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National comparison of child protection systems

Leah Bromfield and Daryl Higgins

This paper is a national snapshot of Australian statutory child protection services. Data were collected in each state and territory via policy documents, procedure manuals and telephone interviews with relevant child protection personnel. Topics covered are: who is responsible for child protection; intake procedures; who notifies concerns to child protection services; and the process of providing child protection services in Australian states and territories (intake, risk assessment, investigation and case management). Similarities and differences across states and territories in each of these areas are highlighted. Despite different legislative frameworks and some operational differences, Australian state and territory statutory child protection services are providing very similar models of intervention. Implications are explored with regard to: competency standards, training and professional development; and cross-jurisdictional issues.

It is a difficult task to attempt to describe the child protection system in Australia. As a federation of states and territories that each has responsibility for their own health and welfare issues, Australia does not have one unified system, but rather eight different child protection systems. In the past 12 months there has been an increased focus on national initiatives in child protection: Professor Dorothy Scott was appointed as Chair of Child of Protection at the University of South Australia's new Australian Centre for Child Protection; Cashmore and Ainsworth (2004) released their audit of Australian Research into out-of-home care; and the Community Services and Disability Ministers' Conference released the National Plan for Foster Children, Young People and their Carers 2004-2006. In the coming 12 months, the National Child Protection Clearinghouse (on behalf of the University of South Australia, Australian Centre for Child Protection) will be conducting an audit of Australian child protection research. The result of the audit will form the basis for a national child protection research agenda.

Given the increased national focus on child protection it is timely to determine the similarities and differences between Australian states and territories in the provision of statutory child protection services. This information will prove useful in determining the generalisability of research from one state or territory to other Australian jurisdictions and the feasibility of multi-site projects crossing state and territory boundaries. This type of information may also provide a basis for further research comparing and critiquing different models of service delivery in order to identify models of best practice.

Australian Government
Australian Institute of Family Studies
National Child Protection Clearinghouse

The National Child Protection Clearinghouse has operated from the Australian Institute of Family Studies since 1995. The Clearinghouse is funded by the Australian Government Department of Family and Community Services as part of its response to child abuse and neglect. The Clearinghouse collects, produces and distributes information and resources, conducts research, and offers specialist advice on the latest developments in child abuse prevention, child protection, and associated family violence.

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The purpose of this issues paper is to describe the eight child protection systems currently in operation around Australia. Researchers and practitioners may have limited knowledge of how child protection services work. Where they are knowledgeable, their knowledge may be restricted to one jurisdiction. A broad overview will provide an important first step in synthesising an incredibly large volume of information, highlighting important similarities and differences.

The structure of the paper will be to address: who is responsible for child protection (which department, operating under which legislation); who notifies child protection (reporting requirements for professionals and the community); what is the definition of a child (age of child); what type of concerns are reported (definitions of what is notified/substantiated); and how child protection services respond (models of intake, investigation and case management).

In this study, a deliberate choice was made not to compare the relative merits of the different models of child protection in Australian states and territories. Written models of child protection service delivery were identified, not the implementation of these models in practice. Narrowing the focus of this study enables a detailed description of written models of child protection practice.

Researchers may use this paper as a basis for critical analysis. Although the relative merits of the state and territory models for the provision of statutory child protection services were not compared, some broad synthesis of the similarities and differences between state and territory models of service are provided and the implications of these eight models and legislative structures for child protection discussed in terms of national standards for: data collection and comparison; competencies and training; and cross-jurisdictional issues.

BACKGROUND

Although there have been a number of articles on particular national issues relating to child protection (for example, mandatory reporting), there is little publicly available information that synthesises information about the process of protecting children across Australia. Some authors have focused on specific issues such as jurisdictional differences in substitute care (see Tregeagle and Voigt 2002); however, from a broader perspective, a current overview is not available.

The most recent – and perhaps the only – review of jurisdictional differences in child protection was conducted by Boss in 1986 who reviewed the legislative and administrative features of the six states (but not the territories) to show "what practitioners are expected or

sometimes mandated to do" (p. 5). At that time, he called for wide-ranging research on child protection in the following areas: "how systems work, which of them work better than others, what happens to the children and their families, how protection workers cope with their workloads, whether mandatory notification serves a more useful purpose than voluntary notification, (and) what is the role of community agencies and self-help groups" (Boss 1986: 18). His call has largely gone unanswered in the ensuing 20 years.

One possible reason for the limited research on child protection in Australia is a lack of understanding by researchers of the internal mechanics within each state or territory's system, and the difficulties in accessing information across jurisdictions. In its role as a peak information source on child protection in Australia, the National Child Protection Clearinghouse is uniquely placed to investigate the various legislative and procedural elements currently operating across the country. This study provides a snapshot of the systems in place in April 2005.

As with Boss's study, what is presented is a description based on documentation (legislation, work manuals and protocols) supplemented by semi-structured interviews with key personnel in each jurisdiction. This is a study of written descriptions of child protection practice rather than actual practice. It is acknowledged that there is a difference between these two. These differences between prescribed practice and actual practice occur for various reasons, including: insufficient funding to provide services as written, inability to fill funded positions with appropriate staff, non-statutory services unable to cope with demand and thus placing increased pressure on the statutory system, and amendments to procedures not yet incorporated into practice manuals. Child protection policies and procedures are frequently reviewed and amended in response to changing social conditions, thus policy and procedure manuals tend to be working documents.

RESPONSIBILITY FOR CHILD PROTECTION

The departments that are responsible for operating the child protection system within in each state/territory – and the legislation under which it is governed – are described in Table 1. In Queensland, the child protection service is a separate specialist department. In all other jurisdictions, it is part of a broader department of human services, community development/services, or family services. The key features of the legislative grounds for intervention in each state and territory are also described in Table 1. The legislative grounds for intervention define a "child in need of protection" in each jurisdiction; it is these grounds that form the basis of what is substantiated following child protection investigation. The term "substantiation" refers to notifications (or "reports" or "allegations") of maltreatment or harm that are found on investigation by a statutory child protection services to have "substance" (that is, are true).

In Table 1 the grounds for intervention in each Australian state and territory are examined by identifying: (a) the actions or outcome from which children are defined as being in need of protection; (b) the threshold at which statutory intervention is triggered (that is, restriction to legislative grounds for intervention); (c) the range of potential perpetrators (are the grounds for intervention restricted only to situations in which parents can be held responsible); and (d) any non-maltreatment grounds for intervention. The analysis of these aspects of legislative grounds for intervention enable a cross-jurisdictional comparison and demonstrate the range of different ways in which states and territories define a child in need of protection.

STATUTORY OBLIGATIONS TO REPORT CHILD PROTECTION CONCERNS

In each state and territory, any person who has concerns about a child that fall under the grounds for intervention may make a report to the statutory child protection service. A report is an allegation (usually of maltreatment, but that can be an allegation about anything within the mandatory reporting requirements or legislative grounds for intervention) made to a statutory child protection service. However some legislation prescribes conditions under which specified people/professions are legally required to make a report to the statutory child protection service in their state or territory. That is, they are mandated to make a report; this

Table 1 Legislation and responsibility for child protection in Australia's states and territories

Jurisdiction	Department responsible	Relevant legislation
Australian Capital Territory (ACT)*	Office for Children, Youth and Family Support	*Children and Young People Act 1999* (amendments effective 6 March 2005). *Adoption Act 1993* (amendments effective 9 April 2004)
New South Wales (NSW)	Department of Community Services	*Child Protection Legislation Amendment Act 2003* *Children and Young Persons (Care and Protection) Act 1998* *Commission for Children and Young People Amendment (Child Death Review Team) Act 2003 No. 26* *Commission for Children Young People Act 1998* *Crimes Amendment (Child Protection – Physical Mistreatment) Act 2001* *The Ombudsman ACT 1974*
Northern Territory (NT)	Family and Children's Services, Department of Health and Community Services	*Community Welfare Act 1983* (amended May 2004) Draft proposed legislation: *Care and Protection of Children and Young People Act 2005*
Queensland (QLD)	Department of Child Safety	*Child Protection Amendment Act 2001 Act* *Child Protection Act 1999* *Health Act 1937* (amended 2004) *Commission for Children and Young People Act 2000* *Education (General Provisions) Act 1989* (amended 2003)
South Australia (SA)	Children, Youth and Family Services; Department for Families and Community Services	*Children's Protection Act 1993* (amended 1 July 2000) *Young Offenders Act 1993* *Adoption Act 1988*
Tasmania (TAS)	Department of Health and Human Services	*Children, Young Persons and their Families Act 1997* *The Family Violence Act 2004* Additional draft proposed legislation: *Screening for Child-related Work 2005*
Victoria (VIC)*	Child Protection and Juvenile Justice Branch, Department of Human Services	*Children and Young Persons Act 1989* Additional draft proposed legislation: *Working with Children Bill 2005*
Western Australia (WA)	Department for Community Development	*Carers Recognition Act 2004* *Child Welfare Act 1947* *Welfare and Assistance Act 1961* *Community Services Act 1972.* *Children and Community Services Act 2004*. When proclaimed in 2006 this Act will replace the current Acts. *Working with Children (Criminal Record Checking) Act 2004*. To be proclaimed in 2006.

Note: * Victoria and the ACT are currently undertaking a review of legislation governing the provision of statutory child protection services in their state/territory.

Actions or outcomes from which children are in need of protection	Restrictions to legislative grounds for intervention**	Non-maltreatment grounds for intervention
Abuse Neglect Threats to kill Residing with a person who has previously killed a child Sexual or financial exploitation	Actions only Restricted to parents who committed or were unable or unwilling to protect Past event and future risk of an event	Serious persistent conflict Parents dead Breach of a protective order Child risk taking
Neglect Physical abuse Sexual abuse Domestic violence Psychological harm	Combination of: consequences only; and actions and consequences Not restricted to parental action or situations where parents are unable or unwilling to protect Past event and future risk of an event	n/a
Abandoned Neglect Maltreatment (physical injury, serious emotional or intellectual impairment, physical impairment, sexual abuse or exploitation) Female genital mutilation	Combination of: action only; and action and consequences Unable or unwilling to protect Restricted to parents who committed or were unable or unwilling to protect Past event and future risk of an event	Child not subject to effective control Child persistently engaged in conduct that is harmful or potentially harmful to the general community
Harm – immaterial how the harm is caused Harm caused by physical, psychological or emotional abuse or neglect, sexual abuse, or exploitation	Consequences only Restricted to parents who committed or were unable or unwilling to protect Past or present event and future risk of an event	None listed
Sexual abuse Physical or emotional abuse or neglect Threats to kill Residing with a person who has previously killed a child Unwilling to maintain or adequately supervise child Abandonment Domestic violence	Combination of: actions only; and actions and consequences Not restricted to parental action or situations where parents are unable or unwilling to protect. Past event and future risk of an event	Unable to maintain or control child Parents dead Truancy Vagrancy (under 15 years of age)
Abuse or neglect Threats to kill Residing with a person who has previously killed a child Neglect	Action only Not restricted to parental action or situations where parents are unable or unwilling to protect. Past event and future risk of an event	Truancy Parents dead
Abandonment Physical injury Sexual abuse Emotional and psychological harm Neglect	Combination of: action only, consequences only and action and consequences Restricted to parents who committed or were unable or unwilling to protect Past event and future risk of an event	Parents dead or incapacitated
Neglect Illtreatment WA have defined in policy the events from which a child is in need of protection as: sexual abuse; and physical or emotional abuse or neglect causing or likely to cause significant harm (AIHW 1999)	A combination of: actions only; and actions and consequences Not restricted to parental action or situations where parents are unable or unwilling to protect. Past event and future risk of an event	Parents dead Parents insufficient means to support child or are indigent In a subsidized facility and whose near relatives have not contributed to maintenance Risk taking behaviour Exposure to drugs or criminal behaviour Dangerous employment

Note: ** Restrictions to the definition of the grounds for intervention have been coded as: "Action only" – if an abusive or neglectful action has occurred, regardless of outcome; "Consequences only" – if has a child experienced significant harm, regardless of cause; or "Actions and consequences" – if a child has experienced significant harm as a consequence of a specified abusive or neglectful behaviour.

statutory obligation is commonly referred to as *mandatory reporting*. At the time Boss conducted his review published in 1986, New South Wales, Queensland, Tasmania and South Australia had adopted mandatory reporting of some kind, leaving Victoria and Western Australia the only jurisdictions with no mandated notifier (he did not address Australian Capital or Northern Territories). Since then, there have been several changes in legislation describing who is mandated to notify concerns. Below, we provide a comprehensive overview of the differences in the way mandatory reporting has been implemented in Australian states and territories.

