

**Department of Human Services  
Community Care Division  
Child Death Inquiries Unit**

**Child Death Analysis Report.**

**Protective Issues for Newborn Siblings of Children  
Previously Taken Into Care**

# **TABLE OF CONTENTS**

## **SECTION ONE**

<b>INTRODUCTION</b>	<b>3</b>
<b>BACKGROUND</b>	<b>4</b>
<b>TERMS OF REFERENCE</b>	<b>5</b>
<b>METHODOLOGY</b>	<b>5</b>

## **SECTION TWO – WHAT ARE THE ISSUES?**

<b>A. Identification of Cases</b>	<b>7</b>
<b>B. Neglect</b>	<b>8</b>
<b>C. Child Protection and Case Practice</b>	<b>10</b>
<b>D. Staffing</b>	<b>15</b>
<b>E. Support Agencies</b>	<b>17</b>

## **SECTION THREE – INITIATIVES IN CHILD PROTECTION PRACTICE**

## **SECTION FOUR – FINDINGS AND RECOMMENDATIONS**

## **SECTION ONE**

### **INTRODUCTION**

The Department of Human Services (DHS) is publicly accountable for its services and ensures as far as possible that its practices are open to scrutiny. Child Death Inquiries are a means by which accountability is demonstrated and from which practice can be improved in the provision of Child Protection in Victoria.

The purpose of Child Death Inquiries is to look at the policies, practices and procedures that underpin the delivery and management of protective cases of children or young people who have died while in the care of, or under the notice of Child Protection. The recommendations of these inquiries inform the development and evaluation of current practices and service provision. The Coroner independently investigates the death of the child or young person, and makes conclusions regarding factors which may have contributed to the death.

A process for reviewing deaths of children and young persons known to Child Protection was first established by the Department of Human Services (DHS) in 1985 with a formal system announced in 1989. This process was significantly enhanced with the establishment of a Ministerial Advisory Body, the Victorian Child Death Review Committee (VCDRC) in 1995.

A three tiered process for Child Death Inquiries was introduced in October 1998 and consists of :

1. Child Death Case Practice Review
2. Analysis
3. Overview

This Report constitutes the optional Analysis Tier and was recommended as an outcome of an individual Case Practice Review.

This Analysis will endeavour to explore specific or systemic issues in a number of cases with similar issues and identify best practice as well as gaps or other issues in service provision.

## **BACKGROUND**

*A telephone call is received at the intake room of a regional Child Protection office. The caller is concerned that their new neighbour, a single unemployed mother is not adequately coping with her new baby. The baby is often heard crying and when seen, is grubby and looks underweight. The mother tells her neighbour that the baby is not well and that she is tired and having financial difficulties.*

*The mother's last partner has left and she seems to be carrying bruises which the neighbour suspects were received through domestic violence as arguments could be heard from next door.*

*The neighbour does not know if the mother takes the baby to the Maternal and Child Health Nurse or to the local doctor. Since the mother's partner left, no visitors have been observed and the mother has not mentioned any friends or relatives.*

*It is known that the mother's two older children have been placed in Foster Care and that their mother no longer visits them.*

*The intake protective worker takes down the details provided, thanks the notifier and considers the appropriate course of action.*

The hypothetical scenario above represents many notifications that are received by Child Protection. One such recent case, where the new baby died, provided the impetus for the Victorian Child Death Review Committee (VCDRC) to endorse the recommendation of the Reviewer of a Child Death Inquiry (CDI)– Case Practice Review (CPR). It was recommended that an analysis be conducted to explore :

- cases where a new baby is born to a family where the older children have previously been removed by Protective Services;
- the relationship between the siblings' protective history and the impact of this history on conducting a risk assessment for the new baby

A Panel of two professionals from the community sector and the Department of Human Services with relevant expertise and experience was appointed to conduct the analysis.

- Carol Blair, Director, Council Services, Bass Coast Shire as the Chairperson;
- Peter Green, Manager, Child and Family Care, Department of Human Services, Eastern Region

The Executive Officer for the Inquiry was Julie Hopkins of the CDI Unit.

## **TERMS OF REFERENCE**

The Term of Reference for the Analysis tier of the Child Death inquiry process is:

- To examine whether case management decisions and actions of the Department of Human Services and other agencies were adequate and appropriate in providing a service to the client/s. This should be considered in the context of the Children and Young Persons Act 1989, and established practice knowledge and professional wisdom

The Victorian Child Death Review Committee in examining one of the cases considered in this analysis requested the following addition to the Terms of Reference:

- To examine the issues around the impact on the risk assessment for a new baby where older siblings have been previously removed by Protective Services

## **METHODOLOGY**

### **Selection of Cases for Consideration**

The CDI-Analysis commenced by considering information provided in the Case Practice Review Reports, Child Death Inquiry Reports and individual case files of young children who were clients of or known to Child Protection who had died. Additional information was sought from sibling files after obtaining permission from the relevant regions.

To provide a basis on which to explore the elements contained in the Terms of Reference, fourteen cases from 1989 to 2000 have been identified as meeting all the following criteria for inclusion in this Analysis:

- a. Youngest sibling born to mother whose older child/children had previously been removed.
- b. Older sibling/s either remained in alternative care or were subsequently reunited with their mother.
- c. Youngest sibling known to or client of Child Protection.
- d. Youngest sibling died whilst a client or known to Child Protection.
- e. Youngest sibling was aged 3 years or younger

It should be noted that some cases would not be known to the VCDRC as they pre-date its establishment in 1995. Also, some cases were closed prior to the introduction of CASIS resulting in limited information being available.

A total of fourteen cases that met the above criteria and were the subject of a previous CDI have been identified as the subject group for this analysis (Appendix 2). The common characteristics of these cases have been considered as a group rather than applying a case by case individual analysis (Appendix 3).

### **Literature Search**

An extensive literature search was undertaken to assist the Panel to support the information provided anecdotally by practitioners and to compliment and support the Panel's findings and recommendations. The scope of the literature search included departmental guidelines and reports, academic references and information gleaned from the internet and other varied sources. (See Appendix 5)

## **Workshops and Consultation**

The Panel was keen to learn from practitioners their perception of the scope of this type of case and the range of program options provided by both the government and non government sector to support families and enhance their capacity to parent.

