put their child in child care. Even after a referral from DoCS for a child in foster care to be placed in a service, there was no on-going contact with the Department. The worker commented,

Eleven months later the child is still in child care and being funded by DoCS but nothing else has happened.

Services in the area experience families with drug and alcohol dependencies and there had been difficulties with drug or alcohol effected parents arriving at child care centres to pick up children. Workers expressed their concern in not always knowing what to do in these situations or not being able to seek prompt advice and assistance from the Department.

Another worker was concerned because children were taken out of a service by parents with little explanation. The worker referred to this phenomenon as the 'yo-yo' child industry.

Parents lose their jobs, people move in and out of work, it's very transient, lots of new arrivals - they get a bit better and they move out of the area. [for others] it's [child care] too expensive - they can't afford it and then their finances get a little bit better and they come back.

Some parents would only drive in a very subscribed area and if the family moved to another suburb then they did not come back. The worker commented

Anyone driving in this area can see what it is like – it's scary! Particularly for new immigrants.

Another worker whose service predominantly looked after children at risk said their parents were more likely to stay.

Parents know that if they don't bring the children as suggested by DoCS then they could be facing court action.

This service provided a bus service to pick up children because often parents had no transport. Transporting the children also allowed a driver to monitor the parents to some extent.

Meeting the needs target groups

Participants in this group noted that many of the children they cared for were from non-English-speaking backgrounds. Speech was found to be the most difficult aspect of dealing with these children, particularly if the child had a speech delay. Often it was difficult to communicate with the parents as well. Most services appeared to have workers from most backgrounds of the children attending. Many European parents from non-English-speaking backgrounds prefer to have the children spoken to in their own language but a preference for communicating in English was more common for children of Asian parents. Parenting programs were run by some services in the area. The experience of these workers was that parents who went to Parenting Programs meetings were already a 'great' parent.

> *It's not the parents who need it, who are willing to go,* said one worker.

Staff Resources and Training

Most workers appeared to know of the package *Making a Difference* and said staff had attended training days. Workers thought that with the new legislation staff would require more training. Their biggest concern was how a service would cover the cost of the training when staff attended courses in work time.

> *It's not just the cost of the venue but replacement staff if others have to fill in.*

The manual *Making a Difference* was thought by one worker not to be particularly useful. '*It did not say anything that was not common sense*'. The worker felt more 'up to date' on child protection issues because of only recently having completed training as an early childhood worker. Another worker was both pleased and surprised from a day (one-day workshop) she spent with workers from a mixture of cultural backgrounds. Another worker experienced difficulties with the manual and found it did not give the information needed about reporting procedures and what had to be done. Another found conflicting information on mandatory reporting in the manual.

New legislation

None of the workers appeared to completely understand the ramifications of the new legislation for child protection. Most workers seemed aware of the legislation in relation to the Ombudsman and reporting allegations of abuse against staff. Workers thought staff would need more training to understand what the new legislation meant and what their responsibilities were. Workers thought staff would be fearful because they would have to report all incidences of abuse and neglect or face a penalty. They also thought the Department would be inundated with reports as staff tried to make sure they were doing the right thing.

> *Basically the workers are not coping now with the amounts of reports going in.*

The workers thought the impact of the new legislation may differ from service to service with some staff over-reporting and others being reluctant to report suspected abuse and neglect for of losing parents from their service.

The group discussed pre-employment screening of child care workers and the ramifications of a parent alleging a staff member had 'hit their child' and that information staying on an employee's record even if abuse was not substantiated.

The Future

Suggestions for the future included:
? more follow up and more communication with the Department; and
? greater access to children's services for all families in need and an easing of the 20 hour limit for those who were not working or undergoing training.

