

International approaches to child protection

What can Australia learn?

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The provision of child protection services varies considerably across the world. This paper offers a broad overview of some of the main approaches to child protection used internationally. Using examples from Canada, Sweden, Belgium and the Gaza Strip, it offers policy-makers the chance to reflect on the strengths and weaknesses of different approaches, as well as how these examples might be used to inspire improvements within the Australian context.

KEY MESSAGES

- One way in which policy-makers can reflect critically on Australia's child protection systems is to develop knowledge of the ways in which different jurisdictions around the world structure and conduct child protection services, and consider how this knowledge may be relevant to the Australian context.
- It is often argued that there are two broad orientations to child protection: the "child protection" orientation (evident in Australia, the United States, and the United Kingdom) and the "family service" orientation (of many European countries, including Belgium, Sweden and Denmark).
- Attempts to respond to rising demand have seen countries that have traditionally possessed a child protection orientation (e.g., Australia) increasingly move towards a family service orientation.
- A third orientation to child protection has been employed by "child-focused community-based groups", which have emerged in emergency, transitional and developmental contexts, most notably in Africa and Asia.
- As country-level service systems are embedded in complex cultural, social and historical contexts, it is not always possible to determine whether different approaches are "evidence-based", "promising" or "untested". However, it is possible to identify the strengths and limitations of each service model, as well as their potential applicability to the Australian context.

There is widespread acceptance that children have the right to grow up in safe and stable environments, protected from abuse and neglect, and to have their developmental needs attended to. Governments have recognised the need to provide a safety net for children to ensure that these basic needs and rights are met, particularly in circumstances where a child's own parent/s fail to act protectively, or are themselves responsible for the maltreatment of their children.

The child protection mandate in Australia and many other English-speaking countries is of a stand-alone authority with only limited formal involvement by other service sectors or the broader community (Bromfield, Arney, & Higgins, 2014). However, the vast majority of reports to Australian child protection services (roughly 85%) are assessed as not requiring a child protection response (Australian Institute of Health and Welfare [AIHW], 2010), and are instead generally referred to family support services. This situation has culminated in two critical issues. First, child protection services are overwhelmed with non-child protection referrals, which can make it more difficult to identify families that are most at risk. Second, families are subject to statutory child protection assessment in order to receive voluntary family support services, which may be stigmatising and can potentially decrease their willingness to access voluntary services (Bromfield, Arney, & Higgins, 2014).

The crisis-driven nature of much child welfare practice can limit opportunities for new and innovative thinking (Head, 2008). Yet innovative approaches to policy and practice are exactly what are needed in the child protection sector, where many of the problems faced by service users are complex and intractable, and persist despite the sector's best efforts to address them (Head, 2008). One way to stimulate new thinking about old problems is to approach them from different angles, such as using frameworks and tools from other fields of research or looking for inspiration in different contexts. The purpose of this paper is to do just that—to stimulate fresh ideas about Australian child protection by looking at examples from around the world.

This paper draws on both Australian and international research to provide a critical review of international approaches to child protection.¹ It aims to provide Australian policy-makers with a broad knowledge of the ways in which certain jurisdictions around the world structure and conduct child protection services, and to encourage readers to reflect on how this knowledge may be relevant to the Australian context.

Child protection in Australia

Although each Australian state and territory has its own child protection system, the core components of these systems are broadly similar. Statutory child protection services are operated by purpose-specific government departments, which are staffed by professionals with social work and other comparable degrees. Statutory child protection comprises three central components of service provision: intake, investigation and case management. Before reviewing the international picture, this section briefly outlines how these components operate in Australia.

