

# REPORT

For

## The Western Australian Child Protection Council

### MANDATORY REPORTING OF CHILD ABUSE: EVIDENCE AND OPTIONS

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**July 2002**

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## **SECTION ONE: INTRODUCTION**

### **1.1. Preface:**

The Minister for Community Development via the Western Australian Child Protection Council commissioned this analysis of the evidence that exists to support or otherwise mandatory reporting as an optional mechanism for addressing child abuse in Western Australia. A review team at the University of Western Australia was engaged on 26<sup>th</sup> April to report to the said Council by 30<sup>th</sup> June 2002. At a meeting on the 19<sup>th</sup> June 2002 this submission date was deferred to 17<sup>th</sup> July due to requests from community members for a longer period for consultation and an extended period for submissions.

### **1.2. Identified Aim:**

The identified aim of the project was to present an appraisal of various methods of reporting suspected child abuse and their outcomes in terms of improving child protection for children in Western Australia.

### **1.3. Terms of Reference:**

1. Examine documentation relating to reporting of child abuse, identifying the arguments that have been used for and against mandatory reporting and detailing alternate models of reporting suspected child abuse;
2. Liaise with the Gordon Inquiry particularly in relation to the literature review recently commissioned by the Inquiry on mandatory reporting of child abuse;
3. Consult with key stakeholders on the impact of voluntary or mandatory reporting of child abuse particularly in relation to the current situation in Western Australia and implications/impact of mandatory reporting of child abuse if it was introduced; and
4. Develop an appraisal of options for the reporting of child abuse that include international data and which uses cost benefit analysis of various forms of intervention, including costs of not intervening early in child abuse.

### **1.4. Reporting Requirements:**

The final report was expected to include the following:

1. Literature review including historical reasons for mandatory and voluntary reporting of child abuse;
2. Current mechanisms for reporting child abuse and their effectiveness or otherwise in Western Australia;
3. Evaluation of improved outcomes or otherwise for children where reporting of child abuse is mandatory or voluntary;
4. Identification of implications for practice of voluntary and mandatory reporting; and

5. An appraisal of various options applying a cost benefit analysis of various forms of intervention. Including potential costs of not intervening early in child abuse.

### **1.5. Structure of the Report:**

This, **Section One** of the Report addresses the preliminary matters that define and overview the tasks that were required to be undertaken. In **Section Two** of the Report the review methodology and consultation processes are explained along with a description of some of the ethical issues that arose and early observations about the process and the task. This section includes relevant information about the requirement to consult with the Gordon Inquiry (*Term of Reference Two*).

In **Section Three**, there is a description of the broad policy and theoretical context in which the review is embedded. Mandatory reporting is a complex policy tool that has been differentially used in a range of jurisdictions to deal with the perceived need to compel certain people to report 'reasonable suspicions' of child abuse of which they become aware. The public policy context for the emergence and maintenance of this policy tool is thus defined at the outset of the report and follows a description of the methodology.

The dual requirements are to report to Terms of Reference that require certain procedures to be followed (analysis of literature, liaison with the Gordon Inquiry, stakeholder consultation) and to include certain matters in the report (contemporary mechanisms for reporting, evaluations of outcomes, implications for practice). **Section Four** of this Report addresses each of the five reporting requirements in relation to the analysis of the research literature. It gives an overview of mandatory reporting in Australia and internationally and considers historical reasons for mandatory and voluntary reporting of child abuse. It then identifies current mechanisms for reporting child abuse and their effectiveness or otherwise in Western Australia. Finally it considers evidence of outcomes of mandatory and voluntary reporting and the implications of this for practice.

In **Section Five** the issue of cost benefit analysis is addressed in some way. The Report looks at the various reporting options that are available internationally and which 'fit' with various approaches to child, family and community care and which suggest different models of child welfare intervention. It also speculates about the costs of not intervening. Given the paucity of international data on cost benefit analysis, it then considers the arguments for and against mandatory reporting and includes where possible in this analysis, any research evidence of success or failure and any cost implications. This section includes the responses from the key stakeholders (*Term of Reference One and Three*). Considerable effort has been expended to keep the Report as short as possible so this section summarises material succinctly by identifying the central arguments which are raised in the research literature and also those expressed by stakeholders in support of or against mandatory reporting. Fuller templates of the data are provided in the relevant Appendices.

**Section Six** furnishes an Options Appraisal of various reporting models for facilitating the protection of children by providing a chart of descriptors that identifies and describes a number of categories. It also gives an explanation of, and the rationale for, the recommendations that are made (*Term of Reference Four*).

## SECTION TWO: METHODOLOGY

### **2.1. General Overview**

The requirement to provide a report on time is always in tension with the requirement to gather data methodically and comprehensively. In the data gathering for this report, contextual exigencies demanded that the period for consultation and bibliographic searching was short. Nevertheless, with the assistance of a strong team of independent researchers a trawl of the literature was commenced immediately and interviews were conducted as soon as respondents indicated their availability.

The single most difficult issue that the team confronted was the difficulty people experienced at responding within the time frame. This was reported to be due in some part to the considerable pressures of work being experienced by people working in human services at this time. However, and most importantly, it was also very apparent that the sensitivity and complexity of the issues confound many stakeholders and generates considerable anxiety about what are the right, relevant, acceptable and unacceptable answers! Many professional and work groups were reluctant and sometimes unable to form a collective view or to take a position in the debate about the value of, let alone the evidence for and against, mandatory reporting. Emotions run high on this subject and whilst most respondents were very measured in their verbal and written comments, the intensity of feeling amongst some people reflected tenacious and deeply held attitudes and beliefs about the costs and benefits of mandatory reporting.

It was never intended that this review would involve a population or random sampling for the purposes of an empirical study of attitudes and beliefs about mandatory reporting of child abuse in Western Australia. The purpose was to obtain a diversity of views and, most importantly, the evidentiary basis for those views, and so key stakeholders were invited to participate in providing their views and evidence in whichever way they felt to be appropriate and practical.

A few agencies and associations did not respond and a number indicated that they were not able to respond in the time and within the framework of responses. There will also be a number of people and agencies who were not approached for information and who may have wished to be contacted. Whilst no overview can totally capture the views of all potential stakeholders, we are satisfied that the time frame did not compromise the findings and that the data represents the diversity of views and evidence that is available on mandatory reporting in Western Australia. It also represents a snapshot of national and international views, research and evidence on both child protection and mandatory reporting.

### **2.2. Language and Terminology**

Child abuse is associated with a verbal territory of definitions and descriptors that has confounded and confused policy makers and practitioners for the last three decades. Definitions of types of abuse, thresholds for reporting, risk assessment tools and substantiation indicators bedevil researchers, practitioners and policy makers<sup>1</sup>.

Since the 1970s child protection has become the focus of child welfare acts and services across the world.<sup>2</sup> Generally the idea behind all legislation is that children are protected

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<sup>1</sup> Public Accounts & Estimates Committee 2001.

<sup>2</sup> Hutchinson 1994

from abuse resulting from acts of both commission (abuse) and omission (neglect). Usually this means that offenders can be prosecuted under both criminal and welfare legislation. Where socio-cultural labeling of child maltreatment would reflect the expectations and circumstances of caregivers across time and culture, professional definitions abound. These professional definitions, and their theoretical perspectives, are multiple and the consequences of their application complex. Professional definitions include those that inform medical, social work, legal and mental health practices. The greater the distance between the professional definitions and the norms of the cultural groups to whom they are applied, the greater the likelihood of those groups being over-represented in child maltreatment statistics.<sup>3</sup>

The terms mandatory and mandated are used interchangeably despite their differential meanings. For the sake of simplicity, mandatory systems were simply defined at the onset of this inquiry as ones in which there was a compulsory reporting of suspicions of abuse of any child to a central statutory welfare authority. The assumption is that any such compulsory function has a legislative as well as a moral foundation. Where countries have adopted mandatory reporting of child abuse, this is generally located in Acts of Parliament that pertain to the welfare of children. However, such a legislative foundation can be much broader than that and may be located in Acts of Parliament that refer to the health and welfare of communities - thus incorporating a broader compulsion to report concerns of maltreatment of all vulnerable members of communities e.g. elders.

Presumably, violence to others is generally considered to be a criminal act. In the absence of any specific legislation compelling the reporting of abuse to children, people can still be mandated to report abuse on the basis of their professional and personal duty of care, within a contractual arrangement with a funding body, due to obligations within criminal codes, and under public health legislation. One question that was raised throughout the inquiry was whether compulsory reporting of abuse required specific mandatory reporting legislation under the current *Child Welfare Act 1947* or whether people could be mandated via other conditions such as those just mentioned. Given the contemporary context of local and national pressure for specific legislation to mandate reporting of child abuse within local Child Welfare Acts, it was expected that the majority of respondents would be conceptualizing mandatory reporting as legislation within the equivalent of Child Welfare Acts.

### **2.3. Scoping the literature and identifying jurisdictions**

The research team identified a range of jurisdictions and topics and divided the literature search into national and international jurisdictions. Each researcher trawled the literature for her/his allocated jurisdiction and, where possible, made contact with key experts in the field of child protection in the chosen jurisdiction. This contact with key researchers was made easier because the international and national network is well known to the research team. Mandatory reporting is largely an Anglo-European-American phenomenon and so, although other countries have introduced various forms of compulsory reporting of child abuse, most of the analysis focuses on the jurisdictions of Australia, UK, USA, Ireland, New Zealand, Canada, Netherlands, Belgium, Denmark and Sweden. Some reference is made to African countries and the Asia-Pacific region.

#### **2.3.1. Development of options for response**

The contractual agreement for this inquiry was that as many stakeholders as possible would be accessed in the first instance and by a process of snowball sampling, we would gain access to as wide a population of interested parties as possible in a short time frame. An advertisement was placed in the West Australian newspaper in which people were invited to submit an immediate response to an e-mail site

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<sup>3</sup> Thorpe 1994; Barth 1994

([mandatory@cyllene.uwa.edu.au](mailto:mandatory@cyllene.uwa.edu.au)) or send a written submission or call for a response schedule.

An optional response schedule was sent to all government departments, non-government agencies and self-help and professional bodies whose members might have some experience of, involvement with and/or interest in, child and family welfare. An attempt was made to access some of these through peak groups in order to reduce the demand on small agencies. When information and requests were sent by mail and e-mail to selected sites, recipients were invited to forward these to any individuals or groups who they thought might be interested in responding. Every attempt was made to access the often less well heard voices of the populations of people on whom mandatory reporting might have the most impact – indigenous people, young people, survivors of abuse being amongst these. In the limited time available it was never expected that this could be comprehensively done. However, personal telephone contact was made with as many individuals and groups as possible.

All potential respondents were offered the following options for responding:

- Electronic e-mail individual submission addressed to [mandatory@cyllene.uwa.edu.au](mailto:mandatory@cyllene.uwa.edu.au)
- Individual hard copy submission in your own words and addressed to Associate Professor Mike Clare, Discipline of Social Work & Social Policy, University of Western Australia, 35 Stirling Highway, Crawley, WA 6009.
- Individual or group interviews organised once contact made and people expressed in this preference. The interviewees had the option of addressing a set of questions oriented around the Terms of Reference.
- Questionnaire (hard copy or email)

It was evident very early that many small agencies and peak groups as well as government departments would struggle to respond within a short time frame. A number of people were not able to respond because they could not organize meetings of appropriate personnel because people were busy, ill, on holiday or systems were undergoing significant change. Some agencies indicated that they had no single person or section to which they could send the request. Three agencies indicated that it was too politically sensitive to respond and a larger number indicated that they could not respond meaningfully without a briefing paper that described what the options were. There was no response or acknowledgment from eight agencies. Unfortunately this included some central medical and nursing and other professional organisations.

Nevertheless we received responses that we know included at least one hundred and fifty eight people (acknowledging that this number does not take account of the fact that some people were involved in focus groups and may also have been party to individual and group submissions). This response figure includes a significant number of interviews that were held per telephone rather than face to face. At the time of writing this report, submissions are still being received and people are telephoning to ascertain whether the deadline for submissions has been reached.

**Figure 1: Responses to Requests for Information**

Response Options	Contacts initiated and responded to (email, letter, telephone)	Responses received	Numbers of people known to be involved
<b>Organizations</b>	45	Six focus groups 38 submissions 4 questionnaires	46 38+ 4
<b>Groups 'represented'</b>		Aboriginal and Torres Strait Islander (3); Health (2); Children (3); Education (3); Welfare (8); Youth (2); Professional Assoc. (2); Justice/Court (2); Survivors (2) Drug & Alcohol (1) Legal /police (2); Tertiary Education (8); Local Gov (1)	
<b>Individuals</b>	66	60 submissions or telephone calls or individual meetings 10 questionnaires	60 10
<b>Total individuals</b>			158

+ Unknown how many people contributed to submissions and how many of these submitted individually

## **2.4. Gordon Inquiry**

One of the requirements of the review was to meet with the members of the Gordon Inquiry as required. The purposes of such a requirement were to enable sharing of bibliographic information that was commissioned by the Gordon Inquiry and to develop an appreciation of the shared territory of the two inquiries.

Three meetings were held with expert consultants who were members of the Gordon Inquiry<sup>4</sup> and a number of telephone conversations were also held. All consultants and researchers were mindful of the independence as well as the over-lapping of the two inquiries/reviews. Therefore, discussions focused on options for the “practical solutions to dealing with incidents” of child abuse in vulnerable communities and the implications of various “administrative and legislative measures” for this. Central to this review of evidence for and against mandatory reporting is the understanding that the Gordon Inquiry is to comment on the necessity or otherwise of mandatory reporting for sexually transmitted diseases amongst children and minors.

## **2.5. Confidentiality and other ethical issues**

The environment in which this review of mandatory reporting is occurring is one that follows the tragic death of an Aboriginal adolescent, Susan Taylor, and the report on her death by the State Coroner.<sup>5</sup> There are significant personal and cultural as well as professional sensitivities present when such tragedies occur and when the behaviour and views of individuals, families and communities are opened to public scrutiny. Given that the Gordon Inquiry is analyzing the responses of agencies to the situation and the events preceding Susan’s death, there is likely to be considerable professional sensitivity. It is also an environment in which there has been some considerable attention given to the endemic nature of child sexual abuse and to the apparent failure of systems to stop this abuse<sup>6</sup>. Public anxieties and moral panic are easily generated in such environments. It is

<sup>4</sup> The Gordon Inquiry was instigated in January 2002 to consider the response by government agencies to complaints of family violence and child abuse in Aboriginal communities in Western Australia. It is due to report 30<sup>th</sup> July 2002.

<sup>5</sup> West Australian Coroner’s report 2001, *Inquest into the death of Susan Ann TAYLOR*.

<sup>6</sup> Senate Inquiry into Child Migration and other inquiries



at times such as this that the pressure is to adopt a 'knee jerk response' and to change the law and institute a legal system such as mandatory reporting.

It was immediately evident that this environment was one in which people were concerned to 'get it right'. A number of people who were contacted were only prepared to speak if they could remain anonymous. In large part, the concern of these people was that they could not represent a group view because there was none. In some part, this response was also mediated by strong sensitivities about the risks of speaking about solutions to community problems that belied easy solution. Some people believed that there was a politically acceptable and a politically unacceptable way of talking about mandatory reporting and they were anxious not to jeopardize relationships with funding bodies by 'getting it wrong'!

People were advised that they could remain anonymous if they so wished. However, all discussions were recorded and fully documented. Some people insisted that they wished to be named in the report and for their views to be known. Consequently there is a mixture of reporting styles in the report. All members of the team conducted interviews and focus groups (generally in pairs). Most people chose to discuss the issue of mandatory reporting rather than completing the questionnaire. The reason given for this by a number of the respondents was that a questionnaire response appeared to be predicated on an understanding that respondents would know the nature of the evidence for and against mandatory reporting. Most respondents suggested that there was no 'hard' evidence and indicated that they would have preferred an iterative process in which the issues around mandatory reporting could be aired and discussed.

Limitations were placed on the inquiry process as a result of some of these considerations. In addition there were other constraints. Although telephone discussions were held with people across Australia and with people in regional Western Australia, the research team was not able to conduct focus groups beyond the metropolitan boundary.

## **2.6. A snapshot of the data**

The research team collated the data and discussions were held within the team and with selected 'experts' to assist in making sense of it. Some broad generalizations can be made about the data that was obtained from stakeholders:

1. There was an overwhelming response that "our children" must be protected: however opinions are strongly divided about the best way of achieving this outcome. Those who supported mandatory reporting believed that it would protect children; those who didn't support it believed that alternative processes would be more effective;
2. Very few people could provide much evidence in support of or against mandatory reporting, however, most if not all respondents had some views about it;
3. Most people indicated that a priority principle informing child protection and mandatory reporting mechanisms should be that there is evidence that such mechanisms are effective;
4. The opinion was very strong that child sexual abuse was a critical threshold issue for reporting. In other words, for children (the term generally restricted to younger children under thirteen years) the significance and the criminality of this act was such that adults should be compelled to report it. There was an accompanying view that all sexual abuse of any person was a criminal act and should be covered by the criminal code;
5. There was a strong view that legislative change to compel reporting of child maltreatment was not the most relevant issue. The most relevant issue to most respondents was that whatever reporting mechanisms were in place, the accompanying services were funded and geared to protecting children and helping families;

6. For a large number of the respondents, policy requirements for the protection of children were seen within the much broader framework of supporting and strengthening communities, kinship groups and families;
7. Many individuals and some organisations indicated that the inter-agency protocols for the reporting of child maltreatment that had been initially developed in Western Australia by the Advisory and Coordinating Committee on Child Abuse (ACCCA) were almost equivalent to mandatory reporting and probably more effective;
8. Most respondents were concerned about the implications of mandatory reporting for work levels in the variety of organisations in which they worked. Few, in fact none, of the agencies said they had sufficient resources to meet the current service need of vulnerable children and families;

In the following report, the literature is first presented in ways that enable the broad public policy context of child abuse and mandatory reporting to be presented and then the international context of mandatory reporting is described. The data from the interviews, questionnaires and focus groups is woven in with the analysis of data from the literature. There is no pretence made at developing an empirical analysis of evidence based on the significance or otherwise of data. Instead, research evidence as it stands is clustered alongside the views of the people who responded.

## SECTION THREE: CONTEXT

The problem of child maltreatment is arguably one of the most serious ones confronting contemporary society. Deciding on the most appropriate social policy response to the problem of child maltreatment is fraught, complex and sensitive. In every State in Australia, an elaborate network of agencies and personnel struggle on a daily base with this complexity in an environment of public and media scrutiny, high community emotion, professional vulnerability and child and family distress. The literature on child abuse and mandatory reporting is considerable and decidedly inconclusive about most matters apart from the fact that there is indeed an internationally present problem, the solution of which defies easy or uniform solutions.

There are two major sets of complex intellectual, political, moral and professional tensions facing practitioners, managers, policy-makers and government Ministers in the design of programmes and policies to protect children. The first set of tensions emerges around the balance of intervention on the needs of the child for protection and/or the needs of the parents for both practical and therapeutic services. The second set of tensions focuses on the inevitable impact on front-line practitioners managing the task of arriving at sound assessments of risks and rights, and of delivering available services to meet assessed risks and needs of vulnerable children. Practitioners are never far from political and public scrutiny in this emotionally demanding area of public welfare practice.

### **3.1. Practitioner/Agency External Tensions**

Different national and international jurisdictions have addressed the design of a continuum of 'care and control services' for children and families in very different ways – as the evidence presented throughout this report will illustrate. Policies, programmes, ideologies and available budget allocations can lead to decontextualised services designed without reference to the demography of 'the family' or the context of multiple deprivations facing some parents; this can lead to varying assessment criteria and intervention priorities, resulting in different 'thresholds' for socially inclusive or socially exclusive services along that continuum of care and control – including:

#### **3.1.1. Targeting options**

A targeted investigative response to assess risk of abuse exists on a continuum with minimal in-family services and parental education and/or treatment programmes at one end through to a universal community education strategy with preventative, treatment and rehabilitative services for the child and for the family at the other. The continuum ranges from a reactive minimalist service to a preventative, universalist service. The 'ideology of welfare' informing policy and programme development will impact on available funding for preventative or rehabilitative 'family programmes', and on funding provision for out-of-home care programmes (foster care allowances, foster care training and support and residential treatment programmes) as well as for investigative services.

#### **3.1.2. Intervention philosophy**

'The least intrusive intervention' and 'acting in the child's best interests' are both laudable phrases. However, they are dependent on the context of sufficient programmes and services to ensure these outcomes. The use of 'care' as a protection strategy can happen following a decision about the level of risk to a child and the need for a safe placement or because of the absence of a sufficient continuum of care options for the particular family situation. The 'service to the child and family' then becomes placement

– a resource-led intervention that masks the absence of alternative services for the family. Without access to the array of alternative services, placement and ‘respite care’ can become the only available plan for a child. Evidence about the number of moves for children in care and the turnover of case managers are ways of operationalising ‘systems abuse’ of children in a care system.

### **3.1.3. Child's Best Interest**

While jurisdictions may have signed The United Nations Convention to protect the ‘rights of the child’ and to ‘act in the child’s best interests’, there are diverse strategies for achieving these important outcomes. Another continuum becomes apparent, ranging from single-agency and single-discipline decision making by practitioners with multiple responsibilities in one case through to multi-agency and multi-discipline decision making by practitioners in another case. The extent of collaboration and ‘protection’ of the child and of the practitioner can vary along this continuum of simple through to complex service design. It is evident from an analysis of the literature on policy frameworks in child protection that ‘child-best-interest’ is often presented as one that sits in opposition to a family focus. Many European, Asian and First Nations frameworks embed the centrality of the ‘child’s best interest’ in the family and community.

### **3.1.4. Representing Children**

Given the potential for different needs and conflicts of interest between children, their parents and, on occasions, practitioners, there is an argument for the provision of an independent system to address these complex and conflicted processes. There are examples of the effectiveness of such across-jurisdictions roles such as the *Guardian ad litem* and Regional Child Protection Committees in the UK, the Child in Care Ombudsman in Queensland or a Children’s Commissioner as in New Zealand.

## **3.2. Practitioner/Agency Internal Tensions**

The external, contextual, tensions outlined above will impact on practitioners and agency systems involved in the provision of care and control services to children and families. In addition, the inherent complexity and emotionally demanding nature of assessment and intervention in this area impacts on workers’ judgements and coping strategies. There is a substantial research literature exploring the reactions of practitioners and agency cultures to these pressures and describing agency responses designed to enhance the quality of service outcomes and to protect the child, the family and key practitioners, carers and supervisors. A brief summary of key concepts and their agency implications is presented below.

