



**AASW**

Australian Association  
of Social Workers

*CHILD WELLBEING  
AND PROTECTION*



*AASW Position Paper*

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This paper has been developed by the Australian Association of Social Workers (AASW), in particular the National Social Policy Committee and in conjunction with key professional staff and other members.

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## Introduction

### Scope

The AASW recognises the constructed nature of the terms ‘child wellbeing’ and ‘child protection’. In this context the term ‘child wellbeing and protection’ is used to refer to the responsibility of everyone, including social workers, for the wellbeing, development and safety of the children and young people in our community. The term encompasses the full range of strategies to enable children to develop their potential, encompassing those that promote and support child wellbeing to those that prevent and address harm.

*‘Social workers, in a variety of practice contexts, need to be able to promote child wellbeing and to assess and respond to the needs of children and families..’*

This statement rests on assumptions that the family, in all of its diverse forms, is the basic unit of care for children and young people and that all families need supportive connections to enable them to grow and develop securely and happily. It acknowledges that many families and communities have to face situations and conditions that challenge their capacity to provide optimal care for children and young people and that in these situations most families and children need additional, personalised supports. Social workers, in a variety of practice contexts, need to be able to promote child wellbeing and to assess and respond to the needs of children and families through direct practice and through working for structural changes.

The AASW acknowledges therefore the need to consider child wellbeing and protection within the broader social and political context. Responding and working in partnership with children, young people and families requires an understanding of the inter-related nature of child wellbeing, abuse and neglect with issues such as poverty, domestic violence, drug and alcohol misuse, disability, colonisation and the ongoing impacts of the Stolen Generation, homelessness, education, health and mental health.

The social work platform outlines how the social work profession generally and the AASW specifically will work to address the complexity and diversity of the issues facing Australian children and families.

# The social work platform

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## 1. Definition of social work

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance wellbeing. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (IFSW 2001, as cited in AASW *Code of Ethics* 2010, p. 7).

Social work in its various forms addresses the multiple, complex transactions between people and their environments. Its mission is to enable all people to develop their full potential, enrich their lives, and prevent dysfunction. Professional social work is focused on problem solving and change. As such, social workers are change agents in society and in the lives of the individuals, families and communities they serve. Social work is an interrelated system of values, theory and practice (IFSW 2001).

## 2. Values

Social work grew out of humanitarian and democratic ideals, and its values are based on respect for the equality, worth, and dignity of all people. Human rights and social justice serve as the motivation and justification for social work action. Social work values are embodied in the profession's national and international codes of ethics.

## 3. Theory

Social work bases its methodology on a systematic body of evidence-based knowledge derived from research and practice evaluation, including local and indigenous knowledge specific to its context. It recognises the complexity of interactions between human beings and their environment, and the capacity of people both to be affected by and to alter the multiple influences upon them including bio-psychosocial factors.

The social work profession draws on theories of human development and behaviour and social systems to analyse complex situations and to facilitate individual, organisational, social and cultural changes.

## 4. Practice

Social work addresses the barriers, inequities and injustices that exist in society. It responds to crises and emergencies as well as to everyday personal and social problems. Social work utilises a variety of skills, techniques, and activities consistent with its holistic focus on persons and their environments. Social work interventions range from primarily person-focused psychosocial processes to involvement in social policy, planning and development.

## 5. Social work in Australia

### ***The Australian Association of Social Workers (AASW)***

The AASW is the key professional body representing more than 7000 social workers throughout Australia. The social work profession is committed to the pursuit and maintenance of human wellbeing. Social work aims to enhance the quality of life and support the development of the full potential of each individual, family, group and community in society through an equal commitment to:

- a. Working with Australia's First Peoples
- b. Working with and supporting people to achieve the best possible levels of personal and social wellbeing
- c. Working to address and redress inequity and justice affecting the lives of clients, client groups and socially disadvantaged
- d. Working to achieve human rights and social justice through social development, social and systemic change, advocacy and the ethical conduct of research (AASW 2010).

## **Professional education**

The AASW set the benchmark for professional education and practice in social work. We have a strong voice on matters of social inclusion, social justice, human rights and issues that impact upon the quality of life of all Australians. We seek a close and collaborative relationship with educational institutions, industry, government, client associations and the community. The AASW acknowledges the critical importance of the contribution made by Aboriginal and Torres Strait Islander members.

## **Professional practice**

Professional social work practice is underpinned by a *Code of Ethics* (AASW 2010) and *Practice Standards* (AASW 2013). The *Code of Ethics* emphasises principles of social justice, human rights and professional integrity, and provides the guide and standard for ethical social work conduct and accountability for Australian social workers. The *Practice Standards* outline what is required for effective, professional and accountable social work practice in all social work and emphasise a commitment to lifelong learning and an ongoing contribution to knowledge and research.

Social workers are involved in the delivery of a range of settings including public health, community health and welfare, educational institutions, government departments and increasingly in private practice.



