

INTERAGENCY APPROACH TO CHILD ABUSE

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Introduction

Welcome to this *Australian Institute of Criminology* Conference specifically focused upon children AND young people; and their relationship to crime and the criminal justice system.

One has only to peruse newspapers and court transcripts from the past several centuries to confirm that the community, the media, legislators, and the judicial system have readily identified children and young persons as significant criminal offenders.

Within this historical context, it is sobering to note that children and young persons have much less frequently attracted attention in their roles as the victims of crime. As a paediatrician specifically interested in child protection, I am therefore gratified that the presentations today will focus our attention upon the issues inherently associated with children and young people **as victims of crime**.

Why has there been an exponential growth over the past two decades in the number of children and young people being presented to the criminal justice system as victims? Why do the issues associated with the identification, investigation, and prosecution of crimes against children remain so problematic?

To understand this conundrum it is necessary to understand the specific characteristics and dynamics of the events surrounding crimes against children and young people. For some of you this is well travelled material, but at the beginning of a day such as today it is of benefit to remember that only a small proportion of the matters involving the abuse and neglect of children occur within a criminal justice framework.

In the pursuit of brevity I will summarise this complex area as follows:

The Crimes:

- Crimes committed against children are mostly commonly offences against their physical person (ie Child Abuse & Neglect).
- Matters that are reported and ultimately reach the court-room are most likely to involve child sexual abuse.
- The incidence and prevalence of child sexual abuse has begun to be identified during the past several decades.
- CAN events are often unwitnessed and commonly have no collaborating physical evidence.
- Mortal or life-threatening physical assaults most commonly involve non-verbal (male) infants; or situations of familial murder-suicide. The identity of the offender and/or their availability to be charged (ie deceased) is often problematic.
- Less severe physical assaults overlap into the area of “reasonable” physical discipline (what-ever that may be) and will not be identified as assault within a criminal justice framework.*

The Perpetrators:

- The perpetrators of crimes against children or young people are usually well known to them.
- Perpetrators are often members of the child's immediate family, or within a circle of family friends or acquaintances.
- Perpetrators of CAN are usually skilled in the use of manipulation and threats to intimidate and disorientate the child or young person.
- Perpetrators often seek-out innately vulnerable children, especially children with social, developmental or physical disadvantage.

The Victims:

- A child has relative handicap in relation to the language, power, and other adult skills wielded by an adult offender.
- Over two-thirds of disclosures of crime against children and young people relate to offences against females.
- Children and young persons are ill-equipped to deal with the psychological issues associated with the pursuit of justice within an adversarial legal system.

Disclosures:

- In association with the factors above, disclosures of abuse by children and young persons may be delayed, initially ambiguous and often ambivalent.
- Details may be released in a staggered manner.
- Retractions of true disclosures are not uncommon.

Investigations:

There may be further complications if disclosures identify persons significant to the "non-abusing" support persons usually responsible for the care and welfare of the child or young person.

- If an alleged offender is the legal guardian or co-habitats with the child or young person, the investigation becomes more complex.

Testimony:

- For all the above reasons, and in regard to a range of legal issues associated with the prosecution of these categories of case, the ability of a child or young person to provide the court with the best quality evidence is problematic.

Relationship:

- Despite wishing the abuse to stop, the victim is often desirous of maintaining an on-going (if altered) relationship with the offender if they have been a person of significance for the child or young person.
- Recidivism is high for untreated child sexual offenders.

- The role of “non-abusing” care-providers is crucial to both the successful prosecution of the case, and the subsequent rehabilitation of the victim (and also the offender).
- The evidence is accumulating of risk for serious long-term psycho-social disadvantage for the victim.

It is in the context of these complex issues that we present this paper:

“SCAN Teams: *An Inter-agency Approach to Child Protection*”

Describing a model of best practice for the investigation, management, treatment and prevention of child abuse and neglect.

This SCAN Team model uses a formal structure to maximise the potential synergy of skills and resources held between the various statutory and non-statutory services dedicated to the protection and nurturing of children and young people with the community.

The re-discovery of child abuse in the mid-part of this century clearly identified that many homes are not as happy and as stable as the one portrayed in this motif.

- Physical Abuse,
- Sexual Abuse,
- Emotional Abuse, and
- Neglect

have been increasingly identified as significant factors for poor outcome in health and well-being for the individual, the family and the community.

This past decade especially, has been characterised by articulated community, government and (increasingly) victim demands that children and young people within our various communities will be protected from abuse and neglect.