The arguments for effective professional supervision of high-risk practice processes and decisions has been reviewed and articulated by Clare<sup>7</sup> and Morrison<sup>8</sup> in which the arguments for professional scrutiny of complex tasks include the concept of ‘the rule of optimism’ first articulated in the Beckford Report.<sup>9</sup> The warning to agency directors is that practitioners may minimize risks to children on their caseload as a coping strategy to survive the day. Workers may understate evidence of risk to children either by ‘not noticing’ or by understating its severity; professional supervision by Team Leaders and Senior Casework Supervisors needs to be sufficiently regular and sufficiently rigorous to manage this dangerous unconscious process. The recommended frequency of professional supervision in the Beckford Report was once a week for practitioners; most child welfare agency policies for professional supervision have settled for the less expensive and more ambiguous words ‘regular’ and ‘frequent’. A sophisticated

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<sup>7</sup> Clare 1998; Clare 1991; Clare 2001

<sup>8</sup> Morrison 1993

<sup>9</sup> The Beckford Inquiry Report 1985

framework describing these complex client-practitioner-Team Leader processes is provided by Hughes and Pengelly<sup>10</sup> in their analysis of child welfare agencies as 'turbulent environments'.

Another significant publication by Reder and his colleagues<sup>11</sup> reviewed over twenty child death inquires and identified the core concept, 'premature closure' in the cases involving the death of a child known to be at risk of significant harm. Workers were seen to have withdrawn their level of active involvement and monitoring of the child, and the consistency of involvement with the 'parents' was reduced. Again, this argues for continuity of case managers and Team Leader involvement to ensure that Case Plans do not change with 'a fresh start' in known high-risk cases.

An important study of out-of-home care services by the UK Department of Health and Social Security<sup>12</sup> articulated the notion of a 'parallel process'<sup>13</sup> in which the practitioners involved in child and family welfare practice were seen to have become influenced by the 'dependency' and 'learned helplessness' of the families with whom they were working. In other words, agency cultures can become mirrors of the frustration, despair and 'stuckness' of the families unless training and teamwork is enhanced to confront this 'culture of hopelessness'.<sup>14</sup> This was a study of forty local authority child welfare agencies and is one of the largest studies in the literature. It provides an analysis of agencies under extreme pressure to balance the protection of children with the need to avoid excessive intrusion into the privacy of families. Front-line practitioners reported themselves as passive and powerless within their management structures and processes while at the same time were seen by their clients and by other agencies as in positions of power and influence in the decision-making.

### **3.3. Defensive Practice and Procedural Responses**

Rather than focus on the unconscious processes that impose on practice, a further strand in the literature describes the socialization processes that maintain defensive cultures<sup>15</sup>, and writers reflect on the 'dangerous' practices that prevail in such settings.<sup>16</sup> Thompson lists a range of such dangerous practices as follows:

**Routinised practice** which 'tramlines' clients' situations and relies on untested assumptions and stereotypes; which fails to appreciate the complexity of situations; and where opportunities for learning and professional development are missed. Thompson argues that such routinised practice may result from work overload or from lack of confidence; it may be a 'personal/private' response to stress, or may be a cultural response, encouraged at a team or organisational level. The frequent outcome of routinised and bureaucratized practice is a reduction in authority of role<sup>17</sup> and a sense of professional disempowerment.

**Defensive practice:** a "cover your back mentality" in response to the frequently unrealistic expectations placed on practitioners and the widespread criticisms and 'moral outrage' when these expectations are unfulfilled.<sup>18</sup> Thomson argues that defensive practice results in:

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<sup>10</sup> Hughes & Pengelly 1997

<sup>11</sup> Reder, Duncan & Gray 1993

<sup>12</sup> DHSS 1985

<sup>13</sup> Kahn 1979

<sup>14</sup> Obholzer & Roberts 1994.

<sup>15</sup> Argyris 1999, Langan 1998, Pithouse 1987.

<sup>16</sup> Morrison 1997, Thompson 2000.

<sup>17</sup> Obholzer 1994.

<sup>18</sup> England 1986; Moore 1985; Payne 1996.

- Tensions between worker and clients undermining the development of a positive working relationship;
- Tensions in relationships with colleagues in other agencies reducing the effectiveness of interagency and multidisciplinary collaboration;
- Missing or misconstruing important aspects of the situation because of a narrow focus on potential risk factors; and
- A reluctance to explore issues too fully for fear of learning things which the worker does not wish to face.

He notes the pervasive culture of defensiveness in some organisations where organisational concerns 'not to get it wrong' prevent committed practitioners from taking necessary, and informed, risks in complex and fluid situations.

***Defeatist practice*** in situations where expectations are unrealistic and 'failures' appear to outweigh 'successes'. Such a response is likely where there is a failure to recognise that much intervention is aimed at preventing deterioration or breakdown in 'unsatisfactory' situations; where role and mandate are insufficiently specified; and where there is no means of evaluating performance independently of outcomes, many of which are outside of the control of practitioners.

## SECTION FOUR: HISTORY AND CONTEMPORARY MECHANISMS

In this section an overview of mandatory reporting legislation and mechanisms within Australian and some international jurisdictions is presented. This provides a structural backdrop to a discussion on various rationales for voluntary versus mandatory reporting and for a detailed analysis of current mechanisms for reporting in Western Australia.

### 4.1. Overview of Mandatory Reporting in Australia

The following table provides a skeletal overview of mandatory reporting across Australia. In reading this it must be recognised that figures for reporting and substantiation are mediated by different policies, practices and models of professional decision making in each state and territory as well as by regional and cultural differences.

**Figure 2: Overview of mandatory reporting in Australia**

	WA	SA	VIC	TAS	NSW	ACT	Q	NT
MR Leg.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Relevant Act	Child Welfare Act 1947 Community Services Act 1972	Family & Community Services Act 1972 Children's Protection Act 1993	Children & Young Person's Act 1989	Children's Young Person's & their Families Act 1997	Children (Care & Protection) Act 1987	Children & Young People Act Services Act 1989	Child Protection Act 1999 Health Act 1937	Community Welfare Act 1983
Date of 1 <sup>st</sup> Intro of MR	NA	1969	1993	1974	1977	1997		1983
Rationale for intro MR	NA	Unclear. Initially doctors mandated	Death of a child, Daniel Valerio Concerns of under-reporting	Unclear	Child death  Unclear: initially doctors mandated	Pressure to come into line Concerns of under-reporting	Forde Inquiry?	Unclear
People mandated to report	Only those covered by the Family Law Act 1975 i.e. counsellors and contracted personnel	Doctors, nurses, dentists, pharmacists, psychologists, police, social workers, family day care etc	Doctors, nurses, police, teachers & principals	All professionals and workers who have contact with children	Persons who in the course of their professional work deliver services to children	Teachers, school counsellors, doctors, dentists, nurses, police & public servants in child welfare & licenced child care providers	Doctors, school principals, Officers of FYCC	All persons (inclusiveness related to high proportion rural remote)
Reporting requirement (risk etc)	'Required' not mandatory	Suspect on reasonable grounds child is being abused or neglected	Form reasonable grounds to believe serious physical or sexual abuse	All suspicions of risk	At risk of harm and concerns about safety, welfare and wellbeing of the child	Sexual abuse or non-accidental physical injury	Suspected harm to children in residential care, schools and daycare	Any form of abuse in which there is a substantial risk of suffering
Numbers of notifications <sup>19</sup>	2645	15,181	36805	422	30,398	1189	19,057	1437
Substantiation rates <sup>20</sup>	1169 49%	2085 42%	7359 58%	97 27%	6477 46%	233 25%	6919 63%	393 51%
Evaluations undertaken		Net too wide Currently under review <sup>21</sup>	Not of mandatory reporting as such		Net too wide Currently under review <sup>22</sup>	Eval. of training but not MR	Ombudsman <sup>23</sup>	

<sup>19</sup> AIHW 2001. Note that there is not a uniformity in what is counted as a notification

<sup>20</sup> AIHW 2001. Note that this too is an uncontrolled variable across jurisdictions

<sup>21</sup> Review into Child Protection in SA currently underway and reporting Dec 200

What is evident from this chart is that despite adopting a common description of mandatory reporting, in all jurisdictions different people are obliged to report and each jurisdiction has different thresholds for reporting. Although there is no mandatory reporting legislation in Western Australia, Family Court counsellors and others contracted to work with the Family Court are obligated under the Family Law Act 1975 to report children considered to have been harmed or to be at risk of serious harm. In the course of this review of mandatory reporting, it became evident that this requirement is understood and dealt with quite differently by different authorities – all of whom use team team – based professional decision making as a screening tool.<sup>24</sup>

The next table is presented courtesy of the Australian Institute of Health & Welfare who have, along with other groups, made valiant efforts to obtain a picture of child protection reporting and substantiation rates across Australia. It is presented here because it identifies the variable substantiation rates across Australia and highlights the 'fact' that despite very large increases in reporting rates of child maltreatment across Australia in the last ten years, there have not been equivalent increases in substantiation rates. The qualification about the inconsistent meaning given to substantiation rates has already been noted. To our knowledge, no cost-benefit analysis has been undertaken in relation to substantiation rates in Australia. As well as this, there is a total absence of outcome evaluations that usefully help to inform such an analysis<sup>25</sup>.

**Figure 3: Substantiation Rates by State and Territory, 1990-91 to 1999-00<sup>26</sup>**

YEAR	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
1990-91	11611	2427	3500	1223	1162	472	247	226	20868
1991-92	12645	2146	3027	1380	1048	598	295	232	21371
1992-93	14290	4089	2743	1519	1824	416	445	304	25630
1993-94	15128	5253	3127	1830	2077	424	495	377	28711
1994-95	14164	7326	3851 <sup>(a)</sup>	1484	2547	360	376	358	30466 <sup>(a)</sup>
1995-96	14063	6663	4662	1095	2415	235	445	255	29833
1996-97	n.a. <sup>(b)</sup>	7034	4895 <sup>(c)</sup>	982	2527	244	376	252	n.a. <sup>(b)</sup>
1997-98	8406	7357	6323	1135	1915	135	411	343	26025
1998-99	7450	7251	6373	1215	2114	128	442	n.a. <sup>(d)</sup>	n.a. <sup>(d)</sup>
1999-00	6477	7359	6919	1169	2085	97	233	393	24732

(a) The data for Queensland were revised after original publication along with the national total.

(b) Data for 1996-97 financial year were not available from New South Wales and a national total could not be calculated.

(c) Data refer to calendar year 1996, rather than the financial year 1996-97.

(d) Data for the 1998-99 financial year were not available from the Northern Territory and national total could not be calculated.

## 4.2. Overview of Mandatory Reporting Internationally<sup>27</sup>

The following chart provides a skeletal overview of mandatory reporting internationally. In reading this chart, it must be recognised that figures for reporting and substantiation are mediated by even larger differences between policies, practices and models of professional decision making across the world than between Australian states and territories. Many researchers present data that suggests that the growth in reported

<sup>22</sup> Inquiry into Child Protection Service 2002. Standing Committee on Social Issues

<sup>23</sup> Ombudsman 2002: Examination into death of Brooke Brennar

<sup>24</sup> Interview Child & Welfare Agency 9

<sup>25</sup> The research of Gain & Young (1998) 'Outcome Measurement in Child Protection' for the Australian Productivity Commission, provides a comprehensive overview of this.

<sup>26</sup> The Australian Institute of Health and Welfare. (2001). *Child Protection*. Canberra.

<sup>27</sup> See appendix for more extensive international Snapshot



incidence of child abuse and the mounting expense of investigations is occurring in an environment in which there are a high level of unsubstantiated cases and a very limited percentage of incidence reports that detail serious injury or consequences.<sup>28</sup>

Research details numerous problems of over and under reporting<sup>29</sup>, over identification of vulnerable groups, lack of services to children where abuse is substantiated, and systems overload. It is generally noted that neglect has always been the largest 'abuse' category but gets less and less attention as fads in response occur.<sup>30</sup> Most of the States in the USA are reporting that neglect of children is being addressed less as services focus on 'more severe cases of abuse' including those now associated with drug misuse.

In the past, prior to the concentration of effort in defining child maltreatment, which has occurred since the general introduction of mandatory reporting legislation in the 1960s, children's access to available child welfare services, was on the basis of need<sup>31</sup>. More recently, resources which were previously used to meet children's more general needs are reported to be absorbed into the investigation and identification of child maltreatment – often but not always within a mandatory system.

This disproportionate resourcing of child maltreatment investigation and identification has resulted in a number of highly significant consequences:

- There are a multitude of different professional definitions of child maltreatment<sup>32</sup> which are disparate, unable to accommodate cultural and social diversity of behaviour, and bear very little in common with definitions of maltreatment accepted by the general public, of all cultures and classes.<sup>33</sup>
- Reporting rates have exploded with almost no impact on child morbidity or mortality figures.
- Intervention services, which are receiving a smaller and smaller percentage of the public child welfare dollar are being expected to work with increasing numbers of maltreated children and their families.<sup>34</sup>
- Children who are not found to be maltreated are being excluded from receiving services; and
- The development of early intervention, preventative services, a concept of last century, has progressed little beyond the rhetoric and is still formative – being again

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<sup>28</sup> Pelton 1990, Besharov 1985, Barth, 1994, Hutchinson 1994

<sup>29</sup> Trocme & Wolfe 2001

<sup>30</sup> Children's Bureau Administration on Children 2001; Waldfogel 1998. Similarly see Fitzgerald in Background Briefing 2001.

<sup>31</sup> Barth 1994

<sup>32</sup> Hutchinson 1994

<sup>33</sup> Ahn 1994

<sup>34</sup> Barth 1994

on the agenda for international conferences in child protection as the best alternative to the now overly forensic system that has developed in many countries.<sup>35</sup>

It is very evident from the international literature that child welfare is in a state of confusion. A child protection focused system has evolved - with or without mandatory reporting - that is based on investigating increasing numbers of parents living in poverty, for alleged wrong doing, with few alternative responses to removal of the child<sup>36</sup>. Overwhelmed by the number of reports of child maltreatment, the problem is aggravated by the exiguity of preventative and family support services and the absence of long term placement solutions.<sup>37</sup>

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<sup>35</sup> See Department of Social Work, Positive Parenting, Ontario, 2002.

<sup>36</sup> Pelton 1990

<sup>37</sup> Diamond 2001

**Figure 4: Overview of mandatory reporting internationally**

	UK	USA	Ireland	New Zealand	Canada	Netherlands	Belgium	Denmark	Sweden
<b>MR Leg.</b>	No	Yes (all 50 States)	No	No	Yes (all provinces except Yukon)	No	No	Yes	Yes
<b>Relevant Act</b>	Children Act 1989	Overarching federal legislation and individual state legislation	Child Care Act 1991 Protection for Person's reporting Child Abuse Act 1998	Children, Young Person's & Their Families Act 1989 (amended 1989, 1994, 1996, 1998, 2001)	Individual state legislation	Dutch Criminal Code, Dutch Civil Code	Youth Protection Act 1965	Social Welfare Act 1992	Social Services Act 1980
<b>Date of Intro of MR</b>	NA	Federally 1963: All states by 1968	NA	NA	Quebec first 1975/76	NA	NA	1992	Not Known
<b>Rationale for intro of MR or otherwise</b>	Need to tighten interagency collaboration rather than MR	Research on 'battered babies'	Not Known	No clear evidence that MR works. Potential for harmful intrusion in families Alternatives already argued in relation to indigenous services	Awareness of USA research on 'battered babies'	MR as a concept does not fit within the model which focuses on service not reporting  Single portal concept for all services relating to children (Advice & Reporting Centres for Child Abuse & Neglect – ARCANS).  Investigatory/ justice framework as last resort (Councils for Child Protection)	Focus not on reporting but on teams keeping families together; providing support for people working with child abuse reports; community education (difference between three regional influences)	Reluctance to engage families in adversarial court processes  Range of interventions available	
<b>People mandated to report</b>	NA	Public and various professionals	Guidelines require duty of care response by all who work with children to	Nil	Public and various professionals	Not Relevant.  No stigma to requesting help  Community involvement		Every citizen to report – particular duty of professional	Doctors
<b>Reporting requirements (risk etc)</b>	Strict protocols	Harm and risk across various risk categories	Any risk: clear descriptors of risk	Tight and highly monitored inter-agency protocols. Promotion of awareness of child abuse by professionals and public	Harm and risk across various risk categories	Focus on help  Normal criminal process if abuse is considered 'criminal' & intentional.	Strong focus on help for families. Protective services separate & use criminal justice system as last resort	Injury specific indicators.  Operationalized active & passive neglect  Focus on not interfering in families	Suspicious of abuse by doctors only
<b>Any enunciated difficulties with MR/CP</b>	Continued problem with large numbers of reports so have developed alternative channels for service	Incapacity to respond to levels of reporting  Growing recognition of need for differential response capacity	Not a lot of study outcomes yet		Incapacity to respond to reports. Need to find alternatives for First Nation people Concern that American models not capacity building	Continued focus & commitment to helping families rather than investigating abuse.	No reporting trends because of differences in three models of service. 1986 –1992 saw double numbers of reports of CA	Conceptual problems with managing a MR reporting model with a strong resistance to interfering in family life where corporal punishment is accepted)	Not relevant
<b>Evaluations undertaken</b>	Extensive & comprehensive CP eval	None identified of MR	In progress	In progress	None identified of MR	Extensive evaluations indicate services are effective Little evidence about failure because focus is on improving service outcomes	In progress. All data collected after 1986.  National model under development	Only 5% child placements out of home are involuntary (only an elected Child & Adol committee can initiate involuntary placements	Only of service provision

United States data may give us some forewarning. The number of reported incidents of child maltreatment has grown from a national figure in the United States of 669,000 in 1976, to 2.5 million in the early 1990s. There is evidence that in 1986 only about 3% of reported incidents involved serious physical trauma or neglect and 55 - 65% could not be substantiated.<sup>38</sup>

The United States data is very interesting in this respect. Substantiation rates that were around 40% from the late 1970s to 1990 began to decline to 34% by 1996.<sup>39</sup> The range of substantiation rates however is enormous: in 1993 it varied from 14-96%. Whilst some of this variation is due to calculation methods much is probably attributable directly to substantiation rates themselves. Waldfogel discusses concerns that the substantiation rate is too low, and that there seems to be some agreement that it should be around 50%. Only 8 States were reported as exceeding a 50% substantiation rate, 11 (23%) had substantiation rates between 40-50%, and 60% of States have substantiation rates of 40% and below.

With the growing focus on child maltreatment and the associated increase in reported incidence, resources which were previously directed to service provision for children and families have been absorbed by the complex and expensive process of child maltreatment investigation and identification. All jurisdictions are grappling with these issues. What is most interesting is that it would appear that mandatory systems may not be demonstrating successful outcomes in large part because they are becoming immobilized by numbers of unnecessary reports. As well as this, it is apparent that the concept of mandatory reporting is not indicative of the model utilised to combat child abuse among jurisdictions.

The important question is not whether or not to introduce mandatory reporting but where a child investigation and protection process belongs as a component of the broader policy approach to helping children and families. That is, whether investigation of child abuse is the entry point for investigation and prevention (risk model) or whether family and community support is the dominant paradigm informing service (needs model) which may go on to include investigation.

By way of summary, this chart suggests that there appear to be three broad approaches to child abuse.

#### **Model 1: Legalistic/investigatory reporting.**

Child protective oriented systems such as the US, Canada, the UK, New Zealand and all States within Australia focus on reporting, investigation and a legalistic model to addressing the problem of child abuse within their communities. Not all these jurisdictions however utilize mandatory reporting as a tool for 'catching' more abusive families. New Zealand for example has guidelines that accompany their legislation which clearly state obligations and responsibilities, but as a whole prefer to use professional and public education campaigns to boost the presence of child abuse on the wider public agenda.

#### **Model 2: Family Service**

Family service oriented systems such as Sweden, Germany, Belgium and the Netherlands focus on broader welfare provision and the visibility of children and families within their communities. Although mandatory reporting laws do appear in these jurisdictions, the underlying philosophies of the systems are related to providing supportive interventions that are a normal part of every-day life and non-stigmatized or adversarial. Therefore, the effects of the laws on service provision are to hold the mandatory investigation as an action of last, rather than first, resort. The laws appear to

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<sup>38</sup> Besharov 1990

<sup>39</sup> Waldfogel 1998:105

serve the primary purpose of stating in black and white the societally accepted need for the community and the state to intervene in 'private' life when necessary – and certainly when children are at risk. They also appear to reflect a higher level of community involvement in family as the norm than do the child protective focussed systems. In addition, as Gilbert<sup>40</sup> supports, the well-developed and tightly knit nature of service provision allows a greater deal of professional surveillance resulting in mandatory reporting not being perceived as such a necessity.

### **Model 3: Hybrid**

It is likely that the United Nations Convention on the Rights of the Child 1989 has precipitated policy responses in some countries in which child abuse may not previously have been addressed. Child abuse interventions exist in jurisdictions where, for a variety of reasons, child abuse is not particularly well understood or the concept even culturally relevant. Some of these jurisdictions however may have employed what appear to be 'superficial' systems that could be categorised as child welfare interventions but in reality do little to actually protect children. An example is the Japanese system. Some of these systems even have mandatory reporting legislation, however often due to the cultural context in which it is placed it still does little to impact on the number of people reporting suspicions.

In child protective orientations (Model 1), however, due to the understood legality of the systems, reporting often increases markedly upon the introduction of mandatory legislation. As mentioned previously, the impacts of mandatory reporting legislation in family service oriented models (Model 2) vary depending on the context of the period when it was introduced. In this latter system, mandatory reporting simply verifies an already accepted system of community responsibility for combating such problems. Consequently, increases in reports are not noticed or even recorded often due to an assumption that need will be met within services that are operating.

Of note of course is the fact that within these three models there are continuums. For example, the UK does not have mandatory reporting but still suffers from an overloaded system with efforts now being made, with the benefit of hindsight, to meet 'need' regardless of the existence of abuse. There are other systems within the child protective model (Model 1) which may or may not employ mandatory reporting but still remain focussed on reporting and investigative procedures doing relatively little to meet the systemic needs of families who get unnecessarily embroiled within the child protection systems.

