

PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

GPO BOX 4708

MELBOURNE , VICTORIA 3001

15/3/11

Dear Inquiry Panel Members

Re : The attached Practitioner's Submission

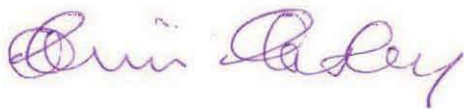
I write this covering letter to introduce myself , and to outline some contextual information about the Submission.

- I worked in the now Department of Human Services from 1967 to 2007 – the last 10 of those years in the Child Protection Program.
- During the period 1997 to the present, I have undertaken 11 x 4 month employment contracts in the Children/ Schools/Families Programs of 6 Local Authorities in London UK. These have all involved a substantial component of child protection work.
- This has given me the opportunity to directly compare the Child Protection Programs of Victoria and UK , and provided the subject matter for the minor thesis requirement of the MSW Course undertaken at Flinders University of SA in 2004 – “ A Comparison of the Child Protection Systems of England / Wales and Victoria “. In 2007, again as a result of this work experience, I wrote & published a paper entitled “ Risk Assessment and Substantiation – the Section 47 Pack of a London Borough's Child Protection Program in comparison to the Victorian Risk Framework .”
- In the context of preparing these papers, I studied in some detail the extensive literature on Risk Assessment and Risk Management ; also Needs Assessment , finding the work of UK academics Nigel Parton and David Thorpe most useful , and “ locally “ that of Associate Professor David Green of Latrobe University.
- However I have not attempted to wax academic in the Submission – the proposals and “ suggestions “ [perhaps not “ solutions “ as requested by the Chairman at the first Public Sitting on 28/2/11] are of quite a basic and practical nature.
- As my professional and academic interest has been consideration of risk assessment – to some extent vis a vis needs assessment – in the two systems, the focus of this Submission is specifically on Inquiry Term of Reference 3 b ie. Statutory child protection services, including reporting, assessment , investigation procedures and responses. Essentially , it is argued that in the Victorian system needs assessment is seriously underdone , and that the harms – based , forensically oriented practice model , with the VRF as its major tool, requires modification. It is acknowledged that this suggestion would have major implications for the Victorian Child Protection Program.
- On reflection, it is due to UK work experience that this Submission is possible – without it I simply wouldn't have had sufficient basis to put forward this proposal.

- I'd also like to explain that the reason for submitting hard copy is because several of the Attachments are from documents obtained while in UK from Local Authorities themselves, or various training and development activities attended, and therefore not able to be provided in soft copy format.
- Unsurprisingly, over the last decade I've had in depth discussion with a number of UK trained and experienced Social Workers – 5 recruited from UK and employed in the DHS Child Protection Program ; 5 with whom I've worked in London Local Authority Social Services Departments. While wishing to discuss the Submission with the Panel anyway, it is for this reason that I'd particularly like to do so ie. to communicate some of the perspectives and comments of these very interested parties.
- Having said that, unfortunately in terms of timing I've recently accepted another employment contract in a London Local Authority which will involve my absence from Australia from Easter to about 27/8/11. As I understand the Inquiry's timetable, this would only allow the period Monday 18 to Thursday 21/4/11 inclusive. Although anticipating being in employment , I would make every endeavour to be available if it were possible to make a personal presentation.

I do hope the attached Submission is of relevance and usefulness to the Inquiry, and wish you well in your very important deliberations.

Yours sincerely



Bernie Chatley

MSW BA Dip. Crim.

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A PRACTITIONER'S SUBMISSION TO PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

BERNIE CHATLEY MSW BA DIP. CRIM.

MARCH 2011-03-15

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A PRACTITIONER'S SUBMISSION TO PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

INTRODUCTION

This Submission relates to the Inquiry's Term of Reference 3 B – Statutory child protection services, including reporting, assessment, investigation procedures and responses. It will essentially argue that the practice model used in the Victorian Child Protection system should be modified by the inclusion of much more substantial assessment of children's and families' needs. In relation to the model itself, the focus will be on the first two phases of the child protection process vis. Intake, and Investigation and Assessment.

This proposal is based on observations and experience from

- more than 10 years working in the Victorian system
- multiple short term employment contracts in six London Local Authorities' Children/ Schools / Families Programs, all with a major focus on child protection work, totalling three & a half years across the period 1997 – 2010
- some comparisons of the two systems, which have been documented in a MSW Minor Thesis undertaken in 2004

DISCUSSION

The writer acknowledges that he was only tangentially involved in the implementation of the Victorian system in the second half of the 1980's. However, this implementation following Dr. Carney's Review for the Cain Labor Government was so impactful on the entire Department that tangential involvement was ample to understand the basics.

Senior staff said, and occasionally wrote that the new Program would be

- harms – based
- forensically oriented and
- would have a “ justice “ vis a vis “ welfare “ orientation

For the sake of clarity, the writer asserts that these essential characteristics have remained constant over the last 25 years, and that to a significant extent the development of the [conceptually very sound] Victorian Risk Framework [VRF] in the late 80's and early 90's

- was consistent with the above Program characteristics , and
- served to reinforce those characteristics

It is widely acknowledged that the VRF [diagrammatically represented as Appendix 1 attached] has provided a sound and consistent approach to determining levels of risk on the basis of a necessarily thorough and systematic means of collecting and analysing information and evidence relating to harm / likelihood of harm to children.

