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| Child protection and family services |
| Additional service delivery data 2019-20 |

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# Care Services

## Placements

Some Victorian families are unable to provide a safe, secure and caring environment for their children. When this happens the Department of Health and Human Services (the department) must respond in the best interests of the child or young person. If necessary, this can result in children and young people being placed in alternative care arrangements.

For those children who cannot safely reside with their parents, home-based care is the preferred type of placement. Home-based care is where a child is placed in the home of a carer. The carer receives reimbursement to help cover the costs of a child’s living expenses. There are three categories of home-based care:

* **foster care** – where care is provided in the home of an approved volunteer
* **relative/kinship care** – where the caregiver is a family member or a person with a pre-existing relationship with the child
  + **permanent care** – a legal arrangement in which the child lives permanently with a family approved as suitable to assume parental responsibility to the exclusion of all others. Permanent care provides stability for children who are unable to live safely with their birth parents.

A small and decreasing proportion of children or young people are placed in residential care units with up to three other children where staff are paid to care for them. Children in residential care mostly adolescents.

The department contracts a variety of community service organisations to recruit and support volunteer foster carers and operate residential care services. Community service organisations also help to provide permanent care services and kinship care support services. In 2019-20 there were:

* 15,273 children placed in at least one out-of-home care placement during the year.
* 4,473 admissions to and 3,874 exits from out-of-home care
  + 9,225 children and young people in out-of-home care (daily average) excluding permanent care.

**Table 1 a: Daily average number of children 0–17 years in out-of-home care placements by placement type, by quarter 2019-20 (excluding permanent care)**

| **Quarter** | **Foster** | **Kinship** | **Residential** | **Totals** |
| --- | --- | --- | --- | --- |
| September 2019 | 1,679 | 6,882 | 439 | 9,007 |
| December 2019 | 1,647 | 7,040 | 412 | 9,102 |
| March 2020 | 1,644 | 7,073 | 418 | 9,142 |
| June 2020 | 1,652 | 7,289 | 423 | 9,370 |
| **State average[[1]](#footnote-2)** | 1,660 | 7,126 | 433 | 9,225 |

**Table 1 b: Daily average number of children 0-17 years in out of home care in permanent care placement type by quarter 2019-2020**

|  |  |
| --- | --- |
| **Quarter** | **Permanent Care** |
| September-19 | 2,942 |
| December-19 | 2,952 |
| March-20 | 2,960 |
| June-20 | 2,986 |
| **State Average** | 2,963 |

|  |  |  |
| --- | --- | --- |
| Table 2: Children less than 12 years of age in residential care | |  |
| The percentage of children in out-of-home care, who are less than 12 years of age and placed in residential care, as at 30 June 2020 | 0.31% | | |

*Note: Children aged less than 12 years of age in residential care may be in specialised arrangements to accommodate sibling groups or to care for children with high and complex needs.*

Care Services investigations

The department requires that the safety and best interests of the child are always paramount, and that children and young people in Care Services reside in safe, stable and high-quality placements.

The Client Incident Management System (CIMS) implemented in 2018 supersedes Quality of Care policy used to investigate allegations of abuse, neglect or poor quality of care.

Under CIMS, organisations are responsible for reporting incidents and investigating incidents when the incident is an allegation of abuse or neglect of a client and a staff member or carer is identified as the subject of allegation. All reports are treated seriously, and matters reported to police. The purpose of a CIMS investigation is to determine on the balance of probability whether abuse or neglect has occurred.

Ensuring the safety of children may involve removing the child from placement, the removal of the subject of allegation or, where the subject of allegation does not live in the placement, making arrangements for the child to have no further contact with them.

**Table 3: Care Services CIMS investigations[[2]](#footnote-3) 2019-20**

|  |  |
| --- | --- |
|  | **Number** |
| Number of completed CIMS investigations | 318 |
| Number of completed CIMS investigations with an outcome of abuse substantiated | 101 |

*The increase from 2018-19 is due to a large number of investigations initiated in the previous reporting period being endorsed in 2019-20.*

Suitability Panel

The Suitability Panel decides whether or not a carer who is alleged to have sexually or physically abused a child in his/her care should be disqualified from being a carer or decides whether or not a carer who has been disqualified should have that disqualification removed.

The Suitability Panel held 18 hearings during 2019-20. Three matters are still under consideration. Of the fifteen completed hearings, eight matters were not proven and in two cases where the allegations were proven the carers were disqualified.