A number of authors have written about the benefits and risks of mandatory reporting from a policy perspective (for example, Ainsworth 2002; Cashmore 2002; Tomison 2002); however, the only overview of the legislation are provided by the Australian Institute of Health and Welfare (AIHW) in their child protection report (for example, AIHW 2004). Although the introduction of mandatory reporting has been associated with an increase in statutory notifications, Boss noted that "the fact of mandatory notification alone would not account for the increase – what, it is thought, would account for it would be a good infra-structure of protective services, public education through formal and informal means, professional training and better understanding of the aims of protection" (p. 16).

Who is mandated to make a notification?

The groups of people mandated to notify their concerns, suspicions, or reasonable grounds to the statutory child protection authority range from a limited number of specified persons in specified contexts (Western Australia, Queensland) through to every adult (Northern Territory, Tasmania). The Australia Capital Territory, New South Wales, South Australia and Victoria have a list of particular occupation groups that may come into contact with children. Some states have a limited number of occupations listed such as Queensland (doctors, departmental officers, and employees of licensed residential care services) and Victoria (police, doctors, nurses and

Table 2 Mandatory reporting requirements

Jurisdiction	Who is mandated to notify	What is to be notified
ACT	Doctors, dentists, nurses, teachers, police, school counsellors, child-care providers, public servants providing services relating to the health or well being of children, young people or families, the community advocate, or the official visitor	A reasonable suspicion that a child or young person has suffered or is suffering *sexual abuse* or non-accidental *physical injury*
NSW	Persons who deliver health care, welfare, education, children's services, residential services or law enforcement to children	Current concerns that a child *aged under 16* is at *risk of harm*
NT	Police; all other people with reasonable grounds	Reasonable grounds to believe that a child has suffered or is suffering *maltreatment*
QLD	Doctors; nurses	Aware of or reasonably suspects a child has, is, or is *likely to suffer harm*
	Officers employed to implement the Act 1999; all staff of residential care services	Reasonable suspicion of *abuse or neglect* to a child in residential care
	Educational staff (teaching and non-teaching staff in government and non-government schools)	Aware of or reasonably suspects *sexual abuse* of a child under 18 by an employee of the school
SA	Doctors, pharmacists, nurses, dentists, psychologists, police, community corrections officers, social workers, teachers, family day care providers, employees/volunteers in a government department, agency or instrumentality, or a local government or non-government agency that provides health, welfare, education, child care or residential services wholly or partly for children	Reasonable grounds that a child has been or is being *abused or neglected*
TAS	Professionals working with children and employees or volunteers working in government or government-funded organisations	
	Any adult	Reasonable grounds to believe or suspect that a child is suffering, has suffered or is likely to suffer *abuse or neglect*, or is being exposed to *domestic violence*
VIC	Police, doctors, nurses and teachers	Reasonable grounds that *physical* or *sexual abuse* is occurring
WA	Court personnel, counsellors and mediators	Allegations or suspicions of *child abuse* in Family Court cases
	Licensed providers of child care or outside school hours care services	Allegations or suspicions of *child abuse* in a child care service

teachers). Other jurisdictions have more extensive lists (Australian Capital Territory, South Australia) or use generic descriptions "professionals working with children". Although many commentators have highlighted Western Australia as the only Australian jurisdiction without mandatory reporting requirements, in fact there are targeted legislative requirements for the reporting of child abuse (court personnel, counsellors and mediators are required to report allegations or suspicions of child abuse in Family Court cases; and licensed providers of child care or outside school hours care services are required to report abuse in a child care service). These requirements are similar to those in place in Queensland (see Table 1).

Targeted or universal mandatory reporting exists in all jurisdictions including Western Australia.

Is the identity of notifiers protected?

In most jurisdictions (Australian Capital Territory, New South Wales, Northern Territory, South Australia, Victoria, Western Australia), the identity of notifiers – whether mandated or not – is explicitly protected (this issue is unclear in the Queensland and Tasmania legislation). However, in some jurisdictions there are limits to this protection. For example, in the Northern Territory, the identity of reporters is not disclosed to families, but may be disclosed to the Family Matters Court upon request.

About whom can notifications be made (age of child/young person)?

Although the legislation in each jurisdiction covers all young people up to the age of 18 (whether they use the term "children" or "children and young people"), the responsibility for mandatory notifiers does not always extend to age 18. In New South Wales, the mandatory reporting obligation does not extend to young people aged 16 and 17, even though the legislative grounds for intervention cover young people up to 18 years of age. Otherwise, mandatory reporting in all states/territories (except Western Australia where there is targeted, but not universal mandatory reporting) occurs in relation to all children and young people up to age 18.

Although particular professionals (such as psychologists) or government agencies (such as education departments in some states) may also have protocols outlining the moral, ethical, or professional responsibility – or indeed the organisational requirement – to report, they may not be officially mandated under their jurisdiction's child protection legislation. For example, in Western Australia, there is an agreement between the Department of Health, the Department for Community Development and the Police that requires the reporting of all children under 14 years of age with sexually transmitted infections (STI) and the reporting of children 14 and 15 years of age with STI acquired through abuse (Western Australian Health Amendment Bill 2004).

What type of concerns must be reported – and to what must child protection respond?

Mandatory reporting laws specify those conditions under which an individual is legally required to make a report to the statutory child protection service in their jurisdiction. This does not preclude an individual from making a report to the statutory child protection service if they have concerns for the safety and wellbeing of a child that do not fall within mandatory reporting requirements; A common assumption is that the following are the same: (a) mandatory reporting requirements; (b) the legislative grounds for intervention; and (c) research classifications of abusive and neglectful behaviour. For example, media reports may include claims about the number of cases of abuse and neglect, but yet the data on which these claims are based are actually the number of reports to statutory child protection services (that is, the data reflect child protection service activity not necessarily the incidence of maltreatment). Mandatory reporting laws define the types of situations that must be reported to statutory child protection services. Legislative grounds for intervention define the circumstances and importantly the threshold at which the statutory child protection service is legally able to intervene to protect a child. Researchers typically focus on defining behaviours and circumstances that can be categorised as abuse and neglect. These differences arise as each description serves a different purpose; the lack of commonality does not mean that the system is failing to work as policy makers had intended.

A distinction needs to be made between the legislative definition for the circumstances in which children and young people are in need of protection, and what mandated notifiers are required by law to report. In most jurisdictions, individuals are mandated to report a reasonable belief or a suspicion that a child has experienced or is likely to experience one or more of the specified forms of abuse or neglect. Anomalies may arise as statutory child protection services are mandated to respond only if the child has been or is likely to experience *significant harm* as a consequence of the alleged event and (in most jurisdictions) only if a parent is *unable or unwilling to protect the child* (see Table 1). A professional may be legally obliged to report to child protection their suspicion that a child is being sexually abused, however – even if the abuse is confirmed – if neither parent perpetrated the maltreatment and a parent has acted to protect the child from the perpetrator (that is, preventing further abuse), then child protection may not have a mandate to intervene and the case would most likely be referred to police (Bromfield and Higgins 2004). Policies were designed in this way so that the statutory child protection service – not the mandated notifier – is responsible for deciding the threshold at which a child requires statutory intervention.

The types of adult/caregiver actions or types of harm specified in legislative mandatory reporting requirements may not necessarily be as comprehensive as the types of abuse or harm from which child protection services are obliged to protect children. For example, in the Australian Capital Territory and Victoria, mandatory reporting is limited to concerns about physical and sexual abuse, whereas the grounds for intervention are broader and include psychological maltreatment and neglect. Mandatory reporting laws that require suspicions of only physical abuse or neglect to be reported may be a reflection of social values that rank physical and sexual abuse as being more severe than psychological maltreatment and neglect. However, research evidence does not support this "hierarchy" of maltreatment subtypes (Higgins 2004). Alternatively, the limiting of mandatory reporting requirements to physical and sexual abuse could reflect an attempt to minimise the rise in notifications occurring as a consequence of the introduction of mandatory reporting laws.

There may also be differences in the statutory grounds for intervention and the definitions of abuse and neglect used by researchers. Researchers focus on defining abusive and neglectful behaviours. Legislative grounds for intervention prescribe the conditions under which child protection can and must step in to protect a child. Legislative grounds for intervention may be broader than research definitions of abuse or neglect; for example, in Victoria the grounds for intervention include the protection of children whose parents are dead or incapacitated – thus including children who may not have experienced abuse or neglect at all. Alternatively, researchers may consider a child to have experienced abuse or neglect if they have been yelled at, denigrated, left at home alone or touched inappropriately; however, if these abusive or neglectful behaviours did not or were unlikely to cause the child significant harm, statutory child protection services would not have grounds to intervene.

Legislative grounds for intervention, mandatory reporting requirements and research definitions of abuse and neglect may overlap, but are not the same as they each serve a different purpose. Researchers are interested in determining those children who have experienced abuse or neglect in order to make generalisations about the precursors or consequences of maltreatment. Mandatory reporting requirements define those circumstances in which a professional needs to make a report to the statutory child protection in order that child protection make a determination about whether or not statutory intervention is required to protect the child. Legislative grounds for intervention define the circumstances in which the department is required to intervene to protect children. Just because a report is not investigated or substantiated does not mean that a child has not experienced maltreatment – but rather that it falls outside the grounds for intervention (for example, abuse perpetrated by an extra familial or juvenile offender) or falls below a threshold of severity (that is, verbal aggression, which taken in isolation may not appear to place the child at risk of significant harm). Finally, reports that are investigated and substantiated may not all comprise child maltreatment per se (for example, a child with an incarcerated parent and no other appropriate carer).

THE PROCESS OF PROVIDING CHILD PROTECTION SERVICES IN AUSTRALIAN STATES AND TERRITORIES

In this section of the paper the models of child protection recorded in policy and procedure documents as at April 2005 are described, and – where information was available – readers were alerted to proposed reforms in the procedures described. The components of child protection services were divided into the core areas of intake, assessment, investigation and case management. These processes across Australian states and territories are broadly described; similarities in processes are pointed out; and the unique features of the different components in the ways these elements of practice are provided are highlighted.

Intake

The core components of child protection intake are essentially the same in all jurisdictions. Intake is an office (and predominantly telephone-based) response. Reports are received, most commonly by phone, and intake workers must determine whether the reported concerns fall within the mandated area of the statutory child protection service (in some jurisdictions notifications not requiring a statutory response may be diverted into a family support service stream). The notification details are recorded, the client's prior history with child protection is checked and any necessary follow-up phone calls are conducted (for example, to the school). Following this preliminary investigation the intake worker conducts an initial risk assessment based on the information available to them. On the basis of this assessment, the intake worker determines whether the report warrants further investigation to establish whether the child has been harmed or is at risk of being harmed (not all jurisdictions specify whether the harm is a consequence of maltreatment). Those cases requiring further investigation are referred to the second phase of statutory child protection (investigation).