Area 4 Multicultural Location, Child Protection Workers

Effectiveness of children's services as protection and prevention strategy

Workers agreed that services were a good protection strategy that could monitor children at risk. Services provided an opportunity for children to have a different environment, offered a sense of discipline and order in their lives and gave them stimulation and social skills. Services were a good strategy but were not as effective if they did not include support for parents. Programs through the children's services benefited parents and gave them social support and interaction with other parents. For children with disabilities, services provided them with extra support. A group called FOCUS (program funded by DoCS) operated in pre-schools in the area and provided valuable assistance to parents with a disability whose child was at risk.

Services only worked as a protection and prevention strategy, said one worker,

> While we (DoCS) are funding it - nine times out of ten once we stop funding it the child doesn't go back to child care - so its only for a limited period of time. And that's the dilemma. We can't go on funding it forever … .but we need to do it, so we can make sure the child's OK.

It was noted that due to pressure of work and staff resources some notifications of abuse and neglect were not being followed up. Workers were now only dealing with 'the tip of the iceberg'.

Experiences of the current system

A risk assessment of the child and family was conducted before a child was referred to a children's service. The risk had to be fairly serious and the DOs had to seeking approval from the manager for payment for a placement There were no problems finding placements for children at risk in this area. If problems arose, the CSA could extend a centre's licence. Checking with a CSA about a placement was seen as useful as a CSA may have had concerns about a particular children's services. However, this process was not always followed when placing a child. The CSA was no longer located in the local office and this made contact with the CSA more difficult for child protection workers. When they had been located in their

office, workers noted CSAs were valued for their on-going contact with children's services and for referring information back to an officer about a child's placement.

It was thought that Family Day Care was better for a child under two but was not appropriate in cases where a family was seen as hostile. A centre with numerous staff could address concerns if workers were challenged about issues arising from the placement, such as late pick ups of a child. Playgroups are offered when it was apparent that this placement would offer a mother support as well.

On-going monitoring usually depended on the case. Often it was left to the discretion of the coordinator to contact the Department depending on any problems arising with the placement. Workers felt they missed out as a team without the CSA's professional input on child development and current research on child protection issues. One officer said

> *When the CSA is here you often get these bits of information passed across or they come up at team meetings.*

The workers were not sure that the current system with the CSA in Area Office was the most effective way of operating. They were trying to have a CSA attend meetings every two months.

Workers thought it was more difficult to find appropriate placement for a child with the 20 hour cap on the subsidy. This made it harder to find a place that could take a child more than two days a week if the parent was not working or studying. *'Child care is a service a lot of people can't afford'* said one worker.

'The thrust of the Department now' said one worker *'is working with others in the community'*. Agencies were attempting to work together and have regular contact with one another.

Some parents were asked to approach Centrelink for child care assistance (CCA) but in the case of a foster parent this could be difficult to obtain. CCA could be arranged for children in foster care in long-term placements but not in the case of short-term (three months) which was more common.

Few parents were aware of the Commonwealth subsidy for child care. Workers in children's services had to instigate gaining access to this assistance. Delays had occurred in receiving the subsidy with services waiting three months to be reimbursed.

Funding

It was noted that the child care component of FIF funding was quite small for the population in the area.

> *We can have one family with three or four neglected children [and they] take a quarter of that [FIF] budget. The reality is we could fully fund maybe four or five serious neglect cases for part of the year - that's all. So we have a serious problem in financially not being able to access child care services for as long as we would like ... the reality is there will always be people whose children need on-going financial support in child care and it's our only chance to give these children an alternate role model and a alternate way of seeing adults function in the world.*

Children with special needs

One worker said that she had experienced no problems finding a place for children with disabilities because there was a particular centre which was very good for children with disabilities. Children from non-English-speaking backgrounds were not an issue in this area as most services in the area offered multicultural programs with workers from a variety of multicultural backgrounds. There was a service which assisted with a child (two hours a week) from a non-English-speaking background if required.

Transport was a problem for the families in this area and only two services provide a bus to pick up children. Transport for families was definitely *'a big issue'* said another worker. Workers commented there were just not adequate resources in the area.

