

Principles and processes for child protection decision-making

Queensland's case management framework

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Many welfare authorities have developed detailed systems for the management of their initial response to child abuse reports. But what happens then? Less attention has been given to frameworks for the management of cases subject to on-going statutory intervention. The Queensland framework is unique in Australia – its methodology ensures an on-going client-focused response which integrates 'best practice' standards, accountability and dynamic planning and review until the child's needs have been met.

Queensland's framework for the management of statutory child protection cases, formally introduced in 1992, had its genesis in principles and practices developed during the 1980s. These are exemplified by the three core tenets underpinning the framework:

- when statutory intervention occurs to protect a child, the level must not exceed that necessary to protect the child from significant harm;
- decisions about the appropriate level of intervention will be informed by on-going assessment of the child's protective needs, ie, what the child needs to be safe;
- children and their families have the right to participate in making decisions about how to meet the child's protective needs.

These principles are not new. They are the same principles which informed developments in British practice during the 1980s (Birchall & Hallet, 1995) and are apparent as early as the 1970s in some European countries, such as Switzerland (Schmid, in Sale & Davies, 1990). They were reflected in New Zealand's *Children, Young Persons and their Families Act* in 1989.

What appears to be unique to Queensland is a comprehensive framework for child protection practice which implements these principles across the whole of departmental involvement with a child and family. Most other Australian states, like Queensland, have a well articulated framework for the initial investigation and risk assessment of child protection

notifications. Some have risk assessment frameworks which continue to be applied after initial intervention, eg, South Australia (Hetherington, 1997). However, in addition to this, Queensland's case management framework directs the whole of case practice with a family from initial intervention through to case closure.

OUTLINE OF THE CASE MANAGEMENT FRAMEWORK

The framework applies to every child protection case where, following substantiation of harm to a child, a decision is made by departmental officers that ongoing departmental intervention is necessary to ensure the child's safety.

'Intervention' means departmental contact with the family and child which is considered necessary to address the child's protective needs. It does not refer to supportive contact of an optional nature.

The case management framework is applied to all child protection cases, including those where departmental intervention is:

- agreed to by the family and is not court-based; and
- based upon an application to the Children's Court for a protective order.

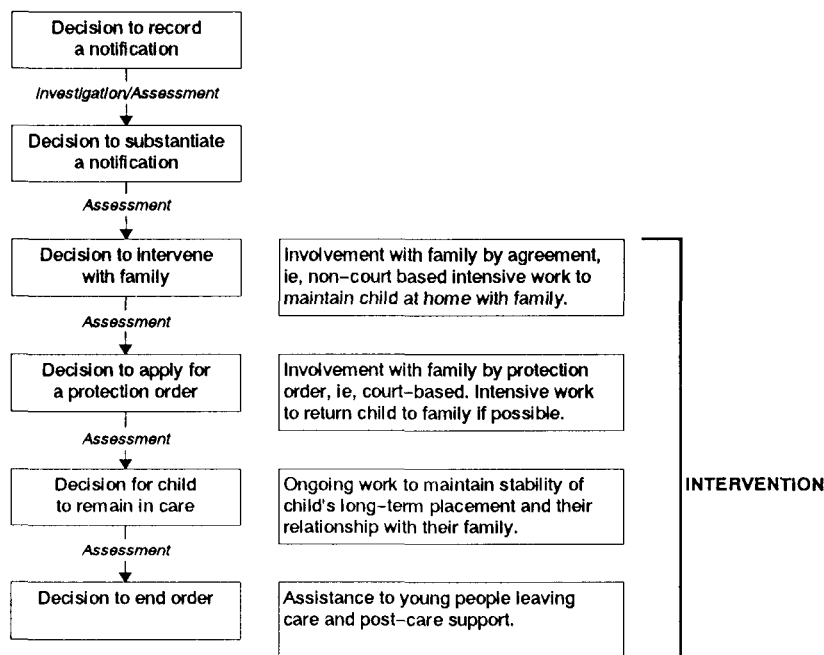
The use of the framework to direct practice in non-order cases is an important feature, and complies with the requirement that the level of intervention must not exceed that necessary to protect the child.

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Diagram 1 Child protection continuum



ASSESSMENT OF PROTECTIVE NEEDS

The term ‘the child’s protective needs’ refers to the specific requirements for the child to be safe, that is, to experience an adequate standard of physical and emotional health while in his/her family’s care or under the guardianship of his/her parents. In other words, protective needs are the needs of the child.