However, it was arguably not designed to capture detailed data regarding the so – called “ health and welfare dimensions “ [sometimes described as “ health , welfare and development needs “] , and this has always left the writer with the view that these dimensions were an “ add on “.

This perception was, perhaps ironically , increased by the VRF / Enhanced Client Outcomes Project in the late 1990's. In the roll out of this Project, various rather expansive claims were made about it . For example

- “ the ECO approach affirmed the importance of risk assessment as the basis for decision making ... “
- “ it [the Project] promotes interagency collaboration and ensures that families and other professionals are treated with respect and that the principles of strengths – based practice are integrated into child protection practice “

While there has never been any argument that the VRF is a sound assessment tool and a good basis for decision making, the follow on claims can do with some serious questioning. If indeed the positives outlined in the second quotation were even partially realised, why the almost ridiculously high and ongoing turnover of child protection staff ? Why the need for Report after Report / Inquiry after Inquiry almost ad nauseum ?

The writer has come to the view, particularly on the basis of substantial experiential comparison to the UK Child Protection system across more than a decade, that the “ state of tension “ [my terminology] between the major characteristics of the Victorian system vis. harms – based ; forensically and justice oriented ; adversarial in nature and excessively court – driven AND the commendable and desirable aspirations of the ECO Project , and the Best Interest Principles of S 10 of the CYF ACT 2005 is simply too great for the system to remain tenable.

Essentially it is argued that

- to access the noble sentiments of the ECO - strengths – based practice ; child centred , family focused practice ... families notified / reported to the Child Protection Service had to go via the harms – based , forensically oriented risk assessment framework.
- Notwithstanding the many commendable features of the 2005 Act, including the enabling of the Child FIRST Program and improved information sharing arrangements under the Every Child Every Chance Project, it is still arguable that families who are “ reported “ to the child protection system must access these fine principles via a process which remains harms – based, forensically oriented , and by apparently universal acknowledgement adversarial and excessively court – driven.

The writer now acknowledges finding little support for the above view here in Victoria. However, when discussing the Victorian system and practice model with UK Social Work colleagues, they inevitably make comparisons and contrasts with the Framework for the Assessment of Children in Need and their Families – diagrammatically represented at Appendix 2 – focusing on the fact that even

before the Framework's introduction around 2000, the Department of Health was providing guidance which stressed that " ... welfare and protection should be complementary ... " [DOH Document 1995] . My UK colleagues also refer to the London Child Protection Procedures [Edition 2 , 2003] which in Chapter 6 : Child Protection Enquiries , requires that these involve " Integration with the Assessment Framework "

In these circumstances , about a third of these colleagues consider the Victorian practice model untenable ; another third use the word " mismatch " to describe what the last third and I concur on – there is a serious state of tension within it.

This state of tension, when combined with what will be described in the next section of this Submission as a de- emphasis on needs / needs assessment, confirms the writer's view that the model itself requires reconsideration.

THE DE – EMPHASIS ON NEEDS / NEEDS ASSESSMENT IN THE VICTORIAN CHILD PROTECTION SYSTEM

On re – entering the Child Protection Program in 1997, the writer had a sense of discomfort with the way in which " needs assessment " was being handled. The so – called " Health and Welfare Dimensions " which appeared on the CASIS documents and court report formats always gave the impression of " add ons" to the far more important risk assessment issues of significant harm / likelihood thereof. The more time spent working in the UK system the greater this concern became – especially with the introduction of the DOH Assessment Framework in 2000.

By the time of leaving the Department / Child Protection Program [for the third time] in late 2007 , I felt as if I'd been bouncing between the Victorian system which was seriously de – emphasising needs assessment, and the UK system which was de – emphasising risk assessment.

The timing of my third " departure " coincided with the implementation of much of the 2005 Act, and the superseding of CASIS with the CRIS. The latter obviously involved many changes to documents and formats eg. court reports. In this context I acquired a copy of the CRIS Manual, and also downloaded some new court report formats. To my considerable consternation I observed that these formats included a major sub heading " Analysis – Risk / Needs Assessment " – one of several possible examples is provided as Appendix 3. Also attached as Appendix 4 is an extract from the CRIS Manual - its own appendix 1 entitled the " New Set of Risk and Need Factor Values as a component of Risk Assessment " .

Essentially, there is no attempt to distinguish or differentiate risk and need at all – they appear to be treated as one and the same phenomenon.

I will not insult Panel Members' intelligence by offering dictionary definitions of these fundamental concepts. What is provided at Appendix 5 is a simple one page " Needs and Risks " outline that I used in Lewisham SS in 2008 and Croydon SS in 2009 as part of in – service training sessions with Social Work staff.

Put bluntly, the writer takes the definite view that child protection practitioners should be quite clear about when they are assessing risk and why , and when

they are assessing need and why, and then be able to analyse and record BOTH sets of data.