The AASW is the national association for Australian professional social workers. We set the benchmark for professional education and practice in social work. We have a strong voice on matters of social inclusion, social justice, human rights and issues that impact upon the quality of life of all Australians. We seek a close and collaborative relationship with educational institutions, industry, government, client associations, and the community.

### **AASW leadership**



**Karen Healy**  
AASW  
*National President*



**Glenys Wilkinson**  
AASW  
*Chief Executive Officer*



## Policy and legislative context

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Australia is a signatory to the *United Nations Convention on the Rights of the Child* (1989) and many of the principles of the Convention are embedded within child protection legislation. Together with policy frameworks, which specify how services and interventions are to be delivered, legislative principles reflect the service goals to which governments aspire. In 2009, the National Child Protection Clearinghouse<sup>1</sup> outlined similarities and differences in child protection services across Australia and found that legislation in each State and territory differed considerably in accordance with local needs. However, legislation across all States and territories was found to possess similar guiding principles in several key areas. These included:

- A ‘best interest’ principle
- A commitment to early intervention
- The participation of children and young people in decision-making
- The provision of out-of-home care
- Culturally specific responses to Aboriginal and Torres Strait Islander people

Key issues that were found to be less consistent with several variations in each State and territory included:

- ‘After care’ support including the age to which the support is given and the nature of that support to people exiting the care system
- Permanency planning and stability of care including differences in the timelines and decision-making guidelines and models

Since then the *National Framework for Protecting Australia’s Children 2009–2020* (the National Framework), was endorsed by the Council of Australian Governments in April 2009. The National Framework was put forward as ‘an ambitious, long-term approach to ensuring the safety and wellbeing of Australia’s children and aims to deliver a substantial and sustained reduction in levels of child abuse and neglect over time. [It] looks in detail at the need for the Commonwealth, State and Territory governments and non-government organisations to work together to protect Australia’s children.’<sup>2</sup>

The National Framework is being implemented through a series of three-year action plans. The first action plan (2009–2012) focused on implementing partnership and reporting arrangements to underpin all further initiatives. The second action plan is focused on ‘working together’ across government and non-government sectors ‘including engaging with sectors that are not traditionally thought of as child-centred, to raise awareness and address risk factors for abuse and neglect. It will also emphasise the development of local partnerships for local solutions, recognising that a “one size fits all” approach does not work across Australia’s diverse communities and that Aboriginal and Torres Strait Islander and culturally and linguistically diverse families and communities need strategies that are sensitive to their needs and circumstances’.<sup>3</sup>

The implementation of the National Framework differs at State, Territory and Local levels. For a detailed overview of pre-existing and new policy and legislative developments by State see the Australian Institute of Health and Welfare’s Child Protection Report 2011–12.<sup>4</sup>

*‘..Aboriginal and Torres Strait Islander and culturally and linguistically diverse families and communities need strategies that are sensitive to their needs and circumstances.’*

# A Vision for the Child Wellbeing and Protection System

The AASW endorses a child wellbeing and protection system that reflects the principles of social justice, human rights and professional integrity. A system that:

- adopts a public health model of child wellbeing and protection
- This has been defined by the National Child Protection Clearinghouse as a service system in which *'primary, secondary and tertiary services are all critical elements in the child welfare and child protection system. However, a well-balanced system has primary interventions as the largest component of the service system, with secondary and tertiary services progressively smaller components of the service system. Investment in primary prevention programs has the greatest likelihood of preventing progression along the service continuum and sparing children and families from the harmful consequences of abuse and neglect.'*<sup>5</sup>
- recognises that child and family wellbeing is the responsibility of society as well as individuals, families and communities
- adopts a rights-based approach consistent with the United Nations Convention on the Rights of the Child (1989)

Accordingly, social workers are committed to ensuring that:

- i. The best interests of children are the primary concern.
  - ii. All children are heard. Children should be consulted about, and take part in making, decisions affecting their life with regard to the child's age or ability to understand.
  - iii. All children have the right to be given information about decisions and plans concerning their future and personal history, having regard to the child's age or ability to understand.
  - iv. These rights are afforded to all children regardless of their race, religion, abilities, gender, beliefs or any other factor.
  - v. Aboriginal and Torres Strait Islander children and children from culturally and linguistically diverse backgrounds have a right to services, supports and interventions that are culturally sensitive, competent and aware.
- acknowledges the Aboriginal and Torres Strait Islander peoples, the First Australians, and pays respect to their unique values, and their continuing and enduring cultures, which deepen and enrich the life of our nation and communities
  - acknowledges and understands the historical and contemporary disadvantage experienced by Aboriginal and Torres Strait Islander peoples and invests in meaningful culturally appropriate processes for engaging, assessing and working alongside Aboriginal and Torres Strait Islander families
  - acknowledges and understands the unique experiences of children and families from culturally diverse and refugee backgrounds
  - is culturally competent, safe and sensitive at the organisational, professional and individual practice levels
  - demonstrates systemic integrity

