

INVOLVEMENT OF OTHER PUBLIC AGENCIES AND BODIES

NEW SOUTH WALES	QUEENSLAND	SOUTH AUSTRALIA
<p>Police maintain child abuse unit, liaise closely with Y.C.S., assist with removal of children, consult on prosecution of parents and others in relation to offences against the child. Health personnel in major hospitals: Royal Alexandra, King George V, St. George, Blacktown, Royal North Shore, Royal Newcastle, Wollongong, Westmead, play central role in treatment of cases; medical practitioners are obliged to notify. Education not greatly involved except at worker-to-teacher level.</p>	<p>Police have a juvenile aid bureau with a specialist child abuse section; also represented on S.C.A.N. teams and C.C.C.A. Health personnel still heavily involved in S.C.A.N. teams and through provision for doctors to notify their health authority. Hospitals are much involved in treatment and public education. Education is to be represented on C.C.C.A. but not on S.C.A.N. team; otherwise level of co-operation very much on worker-to-teacher level.</p>	<p>Police are in secondary position but are called in for serious injury to children, sexual abuse, access to home problems, search for missing children. Hospitals: Flinders Medical Centre, Adelaide Children's Hospital, Queen Elizabeth Hospital, are much involved; sexual assault referral centre located in major hospital; there is also a Rape Crisis Centre! Education is not represented on C.P.A. panels, play only minor role.</p>

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<p>Not seen as particularly strong. Agencies mentioned were: Wyley Park for local, pre-school support; Child Abuse Prevention Service with a local operation out of Randwick, offering phone counselling; Dr. Bernardo's which offers residential care; Ashville Infants' Homes for care of individual children.</p>	<p>Only one agency received special mention: "Protect All Children Today" (P.A.C.T.) which conducts child advocacy but is moving toward a direct service function, i.e. relief care of children, in conjunction with F.C.D.P.</p>	<p>Only one agency received special mention: Single Parents and After, Resource Centre.</p>

TASMANIA	VICTORIA	WESTERN AUSTRALIA
<p>Police take a secondary support role, investigate the more difficult cases usually in conjunction with C.P.A.B. officers. Hobart major hospital has involvement. Education tends not to be involved in assessment or long-term management but are represented on the assessment teams.</p>	<p>Police play a key role sharing with C.S.V. the role of receiving and investigating notifications. Major hospitals: Royal Children's, plays a major role in assessment and treatment; Queen Victoria Hospital maintains a sexual assault unit, provides initial support to children. Education has little direct involvement but it is represented on the Inter'departmental Committee on Child Abuse, with membership also from C.S.V., health, police and law.</p>	<p>Police are involved in major way, deal with serious cases, have their own child abuse unit, receive substantial number of notifications. Health involved largely through Princess Margaret Hospital which has its own child abuse and sexual abuse teams. Education currently plays a minor role though there is some pressure from teachers for more involvement, school-based prevention program is under discussion. All the above (plus others) are represented on A.C.C.C.A.</p>

TASMANIA	VICTORIA	WESTERN AUSTRALIA
<p>Only one agency received special mention: Centrecare – which takes some cases for longer-term management.</p>	<p>Several agencies received mention: Children's Protection Society which played a major role until recently and which remains active but in a secondary role.; Melbourne Family Care Organisation which undertakes research into child abuse; Mission of St. James and St. John which provides community education as well as intensive family support; Parents Anonymous for parent mutual help; child abuse interest groups for local awareness and advocacy.</p>	<p>Several agencies received mention: Incest Service Association provides mutual support to parents of child victims; Centrecare is active though not leading only in child abuse services. Other agencies whose names were canvassed were thought of as being not particularly active or involved.</p>



DISCUSSION

The study of the six systems seems to confirm what was suggested at the beginning of this paper, namely that child protection is now being treated as a problem which invites a serious and reflective response. Legislation which had been in existence for many decades has been bought up to date and some of the archaic notions, redolent of nineteenth century thinking, are gradually being replaced. Children still require protection, and legislation must cover that, but that protection must now be offered in a context of understanding more about multi-causation, the need to include family support, and generally the building up of an infra-structure for providing that support. Furthermore the realisation that many of the helping services will be involved and the need to co-ordinate their activities to that end, also are being realised and provided for. Police, health professionals, community services workers, and the community at large, all need to work closely together, share information, learn about each other's functions. To work in isolation or even to work against each other as we know happens from other studies, is disastrous to child protection. (H.M.S.O. 1983, Lawrence 1982, Goddard 1979). In the 18 cases studied in the U.K. where children died at the hands of their parents or other adults between 1973-81, social workers were involved in each one of the cases, police in 12, general practitioners in 17, health visitors in 17, as well as many other professionals in a lesser number of them – yet children died. Co-ordination and co-operation must not just be provided but must be well managed. For that reason the writer places great importance on the need to have one agency responsible for overall management. This provision is certainly now emerging in Australia, as the study shows. Another need is to have a system of prompt attention to cases once they are notified. The work protocols and work manuals that have been produced for personnel in the field are comprehensive and clear – the one just issued in Western Australia is probably deserving of an extra mention for its superb production.

