

Child Protection Inquiry

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Thank you for an invitation to submit a response to the Inquiry into the Child Protection System in the Northern Territory.

I have chosen in this submission to confine my comments to some issues that have been raised during the conduct of my current research into child protection practice with cases of child neglect. These issues relate to the following areas:

- interagency collaboration;
- workforce recruitment and retention;
- supervision and support structures; and
- staff training and development.

I have not attached a reference list to this submission but can provide one on request. I am prepared to provide oral evidence if there are issues that require clarification.

Yours Sincerely,

Nettie Flaherty

The functioning of the current child protection system including the roles and responsibilities of Northern Territory Families and Children and other service providers involved in child protection.

(iii) What is the role of the child protection system with respect to child 'wellbeing' and the support of vulnerable children and families?

(iv) Inter-agency collaboration to protect children from harm.

I am currently undertaking research which involves conducting in-depth interviews with child protection workers discussing practice with cases of child neglect. Preliminary analysis of the interview data has raised the following issues :

- A belief amongst a number of child protection workers that the child protection service is being expected to address wider systemic issues. In particular the lack of affordable housing, and, in many areas the lack of a secondary service system for more specialised support to vulnerable families. This latter point has also been raised by primary health care workers;
- A perception that the child protection *service* (NT C&F) other agencies within the child protection *system* (ie the broader service system) do not share the same understanding of *the role* of the child protection *service*. This lack of shared understanding is particularly the case with notifications around child neglect, where notifiers are hoping that the child protection service will be able to provide a service which (frequently) does not exist, and where the child protection service does not believe that the situation is one where *immediate danger* exists and so does not believe the situation meets the threshold for acceptance;
- A number of workers have discussed the issue of thresholds, again, particularly in relation to child neglect (understandably as this is the subject of the research). Child protection workers perceive that there is an increasingly forensic nature of their work, with some identifying as a consequence of increasing referrals. However, with limited capacity to respond, child neglect referrals are often marginalised. The mismatch between thresholds between the *service* and the *system* causes conflict and distrust;
- One consequence of the marginalisation of child neglect ('child concern') is that child neglect referrals tend to get accepted only when the situation is *entrenched and not easily responsive to intervention*. This problem is compounded by the lack of a secondary service system, and according to a number of workers increases the likelihood that the only intervention is removal of the child;
- There was also a perception amongst child protection workers that the primary health services, in some offices *the key* referral source demonstrates a deep ambivalence about the child protection service: in remote areas especially child

protection workers require the assistance of local community members to engage with families. Frequently lacking their own workers, Aboriginal Health Workers (AHWs) are a key resource as cultural brokers. However, the ability to be assisted by AHWs, even when these workers are enthusiastic about taking on this role, is subject to the 'good will' of the PHC clinic manager. Many clinic managers are unhelpful at best, and hostile at worst, towards child protection workers, and refuse to release AHW staff to assist.

At the same time as I have been conducting interviews for this research I have been facilitating a series of workshops for Primary Health Care (PHC) practitioners. Remote PHC staff frequently state that, in cases of possible neglect, they would like to refer to a generalist social work or family support service in the first instance. They have neither the time, nor the expertise, to undertake family assessments when a problem is first identified. Failing any other service some practitioners have stated the only option is to refer to the child protection service. This is the case even though many state that the case probably won't meet the threshold, although repeated referrals will get it 'over the line' and, hopefully, result in service provision.

Support systems and operational procedures for all workers engaged in child protection, in particular staff retention and training

- (i) Workforce recruitment and retention issues;**
- (ii) Supervision and support structures for staff**

You are just thrown into it..

You have to sink or swim...

You have to hit the ground running...

As noted above the author is currently undertaking research into Northern Territory child protection practice with cases of child neglect. Thus far twenty five interviews, ranging in length from one to two and a half hours, have been conducted. During these in-depth interviews the majority of workers have spontaneously reflected on their experience of beginning work with the child protection service. It is important to note that this data has not yet been comprehensively analysed, however the issues raised from preliminary data analysis may be of interest for this inquiry.

Overwhelmingly the reflections from child protection workers raised the issue of inadequate preparation for the role, and for the *context* of practice. A number of workers stated that they had not received adequate orientation or induction.

Most workers reported having to begin case work before they had undertaken the mandatory 'Introduction to..' either child protection or out of home care Departmental courses. For those that had participated in the mandatory courses, interviewees expressed a low level of satisfaction.

None of the research participants indicated that there was a structured approach to initial or ongoing education and training. It appeared that workers attended training that was offered, and that they could get released to attend, rather than being identified in either personal development plans, or departmental identified education and/or training priorities.

Workers made the distinction between opportunities to learn the administrative aspects of the role (What form do I use? What is the process for? How do I?) and the underpinning knowledge and skills required to undertake the role effectively, with the former occurring more often than the latter.

Many workers spoke about the lack of preparation for the cultural context of practice: many workers had never worked with Aboriginal people before either as clients or as colleagues. 'Working it out for yourself' was frequently identified as the strategy for developing skills to work cross culturally. Where workers were afforded the opportunity to work with an experienced Aboriginal Community Worker they commented on the usefulness of this, and the sense of safety this collaboration provided. However, many workers did not have this opportunity.