Initial discussion was held with relevant senior staff from the Child Protection and Juvenile Justice Branch to ascertain policy direction and new initiatives.

Two workshops were held with relevant departmental regional staff responsible for the Specialist Infant Protective Workers (SIPW) and High Risk Infant (HRI) initiatives and non government agencies that provided family support and parenting programs.

The workshops were held over one day and were attended by 11 departmental staff and 4 non government agency personnel.

## **SECTION TWO**

### **WHAT ARE THE ISSUES ?**



The main issues identified by the Panel were the identification of cases, neglect, child protection and case practice, staffing and the role of support agencies.

#### **A. IDENTIFICATION OF CASES**

Identifying cases where a new baby has been born or expected to be born to a family where other children have previously been removed varies throughout the sector.

Although the actual number of cases with these characteristics is difficult to determine as no specific statistics are kept, protective workers that were consulted agreed that re-notification may or may not occur when a subsequent pregnancy occurred and anecdotally were aware of cases that never formally came to the attention of Child Protection.

Families that have ongoing involvement with Child Protection and support agencies related to the care of their older children can be clearly identified and provide opportunities for early intervention by protective staff. Families that disengage with the sector 'fall through the gaps' and protective workers may only become aware of the situation when a notification is received for the new baby.

A view was generally held by practitioners consulted by the Panel that knowledge of impending births would maximize any intervention and supports put in place for the family.

Child Protection practitioners indicated to the Panel that they were aware of a number of cases in each region where older siblings had been removed and a subsequent child had been born to the mother but no notification had been made to Child Protection. Workers at the workshop commented that a notification had not been made in some cases where families were already involved with Child Protection.

There is currently no standard process in place to identify possible 'at risk' babies in families where older siblings had been removed unless their families are already 'in the system'.

The Panel was of the view that relevant professionals such as general practitioners, midwives, Maternal and Child Health Nurses (MCHN), child care workers and school teachers should be encouraged to consider making a notification to Child Protection when they became aware that a mother with previous protective involvement resulting in children being removed becomes pregnant.

The Panel suggests this is achieved by such people initially engaging in consultation/discussion with the regional Specialist Infant Protective Worker (SIPW) prior to a notification being made.

## **B. NEGLECT**

*“Child neglect is characterised by failure to provide for the child’s basic needs. Unlike other forms of abuse, it is an act of omission by a caregiver that jeopardises or impairs the child’s physical, intellectual, or emotional development. A child who is neglected may be at risk of injury or harm owing to inadequate supervision. They may also be constantly tired, hungry, listless, or have medical conditions related to poor hygiene or experience a failure to thrive (South Australian Child protection Council 1989)”.* Marianne James – Child Abuse and Neglect: Incidence and Prevention, Issues in Child Abuse Prevention Number 1 January 1994 – National Child Protection Clearinghouse

*“The most recent Australian national figures for substantiated child maltreatment indicated that 23 per cent of all substantiated cases were officially labeled by the various state child protection services as child neglect, with the proportion of neglect cases substantiated varying from 16 – 34 per cent across the states.”* Adam M. Tomison ‘Spotlight on Child Neglect’ Issues in Child Abuse Prevention Number 4 Winter 1995 - - National Child protection Clearinghouse

Note: More recent figures are detailed on page 10

It became apparent to the Panel that a significant number of characteristics of the presenting cases demonstrated aspects of neglect. There was also evidence to suggest that this was intergenerational in some cases. In examining the cause of death and the reasons that older siblings had been removed in each case, the Panel determined that symptoms of neglect existed in a large proportion of the cases.

Identifying cases of neglect and the impact that it has on children is acknowledged as a difficult and often daunting challenge for protective workers.

Protective practitioners indicated to the Panel that they felt that many cases of neglect were not notified to Child Protection by the sector even though family situations were known. A notification would more commonly be made once an ‘event’ (often seen as a bruise) occurred requiring immediate intervention. Agency participants in the Inquiry acknowledged that in needing to pinpoint the cause of long term neglect, it was difficult to define and know why it was present; and therefore difficult to assess if these concerns had been fully addressed.

To ensure that any risk assessment relating to neglect remains objective, protective workers need to apply the frameworks provided (*Victorian Risk Framework, Protecting Children Vol 1 – 3* and other Departmental source documents, guidelines and policies). Protective practitioners believe that proving a case of neglect in court is made all the more difficult as what needs to be proven is the link between the current situation and the probability for harm to the child. Practitioners indicated that in their experience, families are often given another chance and that the proof of a Protection Application becomes easier after an event rather than on likelihood of neglect.

Neglect can have different affects on different age groups of children. Care that may not be acceptable for a baby may be more reasonable for an older child and not even an issue for an

adolescent. The capacity for a child to care for itself is one of the measures against which a determination of risk is judged.

Given the very young age group of the identified cases in this analysis, the risk of harm due to neglect is significantly higher than the norm. It follows that issues relating to the parental capacity to care for and protect the child become paramount in any risk assessment. The risk to the child is further exacerbated where other factors impacting on that level of care such as substance use, psychiatric illness and domestic violence are present.

Researching the causes that contributed to the removal of older siblings and determining if there had been positive changes that might make a difference for the new child is even more difficult to ascertain if the primary concerns related to neglect.

Although the view presented to the Panel by protective workers was that cases of neglect were under reported, substantiated cases of neglect as the primary abuse type during 1999-2000 had the highest percentage (70.9%) compared to other abuse types (av. 65.9%) of recommendations for continued intervention. 29.2% of all Protection Applications in the year 1999-2000 were for substantiated neglect and of these 79 % were proven.

### **C. CHILD PROTECTION AND CASE PRACTICE**

This section examines the facets of Child Protection practice by analysing each part of the protective process in the order that it usually occurs. These steps include:

- Notification (below)
- Investigation (page 11) considers Risk Factors, Parental Response, The Absence or Minimisation of the Male Partner's Role
- Intervention – (page 15)

#### **➔ Notification**

The consultation workshop with child protection practitioners highlighted a number of issues and approaches relating to these cases.