MANDATORY REPORTING

Whether notification should or should not be mandatory was not canvassed in this study. Certainly the statistics of incidence throughout the States show that where mandatory notification has been introduced it has produced increased uncovering of cases – but this has also occurred in Western Australia which has no particular system of notification. (4.)

(4.) *Victoria which relies on voluntary notification only could not provide statistics to enable comment on this.*

There was general agreement in discussion with key personnel in the six States 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. However these are largely surmises.

South Australia presents an interesting case illustration that deserves more study than can be given here. That State introduced mandatory notification as early as 1969 by amendments to its Children's Protection Act (South Australia, Report 1976), yet the system was not successful. Reports recorded in the Central Register maintained by the Department of Community Welfare numbered 23 in 1972, 18 in 1973, and 24 in 1974, plus a few reports made to the police. At that time, however, South Australia's protection services were hardly geared to handling a wave of child abuse cases and public education and publicity were most likely at a low level. It was not until the Enquiry into Non-Accidental Physical Injury to Children in South Australia, in 1975-1976, that both service developments and publicity began to take off which included a strengthening of the mandatory notification system. So much so, that notifications rose through hundreds in the later 1970's to top the thousands mark in 1984-1985.

Tasmania too introduced mandatory notification in the late 1960's and its service development is similar to that of South Australia.

The issue of whether to proceed on mandatory or voluntary lines in the notifications issue has been a matter of fierce debate in Australia for a long time. Most expert professional speakers at the first Australian child abuse conference in Perth in 1975 (First Australian National Conference, 1975) were in favour, and that included the redoubtable and highly respected paediatrician, Dr. H. C. Kempe. So was the equally highly esteemed Report of the Law Reform Commission (1980), but the Victorian Child Welfare Practice and Legislation Review (1984) came out against it. Such evidence as we have of empirical nature, as distinct from the polemical, is equivocal and if anything tells us more of the nature of helping professionals than it does of the merits and demerits of either form of notification. (Webberley, H.R., 1985, Shamley, D. et al, 1984). Shamley in particular commenting on the situation in Victoria, concludes that the introduction of mandatory notifications would have little influence on the number of cases brought to light in view of the multiplicity of factors that influence the decision to notify; many of the respondents, she says, would ignore the legislation because "a negative attitude towards the law is surprisingly common". However

as this author has said elsewhere: "such little evidence as we have suggests that helping professionals in Victoria are not enamoured of mandatory reporting – but professionals are not there to have their preferences indulged, of course they will resist anything that might be seen to interfere with the exercise of their discretion". (Boss 1985) Mandatory reporting is for the protection of children not the protection of professionals, and if mandatory notification does that better, i.e. helps to uncover cases, helps to attract resources for services, then those are the criteria to consider . . . but it is true that we know little of notification behaviour and we do need research in that area.

AVOIDING "LOST CHILDREN"

A third need mentioned earlier, was that children should not "get lost" in the system. It is part of the story of co-ordination and co-operation between people working in the various services, but it is also very important in relation to personnel working WITHIN a particular service. The study tried to establish who does what within the community welfare departments. It became clear that this matter of case management and responsibility is being taken seriously. On paper, it SHOULD not be possible for children to get lost but . . . again the written up experience from the U.K. and elsewhere shows that it can still happen. Insofar as a system can, it should be able to provide a clear and logical path to be taken from the moment someone seeks help in a child protection situation to the time that someone determines closure of the case, and all stages in between. This too appears to be the thrust behind so much of the re-organisation of the community welfare departments' child protection approaches.

AUSPICES

Community welfare departments are now in the forefront of child protection. At one time it looked as though the health authorities would retain the lead they took in the early 'sixties, but the scene has shifted – we are now looking at a distinctly family-centred, social support type of model rather than a medical model of protection. Of course other public agencies retain their involvement: health through its hospital systems, through medical assessment of physical or mental harm and subsequent treatment features strongly. Indeed its concern with and interest in sexual abuse has given rise to a particular line of engagement. The police force is much involved. Community welfare departments turn to the police in the more serious cases, and in any event the police claim involvement where offences against children have occurred. The emergence of police-based child abuse units is of recent origin and suggests the acceptance of

the specialised nature of the work involved. The education services however seem to play only a minor role – one could speculate on the reasons for this but it is not considered appropriate to do so here. Little enough emerged in this study of the role played by non-public, or voluntary agencies. There are an estimated 26,000–49,000 of these throughout Australia and a fair proportion, roughly half of the estimated figures, are engaged in family support, and about a quarter with community development activities. (A.C.O.S.S., 1982). Yet when asked, key personnel in the community welfare departments could provide only few instances where such agencies had a direct involvement in child protection. It should be added, though, that the questions posed require specific responses and therefore agencies which would have been mentioned through wider kinds of questions were excluded. Yet we know that there is a fine-mesh network of support services and mutual help group that are involved in the prevention side of child protection.