The Wood’s Royal Commission, the Australian Law Reform Commission, the Queensland Law Reform Commission and the recently completed the Forde Inquiry clearly demonstrate the short-fall between expectation and practice in the area of child protection.

Standards of care which escaped public criticism in the past are no longer acceptable, and responsible officers who “get it wrong” can expect to be subject to increasing sanctions by government, community and the increasingly by the victims themselves.

It is to salutary to note that the many reviews undertaken into child protection services nationally and internationally persistently identify:

- poor communication between relevant workers;
- poor communication between relevant agencies;
- insular professional and organisational philosophies;
- unhealthy organisational function;
- insufficient supervision and training;

as critical factors under-pinning dysfunctional child protection responses.

However, experienced practitioners will be acutely aware that the fate of St Sebastian also awaits those of us perceived to be too aggressive in our intrusion into that most holy of places: the Family.

Several practical challenges therefore confront those of us responsible for the provision of services to protect and nurture children:

- How to formulate a practical balance between *Legislation, Regulation and Practice Guidelines* to give Child Protection professionals the powers and resources they need to investigate allegations of child abuse and neglect; and to subsequently effectively intervene.
- How to provide this appropriate level of safety for child *without crossing that line which protects us all as citizens* from inappropriate intrusions by the State into:
 - our personal & family privacy;
 - our ability to manage the affairs of our family without undue external interference; and
 - our intrinsic civil liberties.

In the context of the personal histories which have arisen from the “Stolen Generation” disclosures, this is no mere academic question. There is a clear public record to document potentially well-meaning child protection interventions leaving families feeling stripped, violated and angry.

It is clear from history, from literature and from clinical experience that to effectively protect children it is necessary that usually “confidential” information in regard to their circumstance be communicated between service providers (across a range of disciplines) and between relevant agencies.

For this communication to be effective, it is necessary that close cooperation and mutual respect exist between the various service providers and organisations involved; both at the level of the individual worker and case, and at the broader system level.

It is critical that each service provider understands and respects the roles, responsibilities, resources and limitations of the others.

It is equally crucial that each agency working to protect children and support families (regardless of whether that agency has statutory powers to intervene, or works in voluntary partnership with children, young persons and families) similarly understands and respects the roles, responsibilities, resources and limitations of the other agencies and organisations.

The SCAN Team model of practice provides an organisational framework to support and encourage the development of the individual clinical networks required to undertake healthy, safe and balanced child protection.

This model aims to ensure that service providers and organisations exchange information in a co-ordinated, efficient and pro-active manner; while ensuring that intimate information in regard to the child and family is sensitively and responsibly handled. It seeks to provide a balance between the development of an effective supporting network, and a gossip line!

The Suspected Child Abuse & Neglect (SCAN) Team System is a model for the inter-disciplinary, inter-agency management (not just investigation) of child abuse & neglect notifications as used in Queensland, Australia.

Over 15 years of vigorous and robust use has shown that the SCAN system has fulfilled its promise as a practical and effective tool to maximise the skills and resources available in the community to support families, and protect children, while striking the appropriate balance between the potentially opposing forces of “family privacy” and “child protection”.

It is our contention that the SCAN Team system best utilises limited Child Protection resources by maintaining a formal administrative and clinical framework for whole-of-government services to work in partnership with local non-government agencies to support families where possible, and to protect children where necessary.

SCAN Team History

The *Co-ordinating Committee on Child Abuse* (CCOCA) was established by the Queensland Government in 1978 to provide a formal mechanism to co-ordinate the activities of various government departments in relation to child abuse and neglect.

The state-wide system of *Suspected Child Abuse and Neglect (SCAN)* Teams was initiated by the CCOCA in 1980 to ensure an effective and co-ordinated, multi-disciplinary response to notifications of suspected child abuse and neglect. This initiative was informed by the view that poor communication between workers, and issues in regard to the training, supervision & support of junior workers, were major factors in poor Child Protection case outcome. This view has been affirmed by the results of various national and international reviews into Child Protection services which have been subsequently undertaken.

The CCOCA is comprised of representatives from the:

- Queensland Police Service;
- Queensland Health;
- Department of Families, Youth and Community Care;
- Education Queensland; and the
- Justice Department.

It convenes every six weeks and has an active on-going role in the support and supervision of the SCAN Team System. John Reilly and myself represent our respective agencies of Police and Health at those meetings.

