

**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

STATEMENT OF TRACY DAWN MARIE BEATON

Date of document: 12 October 2015
Filed on behalf of: State of Victoria
Prepared by:
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I, TRACY DAWN MARIE BEATON, CHIEF PRACTITIONER, SAY AS FOLLOWS:

1. I am the Chief Practitioner and Director of the Office of Professional Practice within the Department of Health and Human Services (**Department**). I have held this position since January 2015.
2. Between April 2008 and January 2015, I was Victoria's Chief Mental Health Nurse. I provided strategic advice and policy implementation to government in relation to nursing practice. The role was complementary to that of the Victorian Chief Psychiatrist. Among other things, I was involved in leading the development of the National Mental Health Workforce Strategy (2012) and the National Practice Standards in Mental Health (2013).
3. In 2007 and 2008, I was a Senior Health Service Manager at Hunter New England Health, a government funded health provider in New South Wales.
4. From 2004 to 2006, I was the Manager of the Youth Specialty Service (Mental Health) for the Otago District Health Board, a health board responsible for public health care in New Zealand.
5. Prior to 2004, I was a project manager for the Otago District Health Board, a nursing consultant in private practice, a lecturer and supervisor of Masters students and I also worked as a registered nurse.
6. My background in clinical practice and community service development spans over 30 years. I have a wide range of experience in practice, leadership, project management, performance, supervision, research and teaching as well as policy and operational management.

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7. My academic qualifications include a Master of Business Administration (2009), Master of Arts (Applied in Nursing Practice) (2004), Post Graduate Diploma in Professional Nursing Practice (2001) and a Bachelor Degree (Nursing) (2000).
8. I am an Adjunct Associate Professor in the School of Health Sciences at La Trobe University. I am a Fellow of the Royal College of Nursing Australia and a member of the Australian College of Mental Health Nurses.
9. I make this statement in my capacity as the Chief Practitioner of the Office of Professional Practice.

SCOPE OF THE STATEMENT

10. I have received a notice from the Royal Commission into Family Violence pursuant to s 17(1)(d) of the *Inquiries Act 2014* (Vic.) requiring me to attend to give evidence at the Royal Commission and to provide a written witness statement.
11. I understand that the Royal Commission would like me to give evidence at the public hearing for Module 2 of the October hearings, which relates to Developing the Workforce. I have been informed that this evidence will focus particularly on the Office of Professional Practice and my role as Chief Practitioner in fostering workforce capability within the Department.
12. In this statement I describe the origins and functions of the Office of Professional Practice and the functions of the Chief Practitioner. I also describe the Child Protection Operating Model, which has been in place since 2012, given the integral role this model plays in developing workforce capability for the Child Protection workforce.

THE OFFICE OF PROFESSIONAL PRACTICE

Origins of the Office of Professional Practice

13. The position of Principal Practitioner - now the Chief Practitioner - was established in 2006 to support legislative reforms brought about by the introduction of the *Children, Youth and Families Act 2005* (Vic.) (**CYF Act**). The Principal Practitioner was located centrally within the then Department of Human Services.
14. The functions of the Principal Practitioner were to act as the principal clinician and adviser on Child Protection practice, to set and monitor service delivery standards,

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to develop modes of service delivery and to lead and promote a strong learning culture.

15. In 2009 and 2010, two additional Statewide Principal Practitioners were employed to continue to embed these reforms and to assist the Principal Practitioner. A key priority for the Principal Practitioner and the Statewide Principal Practitioners was to strengthen Child Protection practice and to improve outcomes for children and their families. This was achieved by:
 - 15.1 developing and embedding the Best Interests Case Practice Model as a unifying approach to the reforms established by the CYF Act;
 - 15.2 embedding a culture of critical reflection within the Child Protection workforce;
 - 15.3 strengthening the quality of case supervision and support; and
 - 15.4 improving the quality of decision making and outcomes for children.
16. In 2010, the Office of the Principal Practitioner was created to provide support to the Principal Practitioner and Statewide Principal Practitioners in carrying out their functions.