“Intake” is an office-based (and predominantly telephone-based) response. Reports of suspected maltreatment are received, most commonly by phone, and intake workers must determine whether the reported concerns fall within the mandated area of the statutory child protection service (in some jurisdictions, notifications not requiring a statutory response may be diverted into a family support service stream). The notification details are recorded, the client's prior history with child protection is checked and, in most jurisdictions, necessary follow-up phone calls may be conducted (for example, to the school). Following this preliminary investigation, the intake worker conducts an initial risk assessment based on the information available to them. On the basis of this assessment, the intake worker determines whether the report warrants further investigation to establish whether the child has been harmed or is at risk of being harmed (not all jurisdictions specify whether the

¹ The international examples used in this paper are based on point-in-time analysis, and are intended simply to illustrate different possible ways in which child and family services can be structured. Readers looking for up-to-date information on the operation of child and family services around the world should refer to current legislation and other literature from individual countries.

harm is a consequence of maltreatment). Those cases requiring further investigation are referred to the second phase of statutory child protection, investigation.

Teams responsible for investigation receive a referral from intake and plan the investigation (there may be formal procedures in place for such planning). In carrying out the investigation, protective practitioners initiate direct contact with the family, coordinate any appropriate assessments (for example, medical or developmental assessments) and gather information from other sources (for example, school, police, health services). Having completed information gathering, a full assessment is made in regard to the child's safety (replacing the initial assessment conducted at intake). A determination is made regarding whether to substantiate the allegation and the child's risk of being subjected to further harmful events. Cases not substantiated may be referred for non-statutory family support services. For those cases that are substantiated, an assessment is made of the services and interventions required in order to keep the child safe, and the family may be subject to ongoing involvement and case management (the third phase). Initial intervention required to protect the child's immediate safety will be undertaken by the investigation team and court action will be initiated if appropriate (for example, removal of children by apprehension). At the completion of the investigation the family are advised of the outcome of the investigation.

Cases in which maltreatment—or the need for statutory involvement to protect the child from harm—is substantiated have passed through the critical decision-making framework for screening (that is, intake and investigation) and represent those cases in which statutory child protection services are required to ensure the child's ongoing safety. Statutory involvement comprising the provision of child protection services is typically referred to as intervention or case management. At its most basic, the case management phase involves: agreement about what services and responses are required; determining whether a court order is appropriate and, if so, which type is required to ensure the child's safety; ensuring that these services or responses are provided and that agreed actions of all parties are adhered to; and closing the case when the child's ongoing safety has been secured. This process is managed and the actions of the persons involved made accountable through the cyclical process of case planning, case management, reassessment and review.

Different orientations

The provision of child protection services varies considerably in different parts of the world. However, it is often argued that there are two main approaches to responding to parental maltreatment in Western countries:

- the “child protection” orientation evident in Australia, the United States, the United Kingdom, Canada and New Zealand; and
- the “family service” orientation evident in many European countries, such as Denmark, Belgium, and Sweden.

Some of the main characteristics of these orientations are outlined in Table 1 (page 4).

While often described as two opposing orientations, in many jurisdictions the legislative and policy framework comprises a combination of the two. Rising demand for child protection services has been a feature of countries with a child protection orientation. Attempts to respond to rising demand have seen countries that have traditionally had a child protection orientation increasingly move towards a family service orientation. For example, in Australia the *National Framework for Protecting Australia's Children*, with its emphasis on early intervention and prevention and its motto, “Protecting children is everyone's business”, can be seen as the integration of components of the “family service” orientation.

While the “child protection/family service” typology offers a useful way to think broadly about child protection systems, it has recently been the subject of critique. Most pertinently, some authors have argued that this typology can fail to capture the characteristics of child protection responses

in emergency, transitional and developmental contexts around the world, most notably in Africa and Asia (UNICEF, UNHCR, Save the Children and World Vision, 2013). In countries where local and national governments are unable or unwilling to care for and protect children, the approach has been a predominantly humanitarian response, particularly in communities affected by armed conflict, displacement and/or natural disasters. As such, as well as offering examples of systems with a “child protection” (Australia, Canada) and “family service” orientation (Sweden, Belgium), this paper also illustrates the ‘child focused community-based’ approach, which has emerged as a key child protection response in emergency, transitional and developmental contexts (e.g., the Gaza strip).