The ‘assessment of the child’s protective needs’ is a tool that links this key concept with practice. This assessment:

- sets the parameters for departmental involvement;
- provides the rationale for the level of departmental involvement;
- informs decision making about the level of intervention;
- gives direction to case planning;
- occurs throughout the period of intervention;
- guides on-going decision-making about whether continued departmental intervention is required.

The framework integrates initial and on-going assessment with planning and review.

- It promotes the application of on-going assessment to decision making as the case evolves.
- It ensures that the process of case resolution is always focused upon the goal of meeting the child’s protective need.
- It maximises parental decision making.

Three separate forums are used for formal decision making:

- case discussion meetings between the departmental officer with case responsibility, senior departmental officers and other key professionals;
- family meetings between the department and the child’s family (including the child/young person where this is appropriate);
- placement meetings between departmental officers and care providers (if the child is placed in out-of-home care).

The word ‘meeting’ describes focused, purposeful discussions which result in decisions that are formally recorded.

These meetings occur regularly until case closure. The timing of the meetings is

determined by the key decision points of each case. Where a decision is made that the child’s protective needs will be met by remaining in long-term care, meetings are held according to standards for review. The family meeting is the pivotal forum, given the focus on maximising family participation in decision-making.

Within the context of this framework, ‘case planning’ encompasses both the process of making decisions with the child’s family and professional case decision-making. The framework recognises that both are essential and provides separate forums for this to occur, ie, the family meeting and the case discussion meeting. Each family meeting must be informed by a case discussion meeting which precedes it. The family meeting in turn informs the placement meeting with the careprovider, at which plans are made for the day-to-day care of the child while in out-of-home care.

The core elements of the framework are:

- **assessment of the child’s protective needs**, ie, what the child needs to be safe; and
- the **family meeting**, which provides the context for formal planning with the family.

The conceptual core of this assessment process must be ‘what the child needs to be safe’ and not, for example, ‘what the parent needs to do to make the child safe’. The difference is subtle, but crucial. Essentially the focus for planning is on the child’s needs, rather than the parents’ actions. Parents cannot as readily participate in decision-making if the starting point is an assessment of ‘what the parent has done to the child’ rather than ‘the child’s needs’. It is important that planning is not initially focused upon ‘how the parent needs to change’.

Some examples

- In a situation where a substance abusing parent has been neglectful in their care of a baby, the child’s protective needs may be defined specifically as ‘the need to be fed regularly and not left unsupervised for long periods during the day’. The caseworker, parent and other family members can then concentrate on how to meet the baby’s needs for adequate feeding and supervision, and in the process can look at causes and at a range of options, which may or may not be limited to the parent addressing his or her drug-taking. This is different to saying to a parent ‘you must stop

taking the drugs which prevent you from caring properly for the baby’.

- Rather than saying to a parent ‘you must stop acting like this towards her’ in the case of an emotionally harmed adolescent, one would say ‘(the young person) needs to feel accepted and loved by you and to feel that she is a worthwhile person’. The caseworker, parent, young person and other family members can then concentrate on how to meet the young person’s needs for a relationship with the parent (or other family) which is not emotionally harmful.

As part of this process a discussion of the causes and a range of options to address this need can occur, which may or may not include the parent changing his or her behaviour towards the young person.

If practice is parent-focused, rather than needs-focused, there is a tendency to jump from an assessment of harms or risks to generalised statements about what is needed to change. Omitting to clarify the child’s actual needs as an intermediate step often means that work towards ‘solutions’ is unfocussed and fails to consider a full range of options.

A focus on the child’s protective needs promotes goal-oriented planning and purposeful casework. It helps parents to see the child’s needs and join with child protection workers in attempting to meet them, rather than responding adversarially. It also assists in promoting the involvement of children and young people in decisions and processes that affect their lives.

FAMILY MEETINGS

Family meetings are the meetings with the child’s family, and where appropriate the child, to formally communicate with the family about the intervention process. Family meetings ensure that:

- the reasons for departmental intervention are clearly explained;
- the views and responses of parents and the child are recorded;
- parents, other family members, and the child (where appropriate) take responsibility to the maximum extent in planning how to meet the protective needs of the child;

- as far as possible, regular family contact between parents and children in out-of-home care is maintained.

The family meeting formalises the family’s decision-making about how to meet the child’s protective needs. The meeting itself is important, but equally the casework done with the family prior to the meeting is crucial to their effective involvement.

