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CHILD PROTECTION

Introduction to the field

The child protection field comprises both government and non-government agencies providing a range of services that aim to help families to provide safe and nurturing care for their children. There have been significant social changes in Australia during the last thirty years that have implications for the child protection field. There is more diversity and fluidity in family forms, with more sole-parent families, step and blended families, defacto relationships and rising divorce rates. Almost one-quarter of children have a parent living elsewhere (Australian Institute of Health and Welfare 2005). Australia is also culturally and linguistically diverse, with one-quarter of the population born overseas (Australian Institute of Health and Welfare 2005). There are wide disparities in the social and economic well-being of Indigenous and non-Indigenous families. Many families struggle financially, particularly sole-parent families. A combination of factors including family disruption, family poverty, and the decline of informal and neighbourhood supports have contributed to increased demand for formal child protection and family support services.

Society’s attitudes to family violence, and community expectations that government should act to protect vulnerable family members, have also changed. What is labelled as ‘child abuse and neglect’, the types of services available to families, and the powers and responsibilities of practitioners to intervene to protect children from harm are shaped by the socio-political context. Whereas once what happened within the family was regarded as private, not to be interfered with by the state, now professionals and community members alike are encouraged (and may be mandated by law) to report concerns about child maltreatment to authorities. As international human rights law has developed, children are no longer regarded as the ‘property’ of their parents, but as people with rights of their own, including rights to survival and development; rights to express their views; and protection from discrimination. The United Nations Convention on the Rights of the Child 1989 enshrines the principle of the ‘best interests of the child’ as being the primary consideration in decisions that affect a child in child protection and family law.

Socio-legal practice has also developed to be more inclusive of the opinions and wishes of children. Nevertheless, there are diverse personal, professional and community perspectives on how children should be treated, the nature of psychological and biological ties between parents and children, the causes of abuse and neglect, the concepts of children’s and parent’s rights, the role of the family, and the role of the state in responding to social problems (Fox Harding 1991). Child protection services are increasingly in the media spotlight and practitioners operate in a challenging socio-political environment. Changes to the conceptualisation of child abuse and neglect at different times, in different places, and in different national, social and political circumstances add a level of complexity to assessment and report writing in this field. Specialist knowledge and skills, as well as ongoing critical reflection on practice, are required.

Most of the children, young people and families who are the clients of child protection services have multiple and complex needs, requiring a comprehensive and holistic approach to assessment and intervention. The needs of families are generally related to poverty, discrimination and disadvantage. Families may be encountering problems such as domestic
violence, unemployment, mental health problems, alcohol and substance abuse, involvement
with the criminal justice system, and learning difficulties (Queensland Department of Child
Safety 2008; Victorian Department of Human Services 2002). It is important to note while
these difficulties place considerable stresses on parents, they do not cause child maltreatment.
When assessing possible child abuse or neglect, human services practitioners must be specific
about what harm has occurred, or is likely to occur, as a result of parental actions or
inactions.

Child abuse and neglect can have serious and long-term consequences. The majority of
children who are subject to child protection intervention have experienced emotional abuse or
neglect, with physical abuse and sexual abuse accounting for less than half of the
substantiated cases of maltreatment dealt with by statutory departments (Australian Institute
of Health and Welfare 2008). Children and young people may experience rejection or lack of
affection, hostility, verbal abuse and threats, exposure to domestic violence, or inappropriate
punishments such as social isolation and threats of violence. They may be subjected to or
exposed to sexual acts or behaviour, or excessively physically punished. Parents may fail to
provide for the child's basic needs such as food, a home, medical attention or supervision. In
addition to physical injuries that may occur, all forms of maltreatment can result in impaired
psychological, cognitive, social or emotional development or behavioural disturbances.