A POSSIBLE ALTERNATIVE MODEL OF PRACTICE , AND TWO COROLLARIES

From the writer's perspective, developments within the UK system's Assessment Framework provide a viable alternative approach. The best articulated of these have been found in the L B Merton's Child Concern Model. This is diagrammatically represented in Appendices 6 and 7 – locally known as “ The Merton Rainbow “ and “ The Merton Cone “ respectively.

The essence of this model is captured in the horizontal line, which shows a Continuum from Level 1 : Additional Needs through to Level 5 : Significant Harm

In the “ Rainbow “ version, under the horizontal line are two important points in capitals vis.

- fast track through levels when serious injury/ allegation or high level of concern from any agency
- offer services in parallel with assessment of need

In practice this model is of necessity used for both needs and risk assessment within the Assessment Framework guidelines. In anticipation of forthcoming discussions with the writer, the leadership of Merton's Children's / Schools/ Families Program has agreed to consider modification of this model to enable greater differentiation of need and risk and their [respective] assessment,, stressing that such modifications would require consideration of the Threshold Response Table [Appendix 8] outlined in the London Child Protection Procedures document.

THE COROLLARIES

1. Albeit belatedly, the 2005 CYF Act has allowed consideration of cumulative harm in seeking to substantiate / establish significant harm or the likelihood thereof. Of relevance to the proposal in this Submission is that the assessment of cumulative harm is arguably a better “ fit “ with a needs assessment framework than a risk assessment one. For example, Erikson's “ ages and stages “ of development [which itself informed the UK Assessment Framework] provides an excellent theoretical underpinning for understanding the impact of such harm.
2. The writer considers there is some level of “ correlation “ between the harms – based / forensically oriented / VRF practice model and the much discussed “ court – driven “ nature of the Victorian system. The Victorian Ombudsman's Report of late 2009 is one of many possible references here. The following anecdotes are offered to reinforce this likely correlation. Essentially, on a study of UK work diaries from 1997 to the present , a rough calculation was that I spent approximately a third of the amount of time on court reports / attendance by comparison to Victoria; likewise in relation to activities to do with court ordered contact [in UK]; supervised access [in Victoria] . Personally, the most telling anecdote occurred in June / July 2005. In the former month , as one of 10 Social

Workers in a team in Merton SS asked by the Manager " how we were travelling " ? I observed that 8 of us talked about case – related matters such as family engagement at the Family Centre ; child's progress at Nursery School etc. Two of us talked about cases before the Family Division Courts. Within a month I was back in a DHS Regional Office Team : the Unit Manager asked the same question of 10 Child Protection Workers ; THE NUMBERS WERE REVERSED vis. 8 measured " the way they were travelling " by reference to cases before the Children Court; only 2 talked about case related issues.

Assuming some level of correlation between the Victorian practice model and the high level of Children's Court activity, one might at least hope that if the model could be modified to make it less adversarial / forensic [eg. by thoroughly assessing needs] there might be some impact in terms of reductions in court applications and associated hearings and activities.

CONCLUSION

The writer regrets that the development of this proposal is currently a " work in progress ". Forthcoming consultations already scheduled in UK between May & August this year will obviously influence further thinking and documentation. In the event that the Inquiry / the Department / the Child Protection Program might be interested in pursuing this proposal subsequent to the full Inquiry process, I'd obviously be pleased to have discussion with appropriate parties on returning from UK.

I'd like to make one final point about this Submission. It's not about a multi – million dollar proposal for additional resources / structural change. It's basically about a change in the way " business " is being done – particularly in the Intake and Investigation and Assessment Phases of the child protection process.