Regular family meetings are an essential practice standard to be met in all cases. An initial family meeting is held at the time of the decision to continue intervention with the family following a substantiated outcome in response to a child protection notification. Subsequent family meetings are held according to the needs of the case, at key decision-making points or at scheduled review. The persons who attend are as follows:

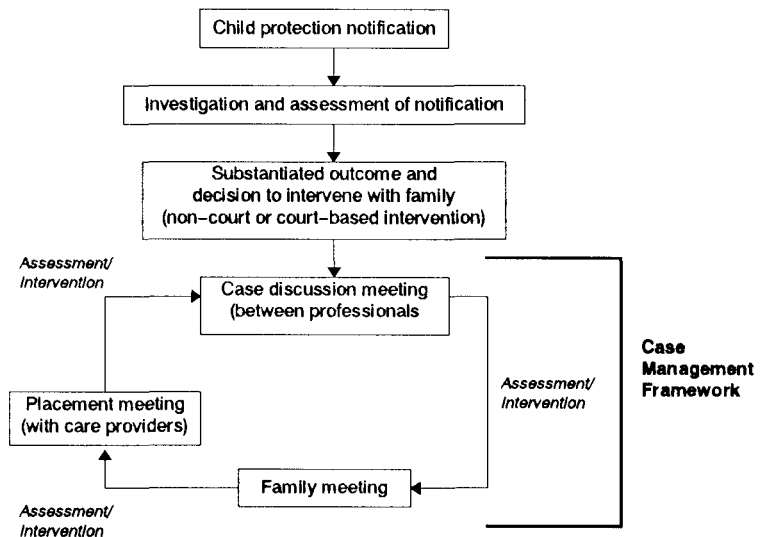
- The child’s parents. Parental decision-making about meeting the child’s protective needs is central to the case management framework.
- The child, where this is appropriate. It is essential that the views and feelings stated or demonstrated by the child are taken into account in planning. However the child’s full or partial participation in a family meeting must be carefully considered on an individual basis, with respect to the child’s capacity and vulnerability in the particular case situation. Where it is not possible or appropriate for a child to

attend the family meeting, it is important that the child’s views are identified and presented to the meeting.

- Other relatives or people with a significant connection to the child, where this is appropriate. Relatives or significant others are invited to participate in family meetings when it is considered that their presence is critical to planning, for example, where they are assuming major responsibility for the child, or are involved at the request of the parent or child. The participation of relatives or significant others will usually be with the permission of the parents. However parental permission may be overridden when it is clearly in the interests of the child to have the person/s involved. When the child is of Aboriginal or Torres Strait Islander origin, the community identifies the key people to be involved in planning to meet the needs of the child;
- Essential support workers, for example, a representative from the Aboriginal and Islander Child Care Agency or an ethnic support worker,
- If the child is placed in out-of-home care, the care provider also attends where appropriate. However, the care provider would not usually attend the family meeting as the focus is on the child’s family making decisions with the Department.

For parents to achieve the most from

Diagram 2 Case Management Framework



family meetings, it is important that they are well prepared. Prior to the meeting, they are fully informed about the Department's assessment of the child's protective needs and the assessments of other professionals. This includes clear information about any non-negotiable departmental decisions. Prior to the family meeting, the parents must be clear about the matters which are to be decided at the meeting and the options available.

It is acknowledged that there is not an equal balance of power between the Department and family – by intervening the Department is exercising its statutory responsibility to protect the child. At a minimum, whether the Department is involved with their family is not an option for the parents to decide; *how* this involvement occurs may be optional, provided the child's safety needs are met. Information about the Department's 'bottom-line' provides clear parameters, within which parents make real choices which are unlikely to be vetoed by the Department.

It is a given of the system that non-negotiable decisions made by the Department must not exceed what is necessary to ensure the child's safety, with all other matters open to family decision-making. For example, the Department may decide that a child cannot safely remain at home because the risk of physical harm is too high, but where the child is placed (relatives, friends or alternative care) may be the parents' decision. Similarly, the Department may decide that a child needs a home situation which provides adequate emotional nurturance, but how this is achieved may be the parents' decision. Relatives may come into the home to help the parent learn to care positively for the child, or the child may spend a good deal of time with relatives.

A Planning Statement jointly produced at the meeting documents the parents' views and statements in their own words, and departmental statements in language which the parents can readily understand. The production of the Planning Statement is an important tool for engaging the parents during the meeting and the family participate in its production. It is not in the form of minutes, and the statement is recorded in a way which all can see (eg, on a clipboard or whiteboard) and is not added to or altered after the meeting.

The conceptual core of this assessment process must be 'what the child needs to be safe' and not, for example, 'what the parent needs to do to make the child safe'. The difference is subtle, but crucial.

COMPARISON WITH OTHER APPROACHES TO CASE PLANNING

Family group conferences

Family meetings are not family group conferences; however they share a basic set of principles, values and some practices. Family meetings do not usually aim to involve all significant members of the child's extended family in the planning. In most cases this is considered unwarranted because parents are motivated to, and able to, achieve a resolution of the child's protective needs.