Reference:

The functions of CCOCA are:

- to provide advice to *the Minister for Families, Youth and Community Care* on matters relating to child abuse and neglect and on SCAN team operations;
- to recommend guidelines for the referral of child protection cases to SCAN teams;
- to establish guidelines for the functioning of SCAN teams;
- to devise and maintain a reporting system for monitoring SCAN team operations and periodically review SCAN team activities to ensure adherence to the guidelines established by CCOCA;
- where necessary, to facilitate the establishment or relocation of SCAN teams;
- to provide a forum for the relevant government departments to discuss and devise policy to ensure co-ordination of the child protection responses of the departments involved in the investigation and management of child protection cases;
- to monitor the statistics provided by SCAN teams and the Child Protection Information System, *Department of Families, Youth and Community Care*, on cases referred to SCAN teams and identify trends;
- to encourage appropriate child protection notifications by professionals and others by the compilation, publication and dissemination of relevant material.

There are 39 *Suspected Child Abuse & Neglect* (SCAN) Teams spread across the Queensland:

- 2 at the Tertiary Children's Hospitals;
- 7 in Metropolitan and Peri-metropolitan areas;
- 13 in Regional Towns; and
- 17 in Rural & Remote areas.

Role of SCAN Teams

The SCAN Team is a formal forum for consultation on child protection cases where there is the need for a multi-disciplinary approach. The role of the SCAN Team is to ensure a co-ordinated and effective response to mandatory and voluntary notifications of child abuse and neglect by the three government departments with statutory responsibility for child protection; with a provision for involvement with other service providers as relevant on a case-by-case basis.

The major structural features under-pinning the SCAN Team system are meetings undertaken by the statutory and non-statutory agencies responsible for the protection of children that are:

- focused upon the individual child and family;
- inherently inter-disciplinary;
- inter-sectorial (ie between government departments);
- regularly scheduled;
- formalised within an organisational structure (and therefore minuted); and
- transparent.

In its day to day function, the SCAN Team is predominantly involved with the investigation and management phases of child protection. Nevertheless, SCAN Team consultation may occur in any phase of child protection work where a co-ordinated, multi-disciplinary, inter-agency approach is required.

SCAN Teams carry out the following functions:

- Provision of an inter-agency forum for case discussion and planning to ensure:
 - the safety of the child;
 - that assistance is available to the family and child;
 - that intervention is effective and co-ordinated.
- A forum for the formulation of recommendations for action incorporating the statutory responsibilities of the core departments represented in the multi-disciplinary team.
- A forum for the review of the effectiveness of the recommendations until the team is of the opinion that the case may be closed.

The SCAN team system is not intended to be a monitoring body sanctioning the work completed by core departments. The focus of SCAN Team activity is on planning and co-ordinating child protection responses.

This inter-disciplinary and inter-sectorial approach to investigation and management of child protection concerns adds an increased element of mutual accountability and transparency to the child protection process; and as such, is an added community safe-guard.

The SCAN Team does not have distinct authority. The individual core departments retain statutory responsibility for their actions in accordance with their statutory authority. The SCAN Team formulates recommendations to ensure that the activities of the individual agencies are co-ordinated and informed.

Principles of SCAN Team Operation

The SCAN team system developed with the participation of the three core departments which have indicated their commitment to the system by supporting the network for over a decade. This is reflected in the individual Departmental policies which emphasise the role of SCAN team consultation in managing Child Protection issues.

The function of SCAN teams is based on the following principles:

- The SCAN Team system, while recognising the statutory responsibilities of various departments, reaffirms the need for a multi-disciplinary approach to child abuse (ie responsibility shared but not diminished).
- SCAN Team meetings should occur as often as required to achieve the goal of co-ordination of the multi-disciplinary response to Child Protection cases. If urgent consultation is required, an emergency meeting should be arranged.
- The principle articulately argued by Tony Morrison that it is of crucial importance that these Teams do not meet just at times of crisis or in regard to difficult, conflictual cases. It is important that the dynamics of team-building be understood and respected.
- The SCAN Team meets regularly on a weekly, fortnightly or monthly basis; with extra meetings called as required.

- The SCAN team formulates recommendations based on consensus between the core members. All three core members must be involved to formulate a SCAN team recommendation.
- The aim of SCAN team deliberations is to develop a co-ordinated approach to each case. The team must therefore endeavour to resolve conflicts between the approaches of various members.
- It is expected that SCAN Team recommendations will be implemented. If an agency subsequently decides not to proceed with a recommendation, or circumstances change making the recommended action inappropriate, the matter should be referred back to the SCAN Team for further Team consideration.
- All participants assigned and accepting responsibilities for actions are expected to report the outcome of their actions to the Team by the approved review date.