The non-government agencies denied, as it were, a part in the coercive-interventive process have taken a major role in preventative work. This has taken the form of providing family support services. These range over practical services such as helping with shopping, laundry, transport, child minding, respite child care, budgeting and counselling in groups and individually. Much of this work aims at helping parents cope better with family living and prevention of child abuse may be incidental. In some cases, however, such work takes place where abuse is a distinct possibility or where it has already occurred and intensive family support work plays an important part in cushioning the effects of abuse or preventing recurrence.

Victoria in particular has made a significant investment in preventative work and indeed all the States recognise that this is where the battle against child abuse must first be waged. At the same time we know very little empirically about the extent and impact of such work.

The very range of agencies involved in work in this field has led to the efforts at co-ordination, as previously alluded to. Public and non-public agencies alike can go out and “do their own thing” without necessarily knowing of each other’s involvement in the same case or referring to each other. In recognition of this problem each State has moved or is moving towards setting up formal measures of co-ordination; Queensland with its S.C.A.N. teams and South Australia with its Child Protection Management Committee are examples of such developing co-ordinating systems.

It cannot be easy to co-ordinate a network of services where each has its own working patterns and traditions and its ideo-

syncratic view of how child abuse should be tackled. A good deal has been written about professional roles and ideologies in child abuse work. (Giovannoni and Baccerra, 1979; Boss, 1980; Dingwall et al, 1983). The physician, the socialworker, the infant welfare sister, the police officer may each be as dedicated as the other to the task of tackling an abuse situation yet see themselves as performing a different role. Yet somehow they have to be brought together to work as a team.

In addition the work leans heavily on the input of volunteers out in the community, sometimes working as low-key family support groups. They too have to be brought within the co-ordination ambit. Whilst each State has moved to the point where the Director or Minister or a Board is mandated to take primary responsibility for child abuse measures, it does not mean that there is full control over the processes or the human services staff and others involved in dealing with abuse to ensure that people work to protocols and mesh with other. Child abuse being multi-faceted in cause and form requires a multidisciplinary response and this casts a heavy responsibility on any co-ordinating system.

COMMUNITY EDUCATION

A great deal of effort also has gone into what may broadly be called community education on child protection. Each State has produced one or a number of publicity pamphlets which provide basic information on child abuse, where to go for help, and how the process of support or investigation can be initiated. Films and audio-visual productions are also beginning to appear and there has been a considerable increase in media coverage – a research project in itself. One or two States now have a specially appointed community education worker, and others are hoping to employ, funding permitting.

PHILOSOPHIES

Something needs to be said about the stated philosophies of child protection adopted by the States. New South Wales aims to prevent child abuse through the development of community awareness and to develop specialist intervention services in both government and non-government sectors. It endorses the United Nations (U.N.) Declaration of the Rights of the Child, 1954.

Queensland cites three principles: first, the aim is to ensure the safety of the child, resolving any doubts or dilemmas in his or her favour. The second aim is to help the parents. The third aim is to restore the family unit and family functioning.

South Australia’s philosophy is based on the premise that programmes for prevention and treatment of child abuse must be centered on the community.

Since the causes are firmly rooted there, prevention and treatment are the responsibility of professionals working in partnership with the community. The State also cites the U.N. declaration.

Tasmania has not published any clear identifiable statement on philosophy, but the recent speech by the Attorney-General at the second reading of the amending legislation of the Child Protection Act 1974, in the April 1986, included the following statement which is worth quoting in full – the argument concerned the rationale behind public intervention in families when child abuse is alleged:

“The first and most obvious point which I wish to make on this score is that it would be a gross infringement of the rights of children if there were no means of protecting them from abuse. It is not so much a question of intruding upon the rights of parents as one of upholding the rights of children. I make no apology for emphasising the interests of the child over the rights of the parents.”

Victoria sees child protection as an inevitable function of the State to protect children from harm but notes that our society values family life and hence aims to protect the rights of parents in matters of child rearing. Child protection services are established in recognition of the fact that a child’s needs and rights may be in conflict with those of the parent . . . child protection legislation and welfare practice must balance the objective of protecting a child from harm with that of protecting family autonomy and privacy.

In Western Australia the goal is to protect children from actual harm or risk of abuse or neglect. Therefore the child is viewed as the primary client, but the importance of a functioning family to a child’s wellbeing is also recognised, hence services are designed to address the needs of families as well as individual children. Reference is also made to the U.N. Declaration.