The Panel was informed that newly allocated protective workers do not necessarily read the entire case file when taking up a new case. This is most concerning in that vital information, not always contained in summary reports, CARAs and updates, could be unknown to the worker and impact on the direction of case management. As CASIS was introduced in 1994, a number of cases would have histories prior to this time and all file notes would have been at best typed but mostly hand written. Whilst acknowledging the time required for protective workers to acquaint themselves with the case history, the Panel considers such an exercise vital for any effective intervention.

Regional staff indicated to the Panel that 'gate keeping' may get higher at each notification where repeat notifications that were deigned 'No Further Action' were evident. This practice requires a demonstration of higher levels of risk each time before Child Protection would become actively involved in the case.

The Panel believes that this practice does not adequately acknowledge the chronic nature of some of these cases and the opportunity to intervene in a timely manner could be lost. The fact that multiple notifications are being received in itself should be an indication that further investigation is warranted. More particularly in cases where children have previously been removed.

A number of circumstances were identified which would prompt protective workers to re-engage with families re-notified after the previous notification was closed.

These included where:

- a previous notification did not resolve the issues
- the mother allowed violent partner to return to the relationship
- the mother continued to use drugs during pregnancy with no desire to change
- the mother demonstrated no engagement with new child
- the family did not acknowledge previous history
- there was a pattern of not engaging with services
- there had been minimal time between pregnancies

## ➔ Investigation

Risk Assessment was considered to be the highest priority by all groups consulted in determining the level of involvement by Child Protection. Recent initiatives such as the Victorian Risk Framework (VRF) and Enhanced Client Outcomes (ECO) were considered to have enhanced practice, as did the introduction of High Risk Infant strategies. These and similar programs are outlined in Section Three on page 23.

A number of factors that present challenges for protective workers in assessing these particular cases were identified and discussed.

Risk factors – The regional staff workshop was able to clearly articulate a range of risk factors to consider when undertaking a risk assessment.

It was generally agreed that a higher likelihood for harm existed for a new baby born into a family where older children had previously been removed and that these cases required a further level of investigation given the family history. Understanding the reason of prior protective involvement and the risk factors that were evident then were imperative in determining if any changes had occurred which might make it different for this child within the family. Determining likelihood of harm was a primary focus of risk assessments in these cases.

In the cases examined as part of this analysis, a number of factors have been identified that led to the removal of the older siblings. It should be noted that in some cases, more than one factor was present. For example one mother demonstrated an unwillingness to address the protective concerns for her child that were exacerbated by her drug use and transient lifestyle.

### FACTORS THAT LED TO THE REMOVAL OF THE OLDER SIBLINGS

Mother's drug use	5
Unknown	3
Transient lifestyle of parent	3
Mother unable to protect child from harm	2
Parental criminal activity	2
Lack of maternal bonding	2
Mother unable to care for sick infant	1
Suicide attempt by parent	1
Post natal depression – harm to child	1
Mother unwilling to address protective concerns	1
Abandonment	1
Environmental neglect	1

In five of the identified cases the mother had a protective history as a child or adolescent. It was considered that this history should be included in developing a holistic understanding of the family structure, particularly around the capacity of the extended family to provide support. This further supports the necessity for newly allocated workers to read the entire case file so that they fully understand the history of the case. *See page 10.*

*Parental response* – Comments were made to the Panel that some families with previous, and sometimes lengthy, involvement with Child Protection may have learnt to present as compliant when meeting with protective workers to mask the reality of their situation and minimise the Department’s intervention, particularly if their previous experience had not been positive.

Alternatively, families may be hostile to further intervention and set out to sabotage the protective processes.

Another response may be that of maternal ambivalence. The High Risk Infants Service Quality Initiatives Project: Development and Early Implementation Report – May 1999 states;

“Maternal ambivalence can often be a subtle dynamic, however one which must be addressed to ensure adequate risk assessment and management is undertaken. By not addressing ambivalence during the assessment of risk, workers may be overlooking one of the most dominant factors in a family’s interaction and functioning.”

*The absence or minimisation of the male partner’s role* –

*“Corby (1987) found that little work was done with fathers or father substitutes in child protection case management. Child protection workers have been criticised in child death inquiries for failing to engage fathers in casework and thus modifying their abusive behaviours (Fox 1990 as cited in Corby 1993).*

*The failure of workers and researchers to engage father figures in research or casework has been attributed to sexist, cultural and legal assumptions whereby mothers having any role in the care of their children are virtually automatically assumed to be accountable (Hiller, Goddard and Diemer 1991, Corby 1993). Researchers and practitioners do appear to have a tendency to rely too readily on mothers as informants in families because of assumptions about the mothering role, and their greater availability (Corby 1993).” Adam M Tomison ‘Child Maltreatment and Family Structure’ Discussion paper Number 1 Winter 1996 – National Child protection Clearinghouse*

The Child Protection and Juvenile Justice Branch and regional staff agreed that there was a common minimisation of assessments relating to the adult males in families and that there was need to be more proactive in this area of assessment. Regional workers stated that the mother may have a new partner since the last contact with protective workers, therefore little would be known about him.

However, it was considered important for protective workers to determine the pattern of the mother’s relationships in assessing the possibility for change. It was agreed that the family dynamics that contributed to the eventual removal of the older siblings may have significantly changed and that indicators of changed conditions for the baby should be acknowledged and assessed on their merits.

The Panel contends that protective workers need to be looking for real evidence of change that can be demonstrated by the family.

Of concern to the Panel was the comment by regional staff that at times the male was considered to be supportive of the mother even though a thorough assessment of his role and abilities had never been undertaken. It is of note that in each of the identified cases for this analysis, the male is absent but considered by workers to be supportive.

The Panel believes that in the absence of appropriate evidence gained through assessment, these assumptions cannot be made.

This continues to be a difficult assessment task. The Panel contends that it would be useful to know if there was a greater likelihood of the child being removed where a full assessment including that of the adult male was undertaken.