There are also continuums in the family service oriented models. For example Germany, Belgium and the Netherlands appear to be more service focussed than for example Finland and Denmark. Finland has a relatively new child welfare system and Denmark still allows corporal punishment of children within families, which adds a conceptual difficulty regarding definitions of abuse. The Netherlands, however, has a system that has a growing research base and services have been updated and evaluated, in contrast to Belgium, where evaluations of the system are thwarted by a lack of data gathering prior to 1986. The hybrid model also demonstrates continuums of understanding and responses to child abuse. For example children are relatively unprotected both in Japan and in Romania and Russia; in Japan parents are granted the right to halt investigations, in Romania and Russia the absence of an adequate system is an acknowledged consequence of instability and poverty within these jurisdictions.<sup>41</sup>

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<sup>40</sup> Gilbert 1997

<sup>41</sup> Muntean and Roth 2001; Berrien, Safonova & Tsimbal 2001

As Gilbert<sup>42</sup> states “the presence of mandatory reporting laws does not appear linked to child protective or family service orientations.” It can be said also, that the impact of its introduction then, really stems from the social policy context in which it is located. This issue is expanded upon in the final section of the report where it is represented as a policy context in a six-stream model of reporting options.

### **4.3. Historical reasons for mandatory and voluntary reporting of child abuse**

A familiar process in the study of Social Policy nationally and internationally is the transition of a recognised or unrecognized ‘social condition’ to being re-framed as a ‘social problem’ requiring legislation, trained personnel and budgeted programmes. This happens following a significant crisis of confidence in available policies and services after a dramatic case becomes public or after publication of important research. One familiar example is the impact of recruitment of young men in England to fight in the Boer War at the beginning of the twentieth century. Over 70% were rejected as medically unfit and within a few years the issues of working class poverty (and the defence of the realm) were partly being addressed by the introduction of free meals and milk for all school-age children.

In recent years, the impact of international travel for conferences and the publication of books and journal articles for professional education lead to the globalisation of awareness of needs, gaps in services and available policy and practice alternatives. This ‘globalised awareness’ must always be treated with caution by policy-makers and practitioners to avoid the implementation of culturally inappropriate policies. A study of the introduction of mandatory reporting of child abuse is an interesting example of globalised awareness.

Recognition of the social condition of physical abuse of very young children first emerged in the professional literature in 1961 when Dr C. Henry Kempe gave a presentation to the American Academy of Paediatrics; his paper was subsequently published in 1962 entitled “The Battered Baby Syndrome”. By 1963, the USA Federal Government had enacted a Federal Statute requiring the mandatory reporting by medical practitioners of child abuse. Kempe had wanted to draw attention to the mis-diagnosed ‘non-accidental injuries’ of small children brought to see a doctor for medical treatment. Looking back from 2002, we can recognise the pattern of initial concern for the protection of young children from physical abuse. Some years later, there was growing international acceptance of the social condition of sexual abuse of children – while the issues of emotional abuse and neglect have yet to achieve the status of ‘social problems’?

In 1974, the Federal government in the USA introduced the Child Abuse Prevention and Treatment Act requiring professional practitioners across a number of disciplines to report suspicions of child abuse. There were financial incentives for State Governments to enact legislation requiring mandatory reporting. In 1976, the Canadian government enacted similar legislation; there were specific concerns about the well being of First Nation children which reinforced the move to mandatory reporting.

The first Australian State to enact similar legislation was New South Wales in 1974, closely followed by South Australia in 1979. The tragic circumstances of the death of Daniel Valerio in Victoria in 1990 and the media attention during and after the subsequent court case led to changes in the Victorian child welfare legislation. In 1993 legislation required mandatory reporting by doctors, nurses and the police; in 1994

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<sup>42</sup> Gilbert 1997:234

primary and secondary teachers and school principals were included in the list of mandatory reporters.

In 1987 in Western Australia, there was a Task Force Review of the Response to the Sexual Abuse of Children which considered the arguments for and against mandatory reporting in favour of the arguments for professional and community education and inter-agency protocols for the collaborative response to this community concern.

Other jurisdictions have developed their child protection systems without the introduction of mandatory reporting. The Nordic countries, France and Holland have tried to develop a community responsibility for child well-being and for family support with universal family services in which multi-disciplinary teams have developed a local cross-agency response to concerns. In the UK, where Dr Kempe had worked with the National Society for the Prevention of Cruelty to Children from the mid-1960s to 1977, we can identify yet another policy and service response.

It is essential to locate the national response to child abuse in the historical and policy context of the society in question. The NSPCC was introduced in England in 1888 – thirty years after the introduction of the Royal Society for the Prevention of Cruelty to Animals – after the scandal of ‘baby farming’ and deaths of babies found floating in the River Thames. The officer of the NSPCC could, with the active involvement of the police, force entry into a family home to carry out protective duties. After the emergency social experiment of the mass evacuation (a huge experiment in mass foster care) of children during World War Two and the death of a child in foster care at the hands of the male foster carer, specialist local government services, the Children’s Department, were established in 1948. Specialist social workers were recruited to provide family support, foster care, residential care and adoption services as part of the local government responsibilities.

Dr Kempe visited England and worked to influence medical colleagues and social work practitioners in Children’s Departments and the NSPCC. Of huge significance was the death of a six year old girl, Maria Colwell in 1972, and the subsequent public enquiry into the circumstances of her death. This was the first of many ‘Child Death Inquiries’ in England under Labour and Conservative governments over the next ten years (1972-1982). Sir Keith Joseph, the Minister of Health, was interested in the concept and policy implications of the ‘cycle of disadvantage’; apparently he was keen to challenge the potential for family rehabilitation and move towards increased use of adoption rather than placement in care. Maria was ‘in care’ (a Ward of the State) so the major policy issue was not mandatory reporting of abuse because there were many reports but evidence of poor inter-team and inter-agency communication prior to her death.

The policy emphasis in the UK has remained one of encouraging professional responsibility for the assessment of a child’s needs and improving inter-agency, whole of government, services – rather than the introduction of mandatory reporting. (The details of these alternative strategies for child protection services are presented in the next section of this Report). Since the implementation of the 1989 Children Act, the child protection framework<sup>43</sup> has incorporated the Looking After Children developmental perspective in identifying an assessment and planning framework to recognize the needs of a child in the context of their family. The two other elements in the assessment framework are ‘Parenting Capacity’ and ‘Family and Environmental Factors’. There has also been a renewed commitment to inter-agency joint working to safeguard and promote the welfare of children.<sup>44</sup>

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<sup>43</sup> Department of Health 2000

<sup>44</sup> Department of Health 1999

Since Maria Colwell's death, there have been many changes and improvements in Departmental and local government systems. When the child welfare legislation was reviewed in 1983, Mandatory Reporting was considered and rejected. There has been a commitment to government-funded research projects in foster care, residential care and child protection. The policy emphasis has remained one of encouraging professional responsibility and improving inter-agency, whole of government, services. (The details of these alternative strategies for child protection services are presented in Section Six of this Report).

Perhaps there is acceptance of the introduction of mandatory reporting of child abuse when the existing network of professional practitioners and the statutory child welfare system has been criticized for failing to report a child at risk of serious harm? The context of existing legislation, the network of services and the culture of practice are all variables to include in any historical overview. We cannot know the specific influence of key stakeholders in any review of existing policy and legislation. We do know that all child protection policies are dynamic and organic with policy changes subject to formal and informal review over time.

#### **4.4. *Current mechanisms for reporting child abuse and their effectiveness or otherwise in Western Australia***

Western Australia is the only Australian State that does not have mandatory reporting - although some professional staff in Western Australia are legally compelled to report child abuse due to their obligations under Federal legislation.<sup>45</sup>

The history of the analysis of mandatory reporting in Western Australia is important to note. It needs to be understood within the context of the Child Sexual Abuse Task Force Report of 1987 and the subsequent development and work of the Advisory & Coordinating Committee on Child Abuse (ACCCA) which was set up in May 1989 to oversee the implementation of the sixty four Task Force recommendations. Due to the work of the Task Force and the strategies used to implement its recommendations, Western Australia is perceived to have been a leader, at that stage, in the development of an across- government response to child abuse generally, and child sexual abuse in particular. A number of respondents indicated that at the time of the demise of ACCCA in the mid 1990s, Western Australia was on the threshold of being a world leader in developing a whole of government, coherent, statewide and culturally sensitive child protection and family support system.<sup>46</sup> The closure of ACCCA and the introduction of competitive business models of service funding in the mid 1990s are perceived to have "severely set back inter-agency collaboration."<sup>47</sup> The current funder-purchaser-provider model of funding child support and protection services is seen to militate against the partnerships that the evidence suggests are vital for collaborative work with children and families.

In 1993, the Looking After Children Project materials were introduced to Western Australia through Professor Parker's academic links with the Department of Social Work and Social Policy at The University of Western Australia. There was a pilot project of the *Assessment and Action Records* in six District Offices of the Department of Community Development and eight non-government child and family welfare agencies in 1996<sup>48</sup>. After further developmental work in 1999, the adapted materials were implemented by the Department for Community Development in 2001. However, the related UK child

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<sup>45</sup> Family Law Act 1975

<sup>46</sup> Fussell, J Submission to Inquiry

<sup>47</sup> Submission 6

<sup>48</sup> Clare & Peerless



protection assessment framework was not adopted and the Department has worked with an alternative Risk Assessment and Risk Management tool (RARM). An account of the WA project and the important contextual framework is provided by Clare.<sup>49</sup>

The points presented below include information about 'New Directions' in 1996 and relate to the perceived feasibility / appropriateness of introducing a Mandatory Reporting system in WA at this time. They are informed by material provided by the Research Department of the Department for Community Development (DCD).

#### **4.4.1. Current Reciprocal Arrangements**

One question that requires consideration when looking at the introduction of a Mandatory Reporting system relates to current inter-agency procedures for the referral of children whose wellbeing is a matter for professional concern. The introduction of a Mandatory Reporting requirement would inevitably impact significantly on current arrangements. Thus, we need to ask: How would making the reporting of concerns a legal requirement instead of a professional responsibility improve the situation of children at risk of harm?

At present, the Department for Community Development (DCD) has a range of what are referred to as reciprocal protocols, all of which are currently in the process of re-negotiation. Protocols exist with the following organisations:

- Princess Margaret and King Edward Memorial Hospitals;
- Disability Services Commission
- Education Department
- Alcohol and Drug Authority
- Health Department;
- Police Department;
- Department of Justice (Including the Family Court);
- Coroner's Court.

It appears that there are currently no formalized reciprocal procedures with the major residential services for children; nor are there specified reciprocal reporting procedures for foster carers. Indeed, in the Documentation of Referrals dated 1997 – 2001, non-government agencies, including, presumably those under the auspices of CYFAA are listed with 'all other' referrals, and foster carers with 'parent/guardian'. (NGOs were listed separately until 1997)

The objective of the protocols is to "identify the circumstances under which both government and non-government organisations refer matters to (then) Family and Children's Services"<sup>50</sup>; to provide guidelines for the reporting process; and to indicate the feedback procedure after referral has been received. The protocols focus particularly on 'maltreatment' – with an emphasis on sexual and physical abuse or 'persistent actions or inactions' which have caused or are likely to cause 'significant harm' to a child. They are focused, therefore, on evidence of abuse likely to require statutory intervention in the first instance, rather than on co-working in an early-intervention or preventative capacity. In all reciprocal procedures, emphasis is placed on *active* maltreatment of the child, in particular sexual or severe physical abuse.

The extent to which referring agencies are actively involved in the decision-making process after referral appears to vary considerably. Reciprocal decision-making

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<sup>49</sup> Clare 1997, Clare 2001

<sup>50</sup> DCD Reciprocal Child Protection procedures, (1996) FCS: 2

procedures are formalized with only one organisation (KEMH /PMH), which holds statutory power in its own right under Section 29 (3a) of the Child Welfare Act. The Department's feedback requirements are also articulated explicitly in relation to the Police Department. With all other agencies, however, arrangements appear to be much less reciprocal. Hence, in most cases what are referred to as *reciprocal procedures* are perhaps more accurately defined as *reporting requirements*; they reflect a voluntary assumption of responsibility by the referring organisation to inform the statutory Child Protection agency of 'high level' concerns about children. In essence, staff are *mandated* rather than *required* to report concerns.

With most agencies, the protocols show some confusion about the process for negotiating ongoing responsibility after referral – referring variously to Assessment, Investigation and ongoing Case Management responsibilities with no clear 'career path' through these stages, and as indicated above, in only one instance – with KEMH /PMH – a formalized inter-agency planning meeting. It appears that DCD staff assume responsibility for deciding the urgency and response priority for referrals and report back to agencies only on a 'need to know' basis.

It is our opinion that the introduction of a Mandatory Reporting requirement would not necessarily *per se* improve any of the processes outlined above.

#### **4.4.2. Response to Referrals.**

A second factor of significance when considering the appropriateness / feasibility of a Mandatory Reporting system relates to the question of what it is that people should be reporting. The principles underpinning the State's role in relation to the protection of children are of significance here. Two opposing views currently exist:

- That the starting point for intervention should be a recognition that children are best cared for within the family, that families should be supported in their care of children, and that the invocation of statutory powers should be an intervention of last resort;
- That the State has a responsibility for the protection and promotion of the wellbeing of children and that child concerns should be the primary focus of all interventions – with an early involvement of the State in protective interventions. The *potential* for coercive intervention is therefore indicated at an early stage in any work with families, the focus of which is not support, but change. This work may not be carried out by a statutory authority, but the potential for statutory intervention is named at the outset.

At present, there appears to be some confusion within Western Australia as to which of these principles is privileged. On the one hand, the *Interim Guidelines for New Directions in Child Protection and Family Support*<sup>51</sup> (1996) reject the forensic trend of the early 1990s towards increasing child maltreatment allegations and argue for the development of a service focused on supporting and responding to the needs of families and a 'child in family' service'. However, the procedures outlined for a response to referrals focus on the labelling of concerns. They distinguish between Child Concern Reports (CCRs) and Child Maltreatment Allegations (CMAs). On identifying priority response times – a continuation of the previous process with an additional 'holding category' (CCRs) – they appear to be involved in the same 'funnelling' process as was previously evident, with a small, and declining, proportion of all referrals receiving supportive services (Figure 5).

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<sup>51</sup> Known throughout the rest of this paper as *New Directions*

**Figure 5: Family Support as Chosen Intervention**

Year	All Referrals	Assessed as CCR	CCR Outcome			Fam Support as % of all referrals
			F. S.	Closed	CMA	
1996-7	7473	71%	35%	59%	6 %	27%
1997-8	8275	70%	29%	62%	9%	20%
1998-9	7909	67%	28%	61%	11%	18%
1999-2000	6898	61%	30%	60%	10%	19%
2000-1	6643	57%	30%	59%	11%	17%

These figures show that in the first year of New Directions (1996-7) there may have been some explicit resistance to categorising referrals as Child Maltreatment Allegations when supporting families, with 71% of referrals categorised in the first instance as Child Concern Reports.<sup>52</sup> Within two years however, the percentage of cases thus classified begins to decline significantly, at an accelerating rate, with what appears to be a return to the previous focus on risk assessment as the primary response to referrals. A similar decline can be observed in family support as the preferred intervention mode. In the first year of New Directions 27% of all child concern reports received a service from the Department; by 2001, however, this percentage has declined to only 17% of a significantly smaller number of referrals. 2055 families received family support services in 1996-7 compared with 1148 in 2000-2001, a drop of almost 50%.

**Figure 6: CMA Referrals 1996-2001**

Year	CMA's	Substantiated
1996-7	2186	1156 53%
1997-8	2486	1237 50%
1998-9	2593	1257 49%
1999-2000	2664	1261 47%
2000-1	2862	1135 39% <sup>53</sup>

During the same period of declining overall referrals, CMA referrals have increased both numerically and proportionally, as shown in Figure 6. However, as the number of CMA's has increased, the proportion of *substantiated* cases has declined. Thus the pattern currently prevailing appears not to differ significantly from the situation preceding the introduction of New Directions. There continues to be an emphasis on investigation and statutory intervention despite the rhetoric of family support and child-in-family services. In addition, when we look at referral rates by agency, we see that the department's response appears to be significantly influenced by its reciprocal procedures, and in particular its links with the other key organisations carrying a responsibility *in loco parentis* for children – the children's hospital, schools, and the police.

**Figure 7: CMA Referrals by agency**

Year	Hospital	Police	Parent / guardian	Department officer	School
1996-7	230	248	340	150	290
1997-8	275	231	428	269	278
1998-9	318	216	470	345	294
99-2000	318	256	401	452	376
2000-1	407	394	383	363	331

In this Figure we see an increase in referrals classed as CMA's from these three organisations, the most significant increases being in the two organisations with which there is the most clearly articulated process (PMH / KEMH and police), and the third the

<sup>52</sup> CCR is described as a *temporary* holding category, where more information is gathered to determine how the department should respond to the contact. An initial assessment is conducted to determine what services, if any, are required and/or wanted. *Case practice Handbook*: Section 4.2. (Undated)

<sup>53</sup> % differs from that provided in DCD documentation. Raw figures remain unchanged.

schools, for which DCD offers formal Child Protection training to assist with their referral process. The table indicates that referrals from parents / guardians are also significantly classified as CMAs. However, given the inclusion of foster parents in this category, it is impossible to assess how large a proportion of CMA allegations are in fact 'self referrals' – and as such possible requests for assistance.

Whilst this data asks as many questions as it answers, there is a clear indication that current reciprocal arrangements give rise to a high proportion of all child maltreatment referrals to DCD. It could be argued therefore that the current arrangement for reporting, where sufficiently articulated and supported with education / training, meets the requirements of the statutory agency (if not the children being referred in all cases given the pattern of substantiation rates). As noted above, there are significant omissions in the agencies included in reciprocal arrangements – e.g. the CYFAA agencies, but a mandatory reporting system would not necessarily address this issue, as a process of deciding which agencies should be included in the reporting requirements would still require attention.

#### **4.5. Evaluation of improved outcomes or otherwise for children where reporting of child abuse is mandatory or voluntary**

Dramatic increases in child abuse notification rates have been cited as evidence of the success of mandatory reporting. It has also been claimed that thousands of child deaths have been averted because of mandatory reporting systems<sup>54</sup>. However, the weight of Australian and international evidence is that child abuse fatalities have not decreased under mandatory reporting regimes<sup>55</sup>, and there is no evidence that children are abused or neglected less in mandated jurisdictions<sup>56</sup>. It is now argued that compulsory reporting systems are less able to protect children from significant harm, than those with voluntary reporting requirements.<sup>57</sup>

There are indications that definitions of child abuse are altered under mandatory reporting systems, effectively 'raising the threshold' of what is considered to be child abuse. Australian research indicates that child protection services have responded to increased notifications by steadily restricting the criteria that trigger a protective investigation. For example, in Victoria in 1999-2000 only 40% of notifications were formally investigated, compared with investigation of 92% of notifications in 1992-1993 – the year before mandatory reporting was introduced<sup>58</sup>. Twelve years after the introduction of mandatory reporting in NSW, only 12% of notifications produced genuine evidence that resulted in the provision of service.<sup>59</sup>

There is evidence that confusion and uncertainty are prevalent amongst mandated professionals in the ACT, despite education and training. Also, a consistent feedback process was found to be unachievable due to time and resource constraints.<sup>60</sup> Turner suggests that under the Victorian mandatory system Departmental responses to notifications are "unacceptably slow", with a mean average of 22 days.<sup>61</sup> Swain cites Victorian Department of Human Services research indicating that mandatory reporting leads to over-reporting of child abuse, with the consequent use of scarce child

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<sup>54</sup> Besharov 1990;

<sup>55</sup> Budai 1996

<sup>56</sup> Ainsworth 2002

<sup>57</sup> Mendes 1996

<sup>58</sup> Australian Institute of Health & Welfare 2001, Goddard et al 2002.

<sup>59</sup> Yelas 1994.

<sup>60</sup> Child Abuse Prevention and Education Unit 1999

<sup>61</sup> Turner 1997.

protection resources in investigations that prove groundless.<sup>62</sup> Numbers of reports have increased, but the rate of substantiation has not changed.<sup>63</sup> A 2002 Victorian study is unequivocal in its findings:

Eight years after the introduction of mandatory reporting ... children's safety is jeopardised by a 'revolving door' policy that requires re-referral of children to gain a service.<sup>64</sup>

It is difficult to produce a sound evidential base to analyze outcomes for children under mandatory reporting, as the empirical evidence is inconsistent<sup>65</sup> and variance in the definition of 'substantiation' across jurisdictions further confuses the matter. However, research contrasting substantiation rates in WA and NSW found that WA had a higher rate of substantiation and that more resources are expended on non-substantiated cases in NSW.<sup>66</sup> It is suggested that resources diverted to inaccurate or trivial matters prevents the child protection system reaching serious or life threatening abuse.<sup>67</sup>

Child abuse expert Dorothy Scott suggests that, under a mandatory reporting regime, the Victorian child protection system has "become desensitized to the seriousness of chronic neglect and the damage this inflicts on children"<sup>68</sup>. Scott notes that since the introduction of mandatory reporting, there has been a dramatic increase in notifications, but the substantiation rate has fallen to 22 percent of all reports. She identifies a "strong indication" that under the mandatory reporting regime, screening, rather than service is the reality for children in the system.<sup>69</sup>

#### **4.6. Identification of implications for practice of voluntary and mandatory reporting**

Much of the research literature and most of the respondents focused on the implications on practice and agencies as well as on children and families and communities of mandatory or voluntary systems of child abuse reporting. The consistent suggestion made by respondents was that: the implications of a voluntary system were in part mediated by the resource and legal context but that voluntary systems placed greater reliance on professional discretion; could enhance prevention and treatment because they could provide support services, and increase voluntary engagement and 'contracting' with families. On the other hand, mandatory systems focus on child abuse as core business; are criteria based and threshold focused leading to interventions based on risk assessment tools and gate keeping; and assume the absence of reporting and so impose a legalistic and punitive framework.

The following chart captures some of the core differences between the two extreme 'models' of reporting and highlights the practice implications of each. It is acknowledged that there are a variety of hybrids of these models and that this chart simplifies difference.

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<sup>62</sup> Swain 1998

<sup>63</sup> Lamond 1989

<sup>64</sup> Goddard, C., Saunders, B., Stanley, J. & Tucci, J. 2002:3.

<sup>65</sup> Cashmore 2002: personal communication.

<sup>66</sup> Ainsworth op cit.

<sup>67</sup> Ibid.

<sup>68</sup> Scott 2002a

<sup>69</sup> Ibid. 89.