Bernie Chatley

March 2011

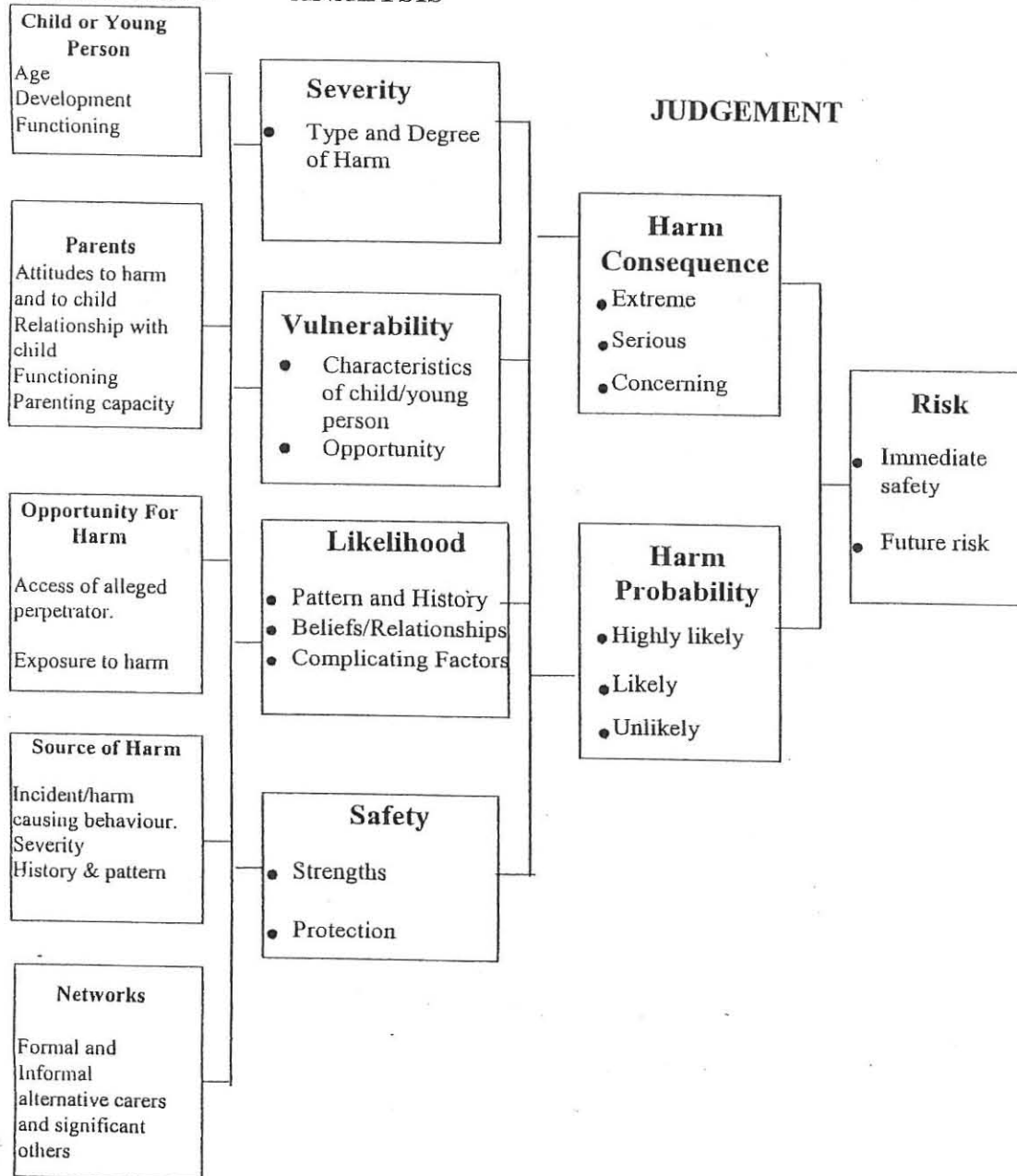
RISK ASSESSMENT IN THE VICTORIAN RISK FRAMEWORK

APPENDIX 1

INFORMATION GATHERING

ANALYSIS

JUDGEMENT



Risk Analysis Questions

Harm Consequences (Severity)

Describe actual and believed harm: record as s63 harm plus indicators, observations and opinions.

Harm Probability

What are the factors which increase and decrease the probability of harm – record your information under the following headings

Vulnerability

- Characteristics of child or young person
- Opportunity for harm

Likelihood

- Pattern and History;
- Beliefs and Relationships;
- Factors that effect capacity to protect and care – parenting characteristics
- Support services

Safety

- Strengths and
- Protections

Safety Statement

(Is there risk of significant harm or is sufficient safety demonstrated? Consider Immediate Safety and Future Risk)