Constitutionally, child welfare is the responsibility of the states and territories, and each
jurisdiction has different legislation, policies and service provision. State legislation provides
the legal mandate and authority for taking action to protect children. The Commonwealth
Government is responsible for income support, and also provides funds for related services
such as child care, domestic violence prevention, health and housing services. Since the
1970s the Commonwealth has provided funds for child abuse prevention programs but its
involvement in child protection has been very limited. An expanded role now seems likely,
with the Labor Government elected in 2007 announcing it will develop a national child
protection strategy, in part driven by concerns about the welfare of Indigenous children.
While historically most jurisdictions had an identifiable child welfare department dealing
with both child protection and juvenile justice issues, since the 1980s there has been a variety
of structural arrangements for managing child protection. The non-government sector also
has a major role in this field. Historically, church-based agencies were the main providers of
residential care, but now there are many different non-government agencies (including for-
profit agencies) providing foster care, family support, counselling and case management
services. Despite differences between the states and territories, the fundamentals of child
protection and family support practice are similar in all jurisdictions.

Child protection has become fertile ground for media coverage in the last two decades, with
public inquiries and reports on child deaths or individual cases generally portraying child
protection agencies and workers in a negative light. Public inquiries and accompanying
media scrutiny has exerted pressure on governments to act, influencing legislation, policy and
program reforms.

**Types of writing required for working in this field**

Underpinning effective assessment in the child protection field is an understanding of the
importance of achieving outcomes. In child protection work we aim to make a positive
difference to the lives of disadvantaged children and families. Good outcomes are achieved when there is an identifiable improvement in family functioning and the safety and wellbeing of children. This relies upon making a thorough assessment, establishing client-focused case goals and choosing interventions most likely to succeed. Depending on your role, you may be investigating allegations of maltreatment, working directly with children and families to improve family functioning, case managing by facilitating access to services from another provider, or recruiting carers and supporting placements. Whatever the role, it is essential to have a clear conception of the child protection process and the purpose of intervention at all times.

The interrelated concepts of risk, harm and needs have become central in child protection assessment and intervention (Tilbury, Osmond, Wilson & Clark 2007). Risk is future oriented and is concerned with the likelihood of harm being experienced by a child. Harm is the damaging effects or consequences of abusive or neglectful behaviours. The presence of a number of risk factors or indicators (such as previous harm) suggests an increased probability of future harm. The presence of resilience or protective factors can act to mitigate these risk factors. Assessments in child protection routinely require practitioners to accurately identify any harm being experienced by a child, the current risk and protective factors, the resultant child and family needs, and priority areas for attention based on the outcome being sought.

The purpose of an assessment is to inform decisions that must be made (either by you or by others). The assessment guides the action to be taken. The types of decisions facing practitioners in this field might be:

- What unmet needs does this family have?
- Is this child at risk of serious harm?
- What is required to improve the child’s safety and well-being?
- How could the functioning of the family be improved?
- Should the child be removed from parental care?
- Should the child be returned to parental care?
- What supports does this family need?
- How much contact should there be between the children and their parents?
- What does this young person need to make the transition to adulthood?
- Is this person suitable to be a foster carer?
- What supports are required for this carer to meet this child’s developmental needs?

Following on from this, the types of writing required for working in this field include:

- Case notes detailing a contact or recording an action taken, for example, noting a disclosure made by a child or a conversation with a parent
- Initial report or notification as recorded by an intake worker
- Case planning meeting minutes outlining the discussion and decisions
- Case plans recording the goals and strategies for how a child’s safety and well-being needs are to be met (including education support plans, cultural support plans and transition from care plans)
- Assessment reports, such as a report on the outcome of a child protection investigation or a person’s suitability to become a foster carer
- Affidavits for care and protection court proceedings in the Children’s Court
• Court reports, such as for the Children’s Court, Magistrates Court or Family Court
• Letters to stakeholders affected by a decision, for example a letter to a parent confirming a change of placement or restriction of contact, or a letter to carers regarding their approval status
• Referrals to other agencies providing information about client needs and how the agency might assist in meeting these needs, for example, a letter requesting priority for your client to gain housing assistance, or notes to police regarding joint visits or criminal proceedings
• Reports for external audiences, such as an independent assessment for care proceedings; statement of reasons for refusing a foster care license; response to a complaint or request for information from the Ombudsman or Child Guardian
• Reports or memos for internal audiences – for example, a memo to a line manager seeking financial approval for services for your client; a report to line manager about an incident; a Ministerial brief in response to a letter of complaint from parents