**Figure 8 Practice Implications**

<b>Voluntary Reporting (legal framework as last resort)</b>	<b>Mandatory Reporting</b>
<i>Family and child welfare as the organizing framework:</i>	<i>Child abuse as an organizing framework</i>
<ul style="list-style-type: none"> <li>▪ Focus on service provision</li> <li>▪ Support, maintenance, strengthening of parent child relationship and family wellbeing</li> <li>▪ Legal intervention reserved as last option</li> <li>▪ European countries move to policy positions in which the state becomes an agent for supporting parents simultaneously with encouraging parents to be involved in any welfare decisions relating to their children</li> <li>▪ Healing strategies in first nations are based on family-in-their-own-community being assisted in providing for their children using traditional strengths</li> <li>▪ A mix of wide service networks and targeted services with a wide range of support/treatment options</li> <li>▪ Separation of 'care' and 'control' responsibility, often with intermediate strategies for working authoritatively with families</li> <li>▪ Family assessment and service responses as primary strategies for addressing need</li> <li>▪ Professional judgement is valued with locally developed ways of working with individual families</li> <li>▪ No focus on gathering evidence</li> <li>▪ Most often the overt intention is for the child to remain in the family home and for legal intervention to occur as a last resort</li> <li>▪ Uses professional and community domination to unfairly influence parents and that systems of legal due process are preferable</li> <li>▪ Normalisation of communal intervention is associated with a greater degree of voluntarily accessing services in both family service and first nations models</li> <li>▪ First nations models aim for community empowerment and self-determination; court process has no significant role in these, with decision making authority resting finally with tribal elders [alternative legal process]</li> <li>▪ Largely utilise the coercive power of the collective</li> <li>▪ Social service delivery paradigm informed by concepts of solidarity, civil society, subsidiarity and cooperation</li> <li>▪ First Nations community healing models hold the view that strong communities depend upon strong families, a circular view which encourages communal support</li> <li>▪ In first nations non-professionals are most influential in decision making with such processes as mediator-led-family meetings</li> <li>▪ In family service models professional judgement is valued, with the use of lay-helpers, formal risk assessment is absent and decisions tend to be made in consultation with multidisciplinary team members</li> <li>▪ Evidence that a First Nation system may provide an energised committed environment and not suffer the burnout and low moral associated with US/UK service delivery in child welfare</li> <li>▪ Child and family wellbeing is a cross-agency mandate focused at alleviating family distress and is non-punitive</li> <li>▪ Access by self referral from child or family, agency referral, voluntary, non-stigmatizing, multi access points, multiple service providers</li> <li>▪ Greater emphasis on parental agreement to intervention strategies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Threshold systems are typically focussed on the monitoring and control of high risk families in an environment of declining support service provision</li> <li>▪ Mandatory investigation as a response</li> <li>▪ Child protection responsibility often rests with a single public or 'para-public' agency relying on procedures which are closely related to those of the legal system with other social service agencies having less clear responsibilities.</li> <li>▪ Forcing dual track systems eg US, Florida, Iowa and Missouri are developing dual track systems, where one track is voluntary assessment and the other is investigation. In Missouri about 80% of reports were handled in the 'voluntary' system</li> <li>▪ There are issues in this system about subjecting people to 'voluntary assessment' presumably with a threat of investigation if they don't agree, under conditions where the substantiation rates are not high. Are they any higher amongst the 'involuntary group' using this system?</li> <li>▪ Family right to privacy with state intervention on the basis of suspicion</li> <li>▪ Related procedures result in less worker discretion, rigid procedural response in defined timelines, less family involvement in decision making</li> <li>▪ Adversarial legal process with 'best interests of the child' being determined</li> <li>▪ Largely rely on coercive legal processes</li> <li>▪ Paradigm informed by notions of individual rights and responsibilities</li> <li>▪ Legal process/practitioners are foremost in decision making</li> <li>▪ More vulnerable children will be protected from harm</li> <li>▪ Danger is that parents fear intrusion and will not self refer</li> <li>▪ Systems become overburdened with reports and unable to respond</li> <li>▪ In the threshold systems of US, Canada and the UK child welfare protection responsibility has been vested in single authorities</li> <li>▪ Increasing focus on investigation as opposed to service delivery</li> <li>▪ Criteria based access through single entry point, third party reports lead to investigation, and substantiation or 'dismissal', reduced range of service responses, less voluntary participation, growing screening-out of cases</li> <li>▪ Imposed requirements and compliance monitoring</li> <li>▪ A child's right to protection from harm [decontextualised best interests] takes legal precedence over any family need for assistance in order that they might care for the child - families don't have legal rights to adequate resources</li> <li>▪ Individual professionals use standardised controls and risk assessment</li> <li>▪ Pressure to respond to media fueled crises, a legacy of the 'child-saving'</li> <li>▪ It is likely no coincidence that threshold systems with mandatory reporting are experiencing a crisis of confidence both from families and their own service providers.</li> <li>▪ 'Least intrusive models' ie legal due process, have resulted in workers spending more time on meeting legal process requirements than on 'assisting' clients</li> </ul>

## SECTION FIVE: ANALYSIS AND ARGUMENTS

The agreed reporting requirements were for this project team to undertake “*an appraisal of various options applying a cost benefit analysis of various forms of intervention. Including potential costs of not intervening early in child abuse*”. In this section we address the important issue of cost benefit analysis as a conceptual tool and explain its limitations in relation to mandatory reporting data and research. We then provide an analysis of the debate about mandatory reporting and, where possible, consider the evidence and impact.

Cost-benefit analyses are based upon certain assumptions, facts about expenditure and outcomes, use of methodologies to ascertain intangible effects, and the application of a set of complicated procedures to calculate the cost benefit equation. On one hand, it involves a precise and clear articulation of the functions, activities, and tasks involved in the provision of a service and then calculating the cost for each. On the other, it is based upon a complete identification and accurate measurement of all tangible and intangible, as well as, short term and long term effects, on all stakeholders, which can be attributed to the service. The difficulties in cost-benefit analysis are further compounded when one converts the cost of offering a service and the benefits derived from it into a common denominator by assigning a dollar value which may not always either possible or advisable. In addition, it is imperative for the cost-benefit analysis that a discrete model of practice be in operation or at least identifiable.

For a program such as mandatory reporting, about which there is an immense scarcity of empirical evidence as to its effects, and which does not follow any standard model of practice, cost-benefit analysis becomes all the more difficult if not impossible. In the literature review carried out, we came across very few studies that had examined the effects of introduction of mandatory reporting on various stakeholders. We did not find a single study, which specifically looked at the cost-benefit aspect of mandatory reporting. There was, to the best of our knowledge, only one Australian study, which identified the specific determinants that could be used to calculate the cost of offering the complex range of services required.<sup>70</sup> This study made extensive use of South Australian data. Indeed, the most useful material that was provided to the project team in relation to this matter and which could be used is the development of a cost-benefit framework was sent by staff in the statutory department in South Australian where the data base appears to be one that could readily accommodate a cost-benefit analysis. This material could not be analyzed in time for the submission of this report.

There are a number of studies that do point to the costs of child abuse and neglect and to the equivalent costs of failing to intervene appropriately and effectively.<sup>71</sup> Moreover, there are conflicting views on almost every aspect of mandatory reporting starting from the need for introduction to its impacts. Specifically, the literature is:

- Divided as to the extent of impact of introduction of mandatory reporting on increase in reporting incident of child abuse. Almost all studies indicated the increase in reporting but either did not specify its extent or differed markedly;

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<sup>70</sup> Australian Institute of Family Studies 1998

<sup>71</sup> See Irazuzta et al 1997

- On the basis of literature review, the research team was able to develop a two-by-two matrix in relation to a continuum of intervention and threshold. Both the determinants of classification range from no intervention by a statutory body to mandated intervention and from no articulated basis of intervention (non-threshold) to well defined ones (threshold). Between these continuums, there are different combinations of operative models. As in Western Australia mandatory reporting is not yet operative, in addition, we do not know which model will be adopted, cost-benefit analysis becomes impossible;
- Within each model, the cost-benefit analysis requires a clear identification of the process, procedures, and inputs and outputs. We did not come across any study that has documented these. Some studies have pointed towards some of the outcomes but none of them have actually measured the extent of them. A further problem is the variation in actual operative details in terms of local context. As no such information for Western Australia is available, such analysis is not feasible;
- Cost-benefit studies are based upon the conversion of all benefits into a single unit of measurement, e.g. dollar value, or, in some instances, a clear list of identifiable tangible/intangible, and short-term/long-term benefits for different stakeholders, is provided in support. During our literature search we did not come across any study that has attempted to list these benefits or otherwise for various stakeholders-children, parents, perpetrators, service providers, family and community at large. There was only one study that identifies some determinants of cost. Within such diversity, even to construct an hypothetical model and place a dollar value would seem unreasonable;
- Many of the outcomes that can be attributed to mandatory reporting, in addition to lacking empirical evidence, are intangible and are difficult to measure in terms of dollar value. For example, increase in awareness about different aspects of mandatory reporting and its impact on feelings, attitude, and behaviour towards children. How the increase in awareness about child abuse affects the feelings, attitude and behaviour, is both unclear and debatable. There is also strong difference of opinion as to their feasibility and desirability of measurement;
- In Western Australia, to the best of our knowledge, there is no study, which has examined any part of mandatory reporting. Before such a stage, where either a model is in operation or conceptually developed, cost-benefit studies are not possible to undertake.
- The most promising material that is available in Western Australia is the work of Marshall & Watt which looks at the benefits of preventive interventions and provides strong support for the economics of such.<sup>72</sup>

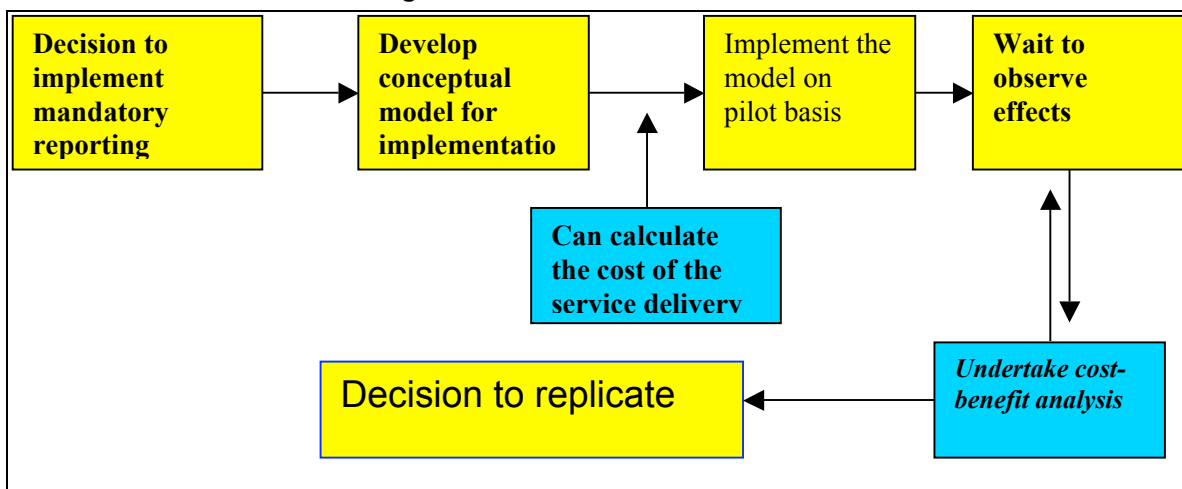
For these reasons and others that we have not detailed, it is almost impossible to undertake a cost-benefit analysis of the introduction of mandatory reporting. In our opinion a cost-benefit analysis can only be undertaken when a decision about the particular option to be adopted in relation to mandatory reporting is made and when the specific procedures to be adopted are determined. In other words, we feel that before any kind of cost-benefit analysis can be undertaken it is imperative that a conceptual model, in the light of available evidences, be adopted. This can then be subjected to cost-benefit analysis. The process is diagrammatically displayed below:

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<sup>72</sup> Marshall & Watt 1999. Also see Gauntlett et al 2000



Figure 9: COST-BENEFIT PROCESS



We have therefore developed, on the basis of the literature review; submissions from various groups and individuals; and responses to the questionnaire, an analysis of the expected and understood impacts of mandatory reporting using arguments that have been utilized for and against it. We feel that when the literature is not clear on the outcome of mandatory reporting and when there are difference among service providers and experts both about outcomes and their extent, a conceptual model that highlights the implications of each impact may be the only way to examine the desirability of the introduction of mandatory reporting in Western Australia.

## 5.2. The debate about mandatory reporting

There are two clusters of arguments and 'evidence' for and against mandatory reporting. Many of the arguments are polemical and most of the 'evidence' is inferential and presumptive. These arguments are presented in various combinations in the international and national literature. The following schema is an attempt to capture the intersection between the arguments presented by the people who provided input to this review and some of the arguments and evidence in the research and policy literature. It attempts to honour the range of views presented to us by the people who responded to this review. So, in large part these evidential clusters were developed from the data itself, that is, we have not used already documented templates. A full analysis of the international literature is available in the spreadsheets on the different jurisdictions in the Appendices.

A respondent who sent in a submission captures the difficulty of obtaining evidence for or against mandatory reporting in the following quotation:

"It's hard to find any [evidence] but what there is would rest more on a philosophy of state intervention than on any "evidence". Most research around these sort of topics is both philosophically and politically driven and its findings very suspect. Besides which, when "the results" appear in the media family

behaviour changes and sets a new scene which only helps social researchers keep in work!"<sup>73</sup>

In the following analysis, the first eight arguments that are discussed are in favour of mandatory reporting; the second eight are ones that are used against it. Inevitably there will appear to be a tautological element in this presentation of ideas as arguments for and against call on the same or similar evidence. Nevertheless, it was considered respectful to the contributors that all the arguments were put.

### **5.2.1. Mandatory reporting protects children at risk and prevents child deaths**

#### **Argument:**

*This is the most axiomatic of arguments and asserts that the legal mechanisms used to ensure that a range of professionals (and others at times) report concerns about child abuse that come to their attention reduces ongoing harm and death due to maltreatment. It also assumes that the threat of legal penalties accruing to any failure to report will increase the chances of people reporting.*

#### **Evidence:**

1. Mandatory reporting is often introduced following inquiries into child deaths following evidence of maltreatment. The majority of the children who died in these circumstances were already known to public child protection authorities.<sup>74</sup>
2. There is a high rate of re-reporting of child abuse that appears to indicate that for some children the reporting of the abuse does not lessen the likelihood of harm over a period of time.<sup>75</sup>
3. Reporting is not necessarily correlated with positive intervention.<sup>76</sup>
4. The highest correlation is between reporting and screening out of 'cases'.<sup>77</sup>
5. Young people and families report negative sequelae of the statutory investigation of abuse.<sup>78</sup>
6. The evidence of outcomes for intervention in cases where child maltreatment is indicated is at best equivocal and at worst very negative.<sup>79</sup>

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<sup>73</sup> Submission 8

<sup>74</sup> In the mandatory reporting environment of the USA Sedlak and Broadhurst, 1996 report that just over 50% of child abuse fatalities, and 20% of the seriously harmed or injured had received a CPS investigation ie were not only known to the system but had been previously screened-in for investigation. See also Bevan 2002; Cashmore 2002 Swain 1998; Mendes 1996; Goddard & Liddell 1993.

<sup>75</sup> Four Corners interview with Carol Pertola and others revealed that as a way of managing the impossible workload, DoCS, NSW have introduced a "Priority 1 policy" in which Priority 1 cases which remain unallocated for more than 28 days without a follow-up report, are closed. ( Morag Ramsay (producer) ABC Four Corners Report, Monday 15/07/02, 8.30pm-9.20pm on child protection); Goddard et al 2002; Scott 2002a; Community Law Reform Commission 1993

<sup>76</sup> Four Corners interviews revealed that demand has resulted in large numbers of cases not being allocated, assessed or even referred for an alternative service ( Morag Ramsay (producer) ABC Four Corners Report, Monday 15/07/02, 8.30pm-9.20pm on child protection)

62% of referrals screened-in for investigation; 17% of children referred have abuse substantiated and 55% of these (8.5% of referrals) received a service other than investigation; as do a further 15% of referrals where abuse is not substantiated [National Clearinghouse on Child Abuse and Neglect Information, 2001]. Despite 'Neglect' always having been the largest category of maltreatment substantiations, there has been less and less interest in addressing the issues, in favour of an inconsistent assortment of minor categories [Fitzgerald, 2001]. See also Community Law Reform Commission 1993; Scott 2002b; Kaufmann 1994; Lamond 1989

<sup>77</sup> Four Corners interview with Carol Pertola and others revealed that the introduction of a centralised Child Abuse Helpline, in response to unmanageable workloads at a regional level, resulted in a 60-70% increase in reports, queued calls of at least 450 and one lady from Queensland waiting 5hours for her call to be answered.( Morag Ramsay (producer) ABC Four Corners Report, Monday 15/07/02, 8.30pm-9.20pm on child protection); National Clearinghouse on Child Abuse and Neglect Information, 2001.

<sup>78</sup> Community Law Reform Commission 1993

7. There are a large number of research reports which indicate that the lack of services for children and families who have been demonstrated to have problems means that child protection investigation does little to protect children from the long term effects of harm.<sup>80</sup>

### **Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- There is no evidence that links the mechanisms of mandatory reporting with either the reduction of child maltreatment or the reduction of child deaths.<sup>81</sup>
- It is all but impossible to measure this assertion because there is such a range of mechanisms incorporated in mandatory reporting and there are such a range of personnel mandated in different jurisdictions.<sup>82</sup>
- MR systems include a range of child welfare service delivery mechanisms, many of which also occur in systems in which there is no MR. To control for all of the variables that would enable a comparison of jurisdictions is not possible.

### **Challenges and Implications**

Some other non-MR systems have reporting rates similar to those with MR. Public education about acceptable behaviour and identifying child abuse may be a significant component of successful assistance. Levels of violence, including child fatalities, in non-threshold as more family and community focused systems are lower than in the Anglo-American systems - greater access to services, structural problems which put children at risk are addressed, reduced community acceptance of violence. Among the First Nation and non-threshold models of service provision there is evidence of greater voluntary placement of children indicating that families can be assisted in providing safety for their children in alternative systems

#### **5.2.2. Mandatory Reporting facilitates early notification and this leads to successful intervention**

##### **Argument:**

*This argument is another compelling one because the inherent logic is that in order to get help people need to be put in touch with helping systems as early as possible. It is in two parts, firstly that early mandatory notification to statutory authorities leads to help and secondly that the help is successful.*

##### **Evidence:**

1. There is a lot of evidence to suggest that preventive measures and early intervention in the form of assistance to parents who are experiencing difficulties with child rearing helps to reduce problems for children and increases the resilience and capacity of children.<sup>83</sup>

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<sup>79</sup> Ombudsman 2002; Sandor 1994

<sup>80</sup> In his petition "A Petition on Behalf of the Forsaken Children of Texas" State District Judge Scott McCown presented an analysis of fourteen years of data, indicating clearly that the Texas State department was unable to respond adequately to the needs of maltreated children for a continuum of service options because its resource base had failed to keep up with demand. In the area of health, the validity of applying a 'costs identification' model across diverse social, political, economic and environmental contexts has been challenged [Readpath et al, 2001]; See also Ainsworth 2002; Scott 2002b; Goddard et al 2002; Barnados staff 2001; Best 2001; Lamond 1989.

<sup>81</sup> Gibbons cited in Cameron et al 2001:238

<sup>82</sup> Texas Department of Protective and Regulatory Services, 2001 #281]; Kalichman 1993; Liddell & Liddell 2000

<sup>83</sup> Marshall, 1999:283; Child Abuse Prevention & Education Unit 1999; Scott 2002a; SafeCare Submission.

2. The evidence is that the more voluntary and respectful the process of engagement the more likely the outcome is to be positive.<sup>84</sup>
3. There is not a lot of evidence to suggest that there is an improvement in capacity to parent once there has been an investigation and assessment of child abuse following mandated reporting to authorities:
4. There is considerable evidence that one reason mandatory reporting systems are unable to assist reported families is because the number of reports quickly exceed any capacity to respond.<sup>85</sup>
5. Mandatory reporting fails to facilitate early notification in a significant number of abuse cases seen by professionals.<sup>86</sup>

### **Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- There is no evidence that reporting equates to protective intervention or assistance and there is no evidence that MR reduces the risk of harm or child fatalities
- There are large levels of under-reporting in USA
- Child deaths show no demonstrable difference between countries with and without mandatory reporting

### **Challenges and implications**

There is evidence that training in child abuse recognition, often associated with Mandatory Reporting may have a much greater impact on reporting than the introduction of the MR per se.<sup>87</sup> The most effective early intervention is preventative or in response to difficulties which would not meet the criteria for MR.<sup>88</sup> Non-threshold models of family support, often using alternative frameworks for service delivery, encourage individuals, families and communities to seek assistance voluntarily and in relation to early distress.<sup>89</sup>

#### **5.2.3. Mandatory Reporting is essential because it recognizes and protects the overall rights of the child.**

##### **Argument:**

*The rationale here is emotionally compelling. Mandatory reporting is required in order to provide a statutory balance to the dominance of the adult and family perspective. It argues that mandatory reporting is in keeping with the United Nations Principles on the Rights of the Child and acknowledges the fundamental vulnerability of the child in an adult and family focused world.*

##### **Evidence:**

1. There is evidence that mandatory reporting places a reporting priority on people to register concerns about child maltreatment.<sup>90</sup>

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<sup>84</sup> Family Support Program 1995

<sup>85</sup> A DoCS report of 2002 indicated that fewer than 1 in 10 reports were fully investigated and less than two thirds of even the most urgent reports resulted in a family visit. ABC Four Corners, (Morag Ramsay (producer), Monday 15/07/02, 8.30pm-9.20pm on child protection); Besharov, 2001, Waldfogel, 1998 (book). The percentage of children who received a CPS investigation fell between 1986 and 1993, as absolute numbers remained the same [the system was saturated]. The decline in response rate was only statistically significant for hospitals and law enforcement reporters but occurred across all reporting groups Sedlak & Broadhurst, 1996:262.

<sup>86</sup> Bell & Tooman 1994; Sedlak, & Broadhurst 1996.

<sup>87</sup> Besharov, 2001:2

<sup>88</sup> Marshall & Watt, 1999.

<sup>89</sup> Cameron, Freymond et al 2001.