Child protection

Services delivered by the department and funded community service organisations focus on the health, safety, development and wellbeing of the most vulnerable and disadvantaged children, young people and families in Victoria. Child Protection and Family Services include child protection, care services, ChildFIRST and support services for victims of family violence and sexual assault. In 2019-20, there were 122,179 child protection reports received.

A child protection practitioner is allocated to children and young people in the child protection system to undertake the work associated with investigating allegations of abuse and neglect, determining appropriate actions, supporting the child and family through the process, planning for the child’s care and wellbeing, and presenting information to court. In some cases, children on protection orders may be contracted to an agency. In these instances, these children will also have an allocated child protection practitioner who is responsible for case planning and other statutory functions. Cases are said to be ‘unallocated’ when they are awaiting allocation, which may be due to a combination of factors, including the need to ensure resources are allocated to the most urgent cases where children are at highest risk. Table 4 shows the average percentage of clients unallocated each quarter in 2019-20.

**﻿Table 4: Average rates[[3]](#footnote-4) of unallocated clients 2019-20, by division and state, per cent**

| **Period** | **North** | **South** | **East** | **West** | **State** |
| --- | --- | --- | --- | --- | --- |
| September 2019 | 8.5 | 7.5 | 8.2 | 15.0 | 10.1 |
| December 2019 | 8.2 | 9.0 | 8.7 | 16.3 | 11.1 |
| March 2020 | 6.9 | 8.9 | 3.9 | 10.7 | 8.2 |
| June 2020 | 2.2 | 4.7 | 1.4 | 6.2 | 4.1 |
| **2019-20** | 6.6 | 7.6 | 5.8 | 12.3 | 8.6 |

Child protection demand

Child protection receives, assesses and investigates reports where children may be at risk of significant harm from abuse or neglect within their family, and ensures that appropriate services are provided to protect children from harm. A report is a report to child protection about a child’s wellbeing or safety. Reports can also be made about concern for the wellbeing and safety of unborn children after their birth.

An investigation is a comprehensive assessment of allegations made and other concerns about the reported child’s safety and wellbeing. As well as seeing the child and parents or carers in person, this will involve contact with significant others and professionals who know the child and family to assess the concerns and how to address them.

The number of reports received in 2019-20 was 0.6 per cent lower than the number in the previous year, while investigations decreased by 8.5 per cent. Substantiations of abuse following investigation showed a 9.0 per cent decrease from the previous year. Of the 18,677 substantiated cases 3,695 (19.8 per cent) involved children who had been part of a previously substantiated case that had been closed in the previous 12 months. The number of reports received on unborn children in 2019-20 was 5.2 per cent lower than the number in the previous year.

**Table 5: Child protection demand**

| **Child protection demand (quarterly data)** | **September 2019** | **December 2019** | **March 2020** | **June  2020** | **Total**  **2019-20** |
| --- | --- | --- | --- | --- | --- |
| Reports on unborn children | 612 | 607 | 602 | 669 | 2,521 |
| Reports on children | 31,140 | 30,986 | 30,093 | 29,912 | 122,179 |
| Investigations | 10,063 | 9,828 | 8,201 | 6,466 | 34,570 |
| Substantiations | 5,146 | 5,265 | 4,622 | 3,703 | 18,677 |
| Re-substantiations within 12 months |  |  |  |  | 3,695 |

Supervision

The department is committed to providing a safe work environment and supporting its staff. Supervision is a key mechanism for providing guidance, support and coaching for child protection practitioners.

**Table 6: Child protection practitioners receiving regular supervision**

| **Child protection** | **Percentage** | |
| --- | --- | --- |
| Supervision provided in line with department policy 2019-20 | | 67% |

*Note: This result is based on the requirement for two hours of supervision per fortnight for CPP3 staff and one hour for CPP4 staff* *and reflects Qtr. 4 (April to June) data. 2019-20 data is not comparable with previously reported data due to system and reporting upgrades.*

Incident reporting

Incident reporting data is a snapshot in time of allegations made by clients of the Department of Health and Human Services and includes disclosures of historic abuse. They are recorded and remain as incidents regardless of whether further information becomes available to substantiate or disprove an event.

On 15 January 2018, the department launched a new Client Incident Management System (CIMS) to replace the Client Incident Analysis (CIA) system with the aim of ensuring and supporting consistency of understanding in managing and responding to client incidents, as well as improving the standard of responses to incidents. Department-funded organisations commenced reporting client incidents on the new CIMS from this date, while department-delivered services commenced using CIMS on 1 October 2018.