PK

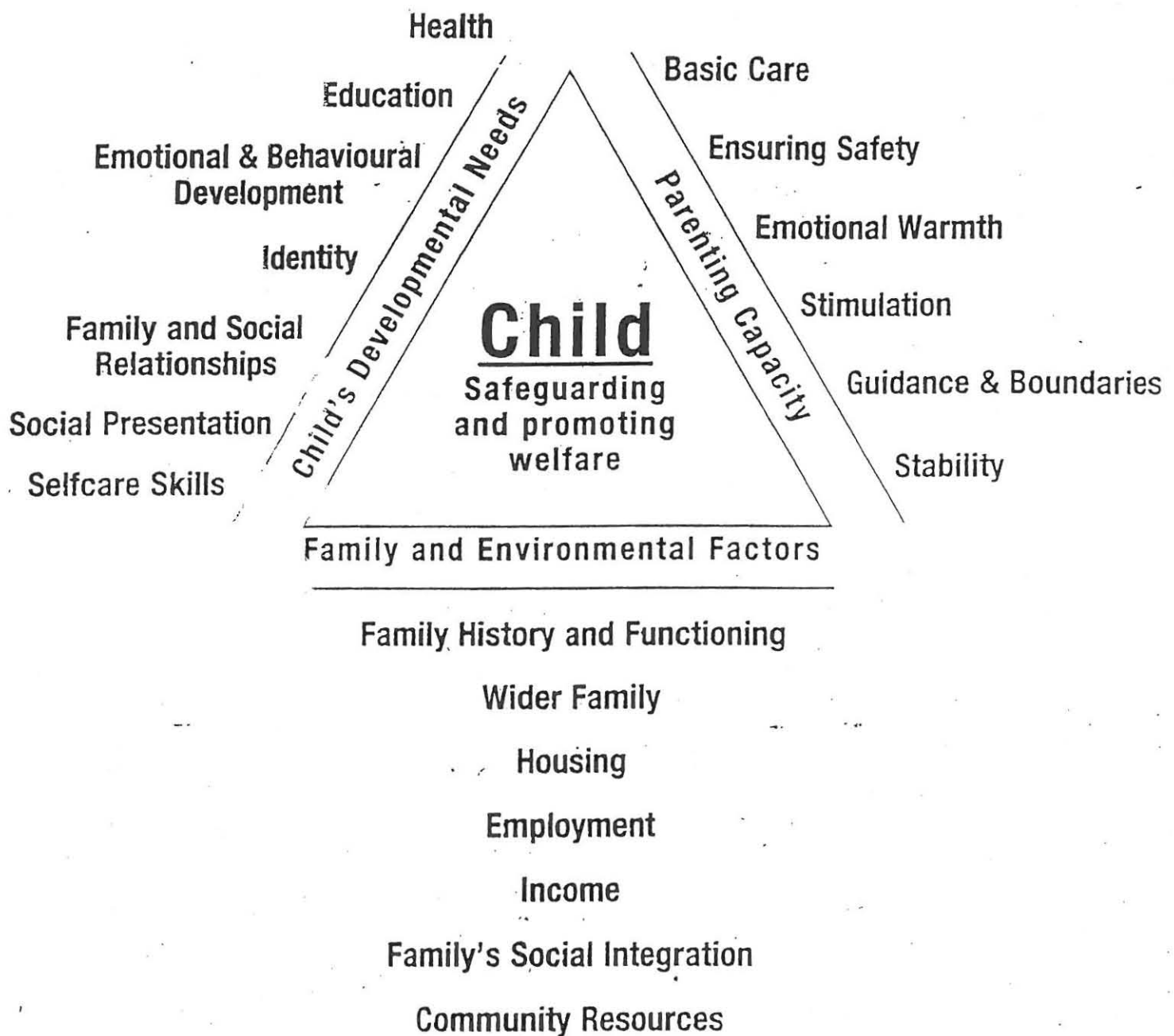
APPENDIX 2

DOH 2000

Assessment Framework Triangle

Dimensions

Domains



APPENDIX 3

Extract From Court Report Format

3. PROMOTING THE CHILD'S BEST INTEREST

This section will spell out factual evidence about:

- Harm the child has or is likely to suffer
- The developmental status of the child
- The rights of the child that have or are likely to be affected and need to be protected
- Parental capability to protect the child from harm and promote their positive development

3.1 Harm

[ENTER TEXT HERE]

3.2 Development (for child's age and stage of development)

[ENTER TEXT HERE]

3.3 Rights

[ENTER TEXT HERE]

3.4 Parent/Carer - History/Capability

[ENTER TEXT HERE]

3.5 Analysis – Risk/Needs Assessment

[ENTER TEXT HERE]



Appendix 1

APPENDIX 4

New set of Risk & Needs Factor values as component of Risk Assessment

Child /Young Person

- Child Under 2 yrs
- Evidence of Physical Abuse / Shaking (when linked with under two only)
- Born Drug Dependent
- Difficulty with Feeding, Sleeping, Cries a lot
- Failure to Thrive
- Premature
- Chronic Illness
- Developmental Delay
- Deficits in cognition or attention
- Intellectual or other Disability
- Multiple Separations / Placements
- Poor School Attendance / No Stable Day Progress
- Fire Lighting
- No Effective Guardian / Homeless
- Psychiatric Illness / Psychological Disturbance
- Recent Significant Change in Affect or Behaviour
- Aggressive or Antisocial Behaviour
- Diminished, trust, belonging, security
- Offending
- Sexual Offending
- Unsafe or Age Inappropriate Sexual Activity, Prostitution
- Alcohol or other Substance Abuse
- Suicide Risk (trigger file alert)
- Threat to Life (from other) (trigger file alert) Self Harm / Involvement in High Risk Activities
- Severe Social, Physical or Emotional Isolation
- Torture / Mutilation
- Severe Emotional Trauma

Opportunity for Harm

- Person Believed Responsible for Harm has Access to Child
- Imminent Exposure to Harm
- No Protective Adult Present
- Young Person Not Self protecting

Pattern and History

- Child has History of Child Protection Substantiation
- Child has History of Severe Abuse or Neglect
- Other Child Removed or Died in Parent(s) Care
- Carer(s) have Physically Abused Any Child
- Carer(s) have Sexually Abused Any Child

Beliefs and Relationships

- Excessive Criticism / Verbal Abuse of Child
- Lack of Warmth / Affection Towards Child
- Poor Understanding of Infant / Child Needs
- Severe or Inappropriate / Inconsistent Discipline
- Child/young person: Low Self Worth/ Helplessness
- Failure to Provide Adequate Clothing
- Failure to Provide Adequate Food / Fluid
- Failure to Provide Adequate Supervision
- Failure to Ensure Safety
- Failure to Prioritise Childs Needs Over Own
- Drug or Medical Misuse on Child
- Rejection/Disorganised or Lack of Attachment

Parenting Factors

- Young Parent(s) – Under 20 Yrs
- History Of Abuse And/Or Neglect As Child
- Intellectual Disability
- Physical Or Sensory Disability
- Non-Biological Parent As Carer
- Alcohol Abuse
- Substance Abuse
- Sexual Offending
- Psychiatric Illness / Psychological Disturbance
- Poor Parenting Skills / Knowledge
- Domestic Violence
- Poor Health (Other)
- Transient / Homeless
- Financial Difficulties

Isolation or Supports

- Poor Family Social Supports
- Family Isolated
- Not Engaged With Services (1) parent; (2) child or young persons
- Views Concerns Less Seriously Than Child Protection

APPENDIX 5

NEEDS AND RISKS are different **concepts**, although often inter – related.