A view was put by regional staff that in some instances, workers base their opinions on what they are told by the male and observation over a period of time. It was also acknowledged that some males have been seen to not only support the mother but be more effective in protecting the child.

Notwithstanding the above, concerns were raised in relation to the role of males in the family and the impact that this had on assessments. Some of these concerns were:

- new male partners may be with the family for only a short time
- new male partners often don't see themselves as having a role with children that are not their own
- there is an unwillingness of the new male partner to get involved with Child Protection
- males are not always at home when visits are made by Child Protection
- history of mother having multiple partners
- mother not showing signs of change – continuing to partner with violent males

Engagement with families and individuals where a previous involvement with Child Protection has occurred was identified by all groups as the main area of concern.

As indicated above the new male partners may not engage with Child Protection where they don't see themselves having responsibilities to the family group if the children are not their own.

Mothers with experience of Child Protection intervention, either as a client themselves or because of other children may demonstrate mixed responses to the involvement of not only Child Protection but of the service sector as a whole depending on their perception of earlier involvement. Engagement can be compounded by the resistance of some mothers to effect changes that are contrary to the parental modeling they had as children where there is a history of long term intergenerational involvement with Child Protection. Negative perceptions or experiences provide the greatest challenges for workers in being able to support the family in enhancing the care of their children.

Families that are transient and subject to unstable family structures, sometimes with name changes, are most difficult to engage for sufficient lengths of time to affect positive outcomes for any intervention. Other complicating factors include access to services (the Panel was informed that this was particularly difficult in rural areas), and where parents had a disability or psychiatric issues. See *'Parental Response'*, page 12.

## ➔ Intervention

Many of the issues confronting practitioners when working with these families are consistent with other cases involving young children. While strategies to address the broad range of issues can be applied, the Panel believes that the specific issues relating to the introduction of a new baby into already proven inappropriate environments requires more intensive risk assessment and case management to ascertain if any changes that would alleviate the risk to the baby had occurred.

Cases requiring further intervention by Child Protection are generally divided into two scenarios. Protective workers work with the family for up to three months with the aim of linking them to appropriate supports before closing the case. Other cases have issues significant enough to warrant Children's Court adjudication. A range of Order options are provided to enable Child Protection and identified non government agencies to provide a more intensive longer term program to protect the child.

From the workshop discussions, it was evident that due to issues around engagement (see above) intervention often only occurred after a serious incident that prompted a notification. A more timely notification would have provided opportunities for an enhanced outcome and consideration of a more diverse range of options for case management. Other factors such as drug use, domestic violence, homelessness, unemployment, psychiatric or other illnesses were seen to exacerbate the difficulty of already complex cases.

Non government agencies identified successful engagement with families as vital in ensuring the best long term outcome for their involvement. The role of these agencies is discussed in Section Three on page 23.

## **D. STAFFING**

Issues around staffing were raised in each of the consultations and were duly considered by the Panel. These issues are identified as follows:

### **Training**

Agency representatives considered that Child Protection training could be improved and questioned the ability of some workers to adequately assess the parent's parenting capacity particularly of young children.

While the Child Protection and Juvenile Justice Branch acknowledged that protective workers needed to have an understanding of child development in these cases, the Panel endorsed the comments made by regional staff that the High Risk Infant (HRI) strategy and Victorian Risk framework (VRF) and the introduction of region SIPWs had provided opportunities for training of both protective workers and staff in the sector.

The Panel noted that consideration needed to be given to the enhancement of training that focussed on issues relating to adult males; for example, domestic violence.

It is noted that working with aggressive and non compliant parents is always difficult and at times extremely intimidating requiring a high level of skill that needs to be supported through training and ongoing supervision.

To demonstrate this shift to more inclusive training opportunities, it was noted that the service delivery undertaken by the Chemical Dependency Unit of the Royal Women's Hospital comprised 40% client contact and 60% training provided to other hospitals and agencies.

The role of SIPWs in enhancing protective worker capacity to case manage HRI cases through training, secondary consultation and supervision is reflective of the needs of particular regions. SIPWs co-ordinate and/or provide training opportunities for both departmental staff and relevant workers from other agencies. (Note: INITIATIVES IN CHILD PROTECTION PRACTICE on page 23 and Table 3 of "*The High Risk Infants Service Quality Initiatives Project: Development and Early Implementation Report – May 1999.*")

The Child Protection and Juvenile Justice Branch has also implemented a number of relevant training initiatives:

- as part of Child Protection induction for new child protection workers, one day is dedicated to issues around the assessment in high risk infant cases
- a three day training program is conducted 2 –3 times a year for SIPWs, Team Leaders and other interested staff to explore more advanced issues affecting high risk infant cases such as domestic violence, substance abusing parents and Children's Court procedures
- a half day training opportunity is provided four times a year around the risks associated with SIDS and unsafe sleeping environments
- a new two day training package for protective workers working with adolescents around adolescent pregnancy, parenting and incorporating training in infant development

## **Consistency of case worker**

All groups agreed that the provision of consistent protective workers was a significant factor in effective case management and in the best interests of the child and family. Changing protective workers was destabilizing, requiring new workers to 'start from scratch' each time the case was reallocated.

It was acknowledged however that although a number of factors may mitigate against consistency being ensured, it should be a goal that Child Protection aim for. This was particularly important where workers were allocated to cases typifying multiple notifications and different family dynamics over time involving different and sometimes new children. The consensus was that a consistent case worker should be encouraged wherever possible.

The management of cases was affected by the allocation to a number of workers over time, some of these being young and relatively inexperienced. This is a worldwide characteristic of child protection services.

Again, this further supports the importance of newly allocated workers to fully examine the case file and understand the supporting service system.

This is particularly important in a workforce that is characterized by young female workers and a client group that includes aggressive adult males.

## **Supervision**

The Panel considered the role of supervision in these cases as paramount. Although protective workers have become better at collecting data and information as part of their risk assessment, it was considered that more attention be given to analysing the information.

Given the complexity and often extensive history in these cases, the amount of information contained on file would be considerable, particularly where cases existed prior to the introduction of CASIS around 1994 thus necessitating the reading of hand written notes. Productive and supportive supervision by an experienced practitioner was considered critical to assist workers in being able to identify and interpret the most relevant information.