Incident reporting enables service providers and department staff to take corrective action to protect the wellbeing and safety of clients and staff where necessary. A report to the Police occurs where a client is a victim of a crime and an allegation of physical or sexual abuse is made. Supports include medical attention should this be required, and counselling and other support related to identified needs. The department also undertakes processes to better understand the underlying causes of incidents and prevent their recurrence.

Incident responses

Where there is an allegation, it is met with a strong response that includes medical attention (should this be required); a report to police if it involves an allegation of physical or sexual abuse or a client is potentially a victim of a crime; and counselling and support being offered to all parties.

Each Major Impact incident is subject to either an investigation or a review led by the service provider. This additional requirement provides a better understanding of how and why incidents occur; how they can be prevented; and, how the department and service providers can respond to, and learn from, these incidents.

All Category One and Major Impact incident reports involving a child or young person in Care Services are provided to the Commission for Children and Young People.

Incident categories

Category One (CIA) and Major Impact (CIMS) incidents are the most serious incidents. When determining the appropriate category of a client incident in CIA, service providers must consider the severity of the incident outcome, the vulnerability of the client and the client’s pattern and history of behaviour. With CIMS, service providers are required to solely focus on the impact (level of harm) to the client rather than the incident itself, including the extent to which a client has experienced physical, emotional and/or psychological harm and the potential risk of further harm.

Due to these changes, and the definitional changes to some incident types in the new CIMS, incidents reported in CIA and CIMS are not directly comparable and must be reported separately.

**Table 7: Child Protection and Family Services Major Impact incidents (CIMS) 2019-201**

|  |  |  |
| --- | --- | --- |
| **CIMS – Major Impact incidents[[4]](#footnote-5)** | | |
| **Incident type** | **2019-20** |
| Client death | 24 |
| Abuse[[5]](#footnote-6) | 846 |
| Behaviour | 414 |
| Other incident types | 662 |

**Client death**

All client deaths, including those occurring at home or in a hospital, must be reported as Major Impact incidents. The majority of deaths are of children less than two years of age and these deaths include premature births, sudden infant death syndrome and known medical conditions. Services provided to children who were known to child protection in the 12 months preceding their death are reviewed by the Commission for Children and Young People. The Department of Health and Human Services notified the Commission of 52 deaths in 2019-20 that were in scope for a child death inquiry[[6]](#footnote-7).

**Assault/Abuse**

Assault (CIA) includes allegations of physical and sexual assaults. Abuse (CIMS) includes allegations of physical, sexual, emotional/psychological, and financial abuse. Professional judgement is used with respect to the nature of all assaults/abuse to determine the appropriate level of categorisation of each incident.

Allegations of assault or abuse are treated seriously. Where clients are victims, they are supported by family support services, child protection, out-of-home care and specialist services, including access to specialist victim support services and medical assistance. The Centre Against Sexual Assault (CASA) is also contacted in cases of alleged sexual abuse, unless the client does not want contact with this service. Where a crime may have occurred, Victoria Police are contacted.

**Behaviour**

While clients can display a range of dangerous and disruptive behaviours placing both themselves and others at risk, behaviours are generally well managed with a range of services being provided to support clients.

**Other incident types**

Other incidents include matters such as absent client, poor quality of care, injury, and self-harm/attempted suicide.

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1. *Columns and the state average do not sum due to a small number of other placement types included in the total.* [↑](#footnote-ref-2)
2. *Completed investigations include allegations of abuse or neglect reported to the Department of Health and Human Services in previous reporting periods but were not completed and endorsed until the current reporting period. Multiple clients can be subject to a single CIMS investigation, each with an outcome of "substantiated abuse" or "not substantiated" being reported. CIMS data is not comparable with previously reported QoC data..* [↑](#footnote-ref-3)
3. *Data represents the average number of unallocated clients for each end of month data extract (point in time snap shots) per quarter. The count excludes cases in intake phase and cases awaiting allocation for less than four days. Division and State total includes regional services. The total is a summary of the reported quarters.* [↑](#footnote-ref-4)
4. *CIMS data includes both department-funded organisations and department delivered critical incident report data.* [↑](#footnote-ref-5)
5. *CIMS ‘Abuse’ incident type is not directly comparable to the CIA ‘Assault’ incident type.* [↑](#footnote-ref-6)
6. *There are differences between the number of incident reports of client death and the number of child deaths reviewed by the Commission of Children and Young People. Examples of incident reports out of scope for review by the Commission include where an unborn child has been reported to child protection and is subsequently stillborn, or where a child or parent is not a client of child protection (but was still the subject of an incident report due to involvement in family services programs.* [↑](#footnote-ref-7)