

CHILD PROTECTIVE SERVICES

A Comparative Examination

Human service networks are completely unwieldy and changeable, and analysis of them is no simple task. Nevertheless, the examination of two such systems — in Michigan, U.S.A. and in Victoria, Australia — ought to enable some conclusions to be drawn as to the effectiveness and implications of two alternative implementations of basically similar policies for the protection of children. Such an examination is here attempted, using for comparison the Child Protection Units operating under the auspice of the Michigan Department of Social Services in Michigan, U.S.A., and those operated by the Children's Protection Society in Victoria, Australia.

TWO SYSTEMS COMPARED — VICTORIA & MICHIGAN

The Children's Protection Society, known until the early 1970's as The Society for the Prevention of Cruelty to Children, was established in 1897 as an outgrowth of its British parent body, the National Society for the Prevention of Cruelty to Children (NSPCC). Children's Protection Society (referred to hereinafter as "CPS") is today in Victoria the only agency authorised by the State (apart from the State Police) to investigate reports of alleged child abuse and neglect and to, where necessary, remove children to substitute care.

CPS has depended largely upon gifts and donations for its survival, at least until the late 1970's when a contract for the provision of child protection services across the State was negotiated in return for funding increases and guarantees. This contract enabled a substantial expansion in the number and spread of child protection units to be made, and perhaps marked a major stage in the development of CPS from its essentially charity-based beginnings to a professionally-grounded service having a clearly defined structure and function within the network of preventive and supportive services in Victoria. Although an independent, non-government agency, CPS provides only one component (albeit a most significant one) of a comprehensive approach developed in Victoria in the 1970's to the enhancement of family well-being and the prevention of child abuse and neglect.¹ This approach, under the auspice of the State Government

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Department of Community Welfare Services ("DCWS"), has attempted to link into a co-ordinated service program the various efforts of both Government and non-government departments and agencies.

The child protection system in Victoria notwithstanding the advance made during the 1970's, remains in its infancy. In only 10 of Victoria's 18 Community Welfare regions is there any CPS service, the barrier to the implementation of the service statewide being funding limitations, as the funding contract negotiated with the State Government is simply not sufficient to provide a full State coverage. It remains to be seen how long this situation will be allowed to continue. The result is that at present in 7 regions there is no CPS service at all, and in those regions reports of abuse and neglect are handled by police, if at all. This, of course, has massive implications for client access to CPS's services, and for the protection (or lack of it) of children across the State, not to mention the development of differing structures of, and relationships between, services in those areas having no CPS service. From the staff viewpoint, the establishment of Units with insufficient numbers of staff has a serious impact upon staff workloads, satisfactions, morale and turnover.²

By way of contrast, children's protective services in Michigan are structurally located within the Michigan State Department of Social Services ("DSS"), which operates Child Protection Units in each of Michigan's 83 counties. These units are staffed by social workers (having either Bachelor or Master of Social Work degrees), and are physically located at local DSS offices. The practice in Michigan is believed to be substantially similar to that of other American States. In addition to its protective service function, the DSS has responsibility for provision of social

service benefits and financial assistance, foster care, family casework services and, through service contracts with non-government agencies, finances the provision of many supportive and supplemental family services.

LEGISLATIVE BASES OF THE TWO SYSTEMS

The legislative basis of the child protective services system in Victoria rests in the Community Welfare Services Act 1978, which empowers the Victorian Police and "authorised" CPS staff to investigate reports of alleged ill-treatment or neglect. That Act authorises the removal of children and protective court action in situations where it can be demonstrated that:

"s.31 (1)

- a. the child or young person has been or is being ill-treated or is likely to be ill-treated or is being exposed or neglected or his physical mental or emotional development is in jeopardy;
- b. the guardians . . . do not exercise adequate supervision or control over the child or young person;
- c. the guardians . . . are dead or incapacitated or are otherwise jeopardising the physical or emotional development of the child or young person;
- d. the child or young person has been abandoned and his guardians . . . cannot, after reasonable enquiries, be found.³

Under the Act a 'child or young person' is defined as any person under the age of 17 years. The Act also provides that, before the custodial rights of a parent can be terminated by admission of a child to wardship, the court must be satisfied that all reasonable steps have been taken to provide such supportive or supplement services as would enable the child to remain at home, AND that admission to wardship is in the best interests of the child.⁴ The requirement to act in the best interests or to "firstly have regard to the welfare" of the child, is paramount in Victoria child welfare law.⁵

Notwithstanding the primary importance of the interests of the child, the potential exists for conflict between those interests and that of the child's parents, or of the family as a unit. Fre-

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quently the Children's Court is required to make some assessment as to the balance between these respective rights and responsibilities, in deciding upon an appropriate course of action for the child.