Many of these documents are recorded online to enable easy, immediate access by others involved in the case currently or in the future. Child protection services have computerised client data bases and recording systems that include standardised formats to guide the writer in the style required and areas to be addressed. The purpose of the reports or documents may be to inform, to record or to persuade. Writing reports is a similar process to assessment: the practitioner gathers information, organises and logically presents information, and concludes. The conclusions you make are critical – they draw all your information together, presenting your deductions about the significance of what you have found, and (depending upon the type of report) making recommendations about necessary future action. A conclusion is not a summary of what you found out, it is a statement of the significance or meaning of what you found out.

Audiences for assessments and other reports may be external or internal to your agency. Internal audiences can include colleagues who are also working with the child or family and other delegated decision makers or supervisors, from your line manager to the agency director. External audiences include:
• Children, young people and families who are the subject of the assessments or reports
• Children’s Courts involved in care proceedings
• Family Courts, Appeals Tribunals or Commissions
• Multidisciplinary planning forums

Many written documents, particularly those written for external audiences, will require you to provide your rationale for decisions and to explain the expertise and qualifications you have that equip you to make a professional assessment.

**Relationships**

Relationships are considered the cornerstone of effective child protection assessment and intervention because effective relationships facilitate the engagement of children, families, carers and other professionals in the assessment and intervention process (Drake 1994). Without some level of rapport, it is unlikely that these stakeholders will be willing or able to provide the quality of information and understanding that is vital to an effective assessment. Generally, the accuracy of your assessment relies upon the quality of the information available to you.
Children and young people, their parents and extended family members are a vital source of information for making child protection assessments. While positive client-worker relationships will not always be possible in child protection work because families often view intervention as intrusive, it has been found that practitioners who have effective relationship skills, and who make a concerted effort, will be able to engage most children and families (Brandon, Thoburn, Lewis & Way 1999). A number of skills are linked with effective relationships, including the ability to recognise and build on strengths, use power appropriately, treat clients with respect, convey sensitivity to their unique circumstances, rebuild parental confidence, establish honest and open communication and work through conflicts. The clients of child protection services reflect the diversity of Australia’s population with its mix of cultures and family structures, therefore cross-cultural competence is essential. The social and economic inequalities experienced by Aboriginal and Torres Strait Islander people are reflected in their over-representation in the child protection system, so practitioners must be able to engage with Indigenous children, families and communities. Practitioners must recognise that their well-intentioned interventions may be viewed with mistrust and suspicion, and work hard to build productive working relationships.

Other professionals relevant to the child protection assessment process include police, childcare workers, teachers, doctors, counsellors, domestic violence and housing workers, mental health and substance abuse workers. Gathering a range of professional perspectives assists in providing depth to an assessment. Reviews of child deaths from maltreatment have consistently found that information-sharing between professionals is essential to ensure that the extent of any concerns about children are known. However, the information provided should be considered in the context of the disciplinary perspective and frames of reference from which it was provided. Professionals may differ in how they understand their role, the theoretical approaches they use, how they make decisions and share information (Frost 2005). A practitioner who is primarily the advocate for a parent, for example, may highlight the strengths or improvements in a parent’s functioning as a result of intervention and recommend that the parent resume care of their child. The child protection practitioner needs to consider this information in the light of the history of child protection concerns, the age and current vulnerability of the child, the parent’s previous success in responding to intervention and adhering to case plans, the availability of ongoing supports for the parent, the time the child has been living away from the parent and the views of the child and other stakeholders.

**Assessment as a process**

Drawing on knowledge from across a range of domains – theoretical, empirical, procedural, personal knowledge and professional experience - can strengthen the quality of a child protection assessment (Drury-Hudson 1999). It is necessary for child protection workers to gain a firm grasp of procedural knowledge such as relevant legislation and organisational policies, practice guidelines and procedures. Legislation provides the framework for assessment because it sets the boundaries for the authority to intervene in family life. For example, it is via assessment that practitioners determine whether a child has been abused or neglected or is at risk of harm, and whether parents are willing or able to protect the child, and these key terms and concepts are defined in legislation. Legislation also sets out how investigations are to be conducted, who needs to be informed of actions, who needs to be consulted, what action may be taken, legal protections available to people who provide
personal information, what decisions must be considered by the courts, the rights of children who are subject to protective orders, and many other provisions that aim to ensure a balanced use of state power in child protection work.