BY EXTENSION – NEEDS ASSESSMENT AND RISK ASSESSMENT are different **processes** , although often inter – related

Therefore strongly preferable to have different , although compatible ,

FRAMEWORKS for each – examples :

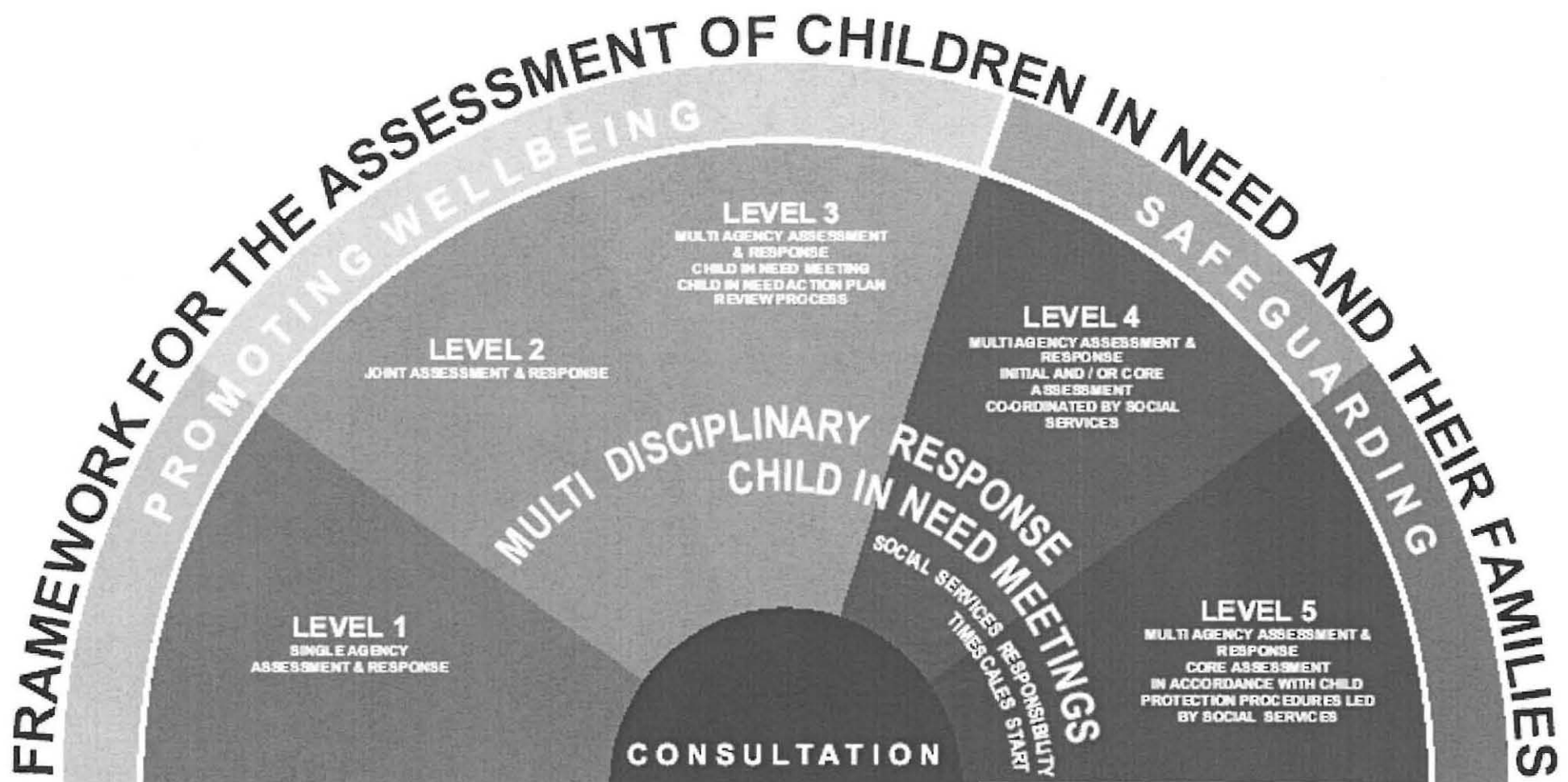
For Children in Need & Families : NEEDS ASSESSMENT FRAMEWORK - UK
circa 2000 [a ‘ needs based ‘ approach]

For Children at Risk of Significant Harm : VICTORIAN RISK FRAMEWORK -
AUSTRALIA circa 1992 [a ‘ harms based ‘ approach]