There is no compulsory reporting law in Victoria, although those who do report instances of suspected abuse or neglect are legally protected and their identity cannot be disclosed. Once a report is received, the CPS responsibility encompasses its investigation and the protection of the child concerned, including removal of the children to substitute care where all efforts to maintain the family fail, or where the child's protection requires such action. In the year to June 1981 the Barwon Child

Protection Unit opened 195 new cases, and 30 families were brought to the attention of the Children's Court in that region. Children in 12 of those families were made Wards of the State, whilst in a further 14 families parental custody rights were not removed but the families concerned were placed under legal supervision of the DCWS for up to two years. Once admitted to wardship or placed under supervision, the responsibility for the future planning for the child falls to the DCWS, and the formal involvement of CPS is at an end, although informal involvement in on-going case-planning often continues. Although CPS is legally bound to accept all referrals which suggest that children may be suffering maltreatment or neglect

through inadequate child care, protection or nurture,⁶the reality is that many referrals are in respect of families living in geographic areas associated with poverty, unemployment, sub-standard and Government-provided housing and a general paucity of services and facilities. At least on the face of it this contradicts the popular myth that child abuse and neglect are classless phenomena, and supports the notion that poverty-related stresses and environmental problems and deficits are significant contributing factors to the incidence of child abuse and neglect.⁷

By comparison, the focus of child protection services in Michigan is upon the protection of the child — a legal responsibility under Michigan Law No. 238 of 1975 — but also where possible the maintenance of the child within the family unit. The Michigan Child Protection Law defines child abuse and neglect as:

"Child abuse means harm or threatened harm to a child's health or welfare . . . which occurs through non-accidental physical or mental injury, sexual abuse or maltreatment. Child neglect means harm to a child's health or welfare . . . which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter or medical care".⁸

The Act also authorises the DSS to establish Child Protection Units with responsibility to investigate reports of alleged abuse and neglect, and to ensure that children are suitably protected and are provided with the best available care, whether in the family home or elsewhere. The philosophy of child protection services in Michigan is clearly in practice the protection of the child within the family unit and, beyond that, the advocacy of the least-restrictive next-available alternative which provides that protection. Reports of suspected child abuse or neglect can be made 24 hours a day, 7 days a week, to either the police or the protective service system, and certain designated professionals (including doctors, nurses, social workers, teachers) are legally required to report their suspicions, with a legal protection and guarantee of anonymity.¹⁰In the year to September 1980 the Ann Arbor Child Protection Unit opened 748 cases, and in 248 of these (33%) the referral was, after investigation by the Protective Services Unit, found to have been substantiated.¹¹

Washtenaw and Barwon — examples of two child protection units.

The Barwon Child Protection Unit is located in Geelong, a major urban area some 50 miles from Melbourne. The Unit serves a population of some 225,000 people, the vast majority of whom are resident in Geelong itself. The region is characterised by large and diverse migrant populations, principally eastern European in origin, and by high rates of unemployment associated with the decline of its principal employer, the car industry (which also makes its comparison to Michigan especially pertinent). The Barwon Child Protection Unit has 5 staff — a senior social worker, social worker, welfare officer and secretary (all full-time), and an additional half time welfare officer. A most significant part of the Barwon Unit structure is the development of a multi-disciplinary case evaluation and consultancy group to assist the work of the Child Protection Unit staff, consisting of a paediatrician, psychiatrist, family therapist, social worker, and the local directors of the departments of Health and Community Welfare Services.¹²