The child’s case file is a vital form of procedural knowledge. It can provide history and context to inform the assessment. However, this information should be read with a critical eye. With the hindsight of a fresh approach, more recent information, the implications of emerging research and your own observations the practitioner may need to challenge old or outdated perceptions of a family’s situation. On the other hand, the practitioner may identify concerns that were previously unrecognised. Assessment is a process, not an event, and this means the practitioner must be able to consider alternatives and be prepared to revise an assessment based on new information.

It is important to go beyond procedural knowledge in practice, and as professionals, to utilise theoretical and empirical knowledge. Theories assist practitioners to make predictions, develop hypotheses, explain what is being observed and identify new ways to intervene in a complex situation. There are many theories that have relevance and applicability to child protection assessment, which may be categorised as psychological, sociological, multi-dimensional (or ecological) and client theories (Tilbury et al. 2007). A practitioner needs to understand, identify and critically consider the theories that might best inform their assessment, and be able to explain the theoretical foundations of their assessment.

Many disciplinary areas, including psychology, social work, medicine, criminology and sociology have contributed to theoretical knowledge on child abuse and neglect. Some theories are micro-focused (on the child, parent or perpetrator), whereas others have a broader, macro-orientation (on the impact of social structures and external pressures on communities and families). For example, psychodynamic theories such as attachment theory (emphasising the importance of positive, consistent and nurturing caregiving in infancy), learning theory, and grief and loss theories have made important contributions to understanding the causes and consequences of maltreatment. Structural and critical theories shift the emphasis away from the individual to examining social and structural arrangements, drawing attention to the impact of patterned inequalities and the range of social, economic and cultural factors that construct norms about parenting. Feminist theories expose the gendered nature of sexual abuse and show how historically men have wielded ‘power over’ women and children in intimate relationships. Within this theoretical range, much contemporary research and theory recognises the multi-causal nature of child maltreatment, and the interconnections between economic disadvantage and family stress. Environmental factors impact upon both children’s development and the capacity of parents to respond to a child’s needs. Therefore, comprehensive assessments cover environmental factors (such as community resources, housing and transport); family factors (such as family history, income and functioning); the parent-child relationship (including care, guidance, discipline, stability, protection and warmth) and whether the child’s developmental needs are being met (for example, whether the child is growing and learning). The purpose of the assessment will determine the scope of information collection.

Research or empirical knowledge, drawn from the child protection research base, will provide important insights for assessments and intervention plans. There is a considerable body of research on children’s development, the causes and consequences of child maltreatment, interventions that are effective in preventing it, and interventions to ameliorate or treat its
effects. Again, research must be critically examined for its quality and relevance to meeting the needs of the individual child and family.

Personal knowledge and practice wisdom also make important contributions to the quality of an assessment. A practitioner’s knowledge of family networks and community dynamics derived from their experience of living in a particular community, or knowledge developed from being born and raised in a particular cultural group, can provide valuable insights. Practice wisdom is knowledge gained over time from working in a field, such as expertise gained from working with many children or families in similar circumstances. To effectively use personal knowledge and practice wisdom, the practitioner must develop insight and challenge their own attitudes to children and family and child rearing to ensure that their assessment is not just based on ‘common sense’, personal schemas, or stereotypes. Ethical practice requires the use of professional knowledge and skills, avoiding bias and discrimination.

In summary, child protection assessment and report writing requires both intellectual and interpersonal skills. Interpersonal skills are necessary to build respectful and ethical relationships with clients, other stakeholders and professionals, to facilitate sharing of information and understandings. Intellectual skills are required in order to apply specialised knowledge (including theory and research), to analyse information that is gathered (that is, select, categorise, organise, prioritise, interpret and synthesise information) and to think critically about possible explanations and solutions.