Department's response to concerns about abuse in care

Workers had had three serious allegations against child care workers in centres in the last two months and whilst uncommon they thought it might have been as a result of the new Ombudsman's regulations. They noted that services were concerned and reluctant about becoming involved in notifications as they feared repercussions from a family back onto the service. The staff said they thought services did not know what procedures were to be followed in relation to a notification because notifications were not mandatory for all children's services. Although funds had been made available for training for child protection not all services appeared to have taken advantage of it.

New Child Protection Legislation

Staff knew little about new legislation except that there would be more involvement with the courts and it would consume more of their time. As one commented *'We can't get out of the office enough now'*. The new legislation appeared to indicate there would be more responsibility for community partners to provide services.

The Future

Suggestions for the future included:
? the provision of more funding was seen to be crucial;
? better transport was required;
? a major rethink on seeing children's services as community centres was needed; centres could provide respite for parents in the evening to attend classes, attend counselling and meet about parenting issues after hours with child care provided. The benefits of pre-schools could be explained to parents;
? some sort of 'tracking system' should be in place to follow new parents progress with their babies;
? home visiting for new mothers was important in cases of a child 'at risk'. Links should be extended to community nurses to monitor families;
? promotion of the idea of working together with families; and
? supports should be put in place for families known to be at risk in the very early stages, when, for example, a mother was pregnant. Sometimes families had no contact with professionals and no one knows about them until the child goes to school. It would be a much better preventative tool to get services in place when a child was young.

Appendix 4: Children's Service Types and the Commonwealth Childcare Program

NSW - Role of Children Services

? Pre-schools and long day care provide children below school age with accessible, affordable, quality care and education services and to support parents in child-rearing and in their work-related activities.

? Occasional child care services have similar objectives to pre-schools and long day care centres but also provide short periods of respite primarily for parents where family supports and social networks are minimal or non-existent.

? Mobile children's services provide an opportunity for young children in remote and rural areas to access appropriate, quality children's services. The main focus of mobile services is on isolated families and communities who live some distance from centre-based or stand-alone children's services (DoCS, 1985: 4-9).

Commonwealth Childcare Program

Similar to the States and Territories the Commonwealth provides a range of children's services – community-based long day care, Family Day Care Scheme, Multifunctional Aboriginal Children's Services, an Occasional Child Care Program and Mobile Children's Services[35]. The Commonwealth also provides financial assistance to eligible families using approved services (DHFS, 1998).

The role and objectives of long day care centres, occasional care and mobile children's services are outlined above.

Family Day Care

Family Day Care (FDC) schemes carers are paid to provide child care in their own homes, and the sponsoring agency, usually a local council, church group or other community organisation, takes responsibility for recruiting the caregivers and matching them with families seeking child care. The carers are given initial training and are then supported by regular visits from trained staff.

Multifunctional Centres

Multifunctional Centres provide a range of children's services and are located in areas which do not have populations of sufficient size to support individual children services.

Multifunctional Aboriginal Children's Services (MACS)

Multifunctional Aboriginal Children's Services (MACS) are run by Aboriginal staff and provide flexible services to meet the social and developmental needs of Aboriginal children. MACS offer services for both pre-school and school aged children (DHFS, 1998).

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[35] The Commonwealth provides funding to establish and support playgroup associations.

Priority of Access

The Commonwealth provides priority of access to families with recognised work or work related commitments to ensure that those families in need of care are given priority.

?   Of first priority are parents who are working, seeking employment, studying or training;

?   Second priority are children with a disability or children whose parents have a continuing disability; and

?   Third priority are parents of children at risk of abuse and neglect (DFACS, 1998).

Commonwealth Financial Assistance - Childcare Assistance Scheme

This Scheme provides financial assistance to eligible families by way of the Childcare Assistance (CCA) and Childcare Rebate (CCR)[36] attending services under its childcare Program. Financial assistance can be provided for children at risk by way of Special Childcare Assistance.

