



Tasmanian Branch

Submission by the Australian Association of
Social Workers (Tasmanian Branch)

to the

Parliament of Tasmania
Select Committee on Child Protection

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Introduction

The Tasmanian Branch of the Australian Association of Social Workers (AASW) welcomes the opportunity to make a submission to the Parliament of Tasmania Select Committee on Child Protection. Given the short time available to respond, this submission provides a general response rather than addressing individual terms of reference. It has been compiled from individual responses provided to us by our members and also draws on submissions made by the national AASW to other child protection inquiries. We have tried to include a range of views as we felt it was important for interested individuals to have their voices heard.

The AASW (Tasmanian Branch) recognises that the current problems in child protection in Tasmania and other Australian states, which governments have a responsibility to take leadership of, have come about as a result of complex political, organisational and structural pressures. As such, we believe it is important not to blame individual practitioners, managers or senior executives within the organisations and agencies providing services. In fact, it is regrettable that the efforts of human service professionals in this field often go largely unrecognised. Many have worked for a number of years and in difficult circumstances to improve the lives of children, young people and their families amid much personal criticism.

The Australian Association of Social Workers

The AASW is the professional body representing social workers in Australia. Social workers provide a range of services across a number of different areas including child protection, disability, rehabilitation, education, income support, corrections and juvenile justice, homelessness, health and mental health. According to the Australian Bureau of Statistics, there are currently around 13,500 professional social workers practicing in Australia, with approximately 400 of those working across all regions of Tasmania. Social workers utilise a range of practice methods including individual casework and case management, group work, community development, policy practice and research.

The social work profession has a long history of engagement with child and family welfare systems both in Australia and internationally. It is a major field of practice for social work graduates who work in multidisciplinary teams in human services departments and non government agencies at all organisational levels in operational, management and policy areas. The sector and the profession share many values, such as compassion for people experiencing stressful life events, a commitment to work in the best interests of clients, and a critical understanding of the structural factors which impinge on the lives of vulnerable and disadvantaged people.

Adequacy of the current system

While acknowledging that reforms to address failures in the Child Protection system are underway, it is clear that the current service delivery system has become unsustainable and is struggling to meet demand. An example is the following statement provided by a Branch member:

As a former Child Protection Officer & a qualified Social Worker (MAASW Acc) with 15 years experience I despair of the Child Protection System in this state, regarding the responses to the calls and professional notifications [that I make] on a daily

basis ... Response by CP [Child Protection] is based on capacity to respond rather than level of need I firmly believe. Mainly responses are limited to cases of physical abuse, very little else is addressed.

Just this week I contacted CP, as 2 weeks had passed since I made a notification about a 9 yr old child, and heard nothing. I was told by the response worker, "Oh, I just got allocated that case today, and I have investigated this family previously and that child is known to embellish their stories" ... In fact, in over three years I have found the exact opposite to be true of this particular child, and have verified their claims with members of the extended family time and time again. But they continue to live in a terrible home situation with IV [intravenous] & prescription drug users and abusers, ongoing DV [domestic violence] and their cries for assistance, for themselves and their younger siblings, fall on deaf ears at Child Protection.

I would like to see a quick review and implementation of a range of best practice assessment tools, policies and practices.

While efforts to prevent the occurrence of child abuse and neglect are important, it is also important that children who are experiencing abuse and neglect are provided with high-quality services and interventions, as they are among the most vulnerable in our community. Importantly, these services need to be focused on working in partnership with families. A community social worker has contributed the following:

... power in decision making around the children is often shifted from families to institutions set out to protect and care for children. This can result in families feeling powerless, without processes to appeal, grievance or complain, in a system that is complex and timely. When ownership is removed, responsibility generally shifts, often resulting in the 'finger' being pointed towards the institutions/services, and powerless families using the media, which is often eager to give a voice. When we intervene on risk, the intervention itself carries risk and often shifts responsibility. Any intervention should support the family's capacity for responsibility, rather than take it away.

Case Scenario

Some years ago I worked in the role of an Intensive Case Manager for an NGO. My role involved working with young people who exhibited high risk behaviours, on statutory orders in out of home care. Many of these young people exhibited considerable high risk behaviours, which resulted in the involvement of numerous services and care plans. On one occasion a meeting was called by Child Protection (CP) in regard to a young person whom I worked with who had absconded. The senior CP worker and I had a very intense discussion around managing risk and I was told that I had to manage the risk. I informed the worker that I based my practice on relationship, as without relationship I could not manage the risk or meet the young person's needs in respect to care. In my experience the CP system was concerned about plans to negate risk, I feel this often worked against the development of relationship. Relationship creates an opportunity to work toward things going well, not badly.