<sup>90</sup> Insofar as the law mandates people, the evidence that this is effective is equivocal, with evidence that mandated reporters probably report only 20% of recognised cases of abuse over all Bell, 1994:265. Failure to consult with children being investigated for child abuse destroyed legal argument in the Orkney raids

2. There is no evidence that mandatory reporting places a priority on either a child's perspective of reporting and protection or on a child focused intervention.<sup>91</sup>
3. The evidence from young people about their experiences of intervention in the name of protection is not positive. The majority of young people who have experienced investigation and who are brought into care following reporting of child abuse, indicate that the consequences of the reporting were tantamount to secondary abuse.<sup>92</sup>

### **Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- There is no evidence of mandatory reporting as a platform for child rights
- The argument is compelling and emotional: it assumes that a reporting system per se is an effective way of recognizing and protecting children; however, it is in the response to rather than the reporting of protective concerns that the rights of children are safeguarded

### **Challenges and implications**

There are a number of nations, which do not have mandatory reporting, and which are signatories to the United Nations Principles on the Rights of the Child. A child focused response which is based on inter-agency protocols for assisting children and families and uses child protection reporting a position of 'last resort' may be just as effective, if not more so, than a system focused on scrutiny, investigations and censure<sup>93</sup>. All nations, except the USA and Somalia are signatories to the United Nations Convention on the Rights of the Child<sup>94</sup>, and most of these do not have mandatory reporting. Australia is a signatory to UNCROC, but has never passed enabling legislation<sup>95</sup> and has failed to meet its obligations. Child rights are also largely absent in the Australian domestic legislative framework.<sup>96</sup>

A child focused response which is based on inter-agency protocols for sharing protective concerns about and assisting children and families and uses child protection reporting to invoke statutory action as a position of 'last resort' may be just as effective, if not more so, than a system focused only on scrutiny, investigations and censure.<sup>97</sup> Elsewhere child rights are protected through the appointment of Commissioners of Children (Wales, Norway, New Zealand for example), Bills of Child Rights, family focused practice targeting the maintenance of lasting family ties, community capacity building and community governance.<sup>98</sup>

#### **5.2.4. Mandatory Reporting leads to increased reporting of children to Authorities**

##### **Argument:**

*Every time that mandatory reporting is introduced there is a dramatic increase in reports of child abuse.*

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case in the UK, and "Family of God" raids in both NSW and Victoria, all in 1991 [Rayner, 2002]. See also Myers-Young 2000

<sup>91</sup> Farrell 2001; Community Law Reform Centre 1993;

<sup>92</sup> Personal representation from a young person in care was of being apprehended at age nine on the basis of false and poorly investigated reports - and not being properly consulted. Also Owen, 1996; Toth, 1997; Cashmore, Dolby et al 1994; Community Law Reform Commission 1993; Stanley et al 2001.

<sup>93</sup> Scott 2002b

<sup>94</sup> Kilbourne, 1998

<sup>95</sup> Jones, 1998; Rayner, 1996.

<sup>96</sup> Lane, 1991; Breen, 1999.

<sup>97</sup> Ainsworth 2002

<sup>98</sup> Breen, 1999; Jones, 1998; Cameron et al 2001.

### **Evidence:**

1. Increases in extent of reporting do routinely accompany the introduction of MR.<sup>99</sup>
2. A number of submissions indicated that with the introduction of mandatory reporting, agencies tend to be flooded with information that is often irrelevant and they then struggle to provide the adequate resources to deal with all the information.
3. Relevant information can be lost or not dealt with in a timely manner in a system that is bogged down.
4. There is no evidence that the increase in numbers is associated with significant increases in high-risk categories being reported.<sup>100</sup>
5. Although there is an increase in the rate of reporting, there is a lack of evidence that this is a reflection of an increase in the incidence of abused children (In US there are approximately five million reports about three million children).<sup>101</sup>
6. Substantiation rates aren't increased proportionally to the increase in reporting rates.<sup>102</sup>
7. Although there is an increase in reports with the introduction of MR, substantiation rates plateau quickly and reports slowly decrease.<sup>103</sup>
8. In jurisdictions where there is no MR (but there are protocols for referral) the reporting and substantiation rates are not generally different from those that have MR.<sup>104</sup>
9. Few jurisdictions have recorded whether the introduction of MR reduces the number of self-referrals. The question is whether some of the recorded increases in mandated reports is associated with a decrease in self-referrals. But there is some evidence that people are less likely to request assistance with parenting problems once MR is introduced.<sup>105</sup>

### **Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- MR increases the number of reports and may increase the chances of some children being named but may decrease the chances of effective intervention.
- In jurisdictions where there is no MR (but there are protocols for referral) the reporting and substantiation rates are not generally different from those that have MR
- Many jurisdictions don't have 'baselines' of data which preceded the introduction of MR

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<sup>99</sup> In the US reporting rates rose from a recorded low of 0.15/1000 in 1968 to 10/1000 in 1976 [Bell & Tooman 1994] and substantiation rates of 15.3 in 1993 [National Clearinghouse on Child Abuse and Neglect Information, 2001] but the significant increases were not triggered by the introduction of MR in the mid-late 1960s but following funding for professional training, public campaigns, large investigative teams and a growing number of mandated reporters [Sedlak & Broadhurst 1996]. See also Standing Committee on Social Issues 2002; Mendes 2001; Hetherington 1998; Turner 1997; Markewicz 1996; Prideaux 1995

<sup>100</sup> Evidence that improved capacity to recognise maltreatment does not translate to increases in reporting either in the moderately injured group or amongst those who are ultimately seriously harmed or killed and additional evidence that the system would not be able to respond adequately even if there was increased rates of reporting.[Sedlak & Broadhurst 1996]. The US Advisory Board is of the opinion that fatal child abuse alone could occur at a rate of between 5.4 and 11.6/1000 [US Advisory Board on Child Abuse and Neglect, 1995]. Goddard et al 2002; Scott 2002b

<sup>101</sup> Children's Bureau Administration on Children, 2001.

<sup>102</sup> In the US between 1980 and 1993 it is estimated the incidence of abuse increased 149% [Sedlak & Broadhurst 1996], unsubstantiated reports rose from 35% of reports -65% of reports 1975-1990 [Besharov, 1990] cited [Bell & Tooman, 1994] and the % of reported children who were investigated fell [Sedlak & Broadhurst, 1996]. Ainsworth 2002.

<sup>103</sup> In the US child maltreatment reports apparently peaked in 1993 - 18 years after the education campaigns associated with MR introduction [Children's Bureau Administration on Children, 2001], in Canada it appears that reporting rates were in decline from about 1990 - 15 years after the introduction of MR

<sup>104</sup> Bell & Tooman 1994; Ainsworth 2002

<sup>105</sup> In Belgium 1986-1994, the introduction of mediation stages before the legal system 'kicked in' increased self-referral from abusive parents from 2%-38%, decreased risk of repeat injury and resulted in 81% of children in care being returned home [Marneffe & Broos 1997 cited Cameron et al 2001]. See also Cashmore 2002; SafeCare Submission 2002; Sandor 1994

- When MR is introduced it is generally accompanied by changes to both the criteria for reporting and the mechanisms for recording these reports
- Jurisdictions have adopted a variety of pathways for reporting and typologies for recording such reports
- There is some evidence that the reporting figures are being significantly inflated by the fact that ‘cases’ are repeatedly re-reported when there is little, inadequate or no response to earlier reporting.<sup>106</sup>
- When MR is introduced there is often an accompanying increase in media attention that is likely to inflate reporting by the public regardless of whether or not they are mandated to do so.<sup>107</sup>
- There is no evidence that the increase in reporting rates leads to any increase in the quality or effectiveness of outcomes for children and families.<sup>108</sup>
- There is some evidence that the increased reporting rate is leading to a reduction of service outcomes for children and families.<sup>109</sup>

### **Challenges and implications**

MR does appear to widen the net and increases the likelihood of catching and naming more children who might be at risk; it probably brings more children to the attention of authorities. If the goal of MR is to increase the numbers as well as severity of referrals, these increases must be associated with an increase in education so that mandated people know what to report and how to report. The increase in numbers must be associated with a concomitant increase in services so that the mandatory system becomes more than a mechanism for generating more trauma for children, families and workers.<sup>110</sup> If the goal of any reporting is to increase the likelihood of reports about children who are *significantly at risk of harm* or *at risk of significant harm*, there are policy options available other than MR.

#### **5.2.5. Mandatory Reporting will provide a standardized and uniform data base on child protection In Australia**

##### **Argument:**

*This has been referred to as ‘homogenising the law’. The argument is that in order to deal effectively in public policy terms with serious issues such as child abuse we need to be collecting uniform data and developing national baselines for data collection, research, analysis and service planning and that we cannot do that without mandatory reporting legislation in every state.*

##### **Evidence:**

1. There is no evidence that MR in countries where it is present produces data that is sufficiently uniform to produce baselines for comprehensive planning and evaluation across the nation e.g. US.<sup>111</sup>
2. There is no evidence that countries that have mandatory reporting have reliable or accurate national databases of child abuse.<sup>112</sup>

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<sup>106</sup> Goddard et al 2002

<sup>107</sup> Mendes 1996; Swain 1998

<sup>108</sup> Hancock 1994; Stanley et al 2001

<sup>109</sup> Cashmore 2002; Community Law Reform Commission 1993; Scott 2002a

<sup>110</sup> Mendes 2002; Parton 1998:5

<sup>111</sup> Canada has had MR in all provinces except the Yukon for more than 20 years. The first national data collection occurred in 1998 and requiring the use of a special survey tool to collate highly variable data (Trocme, 2001). In the USA all 50 States have specific MR legislation, under a federal legislative banner with national surveys also requiring strategies to deal with highly variable data, see Sedlak and Broadhurst, 1996 for the Third National Incidence Study

<sup>112</sup> Individual state data bases vary (Sedlak and Broadhurst, 1996) (Trocme & Wolfe, 2001) (Swift 2001); mandated reporters probably only report 20% of identified cases (Bell and Tooman 1994:343), reported

3. There is no evidence that uniform child welfare legislation across Australia is possible or likely.
4. There is no evidence that mandatory reporting in the absence of national legislation would produce any consistency in results.
5. There is evidence that a number of people believe that the absence of uniform data is a problem.<sup>113</sup>
6. There is evidence that a number of people believe that uniform legislation will help to deal more effectively with the problem of child abuse.<sup>114</sup>
7. There is evidence that national databases are being agreed (albeit painfully) in the absence of national legislation and national standards in mandatory reporting legislation and policies.

### **Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- Problems of database development and management bedevil all countries whether or not they have mandatory reporting. There is national and international variability in each of the four levels of data.<sup>115</sup>
  - What is counted as an allegation in the first place
  - Targeting: substantiation rates
  - Outcomes – safety measures such as re-substantiation
  - Standards of service such as timeliness and satisfaction rates
- Definitions of physical, emotional, sexual abuse and neglect, substantiation and re-substantiation vary across all jurisdictions.<sup>116</sup>
- The most significant reason for the ongoing inadequacies in child protection databases is that assessment and reporting of a child at risk before referral and assessment and recording after referral are mediated by 'highly individualized' professional judgments in the context of grossly variable policies, service structures and capacities. Such a process defies easy aggregation of data.

### **Challenges and implications**

Databases and statistics do not on their own give adequate or useful evidence about the adequacy of a community's response to children at risk and families in need.<sup>117</sup> It is the process of recording the child abuse reports that needs to be standardized if at all possible, and this can be managed as easily without mandatory reporting as with it given that it is unlikely there will ever be international legislation for the protection of children. The most important reason for standardizing child protection databases is so that evidence can be obtained about models of intervention that are successful in assisting children and families. There should be consistent reporting regarding children and offenders and interstate cooperation for working with transient families.<sup>118</sup> There is general consensus that the most effective data collection strategies are multifactorial and reflect cultural and social factors that may be unique to diverse settings.<sup>119</sup> It may be

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abuse is being 'closed' prior to allocation and not recorded. (Morag Ramsay (producer) ABC Four Corners Report, Monday 15/07/02, 8.30pm-9.20pm on child protection)

<sup>113</sup> Productivity Commission 2001; Lynch 2002; Liddell & Liddell 2000

<sup>114</sup> Lynch 2002

<sup>115</sup> Liddell & Liddell 2000; Parkinson 2000

<sup>116</sup> Hutchinson 1994

<sup>117</sup> There is considerable evidence that data bases on child protection (USA, Canada, AUS) are not about identifying 'need' and providing a service, but more often count reports (but not necessarily all), investigations and substantiations (some of which may receive an additional service) (Morag Ramsay (producer) ABC Four Corners Report, Monday 15/07/02, 8.30pm-9.20pm on child protection, Sedlak & Broadhurst 1996, National Clearing House on Child Abuse and Neglect Information, 2001, Texas Department for Protective and Regulatory Services 2001; Bell & Tooman 1994; Cashmore 2002; Noring 2000:634

<sup>118</sup> Lynch 2002; Liddell & Liddell 2000

<sup>119</sup> Productivity Commission 2001:7



more useful to re-construct this argument around the needs for national standards of support and intervention rather than reporting.

#### **5.2.6. Mandatory Reporting educates the population about the appropriate processes for reporting child abuse**

**Argument:**

*Unless there is mandatory reporting we do not have clear guidelines for people about what is child abuse and what should be reported.*

**Evidence:**

1. No evidence that education associated with the introduction of MR is any better or worse than a separate public education campaign targeted at educating people about the need to protect children and identify abuse.
2. In the ACT, the introduction of MR has been accompanied by strong public and professional education campaigns. This is considered to have been very successful.<sup>120</sup>
3. In New Zealand and Ireland where there is no MR, there was an expansion of a public education campaign.
4. Some evidence that child death inquiries rather than the public education campaigns are what alerts people in the community to the need to be responsive to children at risk.
5. MR generally targets professionals rather than neighbours as mandated reporters. Professionals can be educated and protocols developed in the absence of MR.
6. Some data suggests that even in states of Australia where there have been extensive educational campaigns for professionals, there remains large confusion about what to report. Indeed, some of this data suggests that reporting is more likely to be determined by the expectation of service outcomes rather than the concern with failure to report.<sup>121</sup>

**Evidentiary problems**

The significant evidentiary difficulties with this assertion is that:

- there is no data that links public and professional education with public education campaigns.

**Challenges and implications**

There are a number of ways that the public and professionals can be advised about the importance of child protection and the processes of reporting.

#### **5.2.7. Mandatory Reporting demonstrates that government is sending a clear message that child abuse won't be tolerated**

**Argument:**

*This argument is one that is used generally even by people who are generally opposed to MR. The core of the argument is that any such legislation sends the unequivocal message that children must not be maltreated and perpetrators will be reported and dealt with.*

**Evidence:**

1. There is no doubt that the evidence is that the general public believes that child abuse is wrong and should not be tolerated.<sup>122</sup>

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<sup>120</sup> Mendes 1996; Scott 2002b; Aldcroft 2002

<sup>121</sup> Goddard et al 2002; Best 2001; CAPE 1999

<sup>122</sup> Majority of submissions; Best 2001; Hetherington 1998

2. There appears to be little evidence internationally that the presence of MR has decreased the incidence of child abuse.<sup>123</sup>
3. The bulk of the evidence suggests that child abuse is highly correlated with systemic issues and societal problems such as poverty, unemployment, alienation, loneliness, societal fracturing, family violence, drug misuse and other factors<sup>124</sup>.
4. The clarity of a message about risk is likely to be lost on populations of parents who are experiencing other serious problems.
5. There is little data to support the idea that most people respond to risks of legal fallout when they are in the sort of profoundly disturbing environments in which children are hurt.
6. There is some evidence that except for severe instances, MR simply drives some reporting underground. In other words, people become less likely to ask for help for themselves and are less likely to report others if they believe that sanctions rather than support might be available.<sup>125</sup>
7. There is some evidence that a legislative message such as mandatory reporting decreases rather than increases a sense of community responsibility for children.

### **Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- There is no measure of the effectiveness of legislative procedures for preventing wrongdoing. There is evidence that there is a correlation between an increase in the number of laws and the number of people who break them.
- Whilst it is self evident that there is a duty to remind the public that child abuse is wrong and will not be tolerated, it is difficult to measure whether legislative measures actually alert people to compliance requirements.

### **Challenges and implications**

There may be alternative ways of sending this message and associating the message with a self-referral option that engages people with opportunities for help rather than investigation.

#### **5.2.8. Mandatory Reporting is the only way that the legal (privacy) and ethical (confidentiality) obstacles to reporting can be addressed without compromising the integrity of professionals**

##### **Argument:**

*Many professionals have traditionally used the argument that they cannot report child abuse because it violates their Code of Ethics and / or institutional Privacy Codes and that they increase the likelihood of being sued for breach of confidentiality. There appears also to be an argument that if they are compelled to report they can lose their relationship of trust with their client. However, it is also argued by some that compelling professionals to report enables them to manage the tensions between supportive roles and controlling roles.*

##### **Evidence:**

1. MR is not required to enable professionals to report that a child is at risk. Generally, the duty of care to minors overrides the duty to keep information confidential.<sup>126</sup>

<sup>123</sup> Escalating reports, reduced service capacity and a failure by government to address 'Neglect' which has always been the most significant reported category of abuse and highly correlated with poverty (Fitzgerald 2001), Fitzgerald Personal Communication; Morag Ramsay (producer) ABC Four Corners Report, Monday 15/07/02, 8.30pm-9.20pm on child protection; Sedlak and Broadhurst 1996; US Advisory Board on Child Abuse and Neglect 1995; Cameron, Freymond et al 2001; Swift 2001.

<sup>124</sup> Goddard et al 2002; Parkinson 2000; Angus & Hall 1996; Sedlak & Broadhurst; Kaufmann 1994

<sup>125</sup> SafeCare Submission; AASW Focus Group; Cashmore 2002; Sandor 1994

<sup>126</sup> Australian Psychological Society 1997/99; Kids Helpline 2001; Kids Helpline: Personal Communication

2. All professionals have a duty to report but only if they have reason to believe that the outcome of any reporting would be better than not reporting. In other words, professionals have a duty to consider the likely impact of any decision.<sup>127</sup>
3. Many professionals have argued that if the duty to report is dissonant with their analysis that there will be a negative outcome from the reporting, they will not report regardless of the consequences for them.
4. There is very little evidence of professionals being successfully sued for failure to report.<sup>128</sup>
5. For a number of people, MR does provide a clear course of action regardless of ethical issues, ensuring that all risk situations are reported.<sup>129</sup>
6. In contemporary service provision networks, many of the most skilled people to deal with risk assessment and intervention may no longer be in the public statutory agency but are more likely to be found in smaller specialist contracting agencies in the non-government sector. The consequence is that any mandatory system is guaranteed to fail unless there is a reversal of government policy to outsource services.<sup>130</sup>

### **Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- In spite of mandatory reporting, professionals still wrestle with issues of risk and ethics and make decisions outside of mandatory reporting requirements if they believe that reporting will either cause more harm than good or lead to no service to the family and/or child.<sup>131</sup>
- There has not been a detailed assessment of much professional reporting practice in Australia<sup>132</sup>
- There is considerable evidence from the United States (where general litigation is rife and often successful) that the likelihood of successful charges for failure to report child abuse is so mediated by the need to address the nuances of professional judgment that the chances of success in all but the most obvious situations is negligible. It is also argued that in these extreme cases, the law of torts would apply anyway.<sup>133</sup>
- In a mandatory system guided by 'risk averse' public policy models, defensive practice is likely to be the rule with the inevitability of Type 1 and Type 2 errors being present and being hidden.

### **Challenges and implications**

The question is how to develop a system that encourages occupational groups to report when it is necessary. As a participant said "If the goal in MR is simply to pass on the job to someone else no matter what might happen or what help the child will get, then count me out"<sup>134</sup>. It is clear that most people are concerned about children and that, amongst all occupational groups there is an interest in providing good services. For most professionals who responded, they are more likely to report a child at risk if the report will "make a difference". MR in its own right would not compel them to report if they felt it was not in the interest of the child!

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<sup>127</sup> Barnados 2001

<sup>128</sup> Aldcroft 2002; Goddard et al 2002

<sup>129</sup> Submission - NGO

<sup>130</sup> Multiple submissions made this point.

<sup>131</sup> Kalichman 1993; Most of the practitioners who responded to this review

<sup>132</sup> Many of the practitioners who were interviewed individually or in focus groups talked about their reluctance to report to overworked DCD staff when indeed they as referring professionals often had more experience than many frontline DCD staff who were making the assessments. Also See Goddard et al 2002 for an excellent example of the tensions facing practitioners such as teachers

<sup>133</sup> Myers-Young 2000

<sup>134</sup> Submission 14.

### **5.2.9. Mandatory Reporting does more harm than good and may result in further abuse**

#### **Argument:**

*It is argued that mandatory reporting 'turns struggling families into criminals', stigmatizes and dis-empowers families, drags children and families into a welfare net and may result in further abuse of the child either in retaliation or as part of the failure of government agencies to follow up investigations with support services.*

#### **Evidence:**

1. Over-zealous state intervention inevitably leads to systems abuse.<sup>135</sup>
2. Families in need of support are labelled as abusive and are caught up in the welfare system.<sup>136</sup>
3. Reporting may lead to further violence for example against a child who discloses abuse and it may give a false sense of security to a health care provider who presumes that a report necessarily leads to action when it may not.<sup>137</sup>
4. Reporting may give a false sense of security to a health care provider who presumes that a report necessarily leads to action when it may not.<sup>138</sup>

#### **Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- Although it is undesirable for families to become enmeshed in child protection systems this is the only way that the state can actually identify abuse.
- The empirical evidence indicates that only a small percentage of all reported concerns are substantiated, whilst many vulnerable families in need do not receive services beyond investigation. They are not, therefore, caught up in a 'welfare system, but in an investigatory system.
- The potential for increased risk to children after the disclosure of abuse is one that is inherent in any child protection system.

#### **Challenges and implications**

There are some MR models such as that in the ACT where unsubstantiated reports are not kept on file and where some of the negative consequences of MR have been reduced by careful and systematic planning. Indeed the ACT model provides a good example of a carefully constructed system in which community and professional education and professional decision making are central. The primary challenge is how to introduce a system which whilst having the possibility for a forensic level of investigation, is not driven by this.

### **5.2.10. Mandatory Reporting intrudes on the sanctity of the family**

#### **Argument:**

*It is argued that the integrity of the family should not be compromised and that mandatory reporting does compromise it by sanctioning a system of surveillance of families that leaves them unable to maintain their boundaries and unable to suitably control and manage the upbringing of their children. It is argued that most families wish to provide the best environment for their children. In order to do this they need support rather than surveillance, reporting, investigation and punishment.*

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<sup>135</sup> Australian Association of Social Workers (AASW) WA Branch, Focus Group; Community Law Reform Commission 1993

<sup>136</sup> Hancock 1994;

<sup>137</sup> Budai 1996

<sup>138</sup> Budai 1996

**Evidence:**

1. Young people and many families indicate that child investigation procedures are often invasive and disrespectful.<sup>139</sup>
2. There are different views in the community about what are important things that should and should not be reported e.g. whether smacking constitutes appropriate parenting.<sup>140</sup>
3. There is evidence that MR results in increased numbers of children in out of home care whereas research suggests poor outcomes for children removed from their families.
4. It is recognised that the complex social problems associated with child abuse are not effectively addressed by MR legislation.

**Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- Under contemporary law and social understanding, children are not the property of families and so families don't have absolute rights to a sanctified position.
- No family has the right to abuse any of its members and there are laws to protect family members already.
- This dominant idea of the 'sanctity of the family' assumes an idealized family structure and process which flies in the face of historical evidence about the well-being of children in some families.
- The need for protective placement out of home and the treatment of placed children are discreet issues. Research indicating that the outcomes for placed children are poor does not necessarily argue for a reduction in placements; reform of the placement system might be a more appropriate response.
- No reporting system could hope to address complex social problems. It can be no more than one aspect of a much larger response. A more appropriate question might relate to the priority given to the broader child and family welfare system within which any protective reporting system is located.

**Challenges and implications**

The challenge is to develop child protection responses that favour the least intrusive intervention and prioritize family cohesiveness. Most contemporary literature calls for the recognition of, and support for, the broader social problems affecting families in need as a primary mechanism for protecting children. The contemporary concept is 'the interests of the child in family'. There is no dispute that some families are too toxic for some children. A number of child deaths have been attributed to the failure to acknowledge and work with this understanding.<sup>141</sup>

**5.2.11. Mandatory Reporting simply overloads the child welfare systems in terms of numbers of referrals and cost****Argument:**

*It is argued that mandatory reporting increases the load and cost of child protection without a concomitant benefit. It is argued that mandatory systems concentrate resources on investigation and that they inevitably create their own new thresholds of response because systems cannot respond to all reports*

**Evidence:**

1. All evidence suggests that unless mandatory reporting is accompanied by resource increases, demands on the system become overwhelming.<sup>142</sup>

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<sup>139</sup> Community Law Reform Commission 1993

<sup>140</sup> Submission WAPC

<sup>141</sup> Howitt 1992

<sup>142</sup> Schwartz-Kenney 2001

2. MR leads to a restriction of criteria for abuse. Far fewer notifications are formally investigated.<sup>143</sup>
3. MR leads to a de-sensitization to the seriousness of chronic neglect and the damage this inflicts on children.<sup>144</sup>
4. Strong indications are that screening rather than service is the reality for children in the system.<sup>145</sup>

### **Evidentiary problems**

The significant evidentiary difficulties with this assertion is that:

- Mandatory reporting is not a uniform system. Any available evidence needs to be located in the specific context of the jurisdiction in question

### **Challenges and implications**

It is very possible to introduce mandatory reporting for high threshold situations and therefore to reduce the pressure on statutory agencies. One of the problems that some people have with this is that it introduces more 'referrer-discretion'. This discretion is perceived to be difficult to negotiate in the event of a suggestion or charge of failure to report. Although it is important and indeed inevitable that public policy development and planning needs to take account of budget implications, an argument that is run on resource grounds alone is hard to use when the issues are as significant as the welfare of children and families.

### **5.2.12. There are such significant difficulties in operationalizing Mandatory Reporting that it is generally unenforceable and unsuccessful in its intentions to reduce harm to children.**

#### **Argument:**

*It is argued that mandatory reporting is cost ineffective. and produces more harm than good. It is argued that substantiation rates don't increase with mandatory reporting and that mandatory reporting forces most of the child protection activity into one of investigation rather than support.*

#### **Evidence:**

1. There is evidence that professionals do not report child abuse to statutory authorities because they have little confidence that there will be a helpful child-in-family response.<sup>146</sup>
2. There is evidence that measures put in place to provide reporters with feedback are not consistently achievable.<sup>147</sup>
3. There is evidence that child protection services are unable to respond adequately to notifications and officers are encouraged to assess families over the telephone.<sup>148</sup>

### **Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- There is confusion in the argument between substantiation rates as a proportion of referrals and the numbers of children who are found to have suffered significant harm. Arguments listed above indicate that absolute numbers of substantiated allegations increase substantially under mandatory systems

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<sup>143</sup> Goddard et al 2002

<sup>144</sup> Clark 1995

<sup>145</sup> Scott 1995

<sup>146</sup> Goddard et al 2002

<sup>147</sup> Child Abuse Prevention and Education Unit 1999

<sup>148</sup> Budai 1996

- In the absence of clear and agreed definitions of what constitutes ‘abuse’, ‘investigation’ and ‘support’, no specific statement can be supported about the universal impact of a mandatory reporting system.

### **Challenges and implications**

Mandatory reporting exists in most other states in Australia and it may be considered to be a contributing factor in the slowness or inability of some agencies to respond to urgent matters due to the amount of information which is provided that is either very low priority or irrelevant. An adequately resourced response would be required for any initiative involving mandatory reporting.<sup>149</sup>

#### **5.2.13. Mandatory Reporting is reactive rather than proactive and it works counter to contemporary understanding of the need to develop healthy and trusting communities that care for children**

##### **Argument:**

*It is argued that mandatory reporting is not preventative, that it is a barrier to self-referral and that it is often used as a cheap alternative to preventative services. Alongside of this it is argued that mandatory reporting runs counter to contemporary thinking about capacity and trust building in communities as mechanisms for improving the ability of families and communities to nurture children.*

##### **Evidence:**

1. MR focuses on the problem after the abuse has occurred whereas child protection services are more helpfully directed towards prevention of abuse.<sup>150</sup>
2. MR encourages blame and ‘neighbour dobbing’ rather than a sense of community<sup>151</sup> and perceived difficulties are referred on to institutions rather than responded to directly.

##### **Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- The reporting of issues of concern about the well-being of children are necessarily reactive. The statement assumes a utopian system where sufficient preventive and supportive services would eradicate abuse.
- The abolition of mandatory reporting would not per se encourage responsive neighbourliness.

### **Challenges and implications**

One of the ongoing most significant contemporary challenges is of course how to protect children and build capacity in families and communities. When child abuse was first ‘discovered’ in the 1960s, it was very important to generate both a public and a professional response to the need to assess children at risk and to provide for their safety in an arena of general ignorance. There is now more community awareness of child abuse and perhaps the focus should be on prevention and capacity building rather than reporting. These two models will probably always remain in tension. Neither on its own provides a unitary policy model.

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<sup>149</sup> Most submissions made this point. Even the submissions that argued strongly for MR predicated their support on the infusion of resources into child protective services

<sup>150</sup> Kaufmann 1994; Mendes 2001; Marshall & Watt 1999

<sup>151</sup> Australian Association of Social Workers (AASW) WABranch; Focus Group

#### **5.2.14. Mandatory Reporting inhibits self disclosure of child concern and child maltreatment**

##### **Argument:**

*It is argued that mandatory reporting stops people coming forward for help because they become frightened of the authorities who are known to have the capacity to remove children. People fear prosecution and resist help-seeking.*

##### **Evidence:**

1. Services providing treatment to offenders have concerns that self-referred clients would be deterred from seeking help because of the fear of prosecution.<sup>152</sup> This is clearly a greater risk amongst people who already feel vulnerable.
2. Adolescents would be less likely to disclose abuse (particularly sexual abuse) because of a fear of breaking up the family.<sup>153</sup>

##### **Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- Fear of a punitive response stops people coming forward to help. The duty to report someone else's behaviour should be distinguished from the desire to seek help. A self-referral for assistance is not the same as a mandatory report of concern.
- There is evidence that adolescents seeking help are subject to this fear regardless of the reporting system.

##### **Challenges and implications**

A model whereby intervention comprises social support and treatment and legal measures are a last resort

#### **5.2.15. Mandatory Reporting discriminates against vulnerable populations**

##### **Argument:**

*It is argued that most child protection allegations are made about families who are already under considerable surveillance because of problems such as unemployment, poverty and inadequate housing. Mandatory reporting is seen to offer an investigatory system rather than a support system for families and children who are already penalized by structural inequities.*

##### **Evidence:**

1. MR may exacerbate child poverty by persuading the community and professionals that it is possible to deal with child abuse without dealing with child poverty.<sup>154</sup>
2. Single parent and stepfamilies are over-represented in reporting of child abuse.<sup>155</sup>
3. Research has shown a bias among professionals towards reporting less prominent and less affluent parents.<sup>156</sup>

##### **Evidentiary problems**

The significant evidentiary difficulties with this assertion are:

- The fears outlined in this statement reflect a consistent confusion between the reporting of and response to issues of concern about the safety and well-being of children

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<sup>152</sup> SafeCare submission

<sup>153</sup> AASW Focus Group; Sandor 1994

<sup>154</sup> Carter et al 1988

<sup>155</sup> Angus & Hall 1996

<sup>156</sup> Goddard et al 2002; Thorpe 1994



- The poor and marginalized are over-represented in all national and international research studies on protective interventions, with or without mandatory reporting.
- Mandatory reporting, however operationalised, is indeed the first stage in an investigatory system. However, the existence of mandatory reporting per se does not necessarily preclude the existence of a broader system supporting and maintaining children in – or out – of their family. Nor does the rejection of a mandatory reporting process assume the existence of this broader system

### **Challenges and implications**

Mandatory reporting is a reporting system not an intervention system. Its introduction may lead the public to believe that something is being done about child abuse but it is unlikely to be able to do much about what is reported unless help as well as reporting are mandated. One of the most significant issue worldwide is the ‘neglect of neglect’<sup>157</sup> – in which we witness inaction on some of the most lethal situations and environments for children.

#### **5.2.16. Once Mandatory Reporting Is Introduced It Is Not Possible To Remove It**

##### **Argument:**

*The argument here is that once mandatory reporting is introduced it is not possible to withdraw it legislatively because the implication of withdrawing such a legislative stipulation is that by so doing one is suggesting that child abuse is acceptable.*

##### **Evidence:**

1. Reviews of child protection systems within mandated legislated structures are increasingly recommending additional measures such as further education and re-wording of legislation<sup>158</sup>
2. Reverting to a purely ‘voluntary’ system does not appear as an option because to do so suggests that government is withdrawing from a protective model.<sup>159</sup>

##### **Evidentiary problems**

The significant evidentiary difficulties with this assertion is:

- This is an emotive and overly deterministic statement, which fails to distinguish between definitions of and responses to a socially constructed phenomenon.

### **Challenges and implications**

Having introduced MR it is apparent that any message governments could send by removing it at a later stage could be easily construed as government not caring about children. The challenge faced by jurisdictions that have strong and inclusive mandatory legislation is how to ‘fix it’. It is reported that much energy is going into making it work better in these jurisdictions by providing the sorts of alternatives that many non-mandatory systems have developed e.g. inter-agency collaboration and increased professional decision making before referral.

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<sup>157</sup> Fitzgerald 2001

<sup>158</sup> Goddard et al 2002; Child Abuse Prevention & Education 1999;

<sup>159</sup> Cashmore 2002; Parkinson 2000

### 5.3. Summary

**Figure 10: The Debate: Arguments For and Against**

Mandatory Reporting protects children at risk and prevents child deaths	Mandatory Reporting does more harm than good and may result in further abuse
Mandatory Reporting facilitates early notification and this leads to successful intervention	Mandatory Reporting intrudes on the sanctity of the family
Mandatory Reporting is essential because it recognizes and protects the overall rights of the child	Mandatory Reporting simply overloads the child welfare system
Mandatory Reporting leads to increased reporting of children to Authorities	There are such significant difficulties in operationalizing Mandatory Reporting that it is generally unenforceable and unsuccessful in its intentions to reduce harm to children.
Mandatory Reporting will provide a standardized and uniform data base on child protection In Australia	Mandatory Reporting is reactive rather than proactive and it works counter to contemporary understanding of the need to develop healthy and trusting communities that care for children
Mandatory Reporting educates the population about the appropriate processes for reporting child abuse	Mandatory Reporting inhibits self disclosure of child concern and child maltreatment
Mandatory Reporting demonstrates that government is sending a clear message that child abuse won't be tolerated	Mandatory Reporting discriminates against vulnerable populations
Mandatory Reporting is the only way that the legal (privacy) and ethical (confidentiality) obstacles to reporting can be addressed without compromising the integrity of professionals	Once Mandatory Reporting is introduced it is not possible to remove it

The evidentiary basis for mandatory reporting is complex and fraught. What evidence exists is made harder to utilize because of the complexity of the arena and the potency of the belief systems that accompany pronouncements of its validity or otherwise as a tool for protecting children. Most of the arguments assume absolute outcomes. It is the view of the review team that arguments for and against mandatory reporting ignore the most important issue of what is the best location for the portal of entry to services for children and families. Is it through a highly forensic, investigatory portal or through a community development model?

Fundamentally, there is no evidence that the forensic reporting system that is called mandatory reporting and which was initially used as a mechanism to force medical practitioners to report 'battered children' is effective in protecting children. Mandatory reporting is just that - a reporting system. It is not a service provision system and may have little connection with the provision of services. Most jurisdictions that have

mandatory reporting as a legislative framework do not compel statutory or other systems to provide, let alone evaluate, services to the children who are reported as being at risk.

What mandatory reporting systems attempt to do is probably twofold. They attempt to convey a vitally important message that children should be protected, that governments believe this and that it is the duty of certain people to be vigilant about protecting children. Secondly, they attempt to compel people to report, record, investigate and remove children if they are at risk. There is considerable evidence that mandatory reporting increases reporting figures: indeed this is inevitable when one legislates for data collection. There is also evidence that the subjectivity plus the contextual variability for reporting means that an inordinate amount of time and money is spent in attempting to understand what figures mean rather than in looking after children and families. There is no evidence that mandatory reporting increases the quality, quantity or benefits to children who are 'at risk of harm' or to families who are vulnerable. Indeed there is some evidence that it does the reverse.

## SECTION SIX: OPTIONS APPRAISAL

Reporting systems and options for reporting across jurisdictions and societies cannot be fully sorted into exact and concise representational categories. Different social policy frameworks and different perspectives are informed by historical, cultural and policy developments in each jurisdiction. Different paradigms will inform emerging ideas on best professional practices and this will, in turn, inform new designs and directions, which become hybrids of other systems as governments try to find more effective mechanisms for helping children and nurturing families by searching for successful models from other jurisdictions.

Figure 11 (Page 52) attempts to capture the debate in the previous chapter which is itself the synthesis of an analysis of the literature plus the responses to the consultation that occurred. It is simply one attempt to provide a framework for conceptualising reporting models and to identify some common philosophical, policy and organizing features that might be associated with each. It necessarily simplifies a very complex reality but such emergent representations are an inevitable consequence of the social complexity confronting policy makers in contemporary society. This chart highlights important similarities and differences between countries that use very different principles and mechanisms and hybrids of each to conceptualise the role of government, the place of community, the function of families and the welfare of children.

### **6.1. Reporting Models for facilitating the protection of children**

The following chart has been developed by us to capture the essential features of some of the optional ways of representing key features of the alternative ways of structuring child and family welfare concerns and reporting procedures.

What this chart attempts to show is a six-tier pattern for conceptualising options for reporting children at risk of harm. It gives examples of jurisdictions whose models best fit each category and identifies seven elements in this pattern which can help to describe each model – arguing that each model sits at some point on a continuum for each category. One of the expert advisers to our project team noted that the primary continuum movement on the chart is from a child investigatory one in Column One to engagement with child and family and community in Column Six.

It needs to be noted that this chart is in a developmental stage. It is a working document and it aims to visually explain the choices that confront governments attempting to understand complex public policy options for protecting children and supporting families and communities. Inevitably it over-simplifies a complex arena: however, it does, we believe, show at a glance, the difficulty faced by governments having to make decisions in the contemporary environment about mandatory reporting.

Some of the descriptors are self-explanatory: two deserve some brief explanation. The term *threshold* is generally used to describe the use of specific criteria to distinguish what cases should be investigated rather than what cases should be referred. Threshold models are ones that try to describe specific definitions of abuse. The legislated definitions are generally seen as narrow when their purpose is to dictate precisely what people should report. One of the problems with the term threshold is that referring agents may use different understandings of it.

**Figure 11: Reporting Models**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
	<b>Everyone Mandated to Report Legislated Perceived Risk &amp;/or Suspected Maltreatment</b>	<b>Some Professionals Mandated to Report Legislated Perceived Risk &amp;/or Suspected Maltreatment</b>	<b>Some Professionals Mandated to Report Specific Legislated Incidents of Maltreatment</b>	<b>No Mandated Report but Strong Formal Inter-Agency Protocols for Reporting</b>	<b>No Mandated Report and No Formal Protocols but Strong Agency &amp; Community Collaboration**</b>	<b>No Mandated Report and No Formal Inter Agency Protocols: strong Kinship and Community Relationships</b>
<b>Description of Model</b>	Legislative mandates in place for total reporting Penalties apply for failure to report	Legislative mandates in place for reporting Penalties apply for failure to report	Legislative mandates in place for specific reporting Penalties apply for failure to report	No mandates Penalties associated with professional & civil negligence and organizational contractual obligations Professional	No mandates  Penalties associated with professional and civil obligations	No mandates  Penalties associated with professional and civil obligations
<b>Regulation</b>	State control Criminal sanctions	State control Criminal sanctions	State control Criminal sanctions	Self regulation	Self regulation Citizen focus	Community governance
<b>Reporter Discretion</b>	Very low – everything reported	Low for those mandated	Low for those mandated	Low for those governed by protocols	Great deal of reporter discretion. MR informed by team decision making	Mediated by community leadership & understanding
<b>Thresholds for Intervention</b>	The abuse is 'substantiated' <sup>160</sup>	The abuse is 'substantiated'	The abuse is 'substantiated' Some opportunity for diversion to support services	The abuse is 'substantiated'	Intervention determined by family need	Intervention determined by family need & community capacity
<b>Examples</b>	NT, Some US States (e.g. Florida, Indiana & Kentucky)	NSW , Most US States, Tas, SA	Victoria, ACT, Q	WA*, UK	Belgium, Netherlands, Nordic countries	First Nations: Canada
<b>Public Policy Framework</b>	Policing models Intrusive	Policing models Intrusive	Policing models Intrusive	Policing models less intrusive	Intrusive as last resort: Universalist & non-stigmatising	Least intrusive
Risk Orientation	Risk Averse	Risk averse, perhaps slightly less intrusive	Risk averse	Targeted		No risk
Family/Child	Child investigation focus					Family strengths focus
Priority to Community	Focus on individual rather than community			Ackn. of risk Capacity for community building strong	Community and capacity building	Community and capacity building
<b>Principles</b>	Mandating reduces child deaths and harm by ensuring that people report.  Abusive families can't connect with agencies	Certain professionals have better capacity to report	Some occupational groups under report  Severe abuse will be identified by well placed professionals	Prof. Responsibility  Inter-agency collaboration	Children are best protected through support services and active community relationships	The most protective society is one that nurtures and supports its families Reporting systems increase stress on families Most abuse is a function of structural factors
<b>Requirements for this model</b>	Legislation Community education	Legislation, comm. Ed. Special education for certain groups	Legislation Education of community and professionals on signs & symptoms of abuse	Education Interagency protocols	Community development Citizen based education and support	Indigenous mandate

(\*\*If MR exists it has a different meaning than that used in models 1-4)

In the chart, threshold is not used synonymously with 'reporter discretion', which generally refers to professional decision making at referral. Official threshold measures can differ from requirements to intervene because thresholds for service delivery depend on the definition of substantiation plus the availability of resources. *Risk aversion* refers to system risk rather than risk to children. It represents a significant and contemporary public policy debate about the observed incapacity of systems to function when aversion to risk to practitioners becomes the dominant driving discourse for policies and practice<sup>161</sup>. The term 'family service orientation' describes a complex set of arrangements and principles. It is described more fully in the Appendices.

Figure 11 is an attempt to provide a 'snap-shot' of Reporting Models which range from Column One which mandates 'total reporting' with penalties through models with increasing use of inter-agency protocols, professional discretion and supportive community involvement until Column Six which is a family and community framework with use of the civil law as required. One point to make is that these Reporting Models are developmental (formally and informally) 'for better or for worse' by the influence of agency research and international conferences on the one hand or by systems overload and agency inertia on the other.

It is interesting to note that of the nine American States that have had the universally mandated system (Column One) two of them have developed 'patch' models in more recent times. These patch models provide the capacity for differential responses to reports and have been developed because of the incapacity in their systems to respond to the number of reports. The principles of 'patch' models include public access, permeable boundaries, preventive strategies, strengthening local capacity, participation by clients, teamwork and being respectful of diversity. In moving this way, these jurisdictions are adopting core aspects of the elements that sit most comfortably in the models described in Column Six.

## **6.2. Implications for Western Australia**

At present the Western Australian model of child protection more closely resembles the UK model which is in turn more closely allied to the family-service oriented models than are the models in all US and most Australian jurisdictions. However, Western Australia has a strong child protective focus and an already established adversarial legal model for achieving 'justice' for children. What is important is awareness that this wider community 'comfort' with legality in child protective systems may easily facilitate a significant increase in the numbers of reports received by the statutory body responsible for further intervention if mandatory reporting legislation is introduced.

It is apparent that child deaths have often prompted the introduction of mandatory reporting in other States in Australia, even though the relevant statutory departments in these jurisdictions usually already knew the children concerned. It is equally apparent that the (varied) introduction of mandatory reporting has at best failed to improve the safety and well being of children in these locations. At worst it has contributed to a further, and continuing, deterioration in the child protection system through overload and 'loss of faith', and, in the broader child and family welfare system, as a result of the reduction in resources and energy for early intervention and supportive services.

There is no reason to believe that the consequences would be any different should mandatory reporting be introduced in Western Australia. Documentation provided by the Department for Community Development reflects a statutory agency that is already

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<sup>161</sup> Kemshall 2002

significantly over-stretched. However, there is an embryonic inter-agency network of reciprocal reporting procedures that could usefully be expanded, and resourced, without resorting to mandatory arrangements. In the Western Australian environment in which partnership and citizen consultation in their true meaning are being promoted, this network could also be developed collaboratively so that best practice rather than coercion becomes the defining principle for entry point assessment and support of children and families. In this way, with appropriate training, supervision and support, professionals could be *mandated* rather than *obligated* to work cooperatively to protect children *and* support and maintain families.