A number of workers spoke about undertaking reading about the history of the Stolen Generations. However, having read about this they were uncertain and confused about how to put this knowledge to use in their practice with Aboriginal families.

Many workers spoke about the complex ethical landscape of practice and, given the busyness of the office, the inability to reflect on these issues in supervision. All of the workers empathised with their supervisors whom they saw as being 'caught in a bind', that is overworked and rushed themselves. A number of workers were paying for professional supervision privately because they knew the supportive and educational aspects of supervision could not be provided by the organisation. Workers spoke about '*everything being done on the run*' with little time for critical thinking or reflective practice. This caused them distress.

The literature suggests that there has not been enough focus on the critical importance of supervision. Authors note that supervision in child protection practice frequently narrowly focuses on administrative supervision ignoring the supportive and developmental aspects of the

supervision relationship (Wyles 2006; Jones 2004). Reder & Duncan (2004) in their review of findings from the UK Victoria Climbié Report noted that:

There is a risk that this Inquiry, like many others, will promote bureaucratic changes (ie at the level of organisations structures, written protocols and monitoring procedures) that are distant from frontline staff's need to improve their understanding of complex cases and to acquire and apply appropriate skills (p95)

Clearly practice needs to occur in a policy and procedural context, but it must be remembered that sound practice (making good judgements under conditions of uncertainty) is that which is informed by *critical thinking*, and cannot be guaranteed by the mechanistic application of checklists to complex situations.

Satisfactory supervision has been identified in the literature as a contributing factor to both job satisfaction and as a buffer against job stress. Internationally, several studies have highlighted high levels of stress among child protection workers, and working in a rural and/or remote environment has also been identified as factor in job stress. It is critical for frontline workers that they receive adequate supervision that attends to supportive and developmental needs. It is not unusual that supervisors often struggle to provide these aspects within supervision either because of the pressurized work environment or because they are relatively new and/or inexperienced themselves.

It is not necessarily the case that supervision should be provided by line supervisors. Alternatives include subsidising the cost of external supervision, exploring mentoring or group supervisory models. In addition to supervision, supporting staff undertake formal study that attends to practice in the remote and cross cultural context may assist with the development of the critical thinking skills that are required in this increasingly complex area of practice.

An associated supervision issue is the lack of supportive or developmental supervision for remote area nurses, and many other workers who work with families with complex needs. During the workshops for PHC staff a number of participants have stated that the provision of supervision may enable them to stay in their jobs longer and prevent burn out.

(iv) Staff training and development opportunities

In addition to content knowledge, particularly around child neglect and cumulative harm, child protection workers need to have a better understanding of the research which exists around child protection decision making, and the ways in which decision making is influenced by the socio-political context in which it occurs. To continue to operate a system as if decisions occur in 'cognitive isolation' is to leave workers vulnerable and defensive. We know that social workers and child protection workers use values, practice wisdom and procedural knowledge to make their decisions, and that they frequently rely on 'intuition' to make decisions. There is a body of

literature that highlights that this occurs even with guidelines, checklists and tools because such technologies cannot hope to cover the complexities inherent in many of the situations workers will encounter.

After a tragic event the issue of 'worker discretion' is often highlighted as the problem. The usual response is to attempt to remove uncertainty and unpredictability associated with decision making by introducing more checklists. Where these checklists are aids to professional decision making, and where workers are supported to develop the knowledge and skills to enhance assessment and decision making, such technologies can assist. However, where they are implemented without enhancements to professional skills, checklists run the risk not only of undermining practice skills, but, and more importantly, getting in the way of the worker 'seeing' the child and family. Daniels (2004) suggests that what we need to develop is 'disciplined intuition'.

Workers also need to know more about common errors in reasoning: Munro (1999) concluded that errors in child protection work are not random but predictable on the basis of how people intuitively simplify reasoning processes in making complex judgements. There is a comprehensive body of literature about professional decision making that can assist child protection workers and their supervisors reflect on practice and ensure that practice is not conforming to these predictable errors in reasoning.

Education for child protection workers should, wherever possible, be inter-professional, that is, where workers from diverse professional and practice backgrounds learn *with, from and about each other* to enhance the likelihood of multidisciplinary responses to child wellbeing issues. Many of the issues which cause concern are shared by practitioners from across the service continuum. An example: in 2009 I delivered 15 x 2 day training workshops (*Identifying and Responding to Child Abuse and Neglect: What PHC Practitioners Need to Know*) across the Northern Territory. Overwhelmingly participants indicated they struggled to know how to respond to child wellbeing issues, especially in the context of a scarcity of places to refer families to, confusion about the line between child neglect and poverty, concerns about 'blaming the victim', confusion about whether they were 'judging other cultures' and minimal understanding of the concept of cumulative harm. My research with child protection workers mirrors this situation.

It is clear to me that education and training needs to include a focus on this area of neglect and cumulative harm with a focus on assessment and referral. The ability to make an appropriate referral based on sound assessment is an issue that was raised repeatedly in the workshops. Many participants have stated that families have been referred to them from NT C&F but were not clear what it was that that agency wished them to achieve.