In all states and territories, the intake worker assigns a priority rating to those reports assessed as requiring follow up. The priority rating determines the maximum period of time that may elapse before the investigation is commenced. For example, in all states and territories except Victoria, investigation of reports categorised by an intake worker as "Priority 1" must commence within 24-hours. Those cases assessed as not requiring a statutory response may receive family support services or be referred to an external service for appropriate services. During the intake process, the intake worker conducts the activities required to make an initial assessment and recommends an appropriate case outcome. However decision-making at intake is actually carried out by the intake supervisor under the advice of the intake worker, ensuring that intake decisions are not made in isolation. Although the core elements of child protection intake are similar across jurisdictions, the mechanisms for conducting intake vary, as shown in Table 3 in which the mechanisms for child protection intake are summarised for Australian states and territories.

In collating the information from each state and territory to describe models for intake, several unqiue features were identified (see Table 3). These features are described according to the way in which they are designed to work. Further research needs to be conducted comparing the relative merits of these "unique features" in order to identify examples of best practice.

Third Report Rule in the Northern Territory

Intake workers must check the department electronic information system (CCIS) to determine whether the client has a history of involvement with the department (if a family has recently moved to the Territory an interstate check should be conducted), and if so whether this report meets the requirements for the *Third Report Rule*. The *Third Report Rule* requires that the case proceed to child protection investigation when three reports are received in relation to any child living in the household within a 12-month period (that is, the third report per household, not per child). If the *Third Report Rule* has been invoked once and the reports found to have no substance or be malicious in nature, the supervisor may override the third report rule from being triggered in subsequent reports (the rationale for overriding the *Third Report Rule* must be documented on the case file).

Table 3 **Intake: Procedures for determining who receives a CPS investigation in each Australian jurisdiction**

	Victoria (DHS)	Tasmania (DHHS)	Northern Territory (FACS)
How is a child protection concern defined as a "report"/"notification"?	Notifications are caller defined.	Notifications are caller defined.	Family and Children's Services receive generic reports and define them into different report types (that is, child protection reports are defined by FACS).
Is there a 24-hour reporting facility?	*Child Protection After Hours* Service is the statewide after-hours call centre.	Child and Family Services provides a rostered after hours emergency service that responds to notifications and crisis situations. **Reform**: A review of the service is being conducted with a view to improving its response to calls received after hours.	*FACS After Hours* is the dedicated after-hours service in the Darwin urban area, a duty roster is used to provide an after hours service in other regional centres. **Reform**: FACS plan to establish a centralised statewide after hours service.
Is the intake service centralised or does it operate from district centres?	Local area intake.	The Child Protection Advice and Protection Service (CPAARS) is the central intake point in Tasmania.	Local area intake.
Is there differential categorisation for statutory (CP) and non-statutory reports (FS) prior to conducting an assessment?	All reports proceed to initial risk assessment. Non-statutory cases are closed at intake (e.g., Interstate requests for assessment).	All reports about the care and protection of individual children are classified as a notification. Requests for general information and advice on child protection matters are recorded as enquiries.	Reporters have option of "consulting" to determine if concerns require a report. Accepted reports are classified as: *Child Protection Report* (child maltreatment allegations), *Protective Assessment Referral,* or *Family Support Referral*.
What are the provisions for recording the notification details?	DHS uses a purpose-built information system and case management tool for case records (CASIS). **Reform**: A new tool, CRIS (Client Relationship Information System) is to be implemented that encourages hand-written notes to be kept, with these only briefly summarised on the electronic system.	Case files are established for each child that include the notification record and all other information relating to the child. The details of the child and the outcome of the investigation are entered in the *Child Welfare Information System*. **Reform**: An electronic information tool is being developed that will allow information or notifications, investigations and substantiations to be recorded and reported electronically.	*The Community Care Information System* (CCIS) is a purpose designed information system and case management tool.
What checks are made of prior child protection history?	CASIS is checked to determine whether there is any prior recorded involvement for the child or a child in their sibling group.	The *Child Welfare Information System* is checked for previous contact with the child, siblings, parents and their partners. Where a child is known further information is obtained from case files. **Reform:** The electronic information tool will make it easier to check child protection histories.	**Unique feature**: *Third report rule* – if three reports received for any child in the household during a 12-month period, the third report investigated is investigated regardless of whether it would have been accepted a s notification or not.
Do intake workers conduct follow-up phone calls?	Contact anyone who may have relevant information, including professionals.	Follow-up telephone calls are made to individuals and organisations.	Mandated to compel professionals to provide relevant information if necessary.

South Australia (CYFS)	Queensland (DChS)	Western Australia (DCD)	New South Wales (DoCS)	Australian Capital Territory (OCYFS)
Child protection reports are defined by CYFS, where a notifier disagrees with the CYFS assessment this is documented on the file.	DChS receive and define reports. The officer receiving the information must then determine the appropriate level of response (in consultation with line manager).	All notifications are defined and assessed by Department for Community Development staff, with an acknowledgement of the callers expectations.	Reports are defined by DoCS, however both caller's perspective and caseworker's perspective are recorded.	In the ACT, reports are primarily caller defined although caseworker may report on information provided.
The Child Abuse Report Line (CARL) is the statewide 24-hour call point	*Crisis Care* is the DChS's after-hours service. Crisis Care attend Category 1 notifications in the Brisbane Metropolitan Area. Queensland Police conduct safety assessment for cases requiring a crisis response within regional areas. All information from *Crisis Care* is then forwarded to the respective Child Safety Service Centres for follow up on the next business day.	The *Crisis Care Unit* is the state-wide after-hours contact point. Callers can also contact *Crisis Care* when they are concerned about the wellbeing of a child.	*DoCS Helpline* is the after hours call point and also manages the onset of secondary assessment within metropolitan region and coordinates on call workers within regional areas to conduct secondary assessment for cases requiring a crisis response.	The *Centralised Intake Service* is a 24-hour intake service. Between 11pm and 8am, the service is an emergency crisis service
Central intake.	During business hours intake operates out of local Child Safety Service Centres. The structure of intake may vary between different offices (for example, in large offices there may be one/two dedicated intake workers and in smaller offices intake process is rostered amongst authorised officers).	District centres provide "duty" (intake) at a local level. Duty is a service model whereby each district office provides an immediate crisis, enquiry and referral service Monday to Friday from 8am to 5pm.	*DoCS Helpline* is the central intake service for the state.	The *Centralised Intake Service (CIS)* is a central intake service with dedicated phone and fax lines for mandatory reporters and a separate line for the general public.
Reports classified as: • Insufficient grounds (not recorded); • Sufficient grounds (recorded as "child protection assessed"); or • Not a child protection matter (recorded as "general practice, other concern").	Non-statutory cases recorded as an *enquiry* or a *child concern report*.	**Unique feature**: Cases are classified as *Child Maltreatment Allegation, Child Concern Report or Family Support*. Child concern report is a temporary holding category for reports that are not clearly defined as child maltreatment or family support at referral. Once further information is obtained cases may be reclassified as child maltreatment. Approximately 10% of child concern reports become child maltreatment allegations.	Section 21 enables DoCS to provide services upon the request of a parent or child in order to enable the child or young person to remain in or return to the care of the parent or in situations where the parent is unable to provide adequate supervision and the young persons safety is in jeopardy. **Reform**: Cases may be closed, referred for investigation or referred to the *Early Intervention* program. A new program area in DoCS that is currently being trialled to respond to "concerns" (reports requiring services, but not requiring a statutory response; involvement is voluntary).	No differential categorisation
The Client Information System (CIS) is a centralised information system recording intake, assessment, outcome and closure details.	All information in relation to the intake process is entered into the Child Protection Information System (CPIS), and forwarded to Data Management who then create the relevant documents, return these documents to the Child Safety Service Centre. The Data Management Service also enters the information onto the statewide electronic system FamYJ (available to Crisis Care and other Child Safety Service Centres throughout the state).	Paper-based case files are the principal client record. Summarised case details are entered onto the Client and Community Services System (CCSS).	All case files for child protection, out-of-home care and some information on financial assistance provided to families are recorded on the *Key Information and Directory System (KiDS)*.	The *Children and Young Persons System (CHYPS)* is an electronic case file system for child protection records. *CHYPS* has been used in the ACT since December 1999, prior to this time case details were recorded on *CIS*.
CYFS can check any prior contact with the Department for Families and Communities (child protection, financial assistance, alternative care and juvenile justice records).	An authorised officer checks departmental information systems for any previous departmental contact with the child, other children in the child's family, the child's parents and their partners, and any other household members.	The CCSS electronic system enables contact history, reasons for contact and contact outcomes to be immediately checked. CCSS allows details of all cases, not just child protection to be immediately checked.	KiDS is checked to determine whether there is any prior involvement recorded. In addition, *DoCS Helpine* staff may request information from the police database to determine whether the alleged offender has a history of violence or has been the subject of other criminal matters relevance to child protection.	Check CHYPS and CIS for prior involvement with child protection.
Rely on cooperation of professionals to provide additional information at intake, however mandatory reporting laws requires professionals with a reasonable suspicion to report suspected abuse or neglect reducing the need for laws to compel professionals.	A prenotification check is an enquiry to an external agency, interstate or international child protection jurisdiction, or other professional to gather further information about the allegations of harm, and to inform the decision about whether the concerns constitute the threshold for recording a child protection notification.	Duty officers make a professional judgement whether further information is required. Staff consider whether allegations warrant breach of privacy before contacting external agencies/professionals.	**Unique Feature**: *DoCS Helpline* is a centralised inbound call centre designed to make rapid screening assessments.	**Unique feature**: The *CIS* accepts inbound calls only in order to improve consistency in assessment, recording and reporting. Inbound intake services are able to provide rapid screening assessments. Decisions in relation to intake are independent from appraisal (investigation) decisions and resource allocation.

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Table 3 Continued

	Victoria (DHS)	Tasmania (DHHS)	Northern Territory (FACS)
What is the initial risk assessment?	*Victorian Risk Framework (VRF)*: to assess immediate safety, well-being, and risk of future harm.	*Tasmanian Risk Framework (TRF)*: to assess immediate safety and risk of future harm (modified VRF).	*Initial Child Danger Assessment*: intake specific and designed to assess immediate danger to the child.
What type of assessment is the risk assessment tool?	Professional judgement.	Professional judgement.	Professional judgement.
What are the range of possible outcomes of an intake assessment?	• Closed (no further action) • Closed (referral) • Open (investigation)	• No further action (Section 17a): insufficient grounds for intervention as information presented does not constitute a reasonable belief, suspicion or knowledge of abuse or neglect • No further action (Section 17b): abuse or neglect has been or is being dealt with adequately (family maybe referred to appropriate services) • Investigation (Section 18): referred to service centre for assessment of the circumstances of the child	• Closed (notifier only concern) • Closed (insufficient information) • Proceed to investigation
What are the priority ratings for investigation to commence?	Priority rating: • 2-day • 14-day	Priority rating: • Priority 1 (1 day) • Priority 2 (5 days) • Priority 3 (10 days)	Priority rating: • Child in danger (24 hours) • Child at risk (3 days) • Child concern report (5 days)
Do statutory child protection services have the capacity to provide a non-statutory (i.e., voluntary) service?	Provides appropriate response (advice, referral) where direct contact is not required. Families may be referred to the Family Support Innovations Project that aims to: divert families currently to community based services, re-notification, and provide an enhanced family support capacity for vulnerable families.	Child protection services can provide a non-statutory response including voluntary care agreements, youth support, family support and intensive family support. Information is provided and referrals are also made to government and community organisations that provide services to children, young people and their families.	Case closure does not preclude referral to other FACS program or to external service provider.
What protocols are in place for non-parental maltreatment when parents have acted protectively*?**	Not with child protection mandate (police jurisdiction). No protocol for recording or referring to police. **Reform**: This is currently being considered in the Legislative Review, particularly in relation to juvenile perpetrators.	Where it is believed that a crime has been committed against the child, a memorandum of understanding requires child protection services to make a referral to Tasmanian Police.	Not within child protection mandate (police jurisdiction). No protocol for recording or referring to police.
Is child protection able to accept notifications for unborn children?	The legislation addresses children from birth to age 18 years. **Reform** : This issue is identified in the technical options paper as an area for legislative reform.	No. Procedures are being established to respond to these situations, but DHHS will have no legal power until the child is born.	The legislation addresses children from birth to their 18th birthday and does not include unborn children in its definition of children.
Does child protection advise the notifier of the outcome of intake?	Feedback is given to mandated notifiers on the outcome of the notification.	Feedback is given to notifiers who are involved with the family and have a need to know. **Reform:** Policy and procedures on information sharing are being reviewed.	FACS are able to give very limited feedback to notifiers on the outcome of a Report, however the outcome of any investigation cannot be disclosed.
Source	Child Protection Professional Development Unit 2003; Health and Community Services 1994.	Child and Family Services, Department of Health and Human Services 2005, personal correspondence.	Family and Children's Services Program1999.