## **Workload**

Regional staff indicated that the workload on case workers was considerably higher where a family had some children in alternative care and others at home. Generally this would be counted as one case rather than the preferred two.

## **E. SUPPORT AGENCIES**

### **Roles and inter relationships**

The role of non government agencies in providing complimentary services to Child Protection clients and families and the broader community cannot be understated. Indeed the system could not function without the partnership between the community sector and government.

Agencies and services primarily involved with these cases are family support agencies, early parenting centres, Maternal and Child Health Nurses (MCHN) and chemical dependency units at maternity hospitals. Each of these sectors participated in the Panel's consultation process.

There was a common acceptance by all participants that while there were many instances of good practice, improvements could be made to the relationship between Child Protection and agencies. Regional staff commented that Child Protection places a lot of onus on agencies and suggested that agencies sometimes were reluctant to provide information back to protective workers as they held the perception that little would be done.

In addressing and developing the strengths of the different approaches undertaken in the sector, it was noted that the focus of agencies was on the family, often to act as parent advocates, compared to that of Child Protection whose primary concern was the welfare of the individual child. Given this, the role of family support programs that enhance family functioning are better placed with agencies. Child Protection's goals would be met if these services led to strengthening the family so that they would safely care for the child. A description of relevant initiatives and programs is contained in Section Three on page 23.

All groups considered that the critical areas of communication, referrals and clarification of expectations and roles was paramount. It was important that Child Protection knew what agencies could and would deliver and that agencies were clear about what needed to be monitored and fed back to Child Protection. Issues around case management and follow up after case closure were examples of where greater clarity by all parties is required.

The sharing of information and using common and consistent language around areas such as 'high risk' and 'neglect' and in assessments were identified by regional staff as imperative in ensuring greater clarity and co-operation.

It was generally accepted that continued and improved joint planning and consultation would be beneficial, not just between Child Protection and individual agencies but between agencies working with the same families as well.

Although the Panel believes that the compartmentalization of roles over time has led to gaps, it is expected that the introduction of cross departmental and agency initiatives such as the High Risk Infant project and a more proactive approach to Child Protection/agency co-operation should result in a better understanding of respective roles and a more cohesive service system.

The Panel was informed of a number of regional initiatives such as the convening of panels of experts, professional consultations available for protective workers and ongoing case conferencing. The aim of which is to improve case decision making.

## **Parenting Programs**

Out of the consultation, whilst some common themes emerged, a number of participants highlighted issues that were specific to agencies, particularly as they related to families characterised by prior involvement with Child Protection and the removal of older siblings. Agencies that provide residential parenting support and training outlined their processes when taking a referral from Child Protection and the steps taken with the mother (and the father or adult male where practicable) on admission. A worker from a chemical dependency unit within a maternity hospital detailed the program offered by that agency.

Both groups discussed the need for flexibility in the type of service provided and the quality and length of involvement with often chronic families. Residential services place a great emphasis on initial assessment to determine the level at which support can be targeted to maximise the benefit for the family and child. These agencies were also mindful that a short term residential program with multiple and constant supports was unsustainable for long periods and that strategies for a longer term of intervention included the involvement of other support agencies and programs once the family returned home. It was agreed that families generally needed a much longer term intervention – up to two years in some cases to effect an improvement in the parent's parenting capacity.

*Adult learning styles* - Participants at the consultation workshops discussed the many aspects of training for parents. To highlight the challenge in initiating programs an agency worker commented to the Panel that some parents have no concept of play while a regional worker saw teaching parents how to learn as an important consideration.

It was agreed that workers needed to be aware of how individuals learn so that tailored programs could be developed to affect the greatest outcome. Two learning styles were identified as providing effective skills based and a therapeutic narrative approach with the consensus that activities that focused on tasks and practical applications 'seemed to work' with confirming evidence of success given the limited time available.

A 'hands on' approach that broke the training into manageable components that could proceed at a pace suited to the individual or particular family was also seen to be a successful strategy.

Parenting agencies outlined a number of approaches including individual or group settings and options for residential, day stay and at home programs constructed to the needs of individual families. Parenting programs offered to DisAbility clients through the Department, whilst costly, were considered to be effective.

## Pre Birth Strategies

“A difficulty that faces many health professionals is the dilemma of conceptualizing future harms to an unborn child and giving these concerns weight in the planning process. Recognising duty of care for the unborn infant is an imperative.”

“Currently a number of ante-natal psychosocial screening tools are being developed and piloted in hospitals throughout Victoria. It is important to note that screening in Victorian hospitals is relatively new and will require ongoing evaluation and continual refinement.”

‘Whose Holding the Baby’ Child Death Inquiry Analysis Report, Department of Human Services August 2000

The idea of pre birth intervention was supported in all consultation groups as a possibility to minimise Child Protection involvement at a later date. Families could be monitored prior to the impending birth to determine if the risk factors that led to the removal of their other child/children had changed or improved.

Agencies and Child Protection workers identified a number of strategies already operating to support families during pregnancy. The value of the High Risk Infant Strategy, Parenting Assessment and Skill Development Service and New Start initiatives along with the involvement of the Specialist Infant Protective Worker (SIPW) was endorsed by workshop participants.

Regional workers highlighted two significant broader systemic issues that impact on the early intervention with pregnant mothers. They were:

- The impact of placement changes on siblings that were previously removed

The Panel recognises the limited capacity of the sector to provide stable placements to fully meet the individual needs of the client.

- Proving likelihood of harm in Court

MCHN that although some mothers did not attend their MCHN, this service provided a more universal service than others and was well placed to identify families at risk. MCHN could also be in the position of identifying prospective cases during the time of the mother’s pregnancy. Concerns were raised about those mothers who have disengaged with services and whose pregnancies were therefore unknown.

The Department WEB site contains the document ‘Working With Families Prior To The Birth Of Their Infant Who Is Likely To Be At Risk Of Significant Harm’ and is attached as Appendix 4.