Further reasons for a lack of emphasis on broad family involvement include:

- recognition that statutory intervention has primarily affected the rights of parents – they are the ones (along with the child) who are most directly affected by the authority of Department – and their centrality to the planning process is acknowledged;
- the involvement of others is considered unnecessary if the parents are capable of working towards a satisfactory outcome with the child in their care, which occurs in the majority of cases.

Involving the extended family is considered to become more important as the level of intervention increases, for example, where the child may otherwise be dislocated from their family, or be placed in long-term care with non-relatives.

Case-plan meetings involving other professionals

Family meetings are very different from 'traditional' case-plan meetings which involve the caseworker, other key professionals who are relevant to the case and the parents or family. It is strongly

contended that this style of meeting is incompatible with true participation by parents in decision-making.

There are further reasons why family meetings do not involve other professionals:

- the Department and the parents (and child) are the key decision makers, ie, the ones who have legal rights in relation to the child and the decisions about the intervention which will occur. To have others present clouds this fact;
- the principle of participation is very important. Parents and family cannot participate openly in a room full of professionals 'passing judgement' on them. It is not possible to conduct such a meeting in the way necessary to allow parents to really participate;
- the focus of family meetings is on planning ahead. It is not the meeting at which the parents first get information about the assessment. Parental contact with the other professionals to discuss their assessment can occur in other ways when needed;
- the professionals involved need a forum where they can share and debate opinions and assessment information. It is unrealistic to claim that this will be done as openly as necessary at a meeting which also includes the parents. It is not unreasonable for this professional consultation to occur without the client, as in other professions.

APPLYING THE PRINCIPLE OF MINIMAL INTRUSION

An assessment of the child's protective needs is required in all cases where it has been determined that there is on-going risk of significant harm to a child. This assessment informs decisions about whether departmental intervention is required to meet these needs and the level of this intervention.

The assessment of protective needs ensures that the principle of minimal intrusion is applied throughout the Department's involvement with a child protection case, from the point of initial decision-making to conclusion of the case. In this way, the framework allows for the dynamic impact upon the case planning process of the parents' and child's participation. The level of departmental intervention will be influenced by the

parents' response to the challenge to address the child's needs – whether directly through changes they make or indirectly through deciding that the child should be cared for by relatives or other out of home care.

Thus the level of intervention with a family may vary over time, depending upon what is required to meet the child's protective needs. For example, a response may change from use of a custody order to use of a supervision order, to non-order child protection follow-up.

In Queensland, the principle of minimal intrusion has resulted in most intervention to protect children occurring without the formality of a court order. Approximately 73% of child protection cases are in this category (1996-97). The 'bottom-line' in these matters is that the Department will act to protect the child from significant harm. However, how the child is protected will depend on the decisions made by the family.

The Department's involvement in non-order cases is not constrained by a time limit. Such limits are unnecessary because application of the framework ensures the work is goal-oriented. If it is necessary to stay involved with a family until the child reaches school age, and doing so protects the child while allowing them to remain at home, this can happen.

APPLICATION FOR WORK WITH ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES

All statutory child protection work with Aboriginal or Torres Strait Islander families in Queensland is required to adhere to the Aboriginal and Torres Strait Islander Child Placement Principle. The Child Placement Principle is accepted by all Australian states as the agreed policy guiding work with indigenous families. It recognises the need for consultation with appropriate Aboriginal and Torres Strait Islander agencies when making case decisions about indigenous children. The principle requires that when indigenous children are placed in out-of-home care for protective reasons, they are preferably to be placed with extended family, secondly within their own community. If this is not possible they should be placed with other Aboriginal or Torres Strait Islander people (Tilbury, 1998).

The key principles underpinning the case management framework are consistent

with the Child Placement Principle, and use of the framework with indigenous families provides a context for its effective operationalisation.

The core tenets of the framework, such as participation of the family in decision-making, apply equally to all families. However the way in which family meetings and placement meetings are conducted for indigenous children is flexible, ensuring that the resultant plans are meaningful and the process is culturally sensitive. For Aboriginal and Torres Strait Islander children, family meetings will:

- involve a greater number of extended family members whose kinship ties to the child are recognised;
- include significant others as determined by the child's community;
- include representatives from the local Aboriginal and Islander Child Care Agency or Remote Area Aboriginal and Torres Strait Islander Child Care (who will also be consulted in prior case discussion);
- be conducted in a culturally-appropriate setting, eg, out-of-doors;
- be facilitated in a way that is respectful of culturally-appropriate interpersonal communication;
- meet other cultural requirements;
- record decisions in a way which makes sense to the family and is adapted to the needs of different family members.