## SECTION SEVEN: SUMMARY & RECOMMENDATIONS

It has not been possible to calculate the exact number of people who have been involved in responding to this initial review of the evidentiary base for mandatory reporting. There has been a lot of interest, a great deal of expressed concern about implications, a serious attempt on the part of many busy people to respond - and the noted inability of some organisations and people to respond. There has also been a very apparent absence of an appreciation of any evidentiary base for arguments for and against mandatory reporting.

### 7.1. Summary

Nevertheless, the range of views that have been provided have been comprehensive enough to enable us to formulate some key themes that integrate well with, and at times, challenge evidence and ideas from elsewhere.

Many people support mandatory reporting because they believe, among other things, that it sends a very important message to the community about the value of children, will provide a protective mechanism for children and would enable 'us' to deal with a significant problem of un-referred child sexual abuse. A significant number of respondents took no stand about mandatory reporting but expressed a wish to receive more information so that they can develop an informed opinion. There were also a significant number who argued strongly against it because they asserted that it did not necessarily:

- Make the voice of children and young people heard;
- Lead to accurate or complete reporting of child maltreatment;
- Address the circumstances of those families (stated as single-parent families and children, Aboriginal and Torres Strait Island families) that are most highly represented in current Child Maltreatment Allegations;
- Facilitate important partnerships between professionals and service providers in their endeavours to achieve "longer-term outcomes" (not specified) for children who are at risk;
- Support self-referrals from parents and carers.

These latter arguments were very well presented by the submission from a number of government departments including the Department for Community Development.

Of particular note were the submissions from, and focus groups held with, Indigenous organisations and people. The sensitivity of the issue of mandatory reporting for these people in the current environment was very evident and led to considerable anxiety on behalf of a range of Indigenous and non-Indigenous people about commenting. Some organisations representing CALD citizens also expressed a reluctance to comment because they "did not want to make the situation for our people even worse"<sup>162</sup>. The key question when it could be discussed was whether there was some mechanism that could enable particularly vulnerable children and communities to be identified and helped that would not simply increase the surveillance on them. In summary, although mandatory reporting as a mechanism for helping children and families was viewed with considerable skepticism by most respondents, there was a view that it might be necessary to consider such a mechanism for situations where children were seen to be particularly at risk of

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<sup>162</sup> Focus Group 6



serious harm such as sexual abuse. This view was held by a minority of the respondents, most of whom also asserted that services were not being provided for children who were currently known to have been abused so any increase in reporting mechanisms was futile without a very significant increase in support services for children and families.

The suggestion of a limited mechanism of mandatory reporting for severe abuse poses the important question of eligibility criteria and how, if at all, any mandatory system could focus on identifying serious risk to children rather than on a global screening system for all children at risk or in need. This remains a serious question in the light of the evidence that mandatory systems generally operate in tension with a policy framework aimed at community capacity building and child in family support.

The challenge would seem to us to be that we move from such a narrow and restrictive 'either-or' approach that separates 'protective' and 'supportive' interventions – a binary view implying two discrete populations of 'not-quite-good-enough-parents-for-environmental-reasons' and 'pathological-parents-requiring-punitive-intervention'. Arguably, any system that countered these simplistic notions would benefit children. However, since it relates only to the reporting of rather than the response to issues of concern about children, a mandatory reporting system is unlikely to challenge these dominant ideas unless it considers the responsibility of the State beyond investigation. Mandatory reporting is best seen as only one possible element of a child and family welfare system and it is in this light that its potential should be considered. In other words, the important question is whether we focus on families and children in need (and have a position of last resort which is a forensic investigation) or whether we insist on the forensic investigation first (and offer child and family support if it proves necessary).

Western Australia is in an enviable position insofar as it originally developed strong inter-agency protocols for the reporting of child abuse during the time that ACCCA was operating. Whilst some of these protocols have been maintained, and in some instances, developed since the demise of ACCCA, as a package they may not have taken on board new developments in child welfare or be sufficiently embracing of contemporary social policy frameworks. It was apparent from interviewees that some protocols were not being well monitored in an environment where organisations had moved to 'core business', that is, where children at risk were not seen as their 'core business'. A commitment to developing and maintaining strong inter-agency reporting and support links is apparent amongst a number of agencies despite a re-emerging anxiety about the restrictions on sharing information that are consequent to the recently introduced Privacy legislation.

What is not necessary in Western Australia is a system that is a mandatory one by any other name. In such a system there would be an obligation to report without an associated obligation to provide services, which would leave agencies reporting concerns to a central body that is able only to investigate rather than to address needs. The question is what reporting / response system is most likely to facilitate and enhance inter-agency cooperation and professional decision making.

### **7.1. Recommendations**

1. A summary paper be developed that enables the data on mandatory reporting and its options to be presented in as simple and coherent a form as possible to the public of Western Australia so as to inform them of the issues.
2. Consideration be given to using such a paper as a professional educational component of the ongoing consultation about how the interests of children, families

and communities can be best represented in any Act that replaces the Child Welfare Act 1947;

3. If there is a strong recommendation from the Gordon Inquiry that the reporting of, and help to, sexually abused children (in particular minors) can only be achieved within a mandatory system, consideration be given to how this might be accomplished in all or in some part within the Health Act 1911. In this amended Act there is already an obligation for medical practitioners to report certain sexually transmitted infections - 300 (1); 301; 306; 307; 308. As Scott<sup>163</sup> argues so cogently, child sexual abuse is a serious public health problem and needs to be conceptualised this way. We argue that developing a reporting system within the Health Act would assist to reduce the chances of the State Department for Community Development reinforcing its historical position as a surveillance body with already vulnerable communities.
4. In light of the overwhelming evidence that mandatory reporting systems are in chaos worldwide, every effort should be made to capitalize on the strengths of the Western Australian history and network of services.
5. The state government establish a process for professional services to engage with regionally based inter-agency/community groups to work collaboratively across disciplines and agencies to build protective systems for children. The task of these regionally based groups is to design and maintain a supportive and effective policy and practice framework for children in need and for children at risk of serious harm.

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<sup>163</sup> Scott 2002b

## SECTION EIGHT: BIBLIOGRAPHY AND APPENDICES

- ABC Four Corners Report* (2002), Monday 15/07/02, 8.30pm-9.20pm on Child Protection.
- ACT Parliamentary Counsel's Office (1997) ACT Children's Services Act 1986: Update, Canberra.
- Ahn, H. (1994) Cultural Diversity and the Cultural Definition of Child Abuse. R. Barth, J. D. Berrick and N. Gilbert *Child Welfare Research Review*. New York, Columbia University Press. 1: 28-55.
- Ainsworth, F. (2002) "Mandatory Reporting of child abuse and neglect: does it really make a difference?" *Child and Family Social Work* 7: 57-63.
- Albers, E. C., T. Reilly, et al. (1993) "Children in Foster Care: Possible Factors Affecting Permanency Planning." *Child and Adolescent Social Work Journal*, 10, (4th August): 329-341.
- Aldcroft, L. (2002) Child Abuse Prevention and Education Unit, ACT Department of Family Services, 2002, Re Prosecutions in ACT, *Email*, received 29/6/02.
- Allan, A. (2001) "Therapeutic Jurisprudence". Paper presented at the Family Court of Western Australia's "In the Child's Best Interest" Conference, Perth.
- Angus, G. and Hall, G, (1996), *Child Welfare Series No.16*, Australian Institute of Health and Welfare, AGPS, Canberra.
- Anon, (2002), *Personal Communication*, M. Harries, Perth.
- Argyris, C. (1999). Tacit Knowledge and Management, in R. J. Sternberg & J. A. Horvath (Eds.), *Tacit Knowledge in Professional Practice: Researcher and Practitioner Perspectives*, Mahwah NJ: Lawrence Erlbaum Associates, 123-140.
- Australian Association of Social Workers (2002). "Statement from the AASW regarding the management of allegations of sexual abuse from children and young people". ACT.
- Australian Institute of Family Studies & the Office for Families and Children (1998) *The Economic Cost of Child Abuse and Neglect in South Australia*.
- Australian Institute of Health and Welfare (1999). *Comparability of Child Protection Data*, AIHW Cat No CWS 9, Canberra, AIHW.
- Australian Institute of Health and Welfare (2001). *Child Protection Australia 1999 - 2000*. Canberra:AIHW (Child Welfare Series no. 27).
- Australian Institute of Health and Welfare. (2000/2001). *Research findings regarding mandatory reporting of child abuse and sexually transmitted infections*: Australian Institute of Health and Welfare.
- Australian Law Reform Commission, 1981, Child Welfare, ALRC No.18, Mandatory Reporting, Canberra.
- Australians Against Child Abuse, Melbourne, 13.
- Australian Psychological Society. (1997/1999). Guidelines on Reporting Child Abuse and Neglect, and Criminal Activity [Guidelines]. Retrieved 30th June, 2002, from the World Wide Web: [http://www.aps.psychsociety.com.au/about/fr\\_about.htm](http://www.aps.psychsociety.com.au/about/fr_about.htm)
- Background Briefing, Radio National, Children: *The Neglect of Neglect*, Produced by Stephen Skinner Thursday, 8/06/00, <http://www.abc.net.au/rn/talks/bbing/stories/s138461.htm>, Accessed 3rd July 2002
- Barnardos Staff (2001) *The Decision to Report a Child to Government Welfare Department in NSW*. Monograph 18 Vol 2 (18 May) 1-7.
- Barter, K. (2001) "Building Community: A Conceptual Framework for Child Protection." *Child Abuse Review* 10: 262-278.
- Barth, R., Berrick, J. et al. (1994) *Child Welfare Research Review*. New York, Columbia University Press.

- Bell, L. & Tooman, P. (1994) "Mandatory Reporting Laws: A Critical Overview." *International Journal of Law and the Family*, 8: 337-356.
- Bering Pruzan, V. L (1997) "Denmark: Voluntary Placements as a Family Support" in Gilbert (Ed) (1997) *Combatting Child Abuse: International Perspectives and Trends*. Oxford University Press: New York
- Berrien, F. B, Safonova, Y and Tsimbal, E. I (2001) "Russia" in Schwartz-Kenney. B, McCauley. M and Epstein. M (Eds) (2001) *Child Abuse: A Global View*. Greenwood Press: Westport, Connecticut
- Besharov, D. J. (2001). *The Tragedy of Child Abuse: We All Share the Blame for the Death of Bradley McGee*, Welfare Reform Academy, University of Maryland School of Public Affairs, [www.welfareacademy.org/pubs/childabuse-0989-2.cfm](http://www.welfareacademy.org/pubs/childabuse-0989-2.cfm). 2002.
- Besharov, D. J. (2001). *Ignoring the Danger Signs of Child Abuse*, Welfare Reform Academy, University of Maryland School of Public Affairs. [www.welfareacademy.org.pubs.childabu-0496.cfm](http://www.welfareacademy.org.pubs.childabu-0496.cfm).
- Besharov, D. (1990) "Gaining control over child abuse reports: Public agencies must address both underreporting and over-reporting", *Public Welfare*, Spring, 34-40.
- Besharov, D. (1985) "Doing Something About Child Abuse: The Need to Narrow the Grounds for State Intervention." *Harvard Journal of Law and Public Policy*, 8: 539-589.
- Besharov, D. (1981) The Third International Congress on Child Abuse and Neglect: Congress highlights. *Child Abuse & Neglect*, 5, 211-215.
- Best, R. (2001) "Where Child Protection Systems and Schools Meet." *Australian and New Zealand Journal of Law and Education* 6 (1 & 2): 3-13.
- Bevan, D. J. (2002) *An investigation into the adequacy of the actions of certain government agencies in relation to the safety of the late Brooke Brennan, aged three*. Queensland: QLD Ombudsman.
- Boston, K. (2001) *Policy for Protecting Children and Young People*. TAFE, Sydney.
- Breen, P. (1999) *Advance Australia Fair: Reforming the Legal System with a Rights and Responsibilities Code*. New South Wales, Cape Byron Press.
- Budai, P (1996) Mandatory reporting of child abuse: is it in the best interests of the child? *Australian and New Zealand Journal of Psychiatry* 1996; 30: 794-804
- Bullock, R., Little, M. et al. (1994) "Assessing Quality of Life for Children in Local Authority Care or Accommodation." *Journal of Adolescence* 17: 29-40.
- Cameron, G., N. Freymond, et al. (2001) Partnerships for Children and Families Project - Positive Possibilities for Child and Family Welfare: Options for the future
- Carmody, T. (1999) Project Axis. *Paper presented at the Children and Crime: Victims and Offenders Conference*, Brisbane, 17-18 June.
- Carter, J. (2000) *Report of the Community Care Review*, Department of Human Services, Melbourne.
- Carter, J., Burston, O., Floyd, F. & Stewart, J. (1988). *Mandatory Reporting and Child Abuse*. Melbourne, Brotherhood of St Lawrence.
- Cashmore, J. (2002). Personal Communication. S. Bailey. Perth.
- Cashmore, J., R. Dolby, et al. (1994). *Systems Abuse: Problems and Solutions, A Report of the NSW Child Protection Council*. New South Wales, New South Wales Child Protection Council: 183.
- Chance, T. and M. Scannapieco (2002). "Ecological Correlates of Child Maltreatment: Similarities and Differences Between Child Fatality and Nonfatality Cases." *Child and Adolescent Social Work Journal* 19 (2), April, 139-161.
- Child Abuse Fact sheet, published by the International Centre of the Netherlands Institute for Care and Welfare – available online at [www.nizw.nl/nizwic/INFODESK/factsheet/child%20Abuse.pdf](http://www.nizw.nl/nizwic/INFODESK/factsheet/child%20Abuse.pdf) Accessed: 01.07.2002
- Child Abuse Prevention and Education Unit (1999) *Keeping Children Safe – A Shared Responsibility: An Evaluation of the Community Education Program*, ACT Family Services, Canberra.

- Child Care Act 1991
- Child Protection Bill QLD(1999).
- Child Sexual Abuse Taskforce (1987). *Report of the Western Australian Government Task Force on Child Sexual Abuse*. Perth, WA, Government of Western Australia.
- Children Young Persons and Their Families Act 1989
- Children Young Persons and Their Families Amendment Act 1989
- Children Young Persons and Their Families Amendment Act 1994
- Children Young Persons and Their Families Amendment Act 1996
- Children Young Persons and Their Families Amendment Act 1998
- Children Young Persons and Their Families Amendment Act 2001
- Children's Bureau Administration on Children, Youth and Family (2001) *National Child Abuse and Neglect Data System (NCADS) Summary of Key Findings from Calendar Year 2000*. www.calib.com/nccanch/stats/index.cfm, US Department of Health and Human Services, 2002: 4.
- Children's Defence Fund (1989). *A Children's Defence Fund Budget Fiscal Year 1989: An Analysis of Our Nation's Investment in Children*. Washington, DC., Children's Defence Fund.
- Clare, M. (2001) Operationalising Professional Supervision in this Age of Accountabilities, *Australian Social Work* 54(2) 69-79.
- Clare, M. (2001b) 'Taking an Active interest in Child Welfare Outcomes - UK Developments in the 'Looking After Children' Project. *Paper presented at the Face To Face Conference*, University of New South Wales
- Clare, M. (1997) 'The UK 'Looking After Children' Project – Fit for Out-of-Home-care Practice in Australia?' *Children Australia* 22 (1), 29-35
- Clare, M. (1991) 'Supervision-and-Consultation' in Social Work – a Manageable Responsibility? *Australian Social Work*, 44(1), 3-10.
- Clare, M. (1988) Supervision, Role Strain and the Social Services Department *British Journal of Social Work* 18(6), 489-507.
- Clare & Peerless, H. (1996) An Evaluation Study of the UK 'Looking After Children' *Materials for the Out-Of-Home, preventative & Alternative care Committee*. University of Western Australia
- Clark, R. (1995) "Child Protection Services in Victoria." *Family Matters* 40 (Autumn): 22-23.
- Cohen, T (2001) "Israel" in Schwartz-Kenney. B, McCauley. M and Epstein. M (Eds) (2001) *Child Abuse: A Global View*. Greenwood Press: Westport, Connecticut
- Community Law Reform Commission of the ACT 1993, *Mandatory Reporting of Child Abuse Report Number 7*, CLRC No 6, Canberra.
- Cooke, M. and Martin, K. (1998) "Change from within? Social work proposals to change Centrelink policy in cases of suspected child abuse", *Australian Social Work*, 51, (4).
- De Paul. J and Gonzalez, O (2001) "Spain" in B. Schwartz-Kenney, M. McCauley. & M. Epstein (Eds) (2001) *Child Abuse: A Global View*. Greenwood Press: Westport, Connecticut
- Department of Education and Community Services (1998) *Keeping Children Safe, A Shared Responsibility: A Training Manual for Mandated Persons in the ACT* (2nd Edition), Publishing Services, Canberra.
- Department of Education and Community Services 2002, *Reporting Child Abuse: A Guide for Mandated Persons in the ACT*, Publishing Services, Canberra.
- Department of Education and Training (1999) *Keeping Children Safe, A Shared Responsibility: Reporting Child Abuse*. Children's Youth and Family Services Bureau, Canberra.
- Department of Education Training and Employment. (1999). Administrative Instructions and Guidelines (Schooling Sector) Section 3: *Student Matters. Compulsory notification of child abuse cases in South Australia*.

- Department of Health (1995) *Child Protection: Messages from Research*. HSMO: London
- Department of Health (1999) *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and promote the welfare of Children*. HSMO: London
- Department of Health (1999b) *Framework for the Assessment of Children in Need and their Families*. HSMO: London
- Department of Health (in conjunction with Nottingham Social Services Inspectorate) (2001) *Follow Up Inspection of Child Protection Services: Cambridgeshire County Council*. HMSO: Nottingham
- Department of Health and Children (1999) "Children First: National Guidelines for the Protection and Welfare of Children" Available online at: [http://www.doh.ie/fulltext/Children\\_First/Chapter1.html](http://www.doh.ie/fulltext/Children_First/Chapter1.html) Accessed: 15.06.2002
- Department of Human Services (1997) *The Redevelopment of Victoria's Youth and Family Services*, Melbourne, Victorian Government.
- Department for Community Development, *Reciprocal Child Protection procedures*, (1996) FCS: 2
- Department of Social Work, Wilfred Laurier University *Expanding the Anglo-American Child Protection Paradigm*. Waterloo, Ontario, 108.
- DHSS (1985) *Social Work Decision Making in Child Care*, London: HMSO.
- Diamond, S. (2001) *The State as Parent*, Ph.D. in progress, UWA.
- Director General's Opening Statement (2002) *Standing Committee on Social Issues: Inquiry into Child Protection Services*. New South Wales.
- Doxiadis, S. A. (1989) "Children, Society and Ethics." *Child Abuse and Neglect* 13: 11-17.
- England, H. (1986) *Social Work as Art: Making Sense for Good Practice*. London: Allen and Unwin.
- English, D. J., T. Wingard, et al. (2000). "Alternative Responses to Child Protective Services: Emerging Issues and Concerns." *Child Abuse and Neglect* 24 (3): 375-388.
- Estrada, A (2001) "Mexico" in Schwartz-Kenney. B, McCauley. M and Epstein. M (Eds) (2001) *Child Abuse: A Global View*. Greenwood Press: Westport, Connecticut
- Family and Children's Services (1996/97). *Family and Children's Services Annual Report*. Perth, Western Australia, Family and Children's Services.
- Family Rights Group (1982) *Children in Care: A Submission to the Social Services Committee House of Commons*. Family Rights Group: London
- Family Support Program (1995) *Community Consultation on Mandatory Reporting*, 6th December 1995, Canberra.
- Farrell, A. (2001) Legislative Responsibility for Child Protection and Human Rights in Queensland. *Australian and New Zealand Journal of Law and Education*, 6 (1 & 2).
- Farrow, F. (1991) "Services to Families: The View from the States." *Families in Society; The Journal of Contemporary Human Services*, May: 268-275.
- Fitzgerald, R. (2001) Children: the Neglect of the Neglected, Stephen Skinner, Radio National's Weekly Investigative Documentary: *Background Briefing*; [www.abc.net.au/rn/talks/bbing/stories/s231833.htm](http://www.abc.net.au/rn/talks/bbing/stories/s231833.htm). 2002.
- Fogarty, J. & Sargeant, D. (1989) *Protective Services for Children in Victoria, Community Services*, Victoria, Melbourne.
- Gain, L & Young, L. (1998) Outcome Measurement in Child Protection: International Literature Review and Critical analysis of Child Protection and Alternative Placement Outcome Measurement, *Report for Steering Committee of the Australian Productivity Commission*.
- Gauntlett, E., Hugman, R. Kenyon, P & Logan, P. (2000) A Meta-analysis of the impact of community-based prevention and early intervention action, A Report Prepared for the Department of Family and Community Services, Canberra, March.