**Putting it all together: Example of assessment report**

Reports about child protection concerns are most often received from the public or other agencies and are initially assessed by an intake officer. If the concerns suggest that a child has been significantly harmed or is at risk of significant harm, then the matter will be recorded and allocated for assessment. In all most jurisdictions, policy or legislation requires that sexual abuse allegations are jointly investigated by statutory child protection and police officers. Indigenous agency representatives should be involved in investigations when child protection concerns relate to an Aboriginal or Torres Strait Islander child. The primary purpose of this type of report is to record the practitioner’s assessment about whether the subject child has in fact been significantly harmed or is at risk of significant harm. In light of this, these reports also provide advice as to whether intervention is required to keep the child safe from harm, the type of intervention that might be required and how this might be provided. The report is likely to be quality assured and approved by the practitioner’s supervisor or team leader who will generally have the delegated authority to determine whether further intervention will be undertaken. During the 2007-08 year, substantiations rates for child protection notifications ranged from 32% in New South Wales to 63% in Victoria (Australian Institute of Health and Welfare 2008). For some of these substantiated matters, the level of risk for the children involved will have been assessed as sufficiently high to require immediate removal from their current living situation through court based action. But the majority of children will have remained in the care of their families or caregivers with efforts made to engage the family unit in intervention through the statutory child protection agency, other government or non-government services, the families existing support networks or a combination of these.
Assessment of a child protection notification

The following is an example of a report prepared by a statutory child protection worker responsible for assessing child protection concerns.

Notified concerns
The notified concerns relate to three boys aged five, seven and nine years who were placed in the care of their grandmother by the Family Court four years ago. Recently, the children’s father moved in with the family after being drug free for twelve months and establishing fulltime employment. It was reported that the father has been hitting the children with the buckle of the belt which has left significant bruising and that on one occasion he punched the grandmother with his fist.

Child protection history
Prior to being placed in the care of their grandmother by the Family Court four years ago, these children were the subject of five substantiated maltreatment notifications over a two year period. These notifications established a pattern of significant risk of emotional and physical harm due to the parents’ drug abuse, domestic violence and transient lifestyle. The father was the perpetrator named in seven domestic violence orders. The parents had a long history of substance abuse, pre-dating the birth of the children. Both parents had made several unsuccessful attempts to address their drug addictions. Substance abuse was identified as significantly contributing to the domestic violence in the relationship and inability to establish a stable living situation. Following the death of the children’s mother in a car accident, concerns about the care of the children intensified. A temporary assessment order was taken and the father agreed to place the children with their grandmother. Because he found it difficult to get his life back on track, subsequently the father decided to support the grandmother’s Family Court application to care for the children.

Current notification - findings
The father acknowledged using the belt on the children but denied ever using the buckle. He demonstrated how he “cracks” the belt in front of the children as a deterrent to them, in an attempt to modify their behaviour. He stated that he also smacks the children as punishment and instructs them to kneel with their nose against the wall until told to stop. He refused to discuss the incident in which he allegedly punched his mother. He stated that he has not recommenced drug-taking, though has a beer most days.

The grandmother acknowledged her son’s disciplinary techniques as described above. She did not appear to have any concerns about him using such techniques. She described struggling to manage the children’s behaviour since they were placed in her custody. The grandmother reluctantly acknowledged that her son had punched her. The children were not at home at the time of the incident and there have been no other similar incidents, though they do argue at times. The grandmother demonstrated little understanding of the dynamics of domestic violence, describing the incident as her fault because she had told her son that she did not like one of his friends. She acknowledged that her son was drunk at the time of the incident. He has only been drunk on this one occasion and she does not believe he is taking illicit drugs. She advised that he has not missed a day of work since moving in with her and she wants him to remain living with her and the children. She sees her son as an important support for her and the children.
Interviews with the children established that the belt had been used by the father as a threat and to hit them. The children did not indicate that their father had used the buckle end of the belt. The children said they were hit with the belt regularly (every week) since the father moved home. They said they did not like to be hit and wished it would stop. The children did not disclose any violence between their father and grandmother. It was apparent to the children that the father was drinking alcohol but they did not indicate that they had seen him drunk or under the influence of drugs. The children related a number of happy family events involving the father and grandmother.