There has been a growing shifting of attention and resources to surveillance, detection and risk assessment in child protection work and this has decreased attention on what children need to keep them safe and improve their lives. While the shift to a focus on prevention and early intervention may achieve this, the risk focus redirects much needed resources away from the work that needs to be done.

There are particular challenges for workers in rural areas. One member has commented:

Working in rural Tasmania can be challenging in respect to negotiating and navigating accessing services, with specialised outreach services often extremely limited and with service delivery often appearing to be a series of meaningless words on service agreements. It may be good having a service, but is there any relationship between expected outcome and the capacity and ability to respond in meeting need, the expected outcome and opportunity to achieve, as well as the different expectations and privacy issues?

A member working in community mental health highlights a problem regarding how assumptions about mental illness can impact on decision making in child protection work:

My issue with Child Protection is about an implied assumption that people with mental illness do not recover. From the experiences of some of the participants in our program, they are assumed to be a risk just because they have a mental illness. To me this sounds like discrimination. Mental illness is not seen as something that people get over such as a diabetic coma. A person with diabetes who gets the shakes and can't do the house work is not automatically seen as risk to children. People understand that diabetics can recover even though they might need medication all their lives. Sometimes symptoms of mental illness, such as a disorganized household, are defined as lazy or not caring for a child rather than a symptom of an illness eg depression.

Problems with service integration and collaboration

Concerns about interagency co-operation were also raised by members. One of our members wrote:

When working with children at risk relationships between service/institution stakeholders are often strained due to a culture of risk aversion and blame, rather than a culture of collaboration. This is often exacerbated or facilitated by a lack of communication.

Another member provided the following observations from her practice experience:

*CP are meant to share information with other professionals and they fail to do so.
Cases are closed prematurely and feedback to the notifier is hardly, if ever provided.
CP input at IAST meetings is scant and contains no real substance. The information they bring is often weeks out of date.
A lot of CP workers are not Social Workers or Psychologists.
Also, a lot of the Social Workers who are in CP are very young grads, and they seem to have inadequate support and training.*

The case planning and co-ordination of Children subject to Orders is just appalling.

I have had 2 teenage sisters come from [one region] to [another region] this year and it took simply months and months for files to be transferred and a case worker to be allocated, meanwhile these girls were free-ranging, self selecting placements, engaging in significant risk taking behaviour. The [regions] were arguing for months about who should do what, meanwhile these girls were virtually ignored.

I think the system worked much better when there was a Multi-Agency Child Protection Board. The new Gateway system has huge faults, the main one being that many families are falling through the gap between CP and Gateway, especially when CP assess it is a Family Support issue, and families are then free to refuse Family Support services.

A social worker in a school (NGO) comments along similar lines:

I have struggled to get feedback regarding referrals, information regarding the closure of cases without notification, and what has been the lack of a timely response. In some cases when making a referral all staff have been at meetings and relief staff are taking the calls and they seem to have a poor understanding of information that needs to be collected, then the follow-up response call from the intake worker comes 1 - 2 weeks later, which could be critical in deciding on timely intervention. My biggest concern recently has been the on-going 'changeover to a new system' of recording; I am aware of notifications that I have made regarding a child and aware of further notifications by another worker with regard to the same child and them being advised there is no history, or comments regarding it could be somewhere else. As a mandated reporter this compromises my feelings of security regarding following statutory and ethical guidelines.

Building on the reforms

The whole community is responsible for the well-being of children and for those families in need of extra support. The National President of the AASW, Professor Bob Lonnie, states that “child protection is a responsibility we must all share. Social workers within the child protection system, in hospitals, in juvenile justice, in education and in the community sector have a vital role to play” (AASW Media Release, 3 March 2009).

There is a need to reorient the focus of child protection work to the child in the context of the family. This means a focus on supporting vulnerable children and their families, with the recognition of the importance of prevention and early intervention. Increased support to families to achieve the care and protection of young people, with more resources being invested in both short and long term programs for families is required. These programs and services need to be family-focused and culturally sensitive and respectful of parents as they engage in the complex and sometimes difficult task of parenting. The AASW nationally has suggested that early intervention models be developed, aimed at:

- Engaging early with families who are hard to reach;
- Better integrating State, Commonwealth and local Government programs; and

- Building a whole of systems approach.