We believe this is reflected in a child wellbeing and protection system that focuses on keeping children safe in their family and community and is best achieved by:

- i. prioritising the investment in and delivery of universal preventative and early intervention measures as well as provision of secondary and tertiary services

- ii. funding and service delivery decision-making that is consistent, transparent and accountable, and
- iii. employment of a professional workforce that has the capacity and competence to deliver child wellbeing and protection services
- unified under a common framework that at its core:
  - i. recognises respect, participation and capacity-building as fundamental rights and needs of vulnerable children and families
  - ii. supports child-safety and family wellbeing by ensuring a professional workforce that has the skills, knowledge and capacity to respond to the strengths and needs of vulnerable children and families
  - iii. is child-centred and family-focused
  - iv. is systemically culturally sensitive, safe and aware.
- is characterised by collaborative approaches to working with and between children, families, government and non-government agencies and communities
- encompasses and considers the health, wellbeing and interests of children across the lifespan including unborn children through to young adults exiting care.

We believe such a framework has an important part to play in ensuring the health and wellbeing of all Australian children. In particular, we believe it will help disadvantaged and marginalised families address some of the issues they face, including intergenerational trauma, and provide necessary support and practical assistance to redress chronic need.

## Child protection practice principles

The AASW's vision for child wellbeing and protection is grounded in the following practice principles.

### 1. All children

Our practice with all children will recognise that:

- a. The mental health of infants and children is best served by living with attachment figures (usually related family) who are able to provide a sense of security and safety.<sup>6</sup>
- b. Removal of a child from their birth parents is a decision that has long-term implications and should be considered only when the level of harm is severe and on balance is more damaging than leaving the child where they are.<sup>7</sup>
- c. Each change of placement/attachment figure has a negative impact on the child and their future mental health and therefore should not be done lightly.<sup>8</sup>
- d. Children need permanency of placement to develop good mental health. The sooner this can be established or re-established, the better for the child.<sup>9</sup>
- e. All children do better with gradual introduction to new carers. This maximises time to get to know carers and to feel as secure as possible before any formal transfer.
- f. Care by strangers (who do not intend to form an attachment relationship with the child) or rotating care by more than three people could be deleterious for the child if it continues for more than a crisis period.
- g. Siblings should be placed in out-of-home care together if at all possible, and in any case, close relationships between them should be maintained.<sup>10</sup>
- h. Priority and support should be given to kinship placements for Aboriginal and Torres Strait Islander children.

### 2. The infant (child under two years) – Special consideration

Our practice with children under two years will recognise that:

- a. The first two years of a child's life are crucial to the child's development in all areas<sup>11</sup>



- b. Changes in caregiver are more difficult for infants as it means the loss of their sense of safety and security. Developmentally they are unable to understand or be prepared for such disruptions. Infants also cope less well with overnight care changes.<sup>12</sup>

### **3. Best practice work with birth parents**

- a. Treating birth parents with respect and inclusive participation is the most effective route to enable them to change.<sup>13</sup>
- b. Improvement of the relationship between the child and the birth parents to a 'good enough' standard of care is the best first option for the child's future development.
- c. There should be a range of service options to meet the parent's learning needs including families with low-level English proficiency and literacy levels and families from non-English speaking backgrounds.<sup>14</sup>

### **4. The initial intervention**

The intent of the initial response to notification and any subsequent intervention should be to effect change that is in the best interests of the child.

- a. The initial intervention should be underpinned by a dynamic risk-assessment process that includes but does not solely rely upon forensic or structured decision-making tools.
- b. If removal is considered necessary, continuity of the cultural affinity of the child and birth family should be a priority.
- c. Once a child has been removed from the birth family's care, the possibility of reunification should be the first consideration.
- d. If reunification is considered impossible, decisions about a permanent placement should be made as soon as possible.

### **5. Out-of-home care**

- a. The relationship with the foster parent should be supported as the primary relationship with the child. The child's relationship with the child protection worker will usually be a secondary one.
- b. All out-of-home carers and foster parents should be formally assessed. The carers' own attachment history should be part of the assessment process.<sup>15</sup>
- c. Foster parents need ongoing support, training and opportunities for reflection in order to provide a positive secure relationship with the child (who may have a severely disrupted history of trauma and relationships with previous carers).
- d. Foster parents and all out-of-home care placements should be regularly reviewed.

### **6. Contact arrangements**

- a. The AASW supports contact arrangements through case planning in recognition of the inflexibility and unresponsiveness of court-ordered contact arrangements. However, contact arrangements based on case planning:
  - Must be child-centred and take into account both in their conception and implementation:
    - i. the child's age and stage of development;
    - ii. the needs of the child;
    - iii. the child's expressed wishes, if they can be acquired;
    - iv. any secondary impacts on the child of contact arrangements such as travelling long distances and being accompanied by strangers.
  - Require a professionally qualified and adequately supported case planning workforce involved in all aspects of contact

## Role of social workers

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The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance wellbeing. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (IFSW 2001, as cited in AASW *Code of Ethics* 2010).