The Office of Professional Practice

17. The Office of Professional Practice was created as a direct result of a departmental restructure. The Office was established in 2012 by the amalgamation of the Office of Senior Practitioner (Disability) and the Office of the Principal Practitioner.
18. The Senior Practitioner (Disability) is responsible for ensuring the rights of persons who are subject to restrictive interventions and compulsory treatments are protected. Additionally, the Senior Practitioner ensures appropriate standards in relation to restrictive interventions and compulsory treatment are complied with as prescribed in the *Disability Act 2006* (Vic.).
19. The Office of Professional Practice provides practice leadership and makes authoritative decisions and recommendations for Child Protection, Youth Justice and Disability Services practice. It supports a workforce of approximately 7,327 personnel, which includes 1,410 Child Protection staff, 417 Secure Services staff and 5,500 Disability Services staff.

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20. The Office of Professional Practice was established to build practice and to create an environment which fosters the continual improvement of workforce capability to meet the needs of the Department's clients.
21. The Office of Professional Practice is comprised of the following professionals:
- 21.1 the Chief Practitioner and Director (combined roles). The Director has an important function in building workforce capability and advises the Secretary in relation to the Secretary's various legislative responsibilities. I refer to the role of Chief Practitioner further below;
 - 21.2 the Senior Practitioner, whose role I refer to above;
 - 21.3 the Assistant Director, with responsibility for strategic planning, research and evaluation projects;
 - 21.4 two Statewide Principal Practitioners, with extensive Child Protection experience, who are responsible for practice leadership to divisions.
 - (a) One Statewide Principal Practitioner has qualifications in Social Work and a Doctor of Philosophy with specialisation in family therapy and sexual abuse.
 - (b) The other Statewide Principal Practitioner has significant experience in sexually abusive behaviours and treatments and is a Doctor of Psychology with notations in forensic and counselling psychology;
 - 21.5 Program and Practice advisers, who are responsible for strategic projects and activities that support the role and function of the Office. All have qualifications and experience in their practice areas of either child protection or disability; and
 - 21.6 two co-located senior Child Protection practitioners providing practice leadership within Victoria Police and Commonwealth Law Courts (Family Court of Australia and Federal Circuit Court of Australia).
 - (a) The co-located Child Protection practitioner within Victoria Police supports and guides collaborative practice and information sharing between Victoria Police and Child Protection as it pertains to

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children in contact with a registered sex offender and children in departmental care at risk of sexual exploitation. The position leads and provides direction, training and development to Child Protection staff involved in the assessment, investigation and intervention of reports where children are in contact with a sex offender or a person sexually exploiting children known to the Department. This extends to ensuring Victoria Police, Child Protection and out of home care providers pursue measures to ensure the safety and wellbeing of the child or young person, that perpetrators of the abuse are held to account and that victims have access to therapeutic services.

- (b) The co-located Child Protection practitioner at the Family Law Court services both the Family Court and Federal Circuit Court. The role supports the operation of the protocol that exists between these Courts and the Department and facilitates the exchange of timely and relevant information in matters where families and children are engaged in both the State Child Protection system and the Commonwealth family law system. This co-located initiative has recently been evaluated by the Australian Institute of Family Studies. I believe that a copy of the evaluation report has been provided to the Commission.

- 22. The Office of Professional Practice is supported by administration staff and staff with skills in information analysis and research.
- 23. The Office of Professional Practice fulfills its practice leadership role through the following six key functions:
 - 23.1 supporting front line practitioners and programs through direct involvement with case work;
 - 23.2 monitoring and reviewing practice;
 - 23.3 providing practice research and evaluation;
 - 23.4 promoting professional development and training;
 - 23.5 being the expert spokesperson on professional practice; and