Table 1. Characteristics of the “child protection” and “family support” orientations to child protection

Characteristic	Child protection orientation	Family service orientation
Framing the problem of child abuse	The need to protect children from harm	Abuse is a result of family conflict or dysfunction stemming from social, economic and psychological difficulties
Entry to services	Single entry point; report or notification by third party	Range of entry points and services
Basis of government intervention and services provided	Legalistic, investigatory in order to formulate child safety plans	Supportive or therapeutic responses to meeting the needs of children and families or resolving problems
Place of services	Separated from family support services	Embedded within and normalised by broad child welfare or public health services
Coverage	Resources are concentrated on families where risks of (re-) abuse are high and immediate	Resources are available to more families at an earlier stage
Service approach	Standardised procedures; rigid timelines	Flexible to meet clients’ needs
State–parent relationship	Adversarial	Partnership
Role of the legal system	Adversarial; formal; evidence-based	Last resort; informal; inquisitorial
Out-of-home care	Mainly involuntary	Mainly voluntary

Source: Allen Consulting Group (2003, p. 14, Table 2.1)

International examples of child protection systems

In order to illustrate what the different orientations to child protection can look like “on the ground”, this section provides a brief snapshot of child protection service models that differ to those in Australia. As these models represent country-level systems that are embedded in complex cultural, social and historical contexts, it is not possible to determine whether these different approaches are “evidence-based”, “promising” or “untested”. However, in this section, the strengths and limitations of each service model are discussed, as is their potential applicability to the Australian context.

Child protection services can be administered by federal or state governments, local governments (councils), non-government organisations, health organisations or small community groups. Table 2 identifies who is responsible for child protection services in a selection of different countries.

The first in-depth example in this section is from the province of Manitoba in Canada, which, while sharing the same general orientation as Australia, differs significantly in regard to who provides child protection services, particularly those services accessed by minority cultural groups (see Table 2). The next examples are from Sweden and Belgium, who both employ variations of the “family service” model. Finally, there is discussion of the “child-focused community group” approach, which is often employed in countries affected by armed conflict and natural disasters. The “Gaza strip child protection committees” are used as an illustrative case study in this section.

Table 2: International comparison of who provides child protection services

	Who provides child protection services?	Workforce
Australia	State and territory governments	Public servant social workers or equivalent
New Zealand	The government	Public servant social workers
United Kingdom	Local authorities (Councils)	Social workers
Canada	Local authorities and non-government organisations/mandated agencies	Social workers
Sweden	Local authorities/Municipalities	Varied workforce and locally determined. Staff may include professionals in social work, health, education or psychology
Belgium	Health centres/ Confidential Doctor Centres	Multidisciplinary teams—doctors, nurses, social workers and psychologists
Countries affected by war or natural disasters	Child-focused community groups	Multidisciplinary volunteer groups—elders, teachers, doctors, child advocacy groups, etc.

Example 1: Child protection in Canada

Intake and investigation processes in Canada vary between provinces (states), however the responsibility for child welfare is mainly undertaken by local authorities and mandated non-government agencies.

In the province of Manitoba, the responsibility for children and family services is given to four Children’s Service Authorities, three of which service Aboriginal communities. (This system is referred to as “concurrent jurisdictions”. See Box 1, on page 6, for a detailed description.) These are:

- First Nations (Indigenous) of Northern Manitoba Child and Family Services Authority;
- First Nations of Southern Manitoba Child and Family Services Authority;
- Métis Child and Family Services Authority; and
- General Child and Family Services Authority (for all non-Indigenous families).

Authorities have the responsibility for designing and managing the delivery of statutory, voluntary and preventive child and family services in accordance with provincial law. The provincial government still maintains ultimate responsibility for the safety and protection of children in Manitoba, however the four authorities have significant rights and responsibilities. The main aim of the child welfare system is to ensure that children who require state intervention for their protection receive a culturally appropriate service.