Concern for the wellbeing of children and young people has been a core element of social work practice internationally since the development of social work as a distinct profession. The AASW acknowledges that in Australia social workers played a role in the history of child protection, including the removal of Indigenous and other children from their families and communities and that this has led to intergenerational trauma and the tragic legacies of the 'Stolen Generations' and the 'Forgotten Australians'. Social workers have also been among those who have advocated for the rights of Aboriginal and Torres Strait Islander peoples and other vulnerable children and families. The AASW acknowledges the need for social workers to be alert to, and to advocate against, unjust practices and policies, and to analyse the potential for professional practices to perpetuate abusive practices.

*'..social workers are recognised throughout the world as the core professional group in child protection policy, management and practice.'*

Significant numbers of social workers practise in child wellbeing and protection settings in a range of roles including direct case work, management and policy. No other professional discipline is so immersed in the areas of knowledge that are essential for quality relationship-based child protection practice. As a result, social workers are recognised throughout the world as the core professional group in child protection policy, management and practice.

## Decision-making in child wellbeing and protection settings

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The AASW acknowledges that decision-making in child wellbeing and protection is particularly fraught. As Schmidt and Stokes (2012) state:

*Decision making in social work, and in particular in child protection, is difficult, challenging, and fraught with risk and a degree of uncertainty. Decisions are often made with insufficient, unreliable, conflicting, or missing information within a stressful and pressured organizational and political context (Budd, 2005; Gambrill, 2005a; Webb, 2002). Despite this uncertainty, social workers must decide whether a child is safe, whether a child should be removed from his or her home, whether to provide additional supports to a family, and how to engage with a family to facilitate positive change for a child. These everyday decisions can dramatically affect the lives of children and their families..*

*However, the practice of applying knowledge to a specific situation is more than an exercise in technical rationality; it requires social workers to translate theoretical knowledge into skills and know-how for practice (Kondrat, 1992; Parton, 2003). In the real world, it requires what Squires (2005) referred to as 'repetition-with-variation.' The art or practice of social work is to interpret the individual client situation and take actions that are consistent with the organizational and societal context...*

*[T]he literature agrees that there is more to professional practice than technical know-how. Whereas*

*empirical or scientific knowledge allows for the application of systemic theory and procedural rules, secondary forms of experiential knowledge take into account the professional's store of cultural, personal, and practice knowledge. It is this personal store of knowledge that becomes internalized and allows the professional to filter a situation through his or her own thinking process, to decide which information is relevant, to discover patterns of meaning, and to value an individual's unique experience of their everyday world.*

This complexity in the context of a range of historical and cultural factors, such as the Stolen Generations, the death of children in care and a chronically underfunded and under-resourced child welfare sector present the social work profession with great challenges and opportunities in every day practice. The AASW believes this context also informs a diverse and rich range of views and responses to some of the more contentious issues facing social workers today.

*‘.AASW measures are designed to support the development of a professional workforce with the skills and qualities necessary to conduct this important work..’*

In July 2013, the AASW consulted with its members on a range of contentious issues including timelines for permanency planning, dispensing with parental consent, non-consensual adoption, restoration and contact arrangements. A consensus was not reached, and accordingly a position regarding these issues is not reflected in this position statement. Rather than view this as a gap or flaw in social work child protection practice, the AASW believes this affirms the complexity of the child welfare terrain and reiterates and underscores the critical importance of the professions commitment to high educational standards, ongoing professional development and supervision, the *Code of Ethics* and *Practice Standards* and the need for the evolution of the professions knowledge and research base.

Accordingly, the following AASW measures are designed to support the development of a professional workforce with the skills and qualities necessary to conduct this important work:

## **1. Professional education**

The *Australian Social Work Education and Accreditation Standards* (ASWEAS) 2012 (Guideline 1.1) outlines specific child wellbeing and protection curriculum content required in all social work qualifying degrees including four-year undergraduate and two-year postgraduate qualifying Masters. In addition, social work students complete total of 1000 hours of supervised practice in a range of health and community service settings that may include child protection services.