## Resources

It was the view of all those consulted by the Panel that not enough was being done to assist the chronic long term neglectful families that were well represented in this identified group of cases. Intervention was considered to be too short, too fragmented and under resourced.

*'The US National Committee on the Assessment of Family Violence Interventions concluded that.... "It was unrealistic to expect a short-term parent skills program in isolation to create lasting change (Chalk and King 1998). According to Chalk and King, 'focusing as they do on single incidents and short periods of support, the interventions in this area may be inadequate to deal with problems that are pervasive, multiple and chronic' (1998:102)" Adam M Tomison, Valuing parent Education: A Cornerstone of Child Abuse Prevention, Issues in Child Abuse prevention number 10 Spring 1998, National Child Protection Clearinghouse'*

The Panel believes that if these families are to be assisted in being able to more effectively care for a new baby given the family history, then a more long term approach needs to be applied with adequate resources provided to both Child Protection and the non government agencies. Ultimately families need to be integrated into their community and engage with the supports their community and extended family have to offer. For some families, this requires the assistance of Child Protection and ongoing support from agencies to show them the way.

## **SECTION THREE**

### **INITIATIVES IN CHILD PROTECTION PRACTICE**

A number of initiatives have been piloted or introduced in recent times to enhance protective intervention and to support parents to more appropriately parent and protect young children in particular.

These initiatives fall into two categories:

- a. policy and program initiatives that relate to Child Protection practice
- b. programs delivered by the funded sector

It is noted that in many instances these programs and services overlap and interact between the two sectors.

#### **1) HIGH RISK INFANTS PROJECT (HRI)**

Descriptors are taken from “*Who’s Holding the Baby*” Child Death Inquiry Analysis, Department of Human Services, Victoria 2000.

The Department of Human Services, Child Protection and Juvenile Justice Branch’s *High Risk Infants Service Quality Initiatives Project* (HRI Project) commenced in mid 1997 and has developed and implemented a range of significant initiatives to improve the quality of Protection and Care services to infants at risk of significant harm from maltreatment, and their families, including:

#### **Specialist Infant Protective Worker (SIPW) Positions**

Twenty five statewide, specialist positions have been introduced to support and assist regional child protection workers concerning risk assessment and risk management and to enhance service delivery to infants and promote networks with the wider service system. Some of their roles include:

- consultation with child protection workers concerning work with high risk infants
- development of linkages with other services that provide care to high risk infants, such as hospitals, M&CHS, and community agencies;
- provision of education to professionals and services involved in the care of HRI’s, leading to increased professional and community awareness about the risks to infants
- support for workers engaged in legal processes

#### **Flexible HRI Regional Budget**

This budget supports the SIPW initiative and provides funds to purchase services or material goods for families.

#### **Parenting Assessment and Skill Development Services (PASDS)**

These services are regionally based and provide both a parenting capacity assessment service and a parenting skill development, education and support service in a residential, day stay or in home setting for this target group.

### **Other programs undertaken through the HRI Project include:**

- a comprehensive training program for child protection workers concerning SIDS and unsafe sleeping environments as they relate to the child protection population
- development of a practice policy concerning the importance of working with families prior to the birth of their infant that is likely to be at risk of harm following birth.

The Panel believes the value of this initiative rests with the focus being on the specific and developmental issues relating to young children and that child protection practice is monitored throughout the intervention by skilled early childhood professionals.

It is noted that the role of the SIPW varies from one region to another allowing regions to tailor the role to their specific requirements.

### **2) ACUTE HEALTH DIVISION, DHS**

Descriptors are taken from "*Who's Holding the Baby*" Child Death Inquiry Analysis, Department of Human Services, Victoria 2000.

This Division of DHS, through the Maternity Services Program, has committed recurrent funding, for four years since 1998-99, to improve public maternity services across Victoria. (Also called maternity enhancement funding)

Additional funding has already been provided to maternity hospitals for the provision of postnatal domiciliary services, as a response to trends in early discharge. Domiciliary services offer a universal post hospital visit from a registered midwife. More can be offered if the woman has special needs. Currently, domiciliary services are coordinated by hospitals and there is no consistent model of practice for domiciliary services across the state.

There have been numerous projects from this division that have a bearing on the findings of this report, including:

A review of ante natal care, where it was found that share care is not satisfactory for high risk mother's (social and medical?). It was also found that GP's generally do not know a lot about women's social needs.

There are also initiatives to:

- investigate post natal issues more broadly.;
- improve the links between domiciliary and M&CH services;
- improve discharge planning.

The Panel would support improvements in anti-natal care and particularly in linkage of high risk mothers to educational support programs.

### **3) MATERNAL AND CHILD HEALTH SERVICE**

Descriptors are taken from "*Who's Holding the Baby*" Child Death Inquiry Analysis, Department of Human Services, Victoria 2000.

The MCH Service provides universal primary care for all Victorian Families with children aged 0-6 years. The service is jointly funded by State and Local Government and managed in most instances by Local Government. The key features of the service are health surveillance, health promotion and

education, parenting support, identification of concerns and referral and a focus on maternal health and wellbeing.

Victorian Legislation requires the Local Government where the mother resides, to be notified of a birth to enable MCH nurse to visit the family where possible.

As part of the universal service additional visits are provided for first time mothers and families with particular needs. The service has been limited in its capacity to provide intensive support to families with high needs in the past, but has been well placed to implement strategies for early identification and intervention for this client group. Some targeted services for vulnerable families have been implemented over the past four years in some municipalities and a new Enhanced Home Visiting Service is currently being developed for vulnerable families across the State.

The current targeted services for vulnerable families include four Pilot Outreach Services and 31 'new initiatives'. These services utilise differing models, staffing and target groups. An evaluation of four Pilot Outreach Projects has been completed and the evaluation of the 'new initiatives' will be completed in April 2001.

The final report of the evaluation of the Pilot Outreach Projects has led to 13 recommendations, the following findings of the evaluation are relevant to the findings of this report:

- an assertive outreach approach is to be encouraged;
- outreach services should be effectively promoted to a wide range of potential referral sources;
- screening potential high risk groups through mainstream services is to be encouraged;
- there is a definite role for ante natal identification and intervention for targeted families;
- home visiting is a key component of the outreach service;
- appropriate qualifications were identified as being important;
- links with other professionals undertaking similar roles and regular professional supervision are important;
- protocols should be developed which assist the outreach services to work cooperatively with other agencies.

