Submission:
Protecting Victoria's Vulnerable Children Inquiry

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This submission will comment on issues relating to vulnerable children within the scope of the inquiry's terms of reference.

Protecting Victoria's Vulnerable Children Inquiry:
"Let the focus be on the Child's needs"

Contributors to this submission:

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Edited by: Sue McConnachie and Marnie Jewell, Bendigo Community Health Services, May 2011

Introduction:

Significant work by skilled and dedicated people is already undertaken to respond to the needs of Victoria's vulnerable children and initiatives have been implemented in our region to address a number of issues raised in the Inquiry. We wish to acknowledge these efforts. Although they have not been specifically highlighted in our responses, most comments should be taken in the context of wanting to build on, extend, or learn from, these efforts.

This is a joint submission with contribution from several family Support Service organisations located in the Loddon Mallee region. It needs to be noted that this is not to be viewed as having comprehensive input from the regional Family Services Network Alliance as not all agencies were in a position to contribute within the timelines of this submission.

The regional Family Services Alliance includes the membership of 8 agencies that provide family support services, including two indigenous services and the local Child Protection Unit. The Department of Human Services has representation at executive and operational level, and representatives from the local Department offices also contributed to this submission. This Alliance encompasses the large geographic area from Echuca to Kyneton, including LGAs of Campaspe, Greater Bendigo, Macedon Ranges, Central Goldfields, Loddon and Mount Alexander. Bendigo Community Health Services is a significant provider of medical, clinical and services for vulnerable children in the City of Greater Bendigo area.

This submission has been formatted by noting and responding to specific points as documented in the *Protecting Victoria's Vulnerable Children Inquiry - Guide to making submissions,* dated 28 February, 2011.

Please note that the numbering of points in this submission will be inconsistent as not all points in *Protecting Victoria's Vulnerable Children Inquiry - Guide to making submissions* have been responded to. However to ensure responses are in kept in correct context, the original point numbers have been retained.

POINT 1

1. *The factors that increase the risk of abuse and neglect occurring and effective preventative strategies*

   Issues that can increase the risk of abuse and neglect occurring include: financial stress; substance use; mental health; domestic violence, lack of social and family supports, and lack of positive role models. Along with these issues, the risk of abuse and neglect increases with difficulty in accessing workers who have a sound knowledge and a comprehensive skill-set around children and families to be able to competently intervene in a timely manner.

Response:

In regard to the above statement the following recommendations are put:

- There needs to be an increase of resources for early intervention services: including additional early years professionals to provide more prompt responses to assist with younger vulnerable children in crisis and also to provide the much needed ongoing support

- Additional community education programs on issues that can increase the risk of abuse and neglect occurring are needed to not only inform the broader community but also community agencies to enhance a more holistic intervention model that supports the goal of sustainable positive change for vulnerable children

- There needs to be an increase of vocational programs for vulnerable youth and their parents with the goal to improve work opportunities with the anticipated flow-on effect being to improve self-worth, self-confidence and ease poverty related issues for families

- The innovative and inclusive 'Hub' model is one that should be duplicated for it successful 'one stop shop' model/Public health model approach

- A Community Development approach to build neighbourhoods that support one another is an obvious approach to be advocated for sustainable positive community change to occur

- Continue to support a collaborative service approach that includes: health and welfare; housing, education and employment services and families to ensure the specific needs of each family with vulnerable children and youth are addressed in a sustainable, integrated model

- Increase governmental support for programs that encourage community connectedness, such as encouraging the involvement of General Practitioners in working with vulnerable children and their families. This would include formal acknowledgement to support appropriate financial remuneration options being in place to allow practitioners to devote more time for service consultation and client intervention

- Build on existing service liaison practices to further develop early childhood and youth related knowledge and skills for those working with vulnerable families such as in the mental health and alcohol and drug sectors

- Support strategies to promote community responsibility for children's safety, rather resting this solely within the child protection system