School representatives stated that the children’s behaviour has been difficult to manage since they commenced at the school twelve months ago. The children have poor interpersonal skills and are sometimes aggressive to their peers. They struggle to complete some of their school work. The father and grandmother have attended school events with the children. The school identified a strong attachment between the children and their grandmother and a strengthening attachment between the children and their father.

Medical assessments did not identify any bruising or injuries to the children but raised concern about developmental delays. A subsequent paediatric assessment confirmed that two of the children have developmental delays in language skills, related to poor hearing. A treatment and therapy plan has been developed and commenced through Child Therapy Services.

The father’s counsellor from the Substance Abuse Counselling Program confirmed that the father had successfully participated in a three month residential program, regular follow-up counselling and group support sessions. The father had acknowledged and expressed remorse over the incident of violence toward the grandmother. The counsellor viewed the incident as a one-off though believes that the father could benefit from gaining a better understanding of the impact of domestic violence.

The father and grandmother reluctantly agreed to engage with the Family Intervention Service and attended the initial case planning meeting. They contracted to receiving support in relation to managing the children’s behaviour more effectively, addressing problems without resorting to violence and building their strengths and supports as a family. They also agreed that the children could engage in regular counselling. The father agreed to continue to participate in substance abuse counselling.

Protective factors:
- The children’s developmental delays have been assessed and a treatment plan is in place
- The father and grandmother have an established link with the school
- The father and grandmother have agreed, though reluctantly, to participate in the Family Intervention Service
- The father attends substance abuse counselling and has agreed to continue to do so
- The father has expressed remorse for the violent incident to his counsellor
- The children display a strong attachment to their grandmother and a strengthening attachment to their father

Risk factors:
- The children display difficult behaviours, poor social skills and developmental delays
- Grief experienced by the children over the death of their mother has not been addressed
There are previous child protection notifications relating to the children.

It is evident that the grandmother and father are struggling to manage the children’s behaviour and have few ideas about how to do so without resorting to physical and demeaning punishments.

While the father has acknowledged the domestic violence between himself and his mother with his counsellor, he was not willing to discuss this with the assessing officer.

The father’s previous record of domestic violence, including domestic violence orders.

The grandmother’s limited understanding of the dynamics of domestic violence (including blaming herself for a violent incident).

The father’s past drug addictions and current alcohol use after a period of abstinence.

**Conclusion**

It is assessed that the current disciplinary techniques are not appropriate and if continued could adversely impact on the children’s emotional wellbeing. It is assessed that unless the use of excessive and inappropriate discipline is reduced, there is significant likelihood of the children experiencing physical and emotional harm in the future. There is also a risk of significant emotional harm if the children were to witness domestic violence between their grandmother and father.

Supports are required to address these concerns and enable the grandmother and father to provide a safe environment for the children. It is considered that continued intervention by the school, Family Intervention Service, Child Therapy Services and the Substance Abuse Counselling Program will meet these needs.

**Commentary**

While each jurisdiction will have its own unique format for the completion of a child protection notification assessment consistent with their informing legislation and policy, this example report highlights a number of typical elements of a good quality child protection assessment. Information about the family’s background and the notified concerns are stated succinctly and factually; emotive language is avoided. Information is gathered from multiple sources. The perspectives of the caregivers are recorded clearly, respectfully and non-judgementally. The strengths of the family are identified. The harms and risks are specific. Although the notification relates to physical abuse, its emotional consequences are recognised. The assessment is not confined to the alleged maltreatment but considers other aspects of the children’s well-being, shifting the focus from ‘who dunnit?’ to ‘how can we help this family?’ Knowledge about child development, loss and grief, the impact of domestic violence and attachment has contributed to understanding the situation. The assessment sets the direction for interventions to improve family relationships and the children’s development – it is aimed at achieving positive outcomes. Finally, the assessment concludes with clear decisions: the punishments are inappropriate, the children are at risk of harm, but the risks can be managed via supports to the family.
References