APPLICATION FOR WORK WITH CHILDREN IN LONG-TERM CARE

Given that the case management framework applies from initial departmental intervention until case closure, it provides the context for regular case-planning and review where children are in long-term care. Use of the framework prevents children 'drifting in care'.

Family meetings and placement meetings still occur if it has been determined that a child's protective needs are to be met by the child remaining in long-term care. However their focus changes. Formal communication with the family focuses on the importance of maintaining family links and relationships, rather than on planning to meet the child's protective needs. The planning recognises the child's right to

their identity and to a continuing 'place' within their family.

OUTCOMES OF USE OF THE FRAMEWORK

For the child:

The case management framework is focused on the protection and care needs of the child, ensuring that the child is not 'lost sight of' at any time. This focus prevents further unwarranted progression into the child protection system, and guards against children 'drifting in care' by ensuring that every child has an active case plan. If a long-term care decision is made, the child's needs and relationship with their family continue to be regularly reviewed.

It is a given of the system that non-negotiable decisions made by the Department must not exceed what is necessary to ensure the child's safety, with all other matters open to family decision-making.

For the family:

Use of the framework is empowering for parents because it acknowledges both their rights and responsibilities. The framework emphasises parental decision-making while maintaining clarity about those essential non-negotiable matters where the Department must exercise statutory authority. Giving parents clear information about the Department's 'bottom line' frees them to participate fully in deciding their own role in meeting their child's needs.

The pivotal role of the family meeting in the case management framework ensures that participation in planning is meaningful for parents. One of the strengths of the family meeting is its clarity of purpose, with the focus on planning and formal decision-making between the key parties – the Department and the family. It does not attempt to encompass a range of functions, for

example, information-giving by various other professionals.

For the caseworker:

For the officer with case responsibility, use of the framework facilitates a clear sense of case direction at all times. The framework provides a mechanism for responding to change without losing this sense of direction. It is flexible, fully integrated with casework, and is not dependent on an external mechanism (eg, a review board) to 'catch up' with formalising or recording changed case-plans.

In requiring the officer to articulate the child's protective needs, and justify departmental involvement with the family on this basis, the framework ensures that work with the family remains focused upon what is needed to protect the child.

Use of the framework provides the officer with a clear and consistent approach to both:

- cases which are at the initial stages of departmental intervention; and
- children in stable placements of many years duration.

A particular benefit of the framework for caseworkers is its adaptability to the particular circumstances or needs of different clients. The manner in which family meetings are held can vary without the standards being compromised. The framework can respond to different cultural needs. The way in which a family meeting is held with an Aboriginal family in remote north-west Queensland, for example, will be very different from a family meeting with a non-indigenous Brisbane family, and different again from a meeting with a non-English speaking Vietnamese family. Similarly, parents with a disability which affects their ability to communicate, and parents with varying standards of literacy, can participate by adapting the way in which family meetings are conducted.

For the Department:

The framework provides accountability measures on several levels. It ensures that the Department has a clear justification for ongoing involvement with a family based on the protective needs of the child, and avoids involvement being maintained for longer than is necessary.

The framework works against children 'drifting' in care due to lack of review of their case. Fewer children become subject to protective orders and fewer remain under orders, while more children in care maintain positive family contact.

At a management level, the framework provides the means of assessing whether parents are being involved in planning and whether cases are being reviewed within suitable time frames. The ease with which these matters can be made subject to statistical monitoring also allows the Department to monitor implementation on a state-wide basis.

CONCLUSION

The Queensland framework for case management in the statutory setting has two main strengths.

The first is its simplicity. It is directly relevant to and integrated with the practical work of protecting the child and providing a service to the family. It institutionalises good case practice, without superimposing artificial or external bureaucratic requirements upon the officers involved.

The second main strength of the framework is its honesty. It acknowledges that the relationship between the departmental officers and the family occurs within a statutory setting where there is a clear imbalance of power. The framework reflects the reality of this situation while still maximising parents' opportunities to exercise their own power. Parents are required to accept responsibility for those matters which are within their power to decide, even if such decisions are made by default.

In conclusion, it must be acknowledged that no case management framework can of itself produce good management. Neither can it ensure that the work done with a family is of a high standard. It can however stimulate good quality work and provide the context to support officers with a commitment to quality practice in the statutory setting. For those officers and managers who are not exhibiting this commitment, it provides means of holding them accountable.

Finally, it provides the means by which the Department can meet accountability requirements to others outside the Department and, in particular, to clients. □

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