The ASWEAS requires that all qualifying social workers have knowledge and skill in four key areas. These are: children in the context of their families and communities; the policy, legislative and service contexts of social work with children and families; and social work practice with children and families. This includes a beginning knowledge of:

- Child development, including ecological models of human development, social construction of childhood and family life and ethnocentric understandings
- Parent–child attachment and significant other attachments
- The diversity of family structures, dynamics, systems and community networks with particular attention to cultural variations in family and community relationships and child care practices, including Aboriginal and Torres Strait Islander child-rearing practices
- Different types, signs and impacts of child neglect and abuse
- Current evidence about the range of protective, risk and resilience factors including the impact of parental alcohol and other drugs misuse and parental mental health problems on children's wellbeing, a critical understanding of domestic and family violence, and the protective factors associated with children's resilience including enduring relationships and positive community connections
- The process of colonisation and intergenerational trauma experienced by families, children and young people due to colonisation and/or past child welfare practices, in particular, the Stolen Generations,

adults who grew up in alternative care, and children who have experienced detention

- The history and contemporary debates in social philosophy and policy relating to the wellbeing of children and families
- Structural and multiple disadvantages in Australia, including poverty and its impacts on children, families and communities
- Contemporary service frameworks for children and families
- The range of services and organisations that are relevant to the wellbeing of children and families
- The legal context for social work practice in child protection in Australia, and the legal and ethical responsibilities of a social worker under the legislative frameworks that protect children
- Contemporary frameworks that enshrine the rights of children, including the Convention on the Rights of the Child
- Critical practice frameworks that enable the application of a range of theories of social work practice to situations where the social worker encounters children
- Assessment frameworks for assessing the psychosocial needs of children and families
- Practice with involuntary clients, including power imbalances and strategies to respectfully promote engagement with children, young people and adults who do not wish to be clients
- Culturally appropriate and respectful ways of working with children and families from diverse cultures, including Indigenous families and the application of the Aboriginal and Torres Strait Islander child placement principles
- Strategies that reduce risk factors to children at a family level and strategies that support mothers, fathers and families within the context of the promotion of wellbeing, prevention and tertiary continuum of services
- The role of social workers in building and disseminating evidence about what works in practice and policy to promote the wellbeing of children and families and strategies to access specific information about children, families and communities as required, for example, cultural knowledge.



## 2. Improved practice and ethical standards

The AASW promotes lifelong professional development through Continuing Professional Development. The AASW supports efforts to enhance practice standards and contribute to development of a competent workforce.

Qualified Social Workers are able to draw on, and AASW members are governed by the AASW's *Code of Ethics* (2010) and *Practice Standards* (2013) when dealing with the difficult decisions and ethical dilemmas that arise in Child Protection.

## 3. Development of knowledge and research

The AASW is committed to the development of knowledge and research to support better outcomes for children, families and those who provide care for children in out-of-home care. It is clear that both current and new program initiatives need to be evidence-based with clearly defined outcomes supported by research and monitoring. AASW members are trained in these areas and many work within research frameworks.

### Investment in prevention and early intervention

*Investment in primary prevention programs has the greatest likelihood of preventing progression along the service continuum and sparing children and families from the harmful consequences of abuse and neglect.* (Australian Institute of Family Studies (AIFS) 2011a)

- a. The AASW is concerned that current investment and responses to child welfare in Australia are disproportionately focused on tertiary intervention (such as child protection responses). The AASW believes that significant investment in prevention and early intervention is desperately needed to tackle the issue of child abuse and neglect at a societal level.
- b. The AASW commends the Federal government's commitment to a public health model of child wellbeing and protection as reflected in the National Framework (AIFS 2011a), which aims to improve investment in initiatives that prevent abuse and neglect.

The AASW calls on all levels of government to commit to a 'public health' model of child wellbeing and protection with commensurate and significant investment in prevention and early intervention services and supports to children and families.

### Fostering integrated solutions and collaboration

- a. The AASW calls on all levels of government to facilitate collaborative approaches to achieving child wellbeing and protection. The AASW believes that all levels of government tend to work in silos in relation child protection issues. At State and Territory level there are departments managing mental health services, services for people with intellectual disability and domestic violence services as well as child protection authorities. A more collaborative approach is required from all levels of government and non-government agencies.
- b. The AASW supports the renewed commitment to 'whole-of-government' approaches to child protection outlined in the National Framework (FaHCSIA 2009, p. 5). However, the AASW believes that successful implementation of collaborative strategies requires attention to current inconsistencies in State and Territory approaches to protecting children. Specifically, the AASW recommends:
  - definitions of children in need of care and protection are aligned across jurisdictions
  - consistency in notification, substantiation and investigation processes and orders
  - data systems are aligned to improve current limitations in data collection and reporting on child protection at the national level (see AIHW 2013, pp. 95–119).

These inconsistencies are outlined in detail in the annual Australian Institute of Health and Welfare (AIHW) Child Protection Australia annual report.