- Gibbons, J. (1997) Relating Outcomes to Objectives in Child Protection Policy. *Child Protection and Family Support: Tensions, Contradictions and Possibilities*. In N. Parton, London, Routledge: 78-91.
- Gibson, C. M. (1993). "Empowerment Theory and Practice with Adolescents of Color in the Child Welfare System." *Families in Society: The Journal of Contemporary Human Services* (September): 387-396.
- Gilbert (1997) "Conclusion: A Comparative Perspective" in Gilbert (Ed) (1997) *Combatting Child Abuse: International Perspectives and Trends*. Oxford University Press: New York
- Goddard, C., & Liddell, M. (2002). It is abuse, Mr. Ruddock. *AASW National Bulletin: Newsletter of the Australia Association of Social Workers*, 12 (2).
- Goddard, C. & Liddell, M. 1993, "Child abuse and the media: Victoria introduces mandatory reporting after an intensive media campaign", *Children Australia*, 18. (3).
- Goddard, C., Saunders, B., Stanley, J. and Tucci, J. (2002) *A Study in Confusion: Factors Which Affect the Decisions of Community Professionals When Reporting Child Abuse and Neglect*, Australians Against Child Abuse, Melbourne.
- Goldman, J. D. & Padayachi, U.K. (2000). "Factors influencing school counsellors' decision not to report child sexual abuse." *Children Australia* 27(1), 28-37.
- Gordon, S., K. Hallahan, et al. (2002). *Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities; Interim Report*. Perth, WA, Government of Western Australia: 66.
- Government of South Australia. (2002). *Child Protection Review. Discussion Paper*. South Australia.
- Hancock, K. (1994) "Child abuse: The obligation to report", ACTCOSS News, 9, (4).
- Heatherington, T. (1998). A New Approach to Child Protection. *National Child Protection Clearing House*, Newsletter 6 (1), 5-7.
- Heron, M, Jordan, A, Connell, M (2001) "Health Professionals and Mandatory Reporting", *New Zealand Law Journal* May 2001: 139-141
- Holland, G. (1999) "Mandatory Reporting of Abuse: The influence of legislation on doctors' reporting behaviour". *Youth Studies Australia* 18 (2): 30-37.
- Holland, G. (1997) "Child Abuse and Mandatory Reporting." *Children Australia* 22(3): 35-39.
- Howitt, D.(1992) *Child Abuse Errors: When Good Intentions Go Wrong*, Harvester Wheatsheaf. Simon & Schuster.
- Hughes, L. & Pengelly, P (1997) *Staff Supervision in a Turbulent Environment*. London; Jessica Kingsley.
- Hutchinson, E. (1994). Child Maltreatment: Can It Be Defined. *Child Welfare Research Review*. R. Barth, J. D. Berrick and N. Gilbert. New York, Columbia University Press. 1: 5-27.
- Irazuzta, J. McJunkin, J. Danadian, K, Arnold, F & Zhang, J (1997) Outcome and Cost of Child Abuse, *Child Abuse & Neglect*, 21, 8, 751-757.
- Jones, D. P. H. (2000). "Editorial: Re-Focusing Child Protective Services." *Child Abuse and Neglect*, 24(3): 373-374.
- Jones, L. & Finkelhor, D. (2001). The Decline in Child Sexual Abuse Cases; *Juvenile Justice Bulletin*. Washington DC, US Department of Justice, Office of Justice programs, Office of Juvenile Justice and delinquency prevention: 12.
- Jones, M. (1998). Myths and Facts Concerning the Convention on the Rights of the Child in Australia, *Changing Families, Challenging Futures*, 6th Australian Institute of Family Studies Conference, Melbourne 25-27 November, [www.aifs.org.au/institute/afrc6papers/jones.html](http://www.aifs.org.au/institute/afrc6papers/jones.html), 2/21/00.
- Kahn, E. (1979) The Parallel Process in Social Work Treatment and Supervision. *Social Casework*, 60(6), 520-528.
- Kalichman, S. (1993) *Mandated Reporting of Suspected Child Abuse: Ethics, Law & Policy*, Washington, DC, Policy, American Psychological Association.

- Kasim, M. S (2001) "Malaysia" in Schwartz-Kenney, B, McCauley, M and Epstein, M (Eds) (2001) *Child Abuse: A Global View*. Greenwood Press: Westport, Connecticut
- Kaufman, P. (1994), "Mandatory reporting of child abuse in the ACT", *ACTCOSS News*, 9, (4).
- Kempe, C. H., F. N. Silverman, et al. (1962). "The Battered Child Syndrome." *Journal of the American Medical Association* (181) 17-24.
- Kemshall, H. (2002) *Risk, social policy and welfare*, Buckingham, Philadelphia, Open University Press.
- Kids Helpline (2001), Child Protection: Filling the Gaps, *Kid's Helpline Newsletter*, October,
- Kilbourne, S. (1998). "The Wayward Americans - Why the USA Has Not Ratified the UN Convention on the Rights of the Child." *Child and Family Law Quarterly* 10(3).
- Killen, K (2001) "Norway" in Schwartz-Kenney, B, McCauley, M and Epstein, M (Eds) (2001) *Child Abuse: A Global View*. Greenwood Press: Westport, Connecticut
- Kouno, A and Johnson, C. F (2001) "Japan" in Schwartz-Kenney, B, McCauley, M & Epstein, M (Eds) (2001) *Child Abuse: A Global View*. Greenwood Press: Westport, Connecticut
- Lamond, D. A. P. (1989). "The Impact of Mandatory Reporting Legislation on Reporting Behaviour." *Child Abuse and Neglect*, 13: 471-480.
- Lane, P. H. (1991). *A Manual of Australian Constitutional Law*. New South Wales, The Law Book Company.
- Langan, M. (1998). The Personal Social Services. In N. Ellison & C. Pierson (Eds.), *Developments in British Social Policy*, Houndsmill, Basingstoke: Macmillan Press.
- Larner, M. B., Stevenson, C. et al. (1998). "Protecting Children from Neglect and Abuse: Analysis and Recommendations." *The Future of Children* 8 (1, Spring): 22.
- Laskey, L. (1995) Mandatory reporting: Teacher responses to Implementation, Fifth Australasian Conference on Child Abuse, *Australasian Commission on Child Abuse*, Electronic (file 53)
- Legge, K. (2002) When help comes too late. *The Weekend Australian*, 8-9th June: 22.
- Legge, K (2000), "The Children We Write Off". *The Weekend Australian*, 8-9<sup>th</sup> June, 19.
- Liddell, M. & Liddell, M. (2000) "Homogenising Australia's child protection laws: Will the cream still rise to the top?" *Children Australia*, 25, (2).
- Lim, E. H. (1993) *Mandatory Reporting. Should it be implemented in Western Australia?* Perth: Student Report, Faculty of Medicine: University of Western Australia.
- Lindsey, D. (forthcoming). *The Welfare of Children*. New York, Oxford University Press.
- Lynch, F. (2002) Is National Uniformity in Child Welfare Legislation the Answer? *The West Australian Social Worker*, Perth, June, 1-3.
- Manning, C., & Cheers, B. (1995). Child Abuse Notification in a Country Town. *Child Abuse and Neglect*, 19(4), 387-397.
- Markewicz, A. (1996) The child welfare system in Victoria, *Children Australia*, 21, (3).
- Marneffe, C. & Broos, P. (1997) Belgium: An Alternative Approach to Child Abuse Reporting and Treatment. in N. E. *Gilbert Combating Child Abuse: International Perspectives and Trends*.. New York, Oxford University Press.
- Marshall, J. & P. Watt (1999) Child Behaviour Problems: A Literature Review of its Size and Nature and Prevention Interventions. *The Interagency Committee on Children's Futures*, Perth, Western Australia.
- McCauley, M. Schwartz-Kenny, B Epstein, M & Tucker, E. (2001) in Schwartz-Kenney, B, McCauley, M and Epstein, M (Eds), *Child Abuse: A Global View*. Greenwood Press: Westport, Connecticut
- McGurk, H., & Hazel, V. (1998). The Economic Cost of Child Abuse and Neglect in South Australia: The Office for Families and Children
- Mendes, P. (2002) "Submission to mandatory reporting review, 2nd June, 2002.
- Mendes, P. (2001) "From Minimal Intervention to Minimal Support." *Children Australia* 26 (1) 4-11.



- Mendes, P. (1996). "Conservative Criticism of Child Protection: The Case of the Australian Family Association." *Children Australia* 21 (2) 31-34.
- Mendes, P. (1996) "The historical and political context of mandatory reporting and its impact on child protection practice in Victoria." *Australian Social Work*, 49 (4) 25 - 32.
- Merkel-Holguin, L. (2001) What is FGDM - Putting Families Back into the Child Protection Partnership: Family Group Decision Making, *National Centre on Family Group Decision Making*; A Program of the American Humane Society. [www.ahafgdm.org/what\\_is.htm](http://www.ahafgdm.org/what_is.htm). 2002.
- Meyers-Young, J. (2000) Mandatory reporting of child abuse in Queensland. *Proctor On-Line*, 20 (8), 18-19.
- Moore, J. (1985) *The ABC of Child Abuse Work*. London: Gower.
- Morrison, T. (1997) Learning, Training and Change in Child Protection Work: Towards Reflective Organisations. *Social Work Education*, 16 (2), 20-43.
- Morrison, T. (1993) *Staff Supervision in Social Care*, Harlow UK, Longman.
- Muntean, A and Roth, M (2001) "Romania" in Schwartz-Kenney. B, McCauley. M and Epstein. M (Eds) (2001) *Child Abuse: A Global View*. Greenwood Press: Westport, Connecticut
- National Child Welfare Resource Center for Family-Centered Practice* (2000) The Patch Approach: Blending Prevention and Protection in the ASFA Era, [www.cwr.esource.org/hotTopics/commCollabs/patch.htm](http://www.cwr.esource.org/hotTopics/commCollabs/patch.htm). 2002.
- National Clearinghouse on Child Abuse and Neglect Information* (2001) Child Fatalities Fact Sheet, US Department of Health and Human Services. 2002.
- Noring, S. (2000) Child Abuse and Neglect: A Look at the States, *American Journal of Public Health*, April.
- NSW Commission for Children and Young People (2002). *Fact Sheet*.
- NSW Ombudsman (2002) Department of Community Services: *Critical Issues. Special report to Parliament*. NSW.
- Obholzer, A. (1994) Authority, Power and Leadership : Contributions from Group Relations Training, in A. Obholzer & V. Z. Roberts (Eds.), *The Unconscious at Work*, London and New York: Routledge.
- Obholzer, A., & Roberts, V. Z. (1994) (Eds.) *The Unconscious at Work: Individual and Organisational Stress in the Human Services*. London: Routledge.
- Olsson Hort, S. E (1997) "Sweden: Towards a Deresidualization of Swedish Child Welfare Policy and Practice" in Gilbert (Ed) (1997) *Combating Child Abuse: International Perspectives and Trends*. Oxford University Press: New York
- Ombudsman, N. (2002) *DOCS: Critical Issues. Concerns arising from Investigations into the Department of Community Services*. Sydney, Ombudsman.
- Onyango, P. P. M and Kattambo, W. M (2001) "Kenya" in Schwartz-Kenney. B, McCauley. M and Epstein. M (Eds) (2001) *Child Abuse: A Global View*. Greenwood Press: Westport, Connecticut
- Osofsky, J. D. (2001) *Addressing Youth Victimisation: Coordinating Council on Juvenile Justice and delinquency Prevention Action Plan Update*. Washinton D.C., US Department of Justice, Office of Justice Programmes, Office of Juvenile Justice and Delinquency Prevention: 20.
- Owen, J. (1996). Every Childhood Lasts a Lifetime. Brisbane, *Australian Association of Young People in Care*.
- Parker, R., H. Ward, et al. (1991) Looking After Children: Assessing Outcomes in Child Care: *The Report of the Independent Working Party*. London, Department of Health.
- Parkinson, P. (2000). Child Protection Law In Australia. In M. Freeman (Ed.), *Overcoming Child Abuse: A Window on a World Problem*. Sydney: Dartmouth Publishing Company Limited.
- Parton N. (1998) Risk, Advanced Liberalism in Child Welfare: the need to re-discover uncertainty and ambiguity, *Br. J. Social Work*, 28 (1) 5-27.

- Parton (1985) *The Politics of Child Abuse*. Macmillan: London
- Payne, M. (1996) *What is Professional Social Work?* Birmingham: Venture Press.
- Pelton, L. H. (1990) "Resolving the Crisis in Child Welfare; Simply Expanding the Present System is Not Enough." *Public Welfare* (Fall): 19-25, 45.
- Pieterse, J. J & Urk, H. V (1989) "Maltreatment of Children in the Netherlands: An Update After Ten Years", *Child Abuse and Neglect*, Vol. 13. 1989, pp. 263-269
- Pinder, R. (1982). *Encountering Diversity: Observations on the Social Work Assessment of Black Children*. Leeds, University of Leeds Printing Service.
- Pithouse, A. (1987). *Social Work: The Social Organisation of an Invisible Trade*, (1st ed.), Aldershot, England: Avebury.
- Poso, T (1997) "Finland: Child Abuse as a Family Problem" in Gilbert (Ed) (1997) *Combatting Child Abuse: International Perspectives and Trends*. Oxford University Press: New York
- Prideaux, J. 1995, Report on the Implementation of Mandatory Reporting in the ACT, J. Prideaux and Associates.
- Productivity Commission Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP), *2001 Report on Government Services*, Canberra: Ausinfo.
- Protection for Persons Reporting Child Abuse Act 1998
- Public Accounts & Estimates Committee (2001) *Report on the Review of the Auditor-General's Special Report No 43-Protecting Children: The role of the Department of Human Services*, November, Government of Victoria.
- QLD Commissioner for Children and Young People. (2002). Commissioner calls for legislative changes to end child deaths.
- Queensland Child Protection Act*, 10 Section 71 (1999).
- Queensland Government. (2001). Queensland Government response to recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions. Queensland.
- Rayner, M. (2002) *Why I Do Not Support Mandatory Reporting of Suspected Child Abuse*. Perth, Western Australia, Meeting of the Anglican Social Justice Commission: 10.
- Rayner, M. (1996) Self, Self-esteem and Sense of Place: An Australian Framework for Children's Rights Claims in the 1990s. *Citizen Child: Australian Law and Children's Rights*. Melbourne, Australian Institute of Family Studies, 3: 33-54.
- Rayner, M. (1994) *Mandatory Reporting of Suspected Child Abuse and Children's Human Rights*. Perth, WA, Western Australian Consortium for Social Policy Research: 9.
- Reidpath, Daniel Diamond; Allotey, Pascale; Kouame, Aka; Cummins, Robert; "Social Cultural and Environmental Contexts and the Measurement of the Burden of Disease: An Exploratory Comparison in the Developed and Developing World"; March 2001; Global Research Forum and University of Melbourne (MREG Scheme), Access date 12.7.02;  
[www.kcwh.unimelb.edu.au/BOD%20Report%20IBSN.pdf](http://www.kcwh.unimelb.edu.au/BOD%20Report%20IBSN.pdf)
- Reder, P. Duncan, S. & Gray, M. (1993) *Beyond Blame: Child Abuse Tragedies Revisited*. London and New York: Routledge.
- Roelofs, M. A. S and Baartman, E. M. (1997) "The Netherlands: Responding to Abuse – Compassion or Control?" in Gilbert (Ed) (1997) *Combating Child Abuse: International Perspectives and Trends*. Oxford University Press: New York
- Ross, R. (1999), "Child protection and parental mental illness: The Victorian Child Protection Service", in V. Cowling (Ed), *Children of Parents with Mental Illness*, The Australian Council for Educational Research, Victoria.
- Ryan, M (1999) *The Children Act 1989: Putting into Practice (Second Edition)*. Ashgate: Aldershot
- Sanders, R. ( ). "The Management of Child Protection Services". Ashgate Publishing Ltd., U.K., 25-73.

- Sandor, D. (1994) "Mandatory Reporting of Abuse." *Youth Studies Australia* (Autumn), 53-57.
- Sandor, D. (1994) Mandatory reporting laws: adolescents and their right to be heard. *Criminology Australia*, April : May, 17-22.
- Saunders, B. and Goddard, C. (1998) *A Critique of Structured Risk Assessment Procedures: Instruments of Abuse*, Child Abuse and Family Violence Research Unit, Monash University, Clayton.
- Schorr, L. B. (1994) "Making the Most of What We Already Know." *Public Welfare* (Spring): 22-26.
- Scott, D. 2002a, "Child protection service system reform: A way forward", *Children Australia*, 27, (1).
- Scott, D. (2002b) *Child Protection: A Public Health Model*, Conference Paper presented at Grand Rounds, Royal Children's Hospital, Melbourne, June 12th 2002.
- Scott, D. (2002) "Child Protection Service System Reform: A Way Forward." *Children Australia*, 27(1): 42-44.
- Scott, D. (1997) "Beyond Child Rescue." *Institute of Public Affairs Review* 50 (1): 11-12.
- Scott, D. (1995), "Child protection: Paradoxes of publicity, policy and practice", *Australian Journal of Social Issues*, 30 (1).
- Sedlak, A. & Broadhurst, D. (1996) *Executive Summary Third National Incidence Study of Child Abuse and Neglect*, USA, US Department of Health and Human Services Administration for Children and Families Administration on Children.
- Sedlak, A. and D. D. Broadhurst (1996). Third National Incidence Study of Child Abuse and Neglect. USA, *US Department of Health and Human Services Administration for Children and Families Administration on Children, Youth And Family Services, Annual Report 1997-98*, Internet, accessed 6.6.02, <http://www.dhs.vic.gov.au/annrep98/html/sap6.htm> .
- Segal, U. A (2001) "India" in Schwartz-Kenney. B, McCauley. M and Epstein. M (Eds) (2001) *Child Abuse: A Global View*. Greenwood Press: Westport, Connecticut
- Senate Community Affairs References Committee Inquiry into Child Migration* (2001), Canberra.
- Standing Committee on Social Issues (2002). *Inquiry into Child Protection Services*. Sydney.
- Stanley, J., Goddard, C., Saunders, B. & Tucci, J. (2001), "Community professionals and reporting to child protection services", *Paper presented at the 8th Australasian Conference on Child Abuse and Neglect*, Melbourne, 19-22 November, 2001.
- Swain, S. (2001) "Derivative and Indigenous in the History and Historiography of Child Welfare in Australia." *Children Australia*, 26 (4), 4-9.
- Swain, P. A. (1998) "What is "Belief Beyond Reasonable Grounds"?" *Alternative Law Journal*, 23 (5), October, 230-233.
- Swain, P. (1994) "Mandatory reporting of Child Abuse - A Step in the Right Direction?" *Alternative Law Journal* 19(2, April): 88-89.
- Swain, P. (1993) "Vale Daniel: Is the system 'failing to thrive'?" *Children Australia*, 18, (3).
- Swift, K. (2001) *Canadian Child Welfare: Trends and Issues in Placement and Reporting. Child Welfare Across Borders; EU-Canada Project*, Southampton, Department of Social Work Studies, University of Southampton; [www.sws.soton.ac.uk/cwab/Guide/ICWKR.htm](http://www.sws.soton.ac.uk/cwab/Guide/ICWKR.htm).
- Swift, K. (1998) Contradictions in Child Welfare: Neglect and Responsibility. In C. Baines, P. Evans & S. Neysmith, *Women's Caring; Feminist Perspectives on Social Welfare*, Toronto, Oxford University Press.
- Swift, K. (1995) "An Outrage to Common Decency: Historical Perspectives on Child Neglect." *Child Welfare* 74(1, Jan-Feb): 71-91.
- Terry, J (1979) *A Guide to the Children Act 1975 (Second Edition)*. Sweet and Maxwell, London

- Texas Department of Protective and Regulatory Services; "Strong Families, Safe Children: Investing in Our Future", [www.tdpr.state.tx.us/Child\\_Protection/Child\\_Protection\\_Information/safe.asp](http://www.tdpr.state.tx.us/Child_Protection/Child_Protection_Information/safe.asp); 2001; Access date 20.5.02;
- The Australian Institute of Health and Welfare* (2001). Child Protection 1999-2000. Canberra.
- The Beckford Inquiry Report* (1985) A Child in Trust, London Borough of Brent.
- Thoburn, J. (1993) Prevention and Reunification - An Historical Perspective, in P. Marsh & J. Triseliotis *Prevention and Reunification*, London, Batsford: 24-38.
- Thompson, N. (2000) *Understanding Social Work; Preparing for Practice*. Houndsmills, Basingstoke: Mackmillan Press.
- Thorpe, D (1994) *Evaluating Child Protection*, Buckingham, Open University Press.
- Tomison, A. and Tucci, J. (1997) "Emotional Abuse: The hidden form of maltreatment", *Issues in Child Abuse Prevention*, 8.
- Tomison, A. (1998) "Targeting 'at risk' families: an evaluation of the Brimbank Family Outreach Service", *National Child Protection Clearinghouse Newsletter*, 6, (2).
- Tomison, A. (2000). "Exploring Family Violence: Linking child maltreatment and domestic violence", *Australian Institute of Family Studies, Issues Paper no. 13*, Winter, 1-43.
- Tominson, A. M. (2001) "A History of Child Protection: back to the Future?" *Family Matters*, 60 (Spring/Summer): 46-57.
- Toth, J. (1997) *Orphans of the Living: Stories of America's Children in Foster Care*. New York, Simon and Schuster.
- Trocme, N. and D. Wolfe (2001). *Child Maltreatment in Canada: Selected Results from the Canadian Incidence Study of Reported Child Abuse and Neglect*, Ottawa, Ontario, Canada, Minister of Public Works and Government Services: 49.
- Turnell, A. & Edwards, S. (1999) *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework*, New York, W. W. Norton & Company
- Turner, N. (1997). Jake's Progress in the Family Court: Is mandatory reporting effective? *Law Institute Journal*, Sept, 40-45.
- United Nations Convention on the Rights of the Child 1989
- Unknown author. *The Modern Child Welfare System in Queensland*.
- US Advisory Board on Child Abuse and Neglect (1995). A Nation's Shame: Fatal Child Abuse and Neglect in the United States; *A Report of the US Advisory Board on Child Abuse and Neglect*. Washington, Department of Health and Human Services Administration for Children and Families.
- Waldfoegel, J. (1998) *The Future of Child Protection: How to Break the Cycle of Child Abuse and Neglect*. Cambridge, MA, Harvard University Press.
- Waldfoegel, J. (1998) Protecting Children from Abuse and Neglect: Analysis and Recommendations. *The Future of Children*, 8 (1) Spring, 4 - 22.
- Waldfoegel, J. (1998) "Rethinking the Paradigm of Child Protection." *The Future of Children: Protecting Children from Abuse and Neglect*, 8 (1), Spring, 104-119.
- Walk, M. (2000) "Placing children at the centre of care and protection." *Rattler*, 54 (Winter), 22-23.
- Ward, H. (1995) *Looking After Children: Research Into Practice*. London: HMSO
- West Australian Coroner's report 2001*, Inquest into the death of Susan Ann Taylor.
- Wharf, B. (1995). "Toward a New Vision for Child Welfare in Canada." *Child Welfare* LXXIV (3), May-June, 820-839.
- Wilson, A. (2002a) Abuse law defended, *The Australian*, 13th June, p 5.
- Wilson, A. (2002b) Child abuse cases being 'ignored', *The Australian*, 12th June, p.3.
- Wilson, A., & Legge, K. (2002) Brooke's tragedy: the state failed her. *The Weekend Australia*: 8-9th June, 1.
- Winkworth, G. (1997) Brief: Action to Reduce the Incidence of Child Sexual Abuse, ACT *Strategy for the Prevention of Child Abuse and Neglect*, Canberra.

- Winkworth, G. (1997) "Mandatory reporting in the ACT: Are we ready? *Australian Association of Social Workers, ACT Newsletter*, 1997.
- Wolff, R (1997) "Germany: A Nonpunitive Model" in Gilbert (Ed) (1997) *Combating Child Abuse: International Perspectives and Trends*. Oxford University Press: New York
- Yelas J. (1994) "Mandatory Reporting of Child Abuse and the Public / Private Distinction", *Auckland University Review* 7 (3) 1994: 781-802
- Zellman, G., L. (1990) "Report Decision-Making Patterns Among Mandated Child Abuse Reporters", *Child Abuse and Neglect*, 14: 325-336.