Note: ***Specific protocols also exist if there is an allegation that a child has been abused while in out of home care

South Australia (CYFS)	Queensland (DChS)	Western Australia (DCD)	New South Wales (DoCS)	Australian Capital Territory (OCYFS)
Initial Safety Assessment: intake specific to assess immediate danger.	Information Gathering Tool, Practice Guide and Harm and Risk Matrix **Reform**: In 2005 the department will introduce Structured Decision Making™ into practice – a comprehensive decision-making model incorporating professional judgement to assist assessments regarding future risk to a child's safety. The Harm and Risk Matrix is also used to determine the appropriate response timeframe for a notification.	*Risk Analysis and Risk Management Framework (RARM)*: to assess immediate safety and likelihood of future harm (modified VRF). **Reform** : The *Child Safety Assessment Framework (CSAF)* is a modified version of the RARM. The CSAF is a strengths-based approach to safety assessment. The CSAF has two elements: an initial assessment framework; and a comprehensive analysis of information. The CSAF is to replace the RARM in 2005.	*Initial Assessment (IA)*: to assess immediate safety and risk of future harm (modified VRF). **Reform** : NSW DoCS is currently considering an actuarial risk assessment and structured decision making framework.	In the ACT, risk assessment is conducted using a modified version of the VRF. The *Initial Risk Assessment* is conducted in two stages, progression from Stage 1 to Stage 2 and from Stage 2 to Appraisal is based upon an affirmative answers to these critical questions: do I have sufficient reason to believe a risk of abuse or neglect exists or the child is in need of care and protection? (Stage 1) and is an appraisal required? (Stage 2).
Unique feature: *Actuarial based structured decision making* (that is, scored risk assessment tool; score determines priority rating and CYFS response)	Professional judgement. **Reform** : Structured decision making incorporating professional judgement.	Professional judgement.	Professional judgement. **Reform** : NSW Department of Community Services are considering purchasing the structured decision-making framework™.	Professional judgement.
• Tier 1 – imminent danger • Tier 2 – no immediate danger • Tier 3 – low risk of immediate harm, however children may experience harm in future if conditions do not change	All concerns that are assessed as meeting the threshold for a child protection notification require an investigation and assessment response.	• No further action • Family Support (refer out) • Family support (internal services) • Child Concern Report (must be reclassified as Child Maltreatment Allegation or Family Support following further enquiries) • Child Maltreatment Allegation (statutory investigative action)	• Stage 1, information only contact: information does not meet risk of harm definition in the legislation. Information is recorded on the client record. • Stage 1, risk of harm but child or young person is not in need of care and protection. Case closed at intake. • Stage 2, full initial assessment is completed and referred for secondary assessment	• Report no action • Report (referral and advice) • Report (family support) • Report (no further action safety plan in place) (for example young person absconding) • Report (appraisal) refer to investigation
Priority rating: • Tier 1 – 24 hours • Tier 2 – 7 days • Tier 3 – non time limited as non-statutory	There are three response timeframes: • 24 hour response • 5 day response • 10 day response 'Days' refers to weekdays not working days.	Priority rating: • Priority 1 – 24 hours • Priority 2 – 5 days	These apply to Stage 2 initial assessments: • Immediate response (within 24 hours) • 72 hour response • under 10 days • 10+ days (rarely used since became able to record stage 1 contacts/reports)	Urgency rating: • Within 24 hours • 7 days • 1 days
Tier 3 cases receive non-statutory response (voluntary family support option provided by CYFS or referral to NGO provided).	A *child concern report* (a child protection concern that does not meet the threshold for recording a child protection notification and comprises general welfare issues for a child are provided with: information and advice; referral; information provision to the police or another state authority; or moving a child to a safe place. Other services can be provided to support children and families in need, with the aim of preventing children from later becoming in need of protection.	Referral for voluntary services to internal departmental services and non-government agencies that offer appropriate family support services. A holistic, strengths-based, capacity building response is provided.	Due to privacy legislation, *DoCS Helpline* is unable to make referrals for external services without the agreement of the family.	If OCYFS is currently involved with the family, family support may be provided by the *Family Support Team*. Families not requiring a statutory response or who are not current clients may be referred to external NGOs.
Within child protection mandate. Extra-familial maltreatment is documented and reported to police.	Not within child protection mandate. No protocol for recording or referring to police.	Within departmental mandate, but limited to ensuring that appropriate assessments and responses are provided. Typically referred to the Police unless protective issues are identified.	Within departmental mandate. Typically refer to police unless a protective issue is identified.	Not within departmental mandate, however allegations of serious physical or sexual abuse are discussed with a member of the Australian Federal Police (AFP) co-located at the ACT *Centralised Intake Service*.
Yes.	The Department has the authority to investigate child protection concerns in relation to an unborn child when it is suspected that the child may be in need of protection after he or she is born.	DCD may record a notification and conduct an assessment to determine whether likelihood of harm exists for the child once born, and to plan for the safety of the child after birth.	There are provision for reports concerning unborn children, however the intention is to provide early intervention to reduce the risks to the baby at the time of birth.	A person is considered a child from birth to age 18 years. **Reform** : Currently there is a review of the Children and Young People Act 1999 and this is an issue under consideration.
It is not a policy requirement to advise the notifier of the outcome of the intake assessment.	Not a requirement and does not generally occur.	Confidentiality and the Freedom of Information Act guide the release or sharing of information with third parties. The release of information to third parties does not generally occur.	Feedback is provided to mandated reporters and is limited to the outcome of the initial screening decision. There are privacy constraints in providing any detailed feedback to reporters.	Mandated reporters are notified that their report has been received and feedback is provided regarding whether the report will or will not be appraised.
Children, Youth and Family Services 1997; Children, Youth and Family Services 1999.	Queensland Department of Child Safety 2005.	Family and Children's Services 1996; Community Development, Western Australia 2005, personal correspondence.	Helen Freeland 2005, personal communication, 1 March.	Ingrid Cevallos 2005, personal communication, 10 March.

Structured Decision Making in South Australia

Actuarial risk assessment describes risk assessment made using a scored risk assessment tool, where the score on the risk assessment tool determines the response. In child protection the process of using an actuarial risk assessment tool for decision-making is described as *Structured Decision Making*. At present only South Australia uses a structured decision-making framework and the remaining state and territories use a professional judgement risk assessment framework. However, Queensland have recently decided to adopt a Structured Decision Making framework and New South Wales are considering this approach. South Australia's risk assessment framework is described in greater detail in the subsequent section of this paper.

Indigenous intake team in South Australia

Yaitya Tirramangkotti, the Indigenous team within Children Youth and Family Services, receive all child protection notifications concerning Indigenous children. Each notification is assessed using the South Australian structured decision-making framework to determine whether the matter meets the criteria for child abuse or neglect, and to determine whether there are grounds for Departmental intervention. Where there are grounds for Departmental intervention recommendations are made to the District Centre concerning a culturally sensitive response.

Differential response categories in Western Australia

New Directions in Child Protection and Family Support (New Directions) is the name given to the approach to managing referrals to child protection in Western Australia (although referred to as "New" Directions, the strategy was first implemented in 1996). Research had indicated that despite an increasing number of notifications, the number of children found to be harmed (that is, substantiations) had not increased (see Thorpe 1994). An independent analysis of referrals commissioned by the Department found that for many referrals there were genuine concerns for the child as a consequence of poverty, family dysfunction or social disadvantage, but these concerns did not comprise an allegation of child maltreatment (Cant and Downey 1994). There was also growing concern that a child protection investigation response to referrals comprising child welfare concerns may have been doing more harm than good as they resulted in unwarranted investigations into families, but frequently did not result in any service provision (Cant and Downey 1994). The *New Directions* approach enables intake workers to consider the most appropriate response to the child's and family's needs. Intake workers may classify referrals as a: Child Maltreatment Allegation, Family Support, or Child Concern Report. Referrals classified as Child Maltreatment Allegations receive a child protection response and reports classified as Family Support are provided with, or referred to family support services. Child Concern Report is a temporary holding category for reports "where the precise nature of the issue or problem was unclear and required further assessment". Once further information is obtained, Child Concern Reports are reclassified as a Child Maltreatment Allegation or Family Support report (*New Directions* 1996). The *New Directions* strategy was independently evaluated and found to clarify and re-focus the work of the Department by enabling better determination of those reports that warranted investigation and those that would have benefited from support services and to respond accordingly (Parton and Matthews 2001).

Inbound call centres in New South Wales and the Australian Capital Territory

In New South Wales and the Australian Capital Territory intake centres only accept calls and do not make any follow-up calls. In New South Wales, the *DoCS Helpline* is an inbound call centre designed to make rapid screening assessments. The Helpline has three main functions: responding to general inquiries about community services by directing callers to relevant services and service providers; the initial intake and assessment of child protection reports; and referral to the local Community Services Centre for assessment. Prior to December 2000, calls were received from mandated reporters and members of the public at 85 different Community Services Centres around New South Wales. The NSW Police Royal Commission recommended that DoCS adopt a centralised intake system.

The introduction of the centralised *DoCS Helpline* has brought greater consistency of practice to the initial assessment of risk of harm reports and has allowed the Department to more accurately measure demand for its services. Outbound calls are only made in the course of

managing cases after hours. The rationale for having an inbound call centre was to more clearly differentiate initial and secondary assessment and make the turnaround time at intake as fast as possible. Follow-up phone calls to collect more information is regarded in NSW as the beginning of secondary assessment.

In addition to greater consistency in decision making and rapid intake response, a key strength of the inbound call centre is that it provides greater objectivity in assessments because the central intake service has had no direct involvement with clients thus reducing the chance of assessment bias. A potential limitation of a centralised intake service is that it removes intake assessment activity from the local child protection network, potentially diminishing local relationships (Helen Freeland 2005, personal communication, 1 March.).

In the Australian Capital Territory the *Centralised Intake Service* also accepts inbound calls only. The rationale for having a single centralised intake service was to improve consistency in assessment, recording and reporting. The *Centralised Intake Service* has the same strengths as those described in relation to the New South Wales *DoCs Helpline* (Ingrid Cevallos 2005, personal communication, 10 March).

Joint Investigation Response Team in New South Wales

Joint Investigation Response Teams (JIRTs) are teams comprising officers from NSW Police and NSW Department of Community Services (DoCS) who carry out joint investigations into child maltreatment that, if substantiated, may result in criminal prosecution. The aim of joint investigations by NSW Police and DoCS are to improve information sharing and reduce the number of times the child needs to be interviewed, thus reducing the stress of a police and child protection investigation on children and non-offending parents. JIRTs comprise co-located Investigation and Response teams and teams that, although not co-located, conduct the investigation jointly.

The Investigation Teams are typically located in urban areas and the Response Teams are more commonly located in rural areas. Following the intake assessment, *DoCS Helpline* staff refer cases they have assessed as meeting the criteria for referral to the local JIRT. The JIRT Leader may reject the report, referring it back to the Community Service Centre if the case is not likely to lead to criminal charges being laid. The referral criteria make specific reference to child physical and sexual abuse, however in practice JIRTs predominantly focus upon cases involving allegations of child sexual abuse. Involvement by JIRTs may result in no further action, an apprehended violence order, an application to the Children's Court, or a criminal investigation leading to arrest and prosecution. The JIRT program has been independently evaluated and the summary report of this evaluation is available on the DoCS website (Cashmore 2002).