The issue of interagency cooperation is supported in principle by the AASW at the state and national levels. However, as the AASW pointed out in their 2009 Response to the Special Commission of inquiry into Child Protection Services in NSW (The Wood Inquiry):

“While it appears sensible, any measures taken need to consider the responsibilities of agencies to the protection of private information that may have been provided to one service, agency or worker that is no business of anyone else and has no bearing or relevance to a particular case at hand.

It is the ability to discriminate between what information should be shared, which in many cases will be all the available information, and what information should remain privileged that is important. Careful consideration of this, in light of the ethical standards expected from social workers and other professionals in the community sector and in Government agencies, will require ongoing consultation with relevant parties.

The other question is what strategies are put in place to ensure that clients and their families have accurate information about the processes of sharing information and are able to give fully informed consent about this. The AASW’s view is that people have the right to have information clearly stated, and that training for staff across all systems will be necessary to ensure they are appropriately skilled in how to provide this information to people in a sensitive way.”

Attracting and retaining the right workforce

While acknowledging that workers will be drawn from a range of professions, social work must remain at the core of the entry qualifications to the child protection system, both in government and in the community sector. It is of concern that the Government has asserted, in their response to the recent Commissioner for Children's report, that child protection staff are all qualified social workers. Unfortunately, this is not the case, and many child protection staff are not qualified social workers. However, social work should be the preferred discipline and this would help to ensure ethical and skilled work practices.

Social workers undertake studies in sociology, psychology, social policy, child, adult and family development, mental health and the law as it applies to child protection. This provides a theoretical framework for understanding the individual within their society and factors contributing to child abuse and neglect such as poverty, drug and alcohol misuse and mental health issues.

In addition to the minimum four years tertiary education qualified social workers who are eligible for membership of the AASW also bring the following benefits to the workplace:

- Commitment to AASW Code of Ethics;
- Commitment to development of skills and knowledge through AASW Continuing Professional Education policy;
- Commitment to AASW Supervision policy; and

- Access to peer support, networking, information exchange and training activities through AASW national and branch activities.

In its role as the accreditation authority for all Australian social work programs, the AASW has recently developed curriculum standards on child protection. All accredited social work programs at Australian universities are now required to show that their graduates meet these high and uniform standards. Social work students, as part of their training, also complete substantial periods of supervised practice in a range of health and community service settings including child protection services. No other professional discipline is so immersed in the areas of knowledge essential for quality relationship-based child protection practice. As a result, social workers are recognised throughout the western world as the core professional group in child protection policy, management and practice. The School of Sociology and Social Work at the University of Tasmania are currently implementing these standards. In 2012 a specific module on Child Protection will be added to the social work curriculum.

A major barrier to enhancing child protection systems in Tasmania has been problems in the recruitment and retention of a skilled workforce. It is important that Departmental policies and procedures are implemented to support a well-trained and highly skilled workforce. The Tasmanian Government must actively develop a strategy to attract, recruit and retain high quality and dedicated human services professionals. Working cooperatively with employers, training providers, unions and professional associations, the strategy must have the aim of supplying and retaining adequate qualified staff to meet the demand for services.

As one experienced social worker commented,

I have worked in a range of health services in my 20 year employment history but it was in my role as a Child Protection Officer that I had the most responsibility ... it distresses me that this is also the area which is the biggest employer of new graduates without the support structures that they need in place.

Measures to attract staff include offering fieldwork opportunities and cadetships. Evidence indicates that the ability to recruit staff is enhanced when agencies participate in field work programs because graduates are likely to seek employment where they have completed placements.

Measures to retain staff include better pay and conditions for staff in both the public and community sector sectors and better pay progression for increased experience and recognised skills improvement through an accredited model of CPE (Continuing Professional Education).

Professional staff require effective induction procedures, appropriate accommodation, adequate resources and referral points, manageable workloads which allow more than just a risk management approach, regular professional supervision, continuing professional education and career progression.

The Tasmanian Government should work with employers, professional associations (such as the AASW), unions and training providers to develop improved learning pathways for staff in the public and community sectors, with the AASW accredited Child Protection Practice Standards a useful model.

Conclusion

There have been numerous inquiries into child protection services at state, national and international levels. AASW remains committed to supporting best practice, evidence based and appropriately resourced service delivery systems. We believe that it is the community's expectation that only workers who are suitably qualified and who receive regular formal supervision from experienced senior staff would be assigned to work in these demanding and sensitive areas.

We look forward to the opportunity to discuss the issues raised in this submission and to support the Tasmanian Government in its efforts to provide an effective and efficient child protection system to its citizens.