The Child Protection Unit of Washtenaw County, located in Ann Arbor, Michigan, serves a largely urbanised population of some 190,000 people. Like its Barwon counterpart, Washtenaw County is characterised by high unemployment rates reflecting the current state of the American automobile industry, its largest single employer, and by large pockets of poverty marked by lack of services and facilities, high rental rates for substandard housing, and the like. The Child Protection Unit is staffed by 7 Protective Service workers under an experienced Supervisor. Unlike the Victorian system in which only designated CPS staff in each Unit are authorised to remove children from the care of their parents and to initiate proceedings in the appropriate court, in Michigan this power is conferred upon all Protective Service workers by virtue of their employment in that capacity by DSS. This enables cases reported in Michigan to be allocated to staff on a more rational basis, taking account if desired of staff preferences or particular skills, a flexibility which can enable work satisfactions to be increased and the potential for burnout to be somewhat lessened.³ This flexibility is more difficult in Victoria as any case which is expected to involve removal of children or court action must be managed — on at least a joint basis with another staff member — by one of the 'authorised' staff. A further possible disadvantage of the Victorian situation is that this requirement can necessitate the involvement of two staff (the worker assigned to investi-

gate the report, and the authorised worker when removal of the children or court action becomes necessary), which arguably contributes to the feelings of confusion, anger and powerlessness that many such families experience!⁴ On the other hand, the situation does mean that such cases, which are often the most problematic, chaotic and anguishing for staff to deal with, can be managed on a co-operative basis with consequential reductions in the stresses felt by and maximization of the support between the staff concerned.¹⁵

Policy and Practice Implications of the Two Systems.

For the child protective service worker operating in either Victoria or in Michigan, the writer has observed that day-to-day responsibilities, dilemmas, satisfactions and frustrations are substantially similar. The task for the worker in either location is extensive and exhausting:

" They are supposed to deal with emergencies as well as to provide ongoing treatment to families. They must monitor situations to see that children are safe and make decisions regarding removal . . . of children. Time must be spent co-ordinating other agencies' involvement with families, and they must prepare cases for court and appear in court. Because there is too much work . . . those things for which the worker will be held most accountable get priority. This means emergencies and court cases are attended to at the expense of treatment and service co-ordination Frequently workers face not only the everyday stress of working with this particular client population . . . but a constant battle against the child welfare system to make it bend to meet client's needs".¹⁶

The two alternative systems and practices do, however, bring with them varying advantages and disadvantages for the protective service worker in a number of areas.

(a) Departmental or non-Government structure?

The location of protective services within the DSS structure, as in Michigan, brings with it the many problems and difficulties associated with large bureaucracy, not the least of which is the massive amount of "paper work" required throughout the investigative process, which not only is time consuming and often lacks an apparent rationale, but saps energy and enthusiasm of workers who come to perceive the agency as more concerned about administrative requirements than about the real work of protective services — investigation and treatment.¹⁷

Bureaucratic inflexibility regarding use of agency facilities, the hierarchical organization where the worker in contact

with the family does not always make the decisions or whose decisions may not be supported, changes in case workers, division of responsibility for decisions, and budgetary and financial restrictions, all impact upon the quality of service that Protective Service workers are able to deliver, upon their feelings that the agency is or appears to be working against the family's interests rather than in partnership with the family to ensure its support and maintenance!⁸ Upon their feelings of powerlessness to effect real change and consequentially their low morale and heightened feelings of "burnout" and exhaustion.¹⁹ Bureaucracies often do not acknowledge the high personal stress of child protection work, and can regard the task as no more than following a set of bureaucratic guidelines — but to meet the needs of child and family flexibility of approach must be retained.

Such feelings are, of course, magnified in the context of the threat of staff layoffs, as presently exists in Michigan generally, and no less in DSS. All agencies have of necessity a structure and incorporate more or less of the elements of bureaucracy, and the foregoing is not to say that practice within Children's Protection Society is not to some extent hampered by the structure of that organization. Nevertheless, the smaller size, the closeness of the structural and informal relationships between the State Children's Protection Society Director and the individual protective service worker (in contrast to the immense structural, bureaucratic and geographic distances between the two in the DSS situation), means that at least the potential for real contribution by protective service workers to the development of policy and practice, remains. If protective service workers come to feel impotent and powerless to impact upon these issues, how much more so must the families feel in the face of often incomprehensible and apparently unfeeling practices by bureaucracies they can neither understand nor penetrate?