Co-located police liaison officer in the Australian Capital Territory

In the Australian Capital Territory, a member of the Australian Federal Police (AFP), Sexual Assault and Child Abuse Team is co-located at the *Centralised Intake Service* to improve the coordination and response to reports requiring joint interventions. This officer is consulted almost daily on matters that may result in criminal charges being laid (that is, physical and sexual abuse). The Office may discuss complex cases with the member of the federal police, this is a discretionary decision made on a case-by-case basis. There are provisions in legislation allowing the sharing of information with the member of the Australian Federal Police co-located at the *Centralised Intake Service* without breaching privacy legislation. Police and caseworkers from the Office for Children Youth and Family Support may work together on a joint response or work in parallel and communicate through the co-located police liaison officer. Strengths of having a co-located *Centralised Intake Service* and a member of the federal police include: an open flow of information, education of police about child protection issues and vice versa, improved coordination and timeliness of responses and more efficient resource management. One limitation is that it is *a* member, therefore knowledge is shared with only one member of the federal police force, and as a result, knowledge and relations between the police member and the Centralised Intake Team is lost whenever there is a change of police personnel.

The Aboriginal and Torres Strait Islander Unit in the Australian Capital Territory

The Aboriginal and Torres Strait Islander Unit is a Unit within the Office for Children Youth and Family Support and is staffed by Aboriginal and Torres Strait Islanders. The Unit may have a consultation and information role, be involved in appraisal or manage the provision of specific services to Aboriginal and Torres Strait Islander families. The Aboriginal and Torres Strait Islander Unit have an important role across the whole Office and helps ensure statutory compliance with the Act. The Unit does not exercise direct statutory responsibilities under the Act. The Unit seeks to promote the care and protection of Aboriginal and Torres Strait Islander children and young people in the Australian Capital Territory, support the well-being and cultural security of Aboriginal and Torres Strait Islander families and communities and assist Aboriginal and Torres Strait Islander children and young people to live with their families.

Risk assessment

The aim of risk assessment is to assess the immediate danger to the child and the likelihood of the child experiencing harm in the future as a consequence of similar behaviour by the same perpetrator(s).

In all Australian states and territories (except South Australia) assessment is made using a "professional judgement" risk assessment tool: the Victorian Risk Framework (VRF) or a modified risk assessment framework based on the VRF. In Victoria, New South Wales, the Australian Capital Territory. South Australia uses an Actuarial Risk Assessment tool within a Structured Decision Making (SDM) Framework, Queensland are in the process of adopting a similar structured decision-making framework.

The Victorian Risk Framework

The Victorian Risk Framework is a "guided professional judgement approach to risk assessment", combining theory, practice and assessment, which comprises three phases of risk assessment: information gathering, analysis, and judgement (Child Protection Professional Development Unit, 2003, p. 148). The VRF is completed at intake, at each stage of the monitoring and review process, and prior to case closure. A pictorial representation of the VRF is presented below.

The South Australian Structured Decision Making framework

The Structured Decision Making model is based on the outcomes of Actuarial Risk Assessment tools that dictate a differential child protection response dependent on the scores obtained on the assessment tools. In South Australia, there are three different assessment tools (safety assessment, risk assessment, and strength/needs assessment), each serves a distinct purpose and is used at different points in the child protection response. The safety assessment is designed to assess the immediate risk of harm to the child during intake and investigation. The risk and strength/needs assessments are employed after abuse has been confirmed in order to inform case planning.

Safety assessment. Safety assessment assesses the child's present danger and the interventions immediately needed to protect the child. The Central Intake Team complete the Initial Safety Assessment Instrument from the information obtained from the notifier. The outcome of the initial safety assessment determines the priority level assigned to notifications referred onto the District Centre Intake Team (Tier 1, 2 or 3). The District Centre completes the Full Safety Assessment within 24 hours of the initiation of the investigation, and as necessary thereafter. Safety concerns identified during the investigation must be addressed.

*Risk assessment***.** Following substantiation a risk assessment is conducted to examine the likelihood of future abuse/neglect. The District Centre will complete the risk assessment on all confirmed cases within 7 days of the confirmation decision. Risk Reassessment is conducted at least every three months and prior to case closure for cases in receipt of protective intervention.

The family needs and strengths assessment. The family needs and strengths assessment is the companion piece to the risk assessment, used to evaluate the presenting problems and strengths of each family. The strengths/needs assessment determines the case planning and case management response following the confirmation of abuse. The family assessment of needs and strengths will be conducted by the allocated social worker on all cases where abuse or neglect is

Figure 1 The Victorian Risk Framework with other state and territory modification

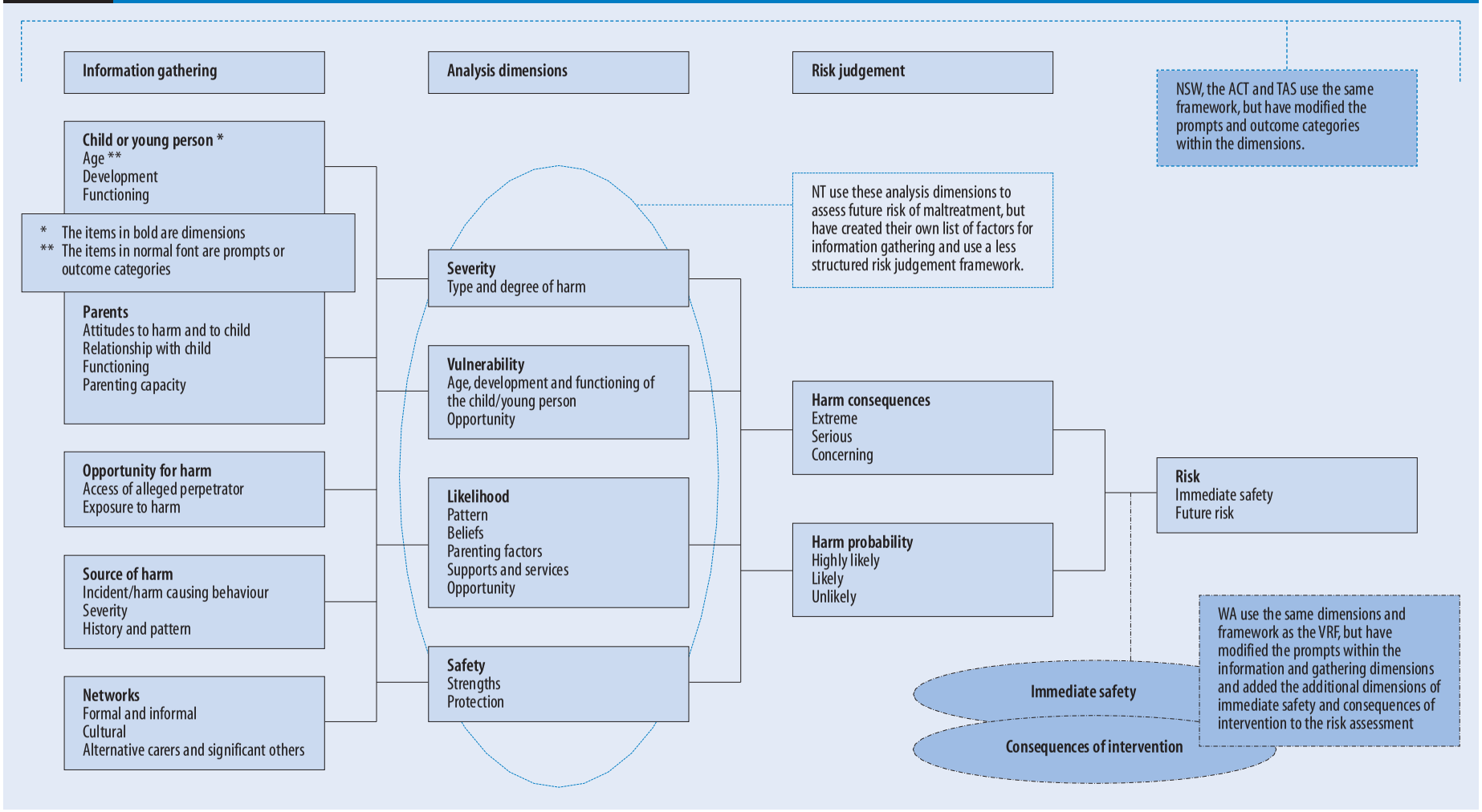


Table 4 **Investigation: Procedures for undertaking a childprotection investigation in each Australian jurisdiction**

	Victoria (DHS)	Tasmania (DHHS)	Northern Territory (FACS)
Who receives referrals from the intake team?	Response team.	Assessment teams in each geographical area.	Family Intervention Team (FIT).
Are there formal requirements for planning the investigation?	Some formal requirements (e.g., protocol for joint investigation with police in certain matters; protocol to discuss and conduct a joint visit with ACSASS for Aboriginal children).	Investigations are planned by care workers in consultation with coordinators and take into account policies, procedures and protocols with relevant agencies.	*Allocation and Action Plan* – accountable record of Family and Children's Services expectations in relation to the conduct of the investigation. At point of allocation, casework supervisor and caseworkers hold a *Strategy Meeting* to plan investigation.
Is there always direct contact with family during the investigation?	Yes.	Yes.	All adults in household, other children and alleged perpetrator (whether residing in house or elsewhere) are interviewed.
Is the child always sighted by a worker during the investigation?	The child must be sighted and either observed or interviewed (depending upon age/development stage).	A decision is made about whether the child needs to be sighted during the investigation. The child is sighted in most cases.	All children subject to report must be sighted and (where developmentally appropriate) interviewed.
How is assessment (risk, strength, needs, medical, psychological, etc.) conducted during investigation?	On-going risk assessment incorporating all dimensions of the Victorian Risk Framework (VRF).	An assessment of risk to the child is made using the Tasmanian Risk Framework if the children involved are to come into care.	Full Child Danger Assessment (immediate safety) completed within 24 hours of initial home visit. If maltreatment substantiated, Child Protection Risk Assessment conducted in conjunction with case discussion to determine likelihood that a person (usually the parent) will re-abuse the child/young person.
How are substantiation decisions classified?	Cases classified as *substantiated* or *not substantiated*.	Cases classified as *substantiated* or *not substantiated*.	Cases classified as *substantiated* or *not substantiated* within 24 hours of completing the investigation.