Unlike models of practice in use in Britain (and within a number of other jurisdictions), parents and their representatives are not present during these SCAN Team meetings - which are by intent, concerned to provide a forum for professionals responsible for the case to debate and/or clarify potentially controversial aspects of the management. Parents, family and their representatives have opportunity for formal and informal contact with individual workers and agencies outside of the SCAN meeting proper.

The usual administrative and professional avenues for complaint and redress in place within each agency are available to parents / family etc. Minutes generated from SCAN Team meetings are available under Freedom of Information (FOI) legislation.

A prerequisite for the SCAN Team model to function is the ability of usually ‘confidential’ and autonomous agencies and practitioners to formally and regularly share information in regard to individual children. State legislation already enacted in Queensland in the late 1970’s allowed sharing between the SCAN Team members of usually confidential disciplinary/departmental information on index children and their family, provided it met the test of being in the “best interests of child”. The new Child Protection Legislation has similar provisions.

SCAN Team Structure

SCAN Teams have a compulsory Core Membership, with provision for Co-opted Membership.

The Core Membership of a SCAN Team consists of representatives from:

- Queensland Health (medical practitioner);
- the Department of Families, Youth & Community Care: and the
- Queensland Police Service (usually officers who deal with offences against children: JAB or CAIU).

On an increasing number of SCAN Teams, senior guidance staff from Education Queensland, and senior clinical staff from Child & Youth Mental Health are permanently Co-opted Members.

It is clear that parent-child interactions are of considerable significance in regard to Child Protection decisions. Workers from adult health and welfare services such as

- Adult Psychiatry
- Alcohol & Drug Support Services (if relevant) are invited to attend individual meetings.
- Child Health Nurses,
- Parent Aides & Home Visitation staff will also attend, as appropriate.

Child of Indigenous background will have an appropriate representative in attendance.

Child Protection Data 96/97

To place the scope and activities of the SCAN Team system in perspective; in the 1996/97 period there were 14,599 cases of Suspected Child Abuse & Neglect reported to DFYYC. Of these, 5,810 were substantiated, and 2,870 cases were discussed by SCAN Teams. That is, a significant number of the State's child protection cases were managed in this inter-disciplinary, inter-sectorial environment.

Of the 4,839 substantiated cases of child abuse & neglect in this 1996/97 period:

- 1,401 related to physical abuse;
- 388 related to sexual abuse;
- 1,051 related to emotional abuse; and
- 1,999 related to child neglect.

(I would point out that the figure of 388 for sexual abuse is a significant under-reporting of sexual abuse against children, and excludes by the relevant Departmental definitions "out-of-home" sexual abuse).

Meetings Proper

Of considerable surprise to outsiders to the SCAN system is that the time required for each case discussion is, on average, 15 - 20 minutes! Maintaining this time-line relies upon case-workers preparing their material prior to the meeting (generally in the form of one - two A4 written sheets) in regard to the:

- *Relevant History* of child and family;
- *Investigations-to-Date* in regard to this notification;
- *Proposed Management Plan*;
- *Time-lines* for relevant actions / interventions.

Verbal supplementation is provided as required.

The duration and frequency of meetings for individual SCAN Teams vary according to the particular demographics of their catchment area. Clearly, the dynamics of a rural and remote Team with relatively few notifications will differ from those of a busy metropolitan Area Office in an area of significant socio-economic disadvantage.

To better clarify the process we will present our experience within the busy SCAN Team on which one of the authors (Pam Cameron) and myself actively participate. This Team meets for approximately three hours each fortnight. In that time discussion will revolve around 1 - 5 *new index cases* and 10 - 15 *old index cases*; with 20 - 40 children (ie including the siblings of *index notified cases*) in total being the subject of Child Protection planning.

This SCAN process allows for timely input from all relevant disciplines and departments; with an opportunity to modify managements plans 'on-the-spot', as senior staff are already in attendance. This ability for all workers active in the case to provide input to the management plan is a major strength of the SCAN Team system.

Cases remain 'open' to SCAN for variable periods of time, but generally for 6 - 12 months. Closing a case to SCAN does *not* imply that individual workers and agencies will also close the case. Individual agencies continue their specific involvement for what ever period they deem clinically appropriate, guided by the plan as developed within the SCAN process.