- Establish quality measures that are put in place within service accreditation criterion to ensure the use of the Best Interests Model across family support services and related sectors occurs

- Increase accessibility to education/training for service providers, such as the education sector, around family violence

- Identify and support the delivery of strategies to enhance relationships and increase involvement of vulnerable families with important services such as: Maternal and Child Health Nurses, child care, and preschools, primary and secondary schools. For this to occur, there would also be the need for focus on enhancing the relationships of professionals engaged with these services so as to provide the families with a holistic (comprehensive and non-threatening) intervention model

- Encourage development of multi-disciplinary teams within family support services who can provide a comprehensive assessment and intervention. This is not to preclude the need for specialist interventions such medical practitioners, rather it would enhance gauging the complex needs, and potential risk factors, of each vulnerable young person and his or her family

- Consolidate the family services existing area triage practice by adequately resourcing the Child FIRST model

- Support the growth of parenting programs with the goal of encouraging access to early intervention programs – including prenatal and post-natal care

- Increase the understanding of service roles and practice criteria between Universal and Family Support Services thus enhancing service information sharing that is currently ad hoc and seemingly reliant on individual practitioner initiation. Any deficit in such communication has the potential to impact negatively on vulnerable children and may leave workers ill-informed of what other services can do to support them in their interventions. As a result, workers may be less likely to involve additional resources which could offer the children better outcomes

- There also needs to be stronger attention to the vulnerable youth population to provide interventions that are streamlined across their social, physical and mental health needs that includes, for example, the health, vocational and secondary education services

- An important local program that is an example of providing consultations and direct clinical interventions related to the complex issues of vulnerable children is Child Health Invest - a community paediatric program located with BCHS that also includes allied health and mental health nursing staff works closely with local family support services; child protection, disability programs, AOD services and schools to support families with vulnerable children.

1.1.4 Do the current strategies need to be modified to accommodate the needs of Victoria's Aboriginal communities, diverse cultural groups, and children and families at risk in urban and regional contexts?

Response

- The commitment toward ensuring that all Victoria's Aboriginal communities, diverse cultural groups, and children and families at risk in urban and regional contexts have their needs addressed in a culturally appropriate manner needs to be more proactively supported at all levels from government to direct care workers to ensure it is reflected in practice. This includes workers who possess cultural competency understanding and skills to assist clients in a cultural context and should also include the access (for worker and clients) to practitioners who from culturally compatible backgrounds to that of the client. This also includes the need for additional resources to be considered to support ACCO's to participate more in the work of the Alliance

1.1.5 Some in the sector have argued for the introduction of a 'Public Health Model' in relation to child protection. What might be the benefits of introducing such a model in Victoria? What are the main characteristics of such a model?

Response

The Public Health Model within the child welfare context is noted by the Australian Institute of Family Studies website as providing,

> …a theoretical framework that spans the service continuum. Broadly, child maltreatment interventions aim to prevent the occurrence or re-occurrence of child abuse and neglect. The targeting of prevention programs at different groups with varying degrees of risk for child maltreatment is referred to as a 'composite approach' to prevention. A composite approach to prevention originated in the public health model of disease prevention. In the public health model of disease prevention, preventative interventions are described as either: primary, secondary, or tertiary interventions (Tomison & Poole, 2000). Child maltreatment interventions are also commonly categorised in the same way (Australian Institute of Family Studies (AIFS), http://www.aifs.gov.au/nch/pubs/sheets/rs11/rs11.html).

This is a comprehensive intervention model that includes support across all level of need in regard to vulnerable children and families and presents as a desirable model to adopt:

- **Primary (or universal) interventions** strategies that target whole communities in order to build public resources and attend to the social factors that contributes to child maltreatment

- **Secondary interventions** target families who are 'at risk' for child maltreatment. The term 'at risk' is used to mean families who exhibit risk factors for child maltreatment. Risk factors for maltreatment include: poverty, parental mental health problems, marital discord, family violence, and parental drug and alcohol use. Note that such risk factors are not causative (meaning