South Australia (CYFS)	Queensland (DChS)	Western Australia (DCD)	New South Wales (DoCS)	Australian Capital Territory (OCYFS)
District Centre.	The Child Safety Service Centre in the geographical area where the child is living is responsible for conducting the investigation and assessment.	This varies dependent upon structure of services within district centres. Generally referrals classified as a child maltreatment allegation are assigned to a caseworker for investigation.	DoCS Helpline refers reports assessed as requiring secondary assessment to the Secondary Assessment Teams within local Community Service Centres. Secondary assessment is conducted in two stages: an additional screening stage to determine whether an assessment is required; if so, cases go onto the second stage to be investigated.	Appraisal is carried out by the *Appraisal Team* located within regional offices. If it is a matter that involves another team then it may involve an additional worker. **Reform**: Presently there are three regional offices in the ACT. These offices will soon be moved to a single centralised location and use predominantly an outreach model for service provision.
Strategy Discussion – consult with other agencies/ professionals known to family for information gathering and to determine investigation plan and role of individuals in investigation (may not be a single event). Investigation plan is documented and CYFS are responsible for ensuring the plan is followed.	All investigations are planned to: • identify individuals that will need to be involved; • ensure that interviews and actions are conducted in the most appropriate sequence; • provide an approximate timeframe for them to be completed; and • discuss the proposed actions. Planning decisions must be documented.	The caseworker plans the investigation with the Team Leader.	The allocated caseworker and manager meet to plan the investigation *(Pre-assessment Consultation)*. The outcome of the *Pre-assessment Consultation* is recorded on the case plan.	Upon receipt of a report from the *Centralised Intake Service (CIS)*, the Appraisal Team Leader undertakes the following activities: review CIS's recommendation (this may be changed based on additional information known at the regional office), develop an action plan, and allocate the case.
Yes.	Contact with the child and family may be made either by: an unannounced visit to the home, or an arranged appointment.	Relevant family members are informed, interviewed and assessed. The child may be interviewed before parents are advised. The agencies may be contacted for information first.	During investigation workers have direct contact with the parents/carers and family members in order to determine whether the child has suffered or is likely to suffer harm.	During the appraisal the allocated worker gathers information from other services and professionals involved with the family and must make direct contact with the child or young person and any person with parental responsibility.
The child must be sighted during investigation. Children/young people will receive appropriate information about the child protection process and will be informed about the avenues to make their views known.	All children and young people identified in a notification must be sighted and, where age appropriate, interviewed and their comments recorded. In addition, if any other children are found to be living in the home, they must also be sighted and, when age-appropriate, interviewed.	It is a standard requirement that once a decision has been made to pursue an investigation, the child must be seen and their views sought where appropriate.	During the investigation information must be sought directly from the child or young person. The child must be observed and where appropriate spoken with. Reasons for any exception must be documented.	The child or young person and anyone else involved in making decisions about the child or young person must be given sufficient information to take part fully in the decision making processes, and if age-appropriate the child or young person's views and opinions must be taken into account.
Full Safety assessment (immediate safety) – complete within 24 hours for Tier 1. For cases where abuse confirmed, risk and strength/needs assessments are conducted.	Information Gathering Tool, Practice Guide and Harm and Risk Matrix.	The *Risk Analysis and Risk Management Framework (RARM)* is used in conjunction with consultation and supervision by senior staff.	*Secondary Risk of Harm Assessment* (modified-VRF). There are procedure documents for medical treatment and assessment. **Reform**: The *Secondary Risk of Harm Assessment* Framework is one of the focuses of the current review into Secondary Assessment.	A judgement is made in regards to risk and safety using the *On-going Care and Protection Risk Assessment* (modified VRF). The Canberra Hospital Child At Risk Assessment Unit includes paediatric specialists, psychologists and social workers who undertake medical or other assessments of the child or young person.
Cases classified as *abuse confirmed* or *abuse not confirmed*.	The outcome categories include: *substantiated harm*, *substantiated risk of harm*, and *unsubstantiated*. In relation to an unborn child, the outcome will either be *substantiated risk of harm* or *unsubstantiated*.	Cases classified as *unsubstantiated* or *substantiated*. If no further action is required the case is closed. If the child or family require continuing support, the case may become a voluntary family support case.	The Judgement and Decision Record is used to record the substantiation decision *(substantiated or unsubstantiated)*. Those cases in which the child or young person is assessed not to be in need of care and protection may be closed or closed with a referral to universal services.	At the completion of all appraisals, the allocated worker must complete the Appraisal Outcome Report: *substantiated*, *unsubstantiated*, or *incomplete* (for example, family moved to unknown location).

Continued over the page

Table 4 Continued

	Victoria (DHS)	Tasmania (DHHS)	Northern Territory (FACS)
What is the specific timeframe for the completion of the investigation?	28 days.	An assessment order has effect: • for a period not exceeding four weeks; • can be extended only once for a period not exceeding eight weeks for a family group conference; and • can be extended for a period not exceeding four weeks in any other case.	28 days.
Is the family required to be advised of the of investigation outcome?	Parents are advised of investigation outcome.	Parents are advised of the outcome of the investigation.	The parents and, if age-appropriate, the child are advised of investigation outcome
Are there special provisions for Culturally and Linguistically Diverse (CALD) children and families (particularly for Indigenous children)?	DHS staff consult and conduct a joint response with the Aboriginal Child Specialist Advice and Support Service (ACSASS) (a program funded by DHS to provide consultation to child protection on risk and safety issues for Aboriginal children).	Child and Family Services consult with relevant individuals and organisations, in relation to children and families from migrant backgrounds. They also consult with Aboriginal organisations in relation to Aboriginal children and families in accordance with the Act.	FACS intake staff complete cultural awareness training.
Are there joint response protocols (e.g., with police, hospitals, etc.)?	Yes.	Yes. **Reform**: A joint investigation response team involving police, child protection and forensic medical personal is being developed.	Yes.
Source	Child Protection Professional Development Unit 2003; Health and Community Services 1994.	Child and Family Services, Department of Health and Human Services 2005, personal correspondence.	Family and Children's Services Program1999.

confirmed and is to be completed prior to the formulation of the case plan. The strengths/needs reassessment is conducted at least every three months and prior to case closure for cases in receipt of protective intervention.

Investigation

Investigation is the area of least variability between Australian states and territories. Teams responsible for investigation receive a referral from intake and plan the investigation (there may be formal procedures in place for investigation planning). In carrying out the investigation protective practitioners initiate direct contact with the family, coordinate any appropriate assessments (for example, medical or developmental assessment) and gather information from other sources (for example, school, police, health services). Having completed information gathering, a full assessment is made in regard to the child's safety (replacing the initial assessment conducted at intake). A determination is made regarding whether to substantiate the allegation and the child's risk of being subjected to further harmful events. Cases not substantiated may be referred for non-statutory family support services. For those cases that are substantiated, an assessment is made of the services and interventions required in order to keep the child safe and the case is referred to an intervention team for on-going involvement and case management. Initial intervention required to protect the child's immediate safety will be undertaken by the investigation team and court action will be initiated if appropriate (for example, removal of children by apprehension). At the completion of the investigation the family are advised of the outcome of the investigation.

South Australia (CYFS)	Queensland (DChS)	Western Australia (DCD)	New South Wales (DoCS)	Australian Capital Territory (OCYFS)
42 days (6 weeks) from the initial intake date.	Currently no timeframes are assigned to guide the completion of the investigation and assessment.	Response time defined from time of intake. • Priority 1. Department to respond within 24 hours. • Priority 2. Department to respond within two to five working days.	The *Secondary Risk of Harm Assessment Report* would usually be completed: • within 28 days of the assigned response time if harm or risk is not substantiated; or • within 90 days of the assigned response time if harm or risk is substantiated.	Currently no timeframes are assigned to guide the completion of the investigation and assessment.
Caregivers will receive information about the purpose and outcome of the investigation.	A child's family must be advised about the allegation of harm and the outcome of the investigation (unless to do so would jeopardise an investigation into the offence or expose a child to harm).	Parents, the young person, and the person assessed as responsible for the causing harm, and other parties with proper interest are advised of the investigation outcome.	Issues identified that have a direct impact on the harm or risk to the child or young person need to be discussed with the family.	The child/young person and their parents are advised of the outcome of the appraisal.
Unique feature: The CYFS Indigenous team actually conducts intake and initial risk assessment using the CYFS intake model. During investigation CYFS are required to consult with an Indigenous representative (this may be internal or external persons). CYFS are also required to consult a community representative if the child is of for Non English Speaking Background (NESB).	The DChS are required to consult with the recognised Aboriginal and Torres Strait Islander agency in relation to all decisions made about Aboriginal and Torres Strait Islander children. If this is not possible, consultation must occur with an appropriate community elder or another representative of the child's community.	Must consider during investigation planning whether consultation is required with Senior Officers Aboriginal Services or significant community members. Consultation also needs to occur for children of NESB.	Internal consultation with *Aboriginal Casework Specialist* during intake. General principles in legislation around consultation and participation, in addition to the Aboriginal Child Placement Principle. Protocols. Principles of participation and collaboration also applied in the case of children of NESB.	All staff complete cultural awareness training. Submissions from the child or young person's community are taken into account. **Unique feature**: The Aboriginal and Torres Strait Islander Unit within OCYFS – staffed by Indigenous workers – may be involved in a consultation role or may provide direct services to Indigenous families.
Yes.	The Department of Child Safety and the Queensland Police Service both have statutory responsibilities in relation to child protection. The Department of Child Safety has lead agency responsibility for the care and protection of children and the police are the lead agency in all criminal investigations.	**Unique features**: DCD and WA police Joint Approach to Child Abuse (JACA) conduct joint investigations. The Specialist Child Interviewing Unit (SCIU) was established in June 2004. DCD staff are electronically recording joint interviews of children conducted with Police. Princess Margaret Hospital is offering therapeutic services at the same location.	**Unique feature**: *Joint Investigation Response Teams (JIRTs)* are teams comprising NSW Police and DoCS officers who conduct interventions jointly in cases where a criminal prosecution may be possible if abuse is substantiated.	**Unique feature**: a member of the Australian Federal Police (AFP), Sexual Assault and Child Abuse Team, is co-located at the *Centralised Intake Service* to improve the coordination and response to reports requiring joint interventions.
Children, Youth and Family Services 1997; Children, Youth and Family Services 1999.	Department of Child Safety: Queensland 2005.	Department for Community Development 2005, personal correspondence.	Allanah Christie 2005, personal communication, 8 March.	Ingrid Cevallos 2005, personal communication, 10 March.

Case management

Cases in which maltreatment – or the need for statutory involvement to protect the child from harm – are substantiated have passed through the critical decision-making framework for screening (that is, intake and investigation) and represent those cases in which statutory child protection services are required to ensure the child's on-going safety. Statutory involvement comprising provision of child protection services is typically referred to as intervention or case management. At its most basic, the case management phase involves: the determination by the statutory child protection worker of the services and responses required; determining whether a court order is appropriate, and if so, which type is required to ensure the child's safety; ensuring that these services or responses are provided; and closing the case when the child's on-going safety has been secured. This process is managed and the actions of the persons involved made accountable through the process of case planning, case management, reassessment and review, represented as a cyclical process in Figure 2.

Similar to statutory child protection intake models, there were several unique case management procedures identified in state and territry statutory child protection service models (see Table 5). These unique features are described below.

Family Group Conferencing in Tasmania

Family Group Conferencing is a case-planning tool, which provides a structured process for collaborative decision-making at a point of crisis or impending crisis. It can be used in a variety

of situations, but is most often used in cases where planning decisions need to be made for children at risk. Family members are actively involved in making plans for the future care and protection of one or more of their children. The process was introduced into Tasmanian law through the *Children, Young Persons and Their Families Act 1997* where a specific section (Part 5 Division 1) centres on the practice and describes its operation in detail. The Family Group Conferencing model used in Tasmania is unique as facilitators are independent from Child and Family Services and are contracted for their services.