- c. The AASW is aware that information sharing between agencies is a major restriction on a more collaborative approach in child protection and that this needs to be addressed to ensure privacy of the family and child and at the same time encourage and enhance a partnership framework. The AASW supports the recommendations of the 2008–09 Wood Commission for addressing such issues at a State-based level and the National Framework, which addresses this issue at a national level for the first time.
- d. With respect to collaboration with children and families, the AASW supports a child protection system





*‘.. AASW believes that collaborative practice is best supported when primacy is given to voluntary rather than compulsory interventions and supports.’*

that recognises respect, participation and capacity-building as fundamental rights and needs of vulnerable children and families. The AASW believes that voluntary participation of families should be the primary goal of interventions aimed at families at risk. The AASW is concerned that strategies involving compulsion without adequate attempts to engage with families on a voluntary basis:

- may not acknowledge the range of factors relevant to a family’s decision to refuse parenting supports
- risk creating stigma around engagement with early intervention services, which may ultimately undermine the goal of reducing the number of children and families entering the tertiary service system.

However, the AASW acknowledges that compulsion may be necessary and relevant to ensure the best interests of children are upheld.

The AASW believes that investments in the workforce and service system are other mechanisms that may ultimately be equally effective in engaging at-risk families.

- e. The AASW recognises the value of collaboration among agencies to plan and deliver child welfare services, to support vulnerable families and to keep children safe, preferably in their own families and communities. Child protection authorities need to support this process through recognising, resourcing and rewarding collaboration. This means that the child protection system must create incentives, rather than barriers, to collaboration and recognise organisations on the basis of outcomes and quality, regardless of their size.

The AASW calls for all levels of governments to implement:

- funding preference to agencies where a demonstrated collaborative approach to service delivery and planning is evident
- funding to directly support collaborative meetings, such as funding to services to co-ordinate planning meetings and resources to enable agencies attendance in these meetings (such as funds for co-ordination/facilitation of meetings)
- reward for collaboration through, for example, acknowledgement by government of those services that engage in collaborative planning processes
- research into effective collaboration.

Further, the AASW believes that collaborative practice is best supported when primacy is given to voluntary rather than compulsory interventions and supports (AASW *Code of Ethics* 2010, p. 26).



## The over-representation of Aboriginal and Torres Strait Islander children

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- a. The AASW is deeply concerned about the ongoing over-representation of Aboriginal and Torres Strait Islander children in the child protection system. Indigenous children constitute 4.7% of Australian children yet in 2011–12 represented 19% of children subject to a notification and 33.6% of children living away from home (Healing Foundation 2013, p. 2).
- b. The AASW calls on all levels of government to implement specific programs to address the complex needs of Indigenous and other culturally diverse children who continue to be over-represented in child neglect and abuse referrals and investigations. These programs need to acknowledge and respond systemically to the range of issues impacting on Indigenous children and families that result significant social and economic disadvantage. These include housing, education, health, employment, intergenerational trauma including trauma caused by policies of forced removal and adoption, and drug and alcohol issues.
- c. The AASW supports the strategies outlined by the Healing Foundation (2013) to address the removal of Aboriginal and Torres Strait Islander children and from their families and communities. These include:
  - recognising and protecting the rights of Aboriginal and Torres Strait Islander people and communities to self-determination and the maintenance of spiritual and cultural practices
  - systemic and whole-of-life approaches to tackling economic and social disadvantage
  - significant investment in early intervention and prevention and targeted family support as a representative proportion of child protection expenditure
  - working in partnership with Indigenous organisations and communities
  - a long-term community development approach.
- d. The AASW supports initiatives that allow Aboriginal and Torres Strait Islander children to remain connected with their kin and community. In particular, barriers to the provision of kinship care need to be acknowledged and addressed. The AASW is aware essential processes, such as the completion of a Working with Children Check, may be complicated by issues such as remoteness, difficulties in providing proof of identity documents, literacy and language barriers (QLD Commission for Children, Young People and Child Guardian 2012). Identifying and addressing such barriers should be a priority for State and Territory governments.



*‘The AASW is deeply concerned about the ongoing over-representation of Aboriginal and Torres Strait Islander children in the child protection system.’*

## Workforce development

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The AASW calls on all levels of government to develop a workforce strategy for the child wellbeing and protection sector.

The AASW believes child wellbeing and protection staff can be better resourced and supported to improve outcomes for children and young people as follows:

- a. Governments should work to reduce workforce turnover and thus improve consistency and stability of supports. International evidence shows that frontline workforce turnover is lowest in countries where the child protection workforce has a standardised qualification base in social work and related disciplines, as the workforce is best prepared for direct practice. For example, compared to the Queensland child protection services where turnover is 73% in the first three years of practice, in the United Kingdom the child protection workforce turnover is around 11% per annum and in Norway is approximately 12% per annum (Healy & Oltedal 2010; Local Authority Workforce Intelligence Group 2006). In both Norway and the United Kingdom, social work qualifications or similar are mandatory entry-level qualifications for child protection workers.
- b. Child protection services workforce policy should recruit professionals who are qualified to work with vulnerable children, young people and their families. At a minimum, degree level qualifications in disciplines with mandatory child protection education, such as social work and some psychology, human services and behaviour studies degrees should be the entry requirement for child protection worker positions. Where workers lack these qualifications, they should be supported by the agency to gain appropriate qualifications.
- c. Aboriginal and Torres Strait Islander workers should be encouraged and supported to achieve professional qualifications equivalent to non-Indigenous workers. The Government must be encouraged to address the educational gap facing many Aboriginal and Torres Strait Islander workers and to work closely with tertiary education bodies to provide accessible professional educational programs.
- d. Workplace training should increase its focus on developing the capacity for professional decision-making and effective practice with families including culturally aware and sensitive practice when working with Indigenous children and families, and culturally and linguistically diverse (CALD) and refugee communities. The AASW believes that it is important that workplace training is provided by researchers and practitioners with recognised knowledge and experience in child protection services, not only by workplace training units, and that such training reflects current best-practice knowledge and developments.
- e. The AASW is aware of the difficulty that State and Territory child protection authorities have in recruiting and retaining social workers. Recent literature has cited concerns about managerial and organisational practices and difficulties faced by social workers who have reduced face-to-face time with vulnerable clients. The AASW believes that better outcomes are achieved for children when the application of professional judgement is supported through regular professional supervisory and managerial practices. The AASW's *Practice Standards for Social Workers: Supervision* (2000) provides specific guidance for social work supervision.
- f. The AASW believes that an over-reliance on structured or forensic decision-making tools has contributed to a demise in the level of knowledge, judgment and expertise of staff. Structured decision-making tools should be recognised as only one part of the decision-making process. Workers need to be supported to engage with families as partners, to treat people with dignity and respect, and to turn involuntary clients into voluntary partners through a process of therapeutic casework. Key relationship-building skills include the capacity to foster trust, demonstrate empathy, and engage the families in decision-making to enable partnership in change processes.
- g. The government should support advanced-level practitioners to gain postgraduate qualifications in child protection practice from recognised tertiary education institutions.
- h. Include mandatory training on supervision for supervisors and supervisees as in other government departments such as Queensland Health. We suggest this could be included as part of an initial orientation package and repeated or built upon as required.

- i. Administrative responsibilities of frontline staff should be strictly limited to that which is essential to the reporting on their practice.
- j. Conflicting expectations between the executive and frontline staff need to be addressed. These conflicts, which may arise from a misunderstanding of the relative roles, responsibilities and pressures impacting on staff within child protection should be reduced through the development of a common understanding at all levels of child protection authorities of their goals. These goals should be consistent with international evidence of what effective child protection work involves. Decisions about staffing and resource allocation must be consistent with this evidence-based framework.
- k. Organisational structures should promote the development and utilisation of practice capacities. We advocate that there should be at least three levels of frontline practitioner:
  - Level 1: Child Safety or Child Protection Officer
  - Level 2: Senior Practitioner
  - Level 3: Consultant Practitioner

These levels of seniority should reflect increasingly advanced practice knowledge and skills. Senior and consultant practitioners should be available to child protection officers for the purposes of consulting on complex and high-risk matters. This should be a complement to, rather than a replacement of, regular professional clinical supervision. Training and support should be provided to child protection staff to support them in developing their knowledge and skill such that progression through the levels of practice is facilitated.

*‘..it is important that workplace training is provided by researchers and practitioners with recognised knowledge and experience in child protection services..’*

- l. More accountability in executive decision-making to the frontline. Decision-making structures need to be established so that the executive gains insight into the demands of frontline practice and understands how executive decision-making will impact on the capacity of frontline staff to realise the organisational mission to promote child safety and wellbeing.
- m. Specific attention needs to be given to how staff in rural and remote locations can be supported as outlined above with particular regard to training subsidies and supervision.
- n. A clear set of maximum ratio of staff to clients (families and children) so that adequate services and resources are able to be delivered to children.
- o. The AASW is aware of the difficulties recruiting and retaining carers for children placed in out of-home care and the difficulties faced by child protection social workers who are working with these carers and children. The AASW supports training and ongoing support for these carers to ensure they have sufficient information, awareness of the challenges and rewards of being a carer and strategies for dealing with these before and throughout any placement. Doing so will provide carers and vulnerable and traumatised children with the best possible chance of an appropriate placement and its ongoing stability and security.

*‘The AASW recommends that child protection authorities are held more accountable for the wellbeing and safety of children and young people who are in or have exited the care system..’*

## Support for young people exiting care

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The AASW calls on Federal, State, Territory and Local governments to improve life opportunities for children and young people in care and leaving care. The AASW recommends that child protection authorities are held more accountable for the wellbeing and safety of children and young people who are in or have exited the care system including:

- a. Legislating for a formal extension of the age of young people leaving care to 25, with supports available to that which is normative for their peers not in care.
- b. Processes for monitoring the location and nature of placements of children and young people who have exited the care system.
- c. A clear system of accountability for ensuring that these children and young people have a care plan and that agency responsibilities in that care plan are met.
- d. Care plans facilitated by staff who have appropriate education and career-planning expertise and that outline transition stages, supports available and key people to champion and facilitate the plan, including evidence of engagement with the child or young person.
- e. Reorientation of existing staff support (school guidance officers, TAFE career counsellors, flexible education program managers/leaders) to work with children and young people in out-of-home care and their significant others, including child protection staff in supporting the cohort of young people in their transition phases in state schools, high schools, flexible learning schools and those who have been excluded from school or left prematurely.
- f. Appointment of appropriately qualified staff in the areas of career planning and education engagement to graduated entry programs, traineeships, apprenticeships and other higher and further education opportunities for young people during the transition into independence. This could include the establishment of education officers who have career planning and education expertise who are employed by child protection authorities and report through the relevant government department to ensure professional isolation is addressed.