These outreach services have the potential to work positively with parents who have had siblings removed previously and are now expecting another child. The findings of the evaluation should be implemented to enhance the available services for targeted groups that have high needs both ante and post natally.

#### **4) VICTORIAN RISK FRAMEWORK (VRF)**

Descriptors are taken from "*The Victorian Framework: Developing a Professional Judgment Approach to Risk Assessment in Child protection Work*" Paper delivered to the 7<sup>th</sup> Australasian Conference on Child Abuse and Neglect 1999. Presented by Child Protection and Juvenile Justice Branch, Department of Human Services Victoria.

Development of the Victorian Risk Framework (VRF) began in Victorian child protection services in June 1997. Phased, statewide implementation commenced in November 1998 with an intensive training strategy for all child protection workers, supervisors and their managers.

The VRF advocates comprehensive assessment approached through an assessment of risk of harm which takes in to account severity, vulnerability and likelihood, as well as safety factors in order to reach judgments of the degree and probability of harm. Risk analysis operates alongside attention to aspects of wider functioning, including health and welfare development dimensions, strengths and resources.

From this comprehensive assessment, child, young person and family needs are identified as the basis of safety and wellbeing action plans. Open, respectful practice is promoted through the attention to strengths; through a transparent process which is clear and understandable to families as well as other professionals; and finally, through prompts to identify differences between worker and family perspectives.

It is recognised that practice from this base can only be as good as the quality of the workers and of the child protection service in which they operate. Both the processes of development and of implementation of the VRF have sought to enhance these qualities.

The Panel notes the attention given to assessment of parenting capacity and level of parental functioning within the CARAs and would encourage the strengthening of this section particularly as it relates to high risk infants. The significance of this aspect of assessment has been highlighted by participants at both the departmental and non government agency workshop for this analysis.

## **5) FAMILIES FIRST PROGRAM**

Descriptors are taken from *Model Statement, Intensive Family-Based Services, Part A: The Families First Program*, Department of Human Services C. 1990

Families First services provide intensive, in-home family crisis counselling and life-skills education to prevent unnecessary dissolution of families in times of crisis where protective issues are present.

The main goals of the Families First program are:

- the prevention of and/or a reduction in the number of out-of-home placements of children/young people who have been (or are suspected of having been) abused, neglected or abandoned by their parents, or who are at risk of imminent placement (as assessed by a DHS child protective worker ) due to family breakdown
- the promotion of family self-sufficiency and a reduction in the need for protective services and crisis intervention and family support services by increasing parenting, life skills and coping abilities
- the successful (and earlier than planned) return home of children/young people from placement

The main characteristics of the Families First model are:

- a. Child Protection is the only point of access to this service.
- b. Generally only families where the placement of the child/children is deemed imminent are accepted.
- c. Services are crisis oriented and each family is seen as soon as possible after referral.
- d. At least one adult family member (in cases of non adolescent clients) must be willing to receive the service.
- e. Intake, assessment and monitoring processes ensure that no child or young person is left or remains in danger.
- f. Staff are available to families around the clock.

- g. Families are seen in their own homes at times that suit them.
- h. Families First workers have a caseload of no more than 2 families and visit as often as required.
- i. Each family is dealt with as a unit rather than individuals.
- j. Service can include the provision of material and practical assistance.
- k. Highly skilled and experienced staff are recruited to the program.
- l. A requirement for managers to be trained in the Homebuilder's model (USA) and workers to receive initial and on-going training.
- m. Services develop a strong culture of worker supervision and support.
- n. In order to respond to the varying needs of families, Families First staff are committed to a practice research model of service. Goal attainment scaling is used extensively to clarify and monitor objectives jointly with family members. Group and individual strategies are used as relevant. Skills development is a major emphasis. A range of theories inform practice: cognitive behaviour therapy, crisis theory, and family theory. Specific techniques include crisis cards, values clarification, anger management, child management and problem solving skills.
- o. Families First workers are trained to respond flexibly to the particular needs of each family.
- p. The length of involvement is generally limited to 4 weeks.
- q. Families are followed up to assess their progress and evaluate the program.
- r. Families First workers seek to re-value families and instill them with a sense of hope that circumstances can and will improve. Families are treated with friendship and respect and 'teachable moments' are used to demonstrate positive alternate ways for the family to identify and meet their needs.

In relation to the issue identified in this analysis, the Families First program would only impact in a 'crisis situation'. Most of these families needed longer term, community based programs with an adult learning and support focus. The service would be required for much longer than four weeks and in fact could set up false expectations.

## **6) ENHANCED CLIENT OUTCOMES (ECO)**

Descriptors are taken from *Executive Summary, Protection and Care: Enhanced Client Outcomes Project, June 1997*

The ECO project was initiated within Protection and Care as a response to national and international concern relating to the operations of protective service systems. The goal of the ECO project is to build on existing child protection assessment and investigation practices to:

- Ensure that notifications of child abuse and neglect are explored in a timely and effective manner using strategies and methods derived from child centred, family focused practice principles, and
- Improve linkages with and between family and community services to enable families to easily access effective services.

The principles of the ECO approach are:

- The primary focus of protective services is risk or harm to the child or young person
- Assessment and intervention are ecological and sensitive to wider needs and context
- Practice is underpinned by child centred family focussed principles emphasising safety and the significance of the family and practices founded upon partnership and respect for family strengths and potential

- Differentiated response options are encouraged to ensure a timely and appropriate service to child and family needs where there is a protection problem
- Close relationship with other service providers are developed to ensure an holistic and integrated service response
- The enhancement of protective worker skills is supported through training, professional development and supervision to enable best practice outcomes

There are four primary components to the ECO approach. These are:

- a. Decision Making
- b. Differential Response Alternatives
- c. Child Centred Family Focused Practice
- d. Inter - Agency Relationships

This framework is a valuable one for the families considered in this analysis.