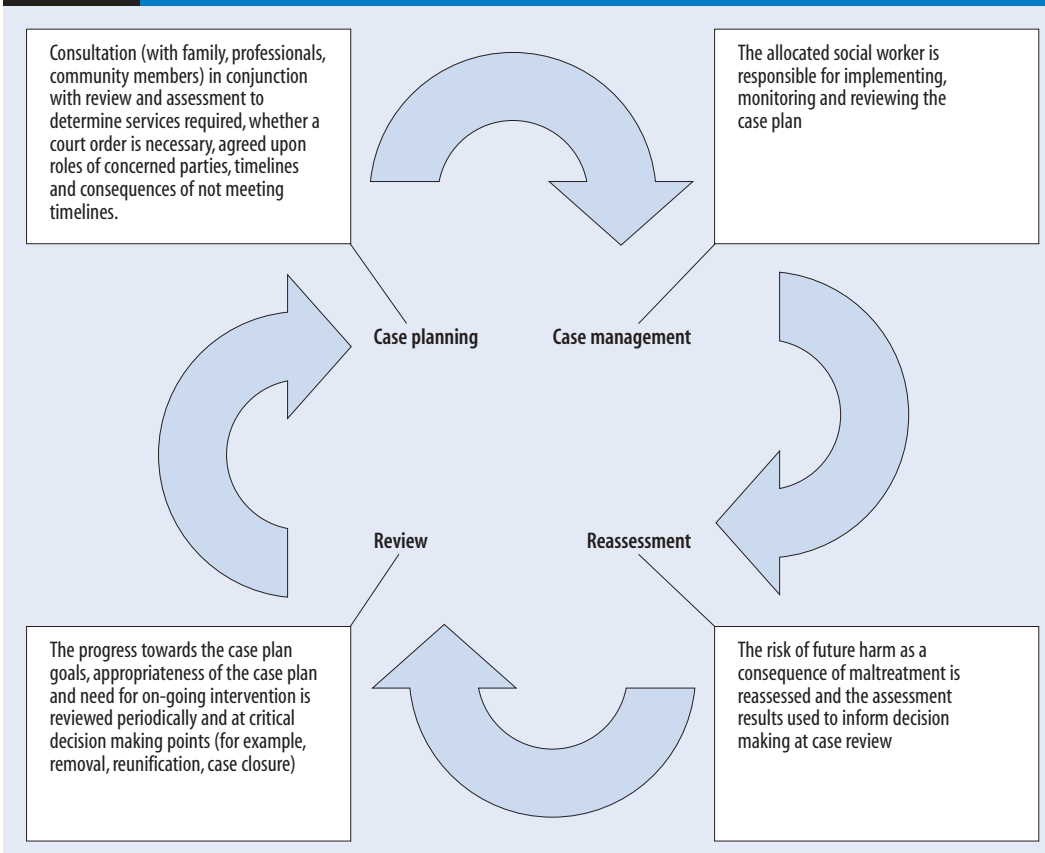
Families are able to request a review of arrangements for care and protection of a child/young person. Under the Act, a Family Group Conference can be requested if the "secretary has been requested by the child or any two or more members of the child's family to convene such a conference". Family group conferencing can be used preventively during any stage of the Care and Protection process. A Family Group Conference must be held during an eight week Assessment Order and in cases where an application is made for an extension of a Care and Protection Order.

The strengths of family group conferencing include: independent facilitators bring another level of accountability and neutrality to an intense situation; and facilitators have a fresh view of family dynamics and have time to meet with families. Weaknesses of family group conferencing include: facilitators may not have a thorough understanding of the operations of Care and Protection Services including the legislation, and there is a risk of facilitators taking on an advocacy role for the family and losing their objectivity (Jackie Mackenzie 2005, personal communication, 18 January).

A NATIONAL COMPARISON

"Intake" is the most procedural aspect of statutory child protection services in Australia, and therefore the area subject to the greatest variability. Although statutory child protection intake services in Australian states and territories have largely the same role (that is, screening

Figure 2 Case planning, case management and review



reports to determine whether the alleged events fit within the grounds for intervention and whether further investigation is required) there is a great deal of variability in the grounds for intervention – and therefore what is substantiated – between each jurisdiction. The focus of the intake and investigation phases is screening and assessment for the purpose of risk management, however in Western Australia there are reforms in place to shift the direction away from risk management during assessment and to focus instead on the family's strengths and needs.

There is also a great deal of variability in the response provided to those cases that do not meet the threshold for statutory child protection intervention, but in which concerns may have been raised about the welfare of children. In some jurisdictions, these families were referred for voluntary services; in others, the cases were closed (possibly with a referral) but without ensuring the family had engaged with any support service. This was an area undergoing change with many new programs and proposed reforms in place reflecting an increased emphasis on early intervention and long-term support for families (for example, *New Directions* in Western Australia, the *Innovations Family Support Program* in Victoria, and the *Early Intervention Teams* being piloted in New South Wales).

The variability in the grounds for intervention, what is substantiated and the response to families that do not meet the threshold for statutory child protection intervention means that children in different parts of Australia may be subject to similar adverse circumstances but experience a different response dependent upon where they live (for example, the family of a child who is sexually abused by their sibling may receive services from child protection in New South Wales, and from police in Victoria). Child protection data are a reflection of child protection activity and thus will also vary as a consequence of the different grounds for intervention in each state and territory.

There is a great deal of similarity in the case management process across jurisdictions, which – despite some differences in timelines and procedures for case review – is essentially the same in terms of what workers *do* with families. Essentially all cases are subject to on-going case planning, assessment, and review. Although in every jurisdiction the case management phase of involvement is based on some form of case planning, the procedural requirements for case planning vary between jurisdictions. In Tasmania and the Australian Capital Territory, there are legislative provisions that give families the right to have a family group conference. In other states and territories, families may also be provided with some form of family group conferencing (for example, family group conferencing in Victoria) indicative of a more collaborative model of service provision (however this was not a right enshrined in legislation).

What is similar is how services are managed/delivered to statutory child protection service clients; what differs are the types of situations that get a family into the statutory child protection service system in each state/territory.

The scope of this paper does not enable a detailed comparison of the models of statutory child protection service delivery in Australian states and territories. Comparisons of the relative merits of different models of child protection in a country as diverse as Australia must also take into account whether differences reflect the social, cultural, geographical and political needs and the historical context that shaped the present model (see Scott and Swain 2002). However, the detailed description of service provision in each jurisdiction provided here may enable follow-up research of this kind. Statutory child protection services in Australia have a continuing emphasis on risk management. However there were trends towards: more diversionary programs providing early intervention and/or long-term support for families that do not meet the threshold for statutory child protection services; and a more collaborative model of case planning for those families for whom it is assessed that statutory intervention is required to ensure the on-going safety of the child. These trends reflect recommendations in research to achieve best practice in service provision (Spratt 2000; 2001).

IMPLICATIONS

The aim of this study was to provide a national snapshot of the way in which child protection services are being provided at a point in time (March 2005). Although a detailed critique of state-by-state differences was not provided, there are several broad issues that arise from this

Table 5 Case management: Procedures for providing child protection intervention services in Australian jurisdictions

	Victoria (DHS)	Tasmania (DHHS)	Northern Territory (FACS)
Who receives referrals from the investigation team?	Cases are transferred to the teams responsible for the Protective Intervention or Court Phase.	Following substantiation, cases may be retained by the assessment team for voluntary services or referred to case management services if children are the subject of a care and protection order (the majority of substantiated cases are closed or referred to case management rather than being provided with voluntary services).	Following investigation, the *Family Intervention Team (FIT)* can carry a case for 12 months. If an order of 6-months duration or longer is made, the case is generally referred directly to the *Out Of Home Care (OOHC) Team*.
Is the same worker allocated to families throughout their involvement?	Each region determines how their region allocates cases.	There is a practice standard is for the same principal worker to manage the case from investigation, through short-term intervention (up to 3 months) to case closure or case management. The case management team is responsible for cases subject to court orders.	In general, the FIT team carry through to closure if closure occurs within 12 months and OOHC Team case manage those cases in which an order of 6 months or longer is in place.
Is voluntary/short-term intervention time limited?	Yes; 90 days.	There is no performance indicator for on-going involvement in the *Assessment Phase*. Workers aim for 3-4 months, however this may be out of their control, as families do not move onto the case management phase until a care and protection order has been issued.	No.
How is case planning conducted?	Case Planning occurs throughout the entire case life. However, there are mandatory case plan points. A case plan meeting is held with the family and other professionals/services involved (there is active consultation with ACSASS if the child is Indigenous). A protective plan is prepared if the child is remaining in the care of the parents, or prior to a court order being made, and an s-120 case plan is prepared if the child is subject to a final court order. The DHS also encourages the use of Family Group Conferences as part of the case planning process.	For children who remain in the care of their families, the TRF is used in combination with the UK Looking After Children (LAC) framework for case planning. **Unique feature**: Legislation gives families the right to access *Family Group Conferencing* at particular stages within child protection intervention. **Reform**: Case management procedures for children who remain in the care of their families are to mirror the approach for children in out of home care.	A case plan is developed at a *family meeting*. The family meeting is attended by: the family, the child (if age appropriate), FACS and other relevant persons.
Is there on-going reassessment of risks, strengths and needs?	Ongoing VRF assessment occurs during the entire life of a case.	On-going risk assessment – following intake risk assessment combines the TRF and the LAC framework. **Reform**: Principles of case planning are to be embedded into the new electronic information system under development.	Risk is re-assessed. Assessment is made of progress towards case plan goals and any concerns arising.
Are there scheduled reviews of the case plan?	A scheduled review date is set at the case plan meeting. Unscheduled reviews are also held when conditions change, prior to critical decision-making (e.g., removal, reunification, case closure), or at the request of the family, child/young person, or professionals involved with the case.	Legislation requires a review of the child's circumstances at least once a year for the first 3 years and every 2 years thereafter for children in long-term guardianship (up to age 18). The LAC framework is used and has reviews within: 14 days of the case plan, 1 month, 4 months, and 10 months of placement. For children in long term care, LAC requires review and assessment 6 monthly for children under 5 years and review and assessment annually for children over 5 years	Case plans should be reviewed at least every 3 months and prior to making critical decisions (for example, applying for court order, removal, reunification, case closure). **Unique feature**: Outcomes of case plan review sent to *Child Protection Team*, the independent multi-disciplinary panel designed to provide check for CP case decision making

South Australia (CYFS)	Queensland (DChS)	Western Australia (DCD)	New South Wales (DoCS)	Australian Capital Territory (OCYFS)
Based on the structured decision making framework underlying all CP services in SA, following substantiation cases are allocated to the short or long-term intervention team dependent upon the assessed need.	Case Management practices are currently being revised and due to be completed by mid 2005.	Team structures vary across metro and rural Western Australia. In general, most DCD offices work in teams targeting intake and protection, children in care and family support and community capacity building. There are some DCD sites that operate on systems of generic teams that are responsible for designated geographical areas.	*Secondary Assessment Teams* may refer cases onto dedicated case management teams or retain cases through to case closure. The service system structure varies across local Community Service Centres (CSCs). **Reform**: The organisational structure for providing secondary assessment, initial inquiries and out-of-home care services are currently being reviewed to establish more consistency.	At the completion of appraisal, those reports that were substantiated and where it was assessed that the family were in need of on-going services to secure the safety of the child or young person are referred to the *Family Support Team* or the *Children On Orders Team (COOT)*.
If intervention will be required for longer than 3 months, cases are allocated to the intervention team (in smaller centres the intake and intervention teams may be the same).		This varies dependent upon the nature of the Department's involvement. There is no prescribed timeframe for cases to be closed.	This varies dependent upon the structure of response and intervention services within local CSCs.	The Act requires the Office provide the least intrusive intervention consistent with the best interests of the child or young person. Given this principle, the *Family Support Team* provide voluntary intervention and case management. If Court orders are sought, the management and care of the child or young person is referred to *COOT*.
No; the decision to close or transfer a case to the long-term intervention team is determined at case review using the Structured Decision Making framework.		No; the decision to close or transfer a case to the long-term intervention team is determined using case planning procedures.	No; the decision to close or transfer a case to the long-term intervention team is determined using case planning and case management procedures.	There is no time limit on services provided by the *Family Support Team*. The decision to close or transfer a case to the long-term intervention team is determined at the case planning review and risk assessment.
The full risk and the need/strengths assessments provide the basis for the case plan. A *case plan meeting* is held to determine the case plan and includes: the family, agencies, other relevant people involved in the case, a community representative for Indigenous or NESB children, and the Department social worker.		Child protection cases are subject to planning at intake, during the investigation, and at the outcome of the investigation. *Family Engagement Meetings* are used to explain concerns, and assist the family to recognise their strengths and contribute to plans and decisions that will result in safety for their children. Planning in all cases, and in particular cases where children and young people enter care (where a Care Plan is developed) is an ongoing process and occurs in collaboration with families, and other agency stakeholders.	Face-to-face or teleconference *case meetings* are held to discuss and develop the case plan (or a *care plan* for cases involving court action). The general principles in regard to case planning and case meetings state that children or young people (where appropriate), their families, other relevant agencies or professionals, and other adults or a support person for the young person be invited to attend the case meeting.	A *case conference* should be convened (preferably within one month, but up to three months following commencement of intervention. The aim of the *case conference* is to establish a care plan identifying the tasks to be completed and goals of intervention. Children for whom there is an application before the court may have an interim care plan in place. Children subject to a Care and Protection Order must have a care plan. **Unique feature**: In the ACT, *Family Group Conferencing* may be offered to families at any stage of involvement.
Risk and strength/needs reassessments are conducted every three months.		Reassessment of cases occurs through the case planning process, in addition to the ongoing process of worker supervision.	Risk re-assessment is conducted in conjunction with the case review process. The risk re-assessment is a shortened form of the *Secondary Risk of Harm Assessment* conducted in the investigation.	Risk assessment is part of the case review process.
A case plan meeting to review the case plan must be conducted following risk and strength/needs reassessments. Where there are significant changes in circumstances the case plan may need to be reviewed and amended earlier.		All children in care need to be seen regularly and their circumstances need to be reported upon at least quarterly. Care Plan Reviews are conducted for long-term care arrangements. Case Conference Reviews are held for reunification cases. It is necessary to conduct one formal planning forum per year.	Case plans are reviewed not more than 6 months after the previous case plan meeting. Case plan reviews are also conducted where there are critical incidents, transfer of the case between teams, allocation of the case to a new worker and prior to case closure.	A review of the case plan and arrangements for the care of a child (if on an order) are undertaken every 3 months and court orders are reviewed annually. Additional case conferences may be held for the purpose of review on a discretionary basis.