Strengths and limitations

In establishing the four authorities, the Manitoba Government has recognised the value of culturally appropriate services. More autonomy has been given to Indigenous people in providing child welfare services to their own communities. However, the approach is not a system that allows for self-determination of Indigenous authorities. Although these authorities are managed by the First Nations people, the model and legislation behind them were imposed by the provincial government. Critics who call for self-determination highlight that child welfare statutes are founded on the individual rights philosophy of English common law, which is often in conflict with the interdependent, communal and holistic basis of Aboriginal concepts of justice and caring for children and families (Mandell, Blackstock, Clouston, Carlson, & Fine, 2006). Managing the differences between traditional values and beliefs and provincial legislation is a significant challenge for most Aboriginal agencies (Mandell et al., 2006).

An evaluation of the new system has not been established. Key concerns about the approach include:

- the length of time it takes for referrals to be made to agencies after the initial screening process;
- service delays occurring if reporters contact agencies that are not the right authority.
- the initial screening process is not a culturally sensitive response.

Box 1: Concurrent jurisdictions

Throughout the province of Manitoba, mandated child and family service agencies (providing culturally appropriate services) are aligned with one of the four authorities and are responsible for child protection intake, investigations and family support referrals. A feature of the approach is that all four authorities work together to serve the needs of people across the province at the same time, which is referred to as "concurrent jurisdictions". This means that all four authorities have responsibility over the same geographical area (the whole province) at the same time. Children and families entering the system for the first time go through a streaming process where they can nominate the authority they most identify with in order to receive services. Such a system gives families and children the right to receive services from the authority they most identify with regardless of where they live. For example, a person identifying as Northern First Nation living in Southern Manitoba is eligible to receive services through the First Nations North Authority (Hudson & McKenzie, 2003). In rural and remote areas where services are limited, service responsibility will usually come from an agency representing the largest cultural group (population) in the community. For example, where a family identifies as Southern First Nations but resides in a Northern First Nations rural area, the agency response will likely come from a Northern First Nations agency, which will be funded to provide services to the family by the Southern First Nations Authority. In cities and large regional areas, where there are multiple agencies operating "concurrently", the initial intake is undertaken by a Joint Intake Response Unit. The Joint Intake Response Unit operates as a 24-hour centralised intake service, whereby calls are answered and assessed by qualified social services staff. The unit is managed by an agency from one of the four authorities. The unit conducts initial assessments and assists in "streaming" referrals to the appropriate authority based on cultural identification (Hudson & McKenzie, 2003). If the child is in immediate danger, an emergency response (usually involving police) is called. After the streaming process, families are referred to appropriate child and family service agencies (within one of the four authorities) for further assessment of needs. The Child and Family Services agency will then either provide families with additional support services or undertake a formal child protection investigation in cases where a high risk of abuse and/or neglect has been established (Hudson & McKenzie, 2003). In rural and remote areas where there is only one agency providing services, this agency will also be responsible for intake. Child and Family Services workers are guided by a set of guidelines laid out by the provincial government to assist in making initial assessments.

Reflections for the Australian context

- Do the statutory child protection functions of intake and investigation need to be provided by government authorities?
- What might be the strengths and limitations of the child protection authority in local areas being operated by organisations whose management and staff are representative of the majority cultural group of the area?
- In what ways could more be done to provide culturally specific statutory child protection responses for more communal cultures (including, for example, a broader formulation of the problem and solutions to issues such as community violence and/or community healing)?