Responsibilities

The SCAN Team **advises, but cannot direct** individual workers or agencies (Police Officers, Social Workers, Doctors, Nurses etc) - each worker and department maintains individual statutory responsibility and autonomy. However, the SCAN process allows workers within each agency to be better informed of views held by the other disciplines and agencies involved in the management of that particular case. The regular meetings allow for the implications of various plans of action (or inaction) to be understood and modified as appropriate.

The evolution of a case management plan over a period of time as it is re-presented to the SCAN Team allows for timely modification, and an opportunity for continued discussion to incorporate the various specialist skills and resources brought to the table by the varied membership, both statutory and invited.

SCAN Team meetings are carefully minuted. The information is available to families & their legal representatives; the Courts (Criminal, Children's, Family, Coroners); as well as being available for departmental and inter-departmental audit / review.

This SCAN Team model of practice provides an added child and community safe-guard - in that case decisions are reviewed from a number of agency and discipline perspectives, without diminishing the individual responsibility of individual statutory workers and their agencies.

Advantages

The advantages of this SCAN Team model are great. The SCAN Team system significantly reduces the crisis mentality which often permeates Child Protection services. This model:

- reduces the opportunity for poor co-ordination of service response;
- works against the development of either evangelical zeal, or
- burn-out by individual worker, government department or agency.

By a focus on management rather than investigation / assessment, the SCAN system encourages follow-up of individual cases across disciplines and agencies; and aids in the progression of the case to more satisfactory conclusions.

Although individual officers and agencies retain their individual responsibilities, critical review of decisions made by each single agency present as more robust if supported prospectively by workers from different professional streams and other independent agencies.

This SCAN model has been particularly useful in regard to those challenging and complex Child Protection management issues are associated with:

- Adolescent Incest offenders;
- Domestic Violence;
- Substance Abusing Parents;
- Adolescent Parents; and
- children living within the home witnessing the effects of parents suffering from Severe Depression and/or
- Psychosis.

Summary:

The SCAN Team system developed in recognition that:

- an accurate and complete history is essential for proper management; and that
- inter-agency co-operation is crucial for effective Child Protection.

The Team structure allows for greater accountability and transparency of practice than when professional disciplines and agencies work in isolation.

The Community, in our experience, *does* accept the philosophy that in regard to the better protection of our children, “a small reduction in confidentiality and privacy *will be balanced* by a significant improvement in case management”.

What makes the SCAN Team system as outlined powerful, and how it differs from other “inter-disciplinary Child Protection Teams” common nationally and inter-nationally is that:

- the process is about the holistic *management*; not just *investigation*;
- it provides a system whereby crucial information held by otherwise isolated agencies is formally shared;
- parental access is with individual workers and agencies outside of the meeting, and therefore the meeting are focused and time efficient;
- there is a specific child and family focus;
- Each agency retains its inherent statutory obligations and powers undiminished;
- Each member is informed of the views and plans held by the other members;

Our advice is that to be effective these Team meetings need to be:

- regular (weekly/fortnightly/monthly);
- perceived by workers as high priority (ie useful);
- *Case* and *Outcome* focused;
- formalised and clearly minuted.

The threshold for the case to be referred to SCAN for discussion should be low. In reality, all significant abuse, to the level of a child presenting to the school with bruising would be referred to our SCAN Team. Certainly, allegation in regard to sexual abuse, significant physical or emotional abuse, and concerns in regard to children less than two years of age would, in general be referred.

This model of practice is not a magic panacea - but in our experience it does maximise the effectiveness of limited Child Protection resources!

Reviews of Child Protection consistently reiterate that poor communication and ineffective/discordant working protocols *between workers, across disciplines, and between agencies*, are fundamental and recurrent associations with poor or inefficient Child Protection outcome.

This paper provides an opportunity to present for review an established system of Child Protection which we feel has effectively embraced this basic tenet of good practice. We have 15 years experience of this system that compels workers from different professional streams, different agencies, and different government departments to work co-operatively for the greater benefit of children.

In our view, models of practice which see the role of formal, reciprocal inter-sectorial co-operation as only relevant to the *investigation* (as distinct from the *management*) of allegations of child abuse & neglect; or models which reserve an inter-sectorial response for severe cases of abuse/neglect, or to ones involving criminal prosecution do not go far enough.

I urge you all upon your return to your various homes, to ponder whether your individual services have gone far enough in bringing services together. For, when all is said and done, we are not actively seeking to improve the services we provide to children at risk, if we ignore this.