Continued over the page

Table 5 Continued

	Victoria (DHS)	Tasmania (DHHS)	Northern Territory (FACS)
How does case closure occur?	A risk reassessment and case plan meeting to review the case plan is held prior to case closure.	The allocated child protection worker must write a summary closure report that details the risk assessment and is done in consultation with a senior worker and if necessary the Court Application Group (brings together senior practitioners and managers to review a case and determine outcomes). A copy of the closure summary report is sent to CPAARS (intake) in the event of a subsequent notification.	For substantiated cases, the worker, in consultation with their supervisor, must recommend case closure to the *Child Protection Team*. The case can be closed only when the *Child Protection Team* makes a written recommendation that the case be closed.
Source	Child Protection Professional Development Unit 2003; Health and Community Services 1994.	Jackie Mackenzie and Scilla Sayer 2005, personal communication, 18 January.	Family and Children's Services Program 1999.

description of statutory child protection services in Australia. This national comparison highlights the need for a national approach to: data collection, training and professional development for child protection practitioners, and cross-jurisdictional issues (for children, families and child protection practitioners).

Statutory child protection data

As discussed, the greatest area of disparity was in the initial intake phase up to case substantiation. These are the phases of involvement from which national statutory child protection data are drawn. For example the term "notification" is used to describe the point of first contact (for example, Tasmania and Victoria), and a report that has passed through two stages of screening and is being referred for investigation (for example, Queensland). These differences in the initial intake screening process have implications for data collection at a national level. There are differences in: what states and territories classify as a report (for example, differential response at intake results in large reductions in numbers of child protection reports); what states and territories accept as a report of maltreatment (for example, some jurisdictions limiting reports to allegations of maltreatment only where the parent is unable or unwilling to protect the child); and what is substantiated (for example, harm to the child or maltreating behaviours directed towards the child).

The issues associated with the comparability of statutory child protection data in Australia states and territories have been discussed in detail elsewhere (see AIHW 1999; Bromfield and Higgins 2004). The Australian Institute of Health and Welfare now talk about data for *child protection activity* as opposed to data for *child maltreatment*. The primary consequence of this lack of comparability between states and territories in their definitions of maltreatment is that there are no national data on the incidence of child maltreatment that comes to the attention of statutory services. Although child protection service activity data do not accurately reflect the incidence of child maltreatment and therefore limit comparability of maltreatment (in absolute numbers) between jurisdictions, it is still useful to compare referral and substantiation trends within and between states.

Competency standards, training and professional development

Despite procedural differences, there was a great deal of similarity in what child protection practitioners actually *did* to provide direct services to families during intake, investigation and case management. During intake and investigation the same set of skills is required for information gathering regardless of organisational differences in how this information is shaped into a risk assessment framework and categorised. The processes for the implementation, monitoring and review of case plans suggest that much of the service delivery during this phase requires child protection practitioners to engage with families to assess their strengths and needs and to work collaboratively with families to effect sufficient change to enable the withdrawal of statutory services.

South Australia (CYFS)	Queensland (DChS)	Western Australia (DCD)	New South Wales (DoCS)	Australian Capital Territory (OCYFS)
Cases assessed as low on risk assessment may be closed. Cases reassessed as low or moderate on risk reassessment may be closed. To ensure sustainability of change and prevent recurrence, cases initially assessed as high or very high should be assessed as low or moderate on two successive risk reassessments prior to closure. The case plan must be reviewed prior to case closure.		The decision to close a case needs to be discussed during supervision and recorded on file. Cases that have had departmental involvement require formal planning for closure, and must be subject to a Case Conference Plan or Case Review plan, depending on the circumstances of the case.	A case plan meeting to review the case plan must be conducted prior to case closure.	A case conference and review of the case plan are conducted prior to case closure. **Reform:** The ACT is currently undertaking of review of the *Children and Young People 1999 Act*.
Family and Children's Services Program1999.	Rachel Rosenbrock 2005, Personal Communication, 15 April.	Department for Community Development 2005, personal correspondence.	Allanah Christie 2005, personal communication, 8 March.	Ingrid Cevallos 2005, personal communication, 10 March.

All new employees into state and territory departments will require training concerning how to work within legislative frameworks, as well as jurisdiction-specific issues (for example, the organisational structure and information system). However, the finding that there is considerable similarity in the tasks undertaken during intake, investigation and case management suggests that there are core skills and competencies required to provide direct services to clients. Many of these skills are taught in generalist Bachelor of Social Work degrees. However the skill set required to work within a legislative framework with often unwilling and/or involuntary clients may be somewhat different to that required to work with help-seeking clients in a voluntary capacity.

Professionals not working in child protection, but employed in the health and welfare sector (for example, drug and alcohol, mental health) will undoubtedly have contact with parents or children or both. Current mandatory reporting requirements and new proposals to place more responsibility on these professionals for ensuring child safety (for example, the reforms put forward in the Victorian legislative review, Victorian Government 2004) mean that it is important for these professionals to have at least a cursory awareness of child protection and child maltreatment issues. Statutory child protection services directly employ large numbers of professionals trained in social work and related disciplines and with the increased focus on long-term support and early intervention family and welfare professionals are increasingly likely to be engaged in child abuse prevention work with families.

There is a national focus on child protection emerging from the federal government and higher education sectors. Initial steps have been made towards the development of national research priorities (for example, national audits of child protection and out-of-home care research) and the identification of national models of best practice (for example, research funded by the federal government to investigate models of best practice in out-of-home care emerging from both research and practice). In addition, there is evidence of a national focus emerging from practitioners themselves with the inaugural meeting of the Australian College of Child Protection Practitioners scheduled for August this year (http://www.croccs.org.au.htm).

With an increased national focus on research and practice it is also seems timely to examine the education and training needs and accreditation of child protection practitioners to ensure minimum national standards of care. Such an examination may also include an investigation into the role that the federal government or a national professional body for child protection practitioners might play in regulating child protection practioner training and accreditation to ensure minimal standards of care in all Australian states and territories.

In some states there are already graduate diplomas or accredited certificate IV courses in child protection are being provided, and some Bachelor of Social Work degree include units on child protection. However more could be done within the higher education sector to educate

graduates in health and welfare related courses in the theoretical, conceptual and ethical issues in the fields of child protection and child maltreatment. This will be of benefit to health and welfare professionals regardless of whether they are directly involved in the provision of child protection services.

In addition to the direct training and development activities already being undertaken by states and territories, commitment could be made to providing on-going funding and representation at national forums such as the National Statutory Child Protection Learning and Development Group (an information-sharing and discussion forum organised and attended by state and territory child protection learning and development staff). Such forums provide the opportunity for cross-jurisdictional discussion and information sharing.

Cross-jurisdictional issues

The issues raised in relation to data collection and training highlight the benefits of improved coordination or a more integrated national approach. As child protection service activity data are dependent on the legislative frameworks that define the scope and activities of the child protection service, some commonly agreed definitions would improve the comparability of data across jurisdictions. Despite differences in definitions, the broad similarities in the service response to child protection clients suggests that as well as reducing duplication in developing training for workers, a more integrated national approach to child protection training would have the additional benefit of enabling child protection practitioners to move more easily between jurisdictions in response to personal needs and workforce demands.

The differences between states and territories in the types of reports accepted by statutory child protection services and the statutory service response may result in children and their families receiving differing levels of care and protection dependent upon where in Australia their family resides. Inequality in the care and protection of children runs counter to the principles of the United Nations Conventions on the Rights of the Child. On a more positive note, protocols exist between many states and territories in relation to the transfer of cases between jurisdictions and checks to determine whether a family has had prior involvement with another state or territory department.

CONCLUSION

In this study the aim was to provide a national snapshot of the core aspects of Australian statutory child protection services in place in April 2005 to provide a baseline of information to researchers, practitioners and policy makers, particularly given the recent national focus on child protection issues. However it is important to remember that the services described here are only part of the picture. There are other aspects related to the provision of statutory child protection services and the application for care and protection orders that were not described in this paper. From a macro perspective the resources allocated to child protection services, the education, training, monitoring and supervision of child protection practitioners, and the transparency of decision-making and complaints-handling mechanisms also need to be considered in order to compare the relative merits of different models of service provision.

Further research needs to be conducted comparing states and territories on other domains related to the protection of children, including:

- Cultural, geographical, social and political influences that have shaped services
- Philosophical underpinning of legislation/policies
- Child protection staff education, training and professional development
- Organisational structure of child protection services
- Proposed reforms or reviews
- Responsibilities of different courts; and diversionary programs

- Corporal punishment laws
- Age of consent laws (for opposite-sex and same-sex interactions)
- Role of police
- Role of non-government organisations
- Family preservation
- Out-of-home care (legislation, funding, policy, procedures, service provision)
- The Aboriginal Child Placement Principle
- Transparency of model and decision making processes
- Child death review teams
- Children's Guardians
- Children's Commissioners
- Working with children legislation

This study, along with a paper by Goddard, Stevens and Tucci (2003), a paper by Kenney and Tait (2005), and a public submission by Richardson, Higgins and Bromfield (2005) provide the first steps in a national comparison of child protection. Goddard et al. (2003) compare Australian child death review teams against best practice benchmarks; Kenney and Tait (2005) compare the models for Children's Commissions in Australia; and Richardson et al. (2005) compare Australian working with children legislation.

It is hoped that the outcome of this study is a more transparent picture of what is being done by statutory child protection services to protect children and that a greater knowledge of the work of child protection services will: facilitate discussion and understanding between statutory and non-statutory service providers, researchers and policy makers; provide researchers with a greater understanding of the work of statutory services and consequently prompt practice relevant research; and provide the Australian community and policy makers with a national resource on the differences and similarities between statutory child protection services in Australian states and territories.

The core activities being undertaken by child protection practitioners (information gathering, assessment, case planning and case management) are very similar. However the procedural and legislative frameworks guiding this work and defining the child protection population vary greatly between jurisdictions. Any moves toward coordination between states and territories in definitions of "abuse" or "harm", data collection, training standards, or procedures for intake, investigation and case-management should be bench-marked against international best-practice. In particular, the need to achieve a balance between focusing on the immediate safety of children and having a service that is responsive and flexible in supporting the long-term needs of children and families should be recognised (Trevor Spratt 2005, personal communication, 18 March).

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