Example 2: Child protection in Sweden

Sweden, like other Scandinavian countries, is characterised as having a “family service” oriented child welfare system (with a mandatory reporting element), as opposed to a “child protection” oriented system that is common in English speaking countries such as Australia, the United Kingdom, the United States, Canada and New Zealand. A key difference in the two systems is in the role of the state in delivering services. Sweden has a holistic child welfare system, which treats prevention, support and protective responses to child abuse and neglect as parts of a whole system (Hetherington, 2006). In child protection orientations, such as in Australia, there is a clear divide between child protection and prevention services. Wiklund (2006) determines that the major difference between the family service orientated and child protection models is that the priority of family service orientated systems is to respond to family needs, whereas the main priority of a child protection focused system is to manage risks of abuse and neglect.

Intake services into child welfare in Sweden are not provided through a stand-alone child protection service but through general child welfare services whereby referrals to universal, secondary and tertiary services can be made. Referrals to child welfare services fulfil professionals’ mandatory reporting obligation. Child welfare services are governed by 289 different municipalities (councils). Although social service legislation is passed at a national level, each municipality has a high degree of autonomy. Discretion is granted in organising and administering social services and for deciding the degree to which child welfare services act as a specialised service within social services (Khoo, Hyvonen & Nygren, 2003). In some areas there are specialised units within social services and in others, child welfare is part of the local school organisation.

The number of different municipalities in Sweden ensures that child welfare processes are considerably varied. However, all social child welfare services act on the principle that the needs of families and children direct their work. Social support workers have considerable room for discretion when responding to concerns. At intake, the primary roles of intake workers are to assess needs, investigate home conditions and grant applications for supportive services (Anderrson, 2006). Child welfare services are also responsible for responding to social behaviour problems and juvenile offences among young people, as this is not considered a criminal justice responsibility. Wiklund (2007) found that referrals to child welfare services regarding child abuse and neglect were quite low in Sweden, as other referrals regarding child behavioural problems and or parental problems were much more widely reported. This makes it hard to make international comparisons regarding the levels of child protection notifications and investigations in Sweden.

Strengths and limitations

Like other countries, there is a lack of research evaluating the Swedish child welfare model. However, there has been much debate/analysis of the advantages and disadvantages of the family services oriented approach to child welfare.

Researchers highlight how the family services orientated approach:

- has a strong focus on the needs of the family;
- is less risk averse than child protection orientated systems;
- identifies the importance of strong relationships between the social worker and the client/family; and
- allows child and family social workers to use their discretion.

Critics of the child welfare approach in Sweden have highlighted that:

- it is too parent-focused, at the expense of the needs of the child;
- it is too mother-orientated, rather than family orientated;
- giving social workers a high degree of discretion could leave some families vulnerable if they do not have a good relationship with their social worker; and
- fewer guidelines make it hard to assess quality of practice (Anderrson, 2006).

Reflections for the Australian context

- Making a referral to child and family welfare services in most Australian states (e.g., Child FIRST services in Victoria) currently does not allow relevant professionals to fulfil their mandatory reporting requirements. Could changing this be a way to ease an overburdened child protection department? Are there potential risks in making such a change?
- Would the benefits of allowing greater practitioner discretion outweigh the potential risks (for example, difficulties in standardised measurement and assessment, problems if relationship with social worker is not good)?
- As Australia adopts more elements of the “family service” orientation, is there a risk that services could become too parent-focused and fail to act quickly enough to stop maltreatment? How would a balanced position best be achieved?

Example 3: Child protection in Belgium

Western European and Scandinavian approaches to child welfare and protection are built on the basis of strong social welfare systems and services. Pathways into child welfare services in Belgium are predominantly identified and addressed through the health sector. This approach is known as the Confidential Doctor Service and offers a highly therapeutic approach to child protection. The system is essentially based on the notion that parents with difficulties and those who have abused and/or neglected their children should be able to come voluntarily to support centres and agencies in order to seek assistance without being judged or prosecuted (Scottish Government, 2003).