- 23.6 influencing policy and program design.
24. As a matter of practice, Child Protection practitioners working in divisional offices are able to contact the Office of Professional Practice to obtain advice and support in relation to any case they work on. This support is in addition to the support that practitioners receive from the Principal Practitioners and other professionals located within their divisional teams. I describe these divisional roles further below under the heading 'Child Protection Operating Model'.
25. In some instances, the Office of Professional Practice provides direct practice leadership to professionals working in services that are external to the Department. This occurs with external services that work with departmental clients, for example out of home care and integrated family service providers. In this context, practice leadership occurs through the development of collaborative intervention strategies to meet the needs of the Department's clients.
26. A key function of the office has been to consider emerging issues in practice. In 2014, family violence came to the forefront of the Office's work following a number of tragic events associated with family violence. As a result of these events, professional development and training regarding effective responses to family violence were provided to departmental practitioners from the Child Protection, Youth Justice, Disability Services and Services Connect programs. Joint training was also offered to professionals from the broader human services sector. In addition to forums facilitated by the Office, No to Violence – Men's Behaviour Change was contracted to provide Statewide training to Child Protection practitioners in relation to engaging men who perpetrate violence.
27. In June 2014, the Office published the 'Working with Families where an Adult is Violent' specialist practice resource. This resource combines current research in the challenging area of addressing family violence and offers practical guidance to practitioners working in child protection and family services. The resource was co-authored by the then Chief Practitioner, Dr Robyn Miller and Dr Jenny Dwyer. Contributions and input were received from a range of partners within Victoria Police, No to Violence, family law and various specialist areas within the Department, including the Office of Women's Affairs.

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ROLE OF THE CHIEF PRACTITIONER

28. As Chief Practitioner, I lead the Office of Professional Practice. My core responsibilities are to:
- 28.1 provide practice leadership for human services professionals including Child Protection, Youth Justice and Disability Services;
 - 28.2 oversee the provision of authoritative research and informed advice to direct service staff and senior departmental leaders that deliver positive outcomes for vulnerable children and families, particularly in the most complex, high risk and sensitive cases;
 - 28.3 collaborate with service delivery staff to promote best practice decisions regarding intervention strategies in complex, high risk and sensitive cases, including by working side by side with staff to build capacity and to ensure effective outcomes;
 - 28.4 drive collaboration between the Department and other agencies involved in protecting vulnerable children, families and people with a disability to identify system and practice improvements;
 - 28.5 promote an evidence informed and integrated approach to human services and statutory programs;
 - 28.6 exercise certain powers as delegate of the Secretary to the Department pursuant to the CYF Act; and
 - 28.7 provide clinical supervision of the Statewide Principal Practitioners.

DEVELOPING WORKFORCE CAPABILITY

29. In my view, the provision of practice leadership to professionals delivering human services is a critical component of an effective model of service delivery.
30. The establishment of practice and outcomes frameworks, a learning culture and a leadership model are inherent components in the development of any practice model for the delivery of human services. These components should be subject to evaluation to review the effectiveness of the model and its capacity to deliver the objectives and outcomes.

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31. The Office of Professional Practice **assists** in developing workforce capability by:
- 31.1 providing support to practitioners to empower them to make decisions in relation to complex cases;
 - 31.2 leading and contributing to research and service development initiatives within the organisation and in collaboration with other leading institutions;
 - 31.3 providing clinical expertise in Child Protection and Youth Justice programs and directing involvement in high-risk and high-profile **cases** in Child Protection, Youth Justice and Disability;
 - 31.4 providing professional development and training on the Best Interests **Case Practice Model** and developing the Specialist Practice Resources and, teaching in 'beginning practice' for Child Protection practitioners; and
 - 31.5 monitoring and reviewing practice through critical reflection, mentoring, supervising, directing case work, auditing, consulting and advising.
32. The Office of Professional Practice uses a strategic approach to developing practice and resources. As previously mentioned, to ensure responsiveness to the issue of family violence, 'Working with families where an Adult is violent' was developed as a specialist practice resource for the workforce. From this resource, teaching and education was offered, and continues to be offered, across the State. As part of this strategic approach, the Office of Professional Practice has maintained effective engagement of police and other service providers to assist with workforce knowledge and capability in assessment and managing family violence. In addition, the Office continues to deliver training and development either in large scale teaching events, as well as at individual and team levels. A further initiative to enhance practice is the co-location of a Child Protection practitioner at the Commonwealth law courts (which I refer to above). This initiative supports effective information sharing between the courts and Child Protection.
33. Cumulative harm is often present for children exposed to the trauma of family violence, neglect and other repeated **experiences** of trauma. The Office has developed a 'Cumulative Harm Specialist Practice Resource' to build practice through identifying what cumulative harm is, how it presents itself and how, in Child Protection, we understand the impact on children and families. Principal Practitioners assist others to recognise cumulative harm through complex **case**

review, education and development opportunities and reflective practice during case consultation and by providing advanced training on cumulative harm. I refer to the role of Principal Practitioners in more detail below.