Special Childcare Assistance (SCCA)[37]

?   Special Childcare Assistance (SCCA) is an extra pool of funds from the CCA Scheme. SCCA provides assistance within its childcare program for children at risk of serious abuse or neglect and for exceptional (hardship) cases where a family's income does not truly reflect their capacity to pay the normally charged fee;

?   SCCA is available to any user of a service approved to offer CCA. The service can make an application for SCCA if they think that attendance at child care would decrease the risk for the child and would increase the probability that the child will attend child care;

?   SCCA can be provided where a State or Territory welfare authority seeks a placement at a centre for a child who is not in the custody (foster care or ward) of the State or Territory; and

?   SCCA can be paid up to the full fee charged to the family including the minimum family contribution, the gap fee and holding fees;

?   SCCA can be approved for a period of up to 13 weeks and if necessary can be extended[38] (DFACS, 1999A).

Commonwealth Programs for children with special needs

The Commonwealth also provides additional assistance to children with special needs in children's services[39] (approved to offer CCA) by way of the Supplementary Services Program (SUPS) and the Special Needs Subsidy Scheme (SNSS).

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36   From 1 July 2000, a new Child Care Benefit will replace CCA and CCR.

37   Information from the Commonwealth Census of Child Care Services provides data on the numbers of children referred to different types of children's services because the child was at risk but no details were available on the numbers of children who received SCCA (DFaCS, 1999B)

38   If SCCA needs to be extended beyond the 13 weeks approval in writing must be sought and granted by Centrelink.

39   Includes private and employer-sponsored long day care services. Does not include services for which funding is the responsibility of a State Government or other body.

? SUPS provide information, training, resources and short term relief staff to children services to assist them to include children with special needs eg children with a disability, Aboriginal, Torres Strait and South Sea Islander children, children from culturally diverse and linguistic backgrounds and refugee children who have been subjected to torture or trauma.

? SNSS complements the SUPS program by providing support (similar to SUPS) to Commonwealth funded children's services for children with ongoing high support needs, including:

  ? Children with diagnosed disabilities;
  ? Children undergoing continuing assessment for disabilities or developmental delay; or
  ? Refugee children who have been subjected to torture or trauma (DHFS, 1996, 1997).

Appendix 5: Abbreviations and Glossary

AICCA	Aboriginal and Islander Child Care Agencies, Commonwealth funded
ATSI	Aboriginal and Torres Strait Islanders
AVO	Apprehended Violence Order
CCA	Childcare Assistance, Commonwealth means tested fee relief for parents
CIS	Client Information System, data system of the Department of Community Services
CPC	Child Protection Council, replaced by the Commission for Children and Young Persons in 1999.
CSC	Community Service Centre, Department of Community Services
CSA	Children's Services Adviser, DoCS officers responsible for licensing and monitoring the quality of children's services
DFaCS	Department of Family and Community Services
DO	District Officer, DoCS responsible for child protection matters
DoCS	Department of Community Services
FDC	Family day care
FIF	Families Initiative Fund, DoCS funding for support of children at risk including the payment to access children's services
HACC	Home and Community Care
H&FS	Department of Health and Family Services
JIR	Joint Investigation Response from DoCS and NSW Police
JIT	Joint Investigation Team of DoCS and NSW Police
MACS	Multifunctional Aboriginal children's services, Commonwealth funded
NESB	People from a non-English speaking background
OCC	Office of Childcare, Department of Community Services
QIAS	Quality Improvement Assessment System, to nationally accredit child care centres
SCCA	Special Childcare Assistance, Commonwealth fee relief for children with additional needs including children at risk
SNSS	Special Needs Subsidy Scheme, Commonwealth support to services for children with high on-going support needs
SUPS	Supplementary Services Program, Commonwealth support to services for children with additional needs

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