While most referrals to a confidential doctor centre come from other professional services working with children (for example, education and childcare), a high number of referrals are also self-referred (Marneffe, 1996). In Belgium, Confidential Doctor Centres are the direct point of call for raising concerns about families in need. Although reports of child abuse and neglect can be made to legal authorities, most come through Confidential Doctor Centres where therapeutic solutions are sought. The centres are located in hospital settings (to ensure anonymity) and feature a multi-disciplinary team of social workers, psychologists, nurses, doctors and speech therapists (Marneffe, 1996). Services offered at the centres include crisis intervention, counselling, child and family therapy, and residential accommodation in the hospital. The aim is to help parents acknowledge their actions and take responsibility for not harming their children in the future. Upon arrival at a centre, initial interviews with a centre worker and the family are undertaken to assess the family situation and identify whether the child needs immediate protection. If it is deemed a child is in immediate danger, they may be housed in the hospital.

A second assessment is then undertaken with the parents, children and other professionals known to the family. A key difference of the assessment, compared to a risk averse child protection assessment, is that the main purpose is to gain insight into the best way to help the child and their family and not to find more evidence proving abuse and/or neglect (Marneffe, 1996). After an assessment, a therapeutic intervention plan is developed, ideally with the consent of the child and family. Removal of children into out-of-home care is seen as a last resort and coercive interventions are only established when parents are deemed to have no capacity to care for their children. In these situations, referrals are made to judicial authorities for further investigation.

Strengths and limitations

Research has found that there are a high number of self-referrals to the centres (i.e., parents or families referring themselves to the service, rather than being referred or reported by others); self-referrals make up more than 30% of cases. A study in 1996 found that only 7% of cases reported to a Confidential Doctor Centre in Brussels required a judicial intervention. Incidence of re-abuse was

also found to be low after receiving services from the centres (Borthwick and Hutchinson 1996; Madge and Attridge 1996).

Concerns about the system have included:

- the child's interests might be subordinated to the parents' rights and wishes;
- children might undergo continuing abuse while agencies seek to work with their families; and
- family therapy may not address issues of power within families, particularly power imbalances related to gender (Scottish Government, 2003).

Reflections for the Australian context

- What are the strengths and limitations of a medical model to understanding and intervening in abusive and/or neglectful families?
- What is the role of Australian healthcare professionals in child and family welfare systems?
- In what ways does the Australian system and culture encourage or discourage self-referral from families? How could this be further improved?

Example 4: Community-based child protection models

Child-focused, community-based groups have emerged as a key child protection response in emergency, transitional and developmental contexts around the world, most notably in Africa and Asia. In countries where local and national governments are unable or unwilling to care for and protect children, the approach has been a prominent humanitarian response, particularly in communities affected by armed conflict, displacement and/or natural disasters. The groups are usually developed with support from an external agency to respond to large numbers of children who have experienced abuse and neglect or have been displaced from their homes. Although the function of child-focused community groups (also known as Child Protection Committees) varies according to the context, the main purpose is to respond to significant child protection risks and advise the community about child protection issues (Wessells, 2009).

The role of some community groups may also be to mediate, problem-solve, provide support for survivors or refer more serious cases to higher authorities where possible. Committees usually consist of 10–20 voluntary members and include teachers, children's group representatives, health professionals, parents and other community members. Child Protection Committees have usually been formed to address issues of sexual abuse, loss of parents or other caregivers, child labour and child trafficking. The committees/groups provide a safe and supportive environment for children and families to seek support, advice and protection. Community-based Child Protection Committees are most effective when integrated and coordinated within a national child protection system, however in most communities where committees are established, national child protection systems do not exist.

Strengths and limitations

In an unpublished UNICEF International review, seven areas were identified as influencing the effectiveness of child-focused community groups. These included:

- community ownership over processes and activities;
- building on existing resources;
- support from leaders—namely traditional leaders, community officials, religious leaders or respected elders;
- child participation;
- diversity and inclusivity of affected groups including members from diverse sub-groups;

- adequate array of human (appropriately qualified/skilled) and material resources; and
- linkages with formal systems for support and expansion, enabling effective referrals for formal child protection systems to intervene (Wessells, 2009).

