Section 4. The interaction of departments and agencies, the courts and service providers and how they can better work together to support at-risk families and children.

4.1 Given the very broad range of professions, services and sectors which need to collaborate to achieve the best outcomes for vulnerable children:

4.1.1 Are current protocols and arrangements for inter-organisational collaboration in relation to at-risk children and families adequate, and how is the implementation of such protocols and arrangements best evaluated?

The integrated family violence model is attempting to address this question however the Regional Integration Coordinators position is under resourced as are many of the service providers and the regional the governance structure. The SAFER research - Victorian Family Violence Reform Research Program is evaluating many aspects of Integrated Family Violence reforms. The Family Violence, Child FIRST/Family Services/Child Protection Partnership is also attempting to bring agencies closer and work with clients in a collaborative and collegial way through both formal and informal mechanisms. Again there is under resourcing to enable this to happen in a effective way. Both of these reforms have merit and are being evaluated however without appropriate resourcing there are limits as to what can be achieved.

4.1.2 What needs to be done to improve the quality of collaboration at the levels of policy development and implementation, local and regional service planning and delivery, and direct service to individual children and families?

Direct services: The family violence sector in particular is under funded both from capital infrastructure and staffing perspectives.

4.1.3 Are there specific models of inter-professional, inter-organisational and/or inter-sectoral collaboration which have been shown to be effective or promising, and which may be worthy of replication? This may relate to two organisations (for example, child abuse issues in which both police and statutory child protection services need to collaborate in an investigation) or to a much broader service network.

The Multi-Disciplinary Centre (MDC) evaluation (Deakin University 2009 funded by Victoria Police) has demonstrated the effectiveness of co-location of Centres Against Sexual Assault (CASA), Sexual Offences and Child Abuse Investigation Team (SOCIT) and DHS-Child Protection.
The Barwon MDC (Geelong based) has not been funded to a level that allows the full co-location of the Barwon Centre Against Sexual Assault, the Geelong SOCIT (plus two non commissioned officers) and three child protection workers. As a result there is potential for a confused service response, we would strongly recommend and support these services be co-located in their entirety.

Below is an outline of the benefits of a fully co-located MDC

The benefits of co-locating child protection workers at an MDC include:

- Rapid coordination of effort that mobilises around the child’s immediate safety and developmental needs
- Timely, sophisticated responses to high risk, complex sexual and physical abuse cases
- Increased rates of children disclosing abuse
- Higher rates of successful convictions of offenders
- Increased rates of engagement of non-offending family members (usually mothers) in believing and supporting the child
- Higher rates of children and families linked to therapeutic support, and therefore recovery from trauma is optimised.

Specific benefits for the co-location of counsellor/advocates at the MDC include:

- Capacity to provide holistic support to victim/survivors and non-offending family members/carers
- Improved likelihood of children and adolescents remaining in the care of family and/or community
- Opportunity to immediately link victim/survivors onto therapeutic responses
- Improved continuity of care and ongoing support to victim/survivors throughout the criminal justice process
- Improved longer term health and well-being outcomes
- Increased reporting to police by victim/survivors, especially those with complex needs
- Greater confidence in the justice system by victim/survivors including those with complex needs (and their families, carers and communities)
- Reduced attrition from the criminal justice process
- More timely assessment of the needs of victim/survivors with disabilities and cognitive impairments
- Reduced barriers to participation, access and inclusion in the criminal justice system for victim/survivors of sexual assault with complex needs

Victoria Police Geelong Sexual Offences and Child Abuse Investigation Team objective

- Improve and integrate the investigation of sexual offences and child abuse
- Improve support for victims and families
- Improve capacity of agencies to respond collaboratively

In addition to CASA, SOCIT and DHS-Child Protection being co-located, the model would be enhanced by providing room for other agencies to have a presence on a sessional basis for example, legal, child health nurse, nurse practitioner and doctor access, family violence agency outreach, and mental health services.
4.1.4 How might professional education prepare service providers to work together more effectively across professional and organisational boundaries?

4.1.5 How might the current funding approach to support vulnerable children and families, which is often based on very specific service types and activities, be adapted so that resources are more effectively allocated and service delivery more integrated?

Section 6. Possible changes to the processes of the courts referencing the recent work of and options put forward by the Victoria Law Reform Commission.

6.1 In light of recent child protection legislative changes, trends in other jurisdictions, and in particular the options put forward by the Victorian Law Reform Commission:

6.1.1 What changes should be considered to enhance the likelihood that legal processes work in the best interests of vulnerable children and in a timely way?

*The MDC evaluation demonstrated better legal process and outcomes. Roll out fully co-located MDC’s across the state*

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