CHILD PROTECTION OPERATING MODEL

34. In 2011, after consultation with the Child Protection workforce, a new operating model for Child Protection practice was proposed. The model emphasised the fundamental importance of case practice and increasing the number of practitioners with more experience working directly with children and families. This work was informed by the then Principal Practitioner.
35. The Child Protection Operating Model commenced in November 2012. The model was designed specifically to position senior management and decision-makers as close as practical to vulnerable children, young people and their families. The model saw the introduction of advanced practice roles, such as Principal Practitioners, who can assist staff through any phase of Child Protection involvement. I describe each of these phases and the advanced practice roles below.
36. There are five phases that Child Protection reports may progress through. They are as follows:
 - 36.1 The Intake phase, where new reports to Child Protection are received and processed (including new allegations regarding previously reported children). Intake receives and records reports regarding an unborn child, if the reporter has significant concerns for the child's wellbeing after his or her birth. In addition Intake receives reports where there are significant concerns for a child's wellbeing including children in need of protection because they are at risk of significant harm. Additional activities in Intake include conducting assessments of the information related to the child's safety and wellbeing, which may involve contacting 'authorised' professionals. Further consideration of the report and whether it meets the requirements of a protective intervention report will determine if the report requires a Child Protection investigation (s. 187, CYFA). Intake responds to each report in a manner consistent with policy and the legal requirements of the CYFA.
 - 36.2 the Investigation and Assessment phase, which occurs when a report is classified by Child Protection as a 'protective intervention' report and Child

Protection is to investigate the subject matter of the report in a way that is in the best interests of the child who is the subject of the report;

- 36.3 the Protective Intervention and Assessment phase, which occurs when the Investigation and Assessment phase substantiates Child Protection intervention as being necessary to provide sufficient safety to the child;
 - 36.4 the Protection Order phase, which commences when a Court has found the protection application proven and a protection order has been made in respect of a child; and
 - 36.5 the Case Closure phase, which occurs when Child Protection involvement is no longer warranted.
37. The introduction of the Child Protection Operating Model has resulted in significant progress in supporting retention of Child Protection practitioners, with the average level of experience of practitioners increasing from 6.1 years to 6.5 years. I have been told by a number of Child Protection Practitioners that they value the new specialist practice roles to enhance guidance and support. The team structure and roles are provided below
38. In order to ensure Child Protection delivered its statutory function, a new team structure and practice stream for the Child Protection workforce at the divisional level was introduced. The practice stream consists of:
- 38.1 Child Protection practitioners, who are responsible for providing quality, timely and effective case practice and case management to 'at risk' children and young people.
 - 38.2 Advanced Child Protection practitioners, who are also responsible for providing quality, timely and effective case practice and case management to 'at risk' children and young people. Advanced Child Protection practitioners also provide informal mentoring, support and assistance to less experienced Child Protection staff in their teams. They are required to support and model critical reflection through engaging with families and applying theory to practice.
 - 38.3 Senior Child Protection practitioners, who are responsible for co-working with, and mentoring and formally supervising, up to two Child Protection practitioners. Senior Child Protection practitioners also carry their own

caseload. They provide support and guidance to Child Protection practitioners within their team, including critical reflection, enquiry and shared decision making. Senior Child Protection practitioners are expected to provide significant leadership in the team environment in the areas of risk assessment and case related issues and to work closely, collaboratively and effectively with Team Managers at all times. There are also specialised Senior Child Protection Practitioner positions, which include, case contracted manager, court officer, community based practitioner and Practice Leader Aboriginal Family Decision Making.