Child-focused community groups have the potential to become essential components of a national child protection system as they provide a strong community presence. However, effective systematic evaluations of such programs have been rare and it is therefore difficult to determine their overall effectiveness. In a large-scale UNICEF systematic review of child-focused community groups around the world, it was found that in the seven areas identified as influencing their effectiveness, incorporating all areas was an exception rather than a rule. The review highlighted that a stronger evidence base analysing effectiveness, cost, scalability and sustainability was needed (Wessells, 2009).² The lack of systematic evidence makes it difficult to obtain funding and encourage policy-makers to promote such practices.

Case study: Gaza Strip Child Protection Committees

In the Gaza Strip, where half of the population of 1.5 million are children (69% of which are refugees), Save the Children Alliance helped facilitate village level Child Protection Committees. Typically the committees have 10–20 members consisting of influential community members, representatives from primary health clinics, community-based organisations, schools, the police and religious leaders. After an initial brainstorming session, the committees highlighted the need to intervene in the domestic, school and peer environments of children’s lives through awareness raising and capacity-building. They did this by establishing a monitoring system to detect children at risk of violence and created referral mechanisms. Young adults were chosen for training to help them raise awareness of children’s rights and child abuse and neglect risks. Children from the three communities, supported by Child Protection Committee members, were asked to identify trusted individuals in the community to act as focal points for receiving children’s reports and concerns and for providing advice and guidance (Sbardella, 2009). Referral mechanisms linking the committees to health clinics, schools and other organisations were established to strengthen the cooperation between caregivers and service providers (Sbardella, 2009). Children’s sub-committees were also established to increase children’s participation in decision-making.

On-going monitoring data is being collected to determine the effectiveness of the committees. Early monitoring indicates that they have helped in encouraging and facilitating open discussion about child protection risks and increased knowledge regarding the responsibilities of government and caregivers in protecting children (Sbardella, 2009).

Reflections for the Australian context

- Would community-based child protection models be relevant in any Australian contexts (for example, in the Northern Territory, where work is often similar to international aid work, due to community isolation and high levels of poverty, material deprivation, inadequate housing, and community violence and trauma that may be experienced by children and communities)?
- What might be the strengths and limitations of integrating child-focused community groups with more enduring state-based and national child protection systems?
- How could community groups be harnessed to mediate, problem-solve, provide support for survivors and refer more serious cases to higher authorities? What would be the strengths and limitations of such an approach?

² Existing Western child protection models, including those operating in Australia, also lack an evidence base.

Conclusion

This paper has offered a broad overview of some of the main approaches to child protection used internationally, focusing on specific examples from Canada, Sweden, Belgium and the Gaza Strip. These societies have developed different child protection responses that reflect their own needs, priorities and desired outcomes. As child protection systems reflect cultural and institutional contexts that have developed over time, it will rarely be the case that one country can simply adopt the system of another. However, this does not mean that there is nothing to learn from other jurisdictions, or that specific practices, philosophies or components of systems cannot be modified and applied in new contexts. Indeed, this paper has offered Australian policy-makers a series of “Reflections for the Australian context” based around each international example. Far from being a final word, these “reflections” are intended as a springboard for further explorations—for creative and lateral thinking—about our own and others’ approaches to child welfare.

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Child Family Community Australia

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The **Child Family Community Australia** (CFCA) information exchange is an information and advisory unit based at the Australian Institute of Family Studies, and funded by the Australian Government Department of Social Services. The CFCA information exchange collects, produces and distributes resources and engages in information exchange activities that help to protect children, support families and strengthen communities.

The Australian Institute of Family Studies is committed to the creation and dissemination of research-based information on family functioning and wellbeing. Views expressed in its publications are those of individual authors and may not reflect those of the Australian Institute of Family Studies or the Australian Government

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