Clearly the States have been forced to address some of the dilemmas of philosophy inherent in child protection. Issues of rights and obligations of children, families, parents, community, social control, enforcing or laissez faire in child management, use of resources and many others have somehow to be taken into account. Three States have taken the bull by the horns and come out in favour of the interests of the child as being pre-eminent, three others have either avoided this thorny point or decided against such pre-eminence.

CONCLUSION

In conclusion it must be said that the rediscovery of child abuse in Australia has produced substantial response. Resources have been produced or diverted from

other sources in finance and staffing. Community awareness and media interest have not only been mobilised but maintained over many years now. The size of the incidence of notified cases has increased, not necessarily because we now have more cases than formerly but rather because we now encourage such cases to come to light. One aspect that has come into prominence recently has been the specific type of abuse generally referred to as sexual abuse. Concern over sexual abuse has been stimulated largely by the feminist movement in a number of countries including Australia, and has been part of the campaign to alert the public about the nature and incidence of domestic

violence. Task Force and other types of reports have been published in New South Wales (1985), South Australia (1984), Victoria (Hewitt, 1986) and Western Australia (1986), with resultant activity and constructive responses, in all the States by community welfare departments, major hospitals and the police.

All this supports the idea that child protection work has at last reached a point where we can seriously begin to tackle it, for the whole aim is to reduce its incidence and make life safer for more of the nation's children.

What we do need now is a wide research

on child protection — 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, what is the role of community agencies and self-help groups . . . these are just some of the areas which require exploration. A civil engineer would not dream of designing a bridge without having it tested and researched for strength, durability and general effectiveness — why should a human service engineer not be expected to test human services systems? There is much work to be done here.

INCIDENCE DATA

These figures are produced here as supplied by the States. They do not allow an inter-State comparison since they are based on different notification criteria and systems of recording data, but in some cases it is possible to start discerning

some trends within the State. However it is best to exercise caution especially if they are used to back up an argument! All the States reported that they had either moved or were in course of moving to a computerised system which will allow for more

refined data gathering. What is presented here is only a part of the data collection on child protection, mainly to show movement in the incidence figures. Some of the States started collecting their data a number of years ago so it is possible to discern year by year fluctuations.

NEW SOUTH WALES

Since mandatory notification was introduced in 1977 there has been a substantial increase in notifications. From 1978 to 1980 approximately 900 cases (children) were notified each year. In 1981 there was an increase of 50% and in the following year an increase of 100% was recorded. Since then the rate of increase has slowed somewhat; the most recent figures are as follows:

	1983	1984
Notifications (n)	6,780	12,460
Registrations (R)	2,250	3,900
% n : 3	37.6	31.3

QUEENSLAND

	1982-82	1982-83	1983-84	1984-85
Notifications	1,442	1,461	2,574	3,420
Cases notified*	2,723	2,856	1,547	5,784
Distinct children — notified	n.a.	n.a.	n.a.	n.a.
Cases confirmed	574	650	1,142	1,480
Distinct children — confirmed	n.a.	n.a.	n.a.	n.a.

* prior to 1984-85 figures exclude some cases resulting from mandatory notifications.

Notifications for 1984-85 show an increase of 61% over the previous year.

SOUTH AUSTRALIA

	1982-83	1983-84	1984-85
Total notifications	573	944	1,267
Not substantiated	n.a.*	128	n.a.
Substantiated	573	816	1,267

not differentiated

TASMANIA

	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
Notified Cases	21	22	14	42	53	98	80	120	229	186	302	346	409	672

↖
Year of introduction of mandatory notification

VICTORIA

July 1983 – June 1984

No. Of requests for service to Children's Protection Society (C.P.S.)* 3,955
 Accepted for service 1,035

until 1985 C.P.S. acted on behalf of Community Services Victoria (C.S.V.)

December 1983 – December 1984

Notifications to police 1,218

N.B. since no required exchange of notification information existed between C.P.S. and police, some double counting may have occurred.

1984 – 1985

No. of requests for service to C.P.S. 4,793
 Accepted for service 1,269

Protective Assessment Units – Community Services Victoria (C.S.V.)

Goulburn

requests for service 104
 referrals accepted 21

Protective Assessment Units – Community Services Victoria (C.S.V.)

Central Highlands

requests for service 143
 referrals accepted 96

WESTERN AUSTRALIA

Total reported cases:

	1981-82	1982-83	1983-84	1984-85
Year				
Cases.....	478	451	740	864

JUST TO REITERATE . . .

The figures have been presented as they appear in published records of the departments concerned. No attempt has been made here to synthesize or standardise them.

The best advice that can be given at this time as to their use is to treat them on a State-by-State basis; the only valid comparisons would be historical figures within a particular State, provided that the basis for the reports has not itself undergone some change.

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PETER BOSS
Professional of Social Work