Bernie Chatley
November 2008

The Merton Rainbow

APPENDIX 6



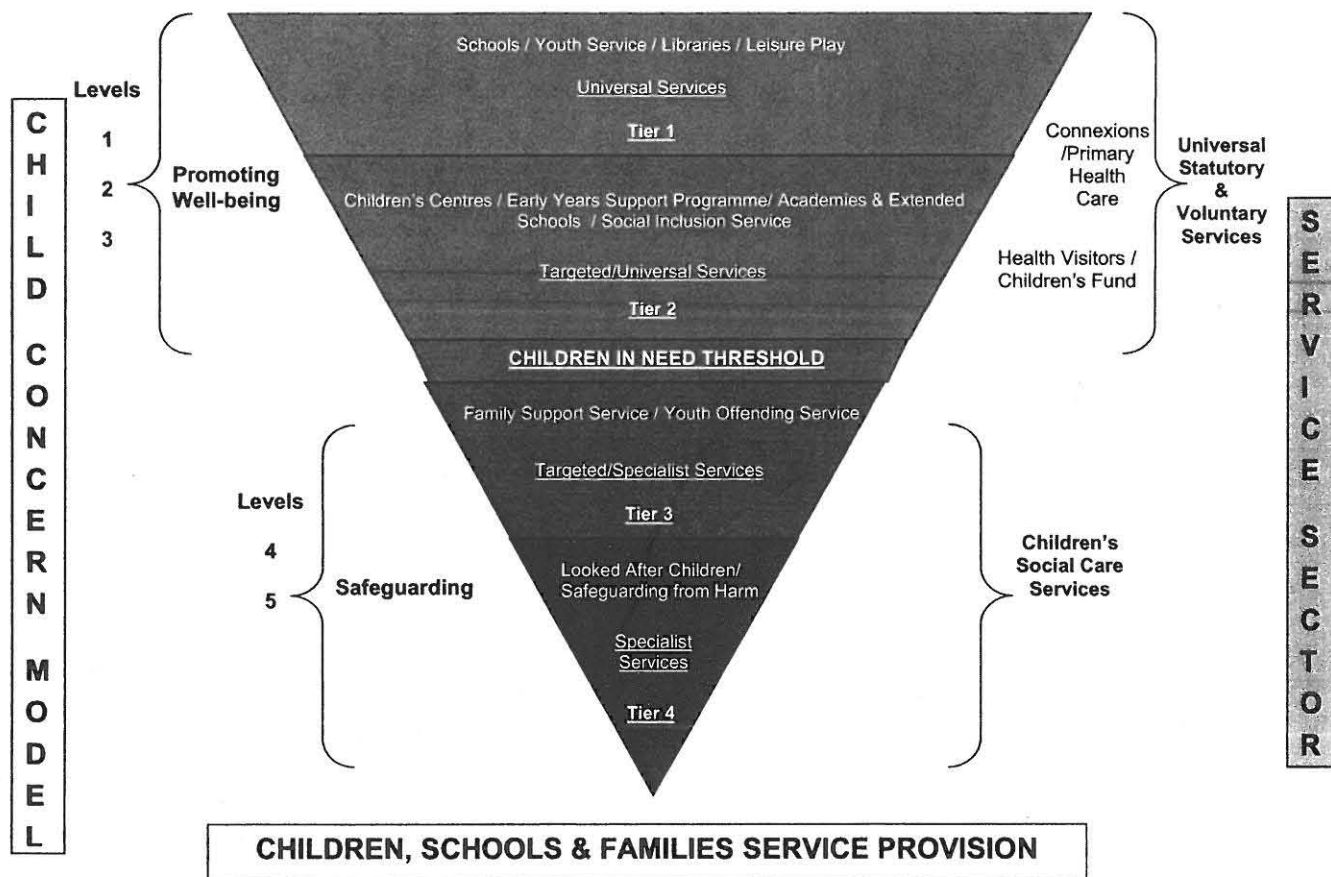
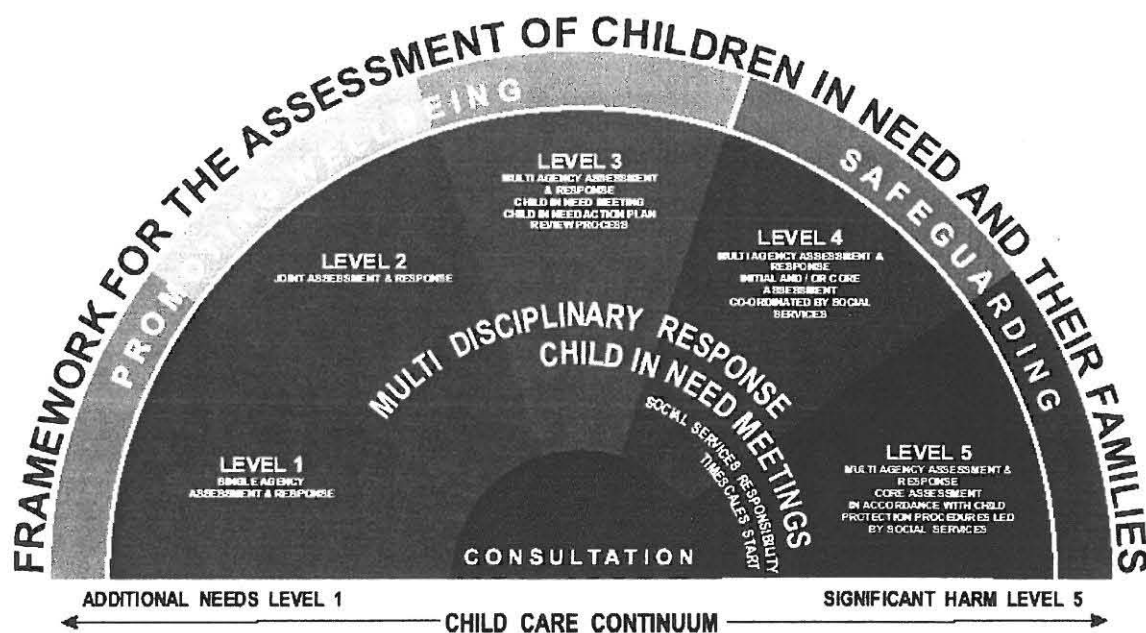
← **ADDITIONAL NEEDS LEVEL 1** **CHILD CARE CONTINUUM** **SIGNIFICANT HARM LEVEL 5** →