(b) Access to Child Protective Services:

Granted the characteristics of the client population in protective services, the practice in both programmes raises serious questions as to client accessibility.²⁰ Apart from the bureaucratic barriers to service associated with being a part of the public welfare system, as in Michigan, protective service units are available to all families in need in that State, although geographic distances vary and the location of Units within DSS offices can mean great access problems for the impoverished family without transportation. On the other hand, the absence of any such units in several of Victoria's regions, makes issues of client access irrelevant — access cannot exist if no service at all is available.

The wider issues associated with access — the avoidance of labelling as at least a potential abuser in order to be eligible for service, and enabling families to trust and ask for support, rather than only feeling that they are being “investigated” — are yet to be fully addressed by either system. Both need to continue to develop their capacity to turn a “complaint” into concern for the family and child.

(c) The Philosophy of Short Term Contact?

Families who abuse or neglect their children are often characterized as multi-problem, chronically malfunctioning families with severe inter-relationship and environmental deficits and problems.²¹ This characterization has been repeatedly confirmed by the experience of protective service agencies in both USA and Australia — indeed, it could be said that the chronicity and long-term nature of the problems experienced by such families are two of the few characteristics thus far clearly identified. Granted this, the rationale of protective systems which stress short-term contact (usually three months from referral) with the family in need, as is the case in both Michigan and Victoria, must remain open to question. On the one hand, such a practice flies in the face of the reality of lifestyles and patterns of behaviour of the client population, places an additional burden upon the establishment of rapport with an often angry and unresponsive client, and often operates in practice to prevent protective service workers from ‘seeing a family through’, with consequential potential for increasing levels of worker dissatisfaction. On the other hand, the practice often means a series of workers, each with different responsibilities admittedly, may work with the family for relatively short periods of time, perhaps as the family moves from investigation, through a court hearing to foster placement, to return of the children to parental care — each stage marked by the advent of a new worker. Not only does this process raise serious issues of co-ordination between the various agencies and professionals involved²² but it can result in the understandable perception by clients that they and their ‘Problem’ are being “driven or purposefully passed from organisation to organisation,²³ reinforcing in the process their negative impressions and past experience of so-called “helping professionals”. It would seem to the writer that a preferable alternative would be the adoption of a more flexible approach based on the needs of an individual family, and upon an assessment of who is best able to implement the proposed service plan to meet those needs. Such flexibility would allow

families to be retained on protective service caseloads where it was agreed to be advantageous in terms of the needs of the family to do so. Guidelines ought to be treated as such, and not as rigid immovables operating to hamper the implementation of an effective service plan.

SOME CONCLUDING THOUGHTS

A fully adequate system of child protection is perhaps yet to be realised in either Michigan or Victoria. Policy makers and child protective agencies in either location have not been able to establish acceptable norms regarding standards of adequate parental care that would allow clear identification of those situations necessitating intervention by the protective service system, nor to reach a consensus regarding the respective rights of parents, children and community so that it becomes clear when the rights of children are being jeopardised and their protection threatened.²⁴ Whilst the overall philosophies seem clear, the reality in both is that for some families the intervention of a system dedicated to their support and maintenance may mean the irreversible severing of family ties and the destruction of the family unit. Protective service workers continue to be plagued by uncertainties of definition and by a legal system which is captured by the dilemma of the often incompatible goals of ensuring the protection of the child at risk, yet simultaneously supporting and strengthening the rights of families,²⁵ and by the reality that — by its own standards — the child welfare system had demonstrably failed in many instances to ensure the optimum care and development of the children entrusted to it.²⁶

The comparison of two systems implemented for the protection of children raises questions as to the adequacy, accessibility and effectiveness of the service systems concerned. Neither system is ideal; neither has come to grips with all the issues basic to the provision of efficient and effective services; the problems associated with uncertainties and differences in values and goals, together with absence of explicit family policies, are evident in both programs. Nevertheless, the comparison serves to heighten our awareness of the complexity of the problems, and of the implications for the families to be served of the differences between two philosophically similar programs. Such a comparison ought to encourage and enable a critical analysis of policy and practice in other spheres of the child welfare system, not with the purpose of necessarily rejecting one alternative approach as inappropriate — no one idea or approach has a mortgage on effective intervention in this field — but rather to direct our minds to the pertinent issues,

to open our perceptions to the ideal and not merely to rest content with the obtainable.

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