- 38.4 Team Managers, who report to the Area Manager, are responsible for promoting an environment of 'team connectedness' through leading a team of around seven staff, comprising Child Protection practitioners, Advanced Child Practitioner practitioners and a Senior Child Protection practitioner. The Team Manager role is intended for staff who want to move into a management role to focus on leading staff and managing team and business responsibilities, whilst also maintaining involvement in case practice.
- 38.5 Practice Leaders, who are responsible for providing expert case practice advice and leadership and supporting and developing Child Protection practitioners at all levels. Practice Leaders also carry their own caseload. They are responsible for case practice quality auditing, capability development, community education, case practice and case planning guidance, including coordinating and delivering regular practice forums in collaboration with the Principal Practitioner.
- 38.6 Principal Practitioners, who are responsible for leading the provision of specialist clinical advice and consultation regarding Child Protection practice and service delivery, strengthening the skills and knowledge of Child Protection practitioners and building a child focused and family centered practice culture that integrates evidence from research and critical reflection.
39. The role of a Child Protection practitioner is increasingly complex, requiring specialist child welfare knowledge as well as the ability to exercise legal delegations. It is important that this workforce is well prepared to practice in this environment. The Child Protection program has established defined categories of training for staff

including minimum, relevant and preferred qualifications for entry into the Child Protection workforce. This is to ensure the workforce meet the criteria in the Child Protection capability framework, mandatory education qualifications for entry into Child Protection and the Best Interest Case Practice Model.

40. As previously identified, a key feature of the Child Protection Operating Model was the creation of Principal Practitioner positions at the divisional level. The rationale for this decision was twofold. Firstly, this was due to the impact of the functions of the Chief Practitioner and the Statewide Principal Practitioners. Secondly, there was a need to introduce multidisciplinary skills in assessment and planning for the best interests of children.
41. A core function of Principal Practitioners is to assist Child Protection practitioners with complex cases. Divisional Principal Practitioners are line managed within their divisional structure but receive clinical supervision and practice support from the Statewide Principal Practitioners and meet monthly as a group with the Office of Professional Practice to examine practice at the individual and systemic level.
42. The implementation of Principal Practitioner positions, as well as other positions with leadership responsibility, has provided greater capacity for 'hands-on practice' leadership, mentoring and skills development to divisional Child Protection practitioners working in highly challenging cases involving children and families with complex presentations. It also provides for systemic understanding of the workforce needs to support improved practice.
43. In my view, the Child Protection Operating Model commitment to building practice with initiatives such as the divisional Principal Practitioners, has improved the workforce's capability to critically analyse risk and develop safety plans across service sectors to enable appropriate responses to families in crisis. Principal Practitioners are called upon for consultation when Child Protection practitioners are concerned about aspects of a case.
44. Once a practitioner is practicing in Child Protection, education continues to be provided to that practitioner. The focus is building the capacity of the workforce resulting in Child Protection staff having increased knowledge and skills and understanding the complex dynamics and factors present in complex cases. This includes a comprehensive understanding of families, development and trauma. All of this builds a workforce whose core function is determining the need to intervene for

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a child when there are sufficient concerns that their family or caregivers cannot maintain their safety.

45. Core skills required in the Child Protection workforce include the ability to complete comprehensive risk assessment, forensic astuteness, critical reflection and analysis, effective decision making, professional judgement and formulation of risk that is evidence informed. Workers must also be able to form respectful relationships with children and their families.
46. Building such a skilled workforce has occurred through careful consideration and implementation of the Child Protection Operating Model and understanding the core requirements for children of safety, stability and development. It is through this lens that we provide all of our training and development.
47. Professional support of practitioners in the field is a key function of the Office and the Child Protection Operating Model. It is also necessary to enable staff to work capably and effectively within the legislative framework. This has meant the Office of Professional Practice has worked with complex Child Protection practice issues and used this knowledge to support policy development and implementation.
48. The key objective of the Office of Professional Practice and the Child Protection Operating Model is to improve the quality and effectiveness of the Child Protection Service by improving supervision of frontline Child Protection practitioners. In addition, there are now career opportunities for more experienced practitioners to continue to work directly with children and families. Child Protection is a very complex and challenging area of work but we know that turnover rates and retention of staff is improving and more staff with greater experience are managing Child Protection cases.

Signed by TRACY DAWN MARIE BEATON

at Melbourne

this 12th day of October 2015

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Before me:



An Australian Legal Practitioner
within the meaning of the
Legal Profession Uniform Law (Victoria).