## Improving the capacity and effectiveness of the child protection system

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The AASW calls on all levels of government to improve the capacity and effectiveness of existing secondary and tertiary services and support by:

- a. building capacity within families through the employment of a tertiary-qualified workforce with the skills and support infrastructure to work with high-risk families
- b. reducing the administrative load on frontline workers
- c. increased funding to family support and preservation services
- d. reviewing and evaluating the effectiveness of the assessment framework used by child protection services including the use of structured decision-making tools. The AASW believes that assessment should be a dynamic and cyclical process that utilises assessment tools as well as the expertise, knowledge and skill of tertiary-qualified child protection workers. The AASW recommends that the assessment framework must demonstrate cultural awareness and sensitivity



- e. reviewing current practices of case management, in particular, how much actual therapeutic case management and case work occurs in engaging with families as opposed to administrative case management. The AASW believes the parameters of therapeutic case management need to be included in child protection worker position descriptions
- f. reviewing case loads for child protection staff. The AASW recommends the introduction of case load ceilings to ensure the quality and consistency of support to children and families, and to inform case load management processes
- g. resourcing programs aimed at developing parenting capacity that are appropriate to the needs of families. The AASW believes that such programs must provide a real opportunity for parents to succeed. In order to do so, the AASW recommends they:
  - be tailored to meet the needs of parents who are trying to address complex and intergenerational issues such as trauma and family violence
  - allow for recognition that complex and intergenerational issues require time to be addressed;
  - are easily accessible to the family
  - are delivered by a professional workforce with the necessary skills, training and experience;
  - are culturally sensitive and appropriate
  - are sensitive and responsive to the needs of people with disabilities.
- h. developing and implementing recruitment strategies for foster and kinship care from CALD and refugee backgrounds
- i. cultural competence training for all frontline staff, including training on the use of interpreters.

## Support for people with a disability

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The AASW calls on all levels of government to improve outcomes for people with disabilities.

The child wellbeing and protection system must have the capacity to engage, assess, elicit and respond to the specific needs and views of children, young people and families with disabilities. Capacity to do so effectively must be incorporated at all points of contact with the child wellbeing and protection system. We believe this will be supported by ensuring that the service system and workforce:

- a. has clear guidelines for ensuring the participation of children and families with disabilities in decision-making processes and that the rights of people with disabilities are systematically recognised and upheld
- b. have the necessary skills, knowledge and training to work with, assess and provide supports to people with disabilities and/or at a minimum are funded and supported to access and consult with disability expertise as required
- c. have clear protocols that are supported by funding and service agreements that facilitate timely and adequate levels of collaboration between disability support and child wellbeing and protection services
- d. provide supports that take individual needs into account. Initiatives such as parenting programs, for example, must be accessible and appropriate to the needs of parents with disabilities.



In addition, the AASW calls on the Federal government to ensure that the child wellbeing and protection principles outlined here are considered and reflected in the roll-out and development of DisabilityCare.

## Improving cultural awareness, sensitivity and responsiveness

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The AASW calls on all levels of government to develop and implement strategies and provisions for meeting the needs of culturally and linguistically diverse (CALD) and refugee children and families. The AASW commends the inclusion of such strategies in the National Framework Second Action Plan 2012–2015 (2012). The AASW recommends:

- a. that research is undertaken to:
  - establish the numbers of CALD and refugee children in the child protection system
  - review the practices and policies in place to respond to the needs of CALD children and families. At present, 'there is limited research regarding cultural issues within statutory child protection services in Australia' (AIFS 2011b, p. 38)
- b. the collection of data on the ethnicity, language spoken and religion of children and families in the child protection system (Kaur 2012)
- c. that child wellbeing and protection services and supports develop communication strategies for CALD and refugee families on:
  - Australian Child Protection statutory role
  - early intervention and prevention awareness information on the nature of child abuse and Australian parenting practices
  - culturally tailored information on the harms of physical discipline and family violence (Kaur 2012)
- d. the development of culturally sensitive and aware policy and practice at the organisation, professional and individual levels. This will include:
  - culturally competent assessment frameworks and tools
  - cultural competence training for staff
  - culturally sensitive and responsive service models, supports, interventions and practice guidelines.





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