**FAST TRACK THROUGH LEVELS WHEN SERIOUS INJURY/ALLEGATION
OR HIGH LEVEL OF CONCERN FROM ANY AGENCY**

OFFER SERVICES IN PARALLEL WITH ASSESSMENT OF NEED

APPENDIX 7

The Merton Cone



CHILD PROTECTION ENQUIRIES

APPENDIX 8

THRESHOLD RESPONSE TABLE:

S.47	s.17
Any allegation of abuse or neglect or any suspicious injury in a pre or non mobile child	Allegation of physical assault with no visible or only minor injury (other than to a pre-or non mobile child)
Allegations or suspicions about a serious injury to a child	Any incident / injury triggering concern e.g. a series of apparently accidental injuries or a minor non-accidental incident
Inconsistent explanations or an admission about a clear non-accidental injury	
Repeated allegations or reasonable suspicions of non-accidental injury	Repeatedly expressed minor concerns from one or more sources
The child has been injured (even if inadvertently) during domestic violence	Allegations of one serious or three minor domestic violence incidents
Repeated allegations involving serious verbal threats and / or emotional abuse	Allegation concerning serious verbal threats Allegations of emotional abuse including that caused by minor domestic violence
Allegations/reasonable suspicions of serious neglect	Allegations of chronic or periodic neglect including insufficient supervision; poor hygiene, clothing or nutrition; failure to seek/attend treatment or appointments; age inappropriate domestic chores
Medical referral of non-organic failure to thrive in under fives	
Direct allegation of sexual abuse made by child or abuser's confession to such abuse	Suspensions of sexual abuse e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour, carer
Any allegation suggesting connections between sexually abused children in different families or more than one abuser	
Schedule 1 offender moving into a household with under eighteen year olds	
Any suspicious injury or allegation involving a child already on the child protection register or looked after by a local authority	
No available parent / carer and child vulnerable to significant harm e.g. an abandoned baby	No available parent / carer, child in need of accommodation and no specific risk if this need met e.g. unaccompanied asylum seeking child
Suspicion that child has suffered or is at risk of significant harm due to fabricated / induced illness	
Children subject of parental delusions which imply risk	

6.4 IMMEDIATE PROTECTION

- 6.4.1 Where there is a risk to the life of a child or the possibility of serious immediate harm, the police officer or social worker must act quickly to secure the safety of the child.
- 6.4.2 Emergency action may be necessary as soon as the referral is received or at any point during involvement with children, parents or carers.
- 6.4.3 Responsibility for immediate action rests with the authority where the child is found, but should be in consultation with any 'home' authority (see 10.6).
- 6.4.4 Immediate protection may be achieved by:
- An alleged abuser agreeing to leave the home
 - The removal of the alleged abuser
 - Voluntary agreement for the child/ren to move to a safer place with / without a protective person
 - Application for an Emergency Protection Order (EPO)
 - Removal of the child/ren under police powers of protection
 - Gaining entry to the household under police powers
- 6.4.5 The social worker must seek the agreement of her/his first line manager and obtain legal advice before initiating legal action.
- 6.4.6 SSD should only seek the assistance of the police to use their 'powers of protection' in exceptional circumstances where there is insufficient time to seek an Emergency Protection Order or other reasons relating to the child's immediate safety.
- 6.4.7 The agency taking protective action must always consider whether action is also required to safeguard other children in the same household, in the household of an alleged perpetrator or elsewhere.
- 6.4.8 When Police Powers of Protection are used, an independent officer of at least inspector rank must act as the designated officer.
- 6.4.9 Planned immediate protection will normally take place following a strategy discussion (see 6.6).
- 6.4.10 Where an agency - e.g. the police, has to act immediately to protect a child, a strategy discussion should take place, within 1 working day of the emergency action, to plan the next steps.