## **7) STRENGTHENING FAMILIES**

“Strengthening Families Tendering Document”, Department of Human Services

Strengthening Families will target families where welfare concerns have been identified to prevent the need for more intrusive statutory services. Strengthening Families will aim to enhance family functioning by providing a child centred family focused and needs led case management service. Service provision will be based on a partnership approach between families and workers, and incorporate all family members.

The Strengthening Families Initiative must operate to the following principles and must:

- be child and adolescent centred, family focused and aim to strengthen the capacity of families and communities to respond to need and risk;
- respect children/adolescent rights to safety and protection whenever risk of significant harm is present and comply with the philosophy of mandatory reporting;
- be sensitive to the needs, rights, responsibilities and requests of families including the request to self refer after the initial involvement has ceased;
- be aware of a systemic approach to working with families;
- undertake a holistic, strengths based approach to needs assessment involving all family members, in a partnership with staff;
- have a commitment to family participation in decision making;
- be respectful of families by understanding their needs;
- target, prioritise and facilitate access to services; and
- be integrated with and contributing to the local service environment.

The Strengthening Families Initiative is targeted at families with children and adolescents aged between 0 and 18 years for whom welfare concerns have been identified. The focus of intervention will be the child(ren) or adolescent(s) within the family context. Referrals will be accepted from both the community, including non-government agencies and family members, and from regional Child Protection services.

An assessment of a family's need for case management services will require consideration of the ability of parent(s) and family to appropriately seek supports to redress risk indicators that impact on parenting. Where families appear unable to redress issues independently, or issues are highly complex, there is a greater need for Strengthening Families to intervene within the case management framework to assist a family in proactive problem resolution.

In the broader context, over an extended period of time, the expected outcomes of Strengthening Families are:

- Improved family functioning for families provided with a service from Strengthening Families;
- Improved family networks for families provided with Strengthening Families service; and
- Reduced interventions by Protective Services.

This approach has the potential through case management to support parents from pre birth and beyond. Integration into the community and building a positive relationship with families would be of great benefit.

## **8) INDUCTION AND ONGOING TRAINING**

The Child Protection Training and Development Unit has published the Training and Consultancy Services Handbook 2000 – 2001 detailing the range of training opportunities for Child Protection workers.

A number of the courses offered relate directly to the issues raised in this Report and include:

- Mandatory Induction Course
- Victorian Risk Framework (VRF), Enhanced Client Outcomes (ECO)
- Working with Families for Better Outcomes
- Violence in Families – Keeping Children Safe
- Court Processes
- Preparing for Court and Cross-Examination
- Sudden Infant Death Syndrome – an Introduction
- The Specialist Infant Protective Program
- Supporting Staff Effectively – for Team Leaders and Managers

## FINDINGS AND RECOMMENDATIONS

<b><i>FINDING</i></b>	<b><i>RECOMMENDATION</i></b>
<p>It is of concern to the Panel that a high percentage of these cases are characterized by long term neglect. The service system in these cases was unable to provide the level of support these families required.</p> <p>The limited existing short term interventions across the sector are not adequate for high need, long term dysfunctional families.</p> <p>Many of these families experience learning difficulties because of the stressors in their life. This is exacerbated by the resistance of some families to accept any intervention.</p> <p>This presents a challenge to develop appropriately targeted learning strategies.</p>	<p><b>1)</b> That the sector is adequately resourced to provide long term interventions for those families with a limited capacity to change their parenting.</p> <p><i>These programs would need to use adult education strategies that acknowledge the different learning styles of individuals. A practical / hands on approach that is consistently reinforced should be considered.</i></p>

<b><i>FINDING</i></b>	<b><i>RECOMMENDATION</i></b>
<p>The risk assessment of long term neglect is a shared responsibility for community, government and agencies. In cases such as those considered in this analysis, pre-birth is the critical time to have a co-ordinated approach to the assessment of the mother's capacity to care for the child.</p> <p>The difficulty for all professionals is the lack of information / understanding about measuring the capacity for carers to sustain ongoing practices learnt from prior interventions and to gauge if positive changes have occurred.</p>	<p><b>2)</b> In relation to families where a child has previously been removed, further research and development be undertaken to:</p> <ul style="list-style-type: none"> <li>• Develop tools to assist in assessing parenting capacity prior to a subsequent child's birth. This should be available and used across the health and community sector.</li> <li>• Identify any existing programs that successfully facilitate positive sustainable changes for families with a demonstrated history of long term neglect.</li> </ul>

<b><i>FINDING</i></b>	<b><i>RECOMMENDATION</i></b>
<p>In researching the extent of the problem, 8.6% of the total deaths known to Child Protection from 1989 to 2000 are of children that have been identified as meeting the criteria for the purpose of this analysis.</p> <p>Protective workers and research indicate that working with these families (many of them long term neglect cases) is difficult.</p> <p>The Victorian Risk Framework is a relevant framework to address these issues but is not always adhered to.</p>	<p><b>3)</b> Ensure the Victorian Risk Framework is applied diligently in cases where there has been a history of long term Child Protection intervention. Specifically the following are critical:</p> <ul style="list-style-type: none"> <li>• Total file must be read by any new allocated protective worker</li> <li>• Supervisors should ensure that a very thorough application of the Victorian Risk Framework assessment model be applied to such high risk cases taking account of all current risk factors and family history</li> <li>• That greater emphasis on gathering enough information to fully understand the roles males are likely to play and their capacity to care for the child and support the mother</li> </ul>

<b><i>FINDING</i></b>	<b><i>RECOMMENDATION</i></b>
<p>That the High Risk Infant initiative has had a positive impact on the service delivery to families with high risk infants.</p> <p>The flexibility for regions to respond according to their needs is important and some regions are doing considerable work pre birth.</p>	<p><b>4)</b> That SIPW's engage with relevant agencies during pregnancy to ensure a co-ordinated approach to assessment and service provision</p> <p><b>5)</b> That pregnant mothers whose children are Child Protection clients that have been removed from the mother's care are assessed as early as practicable in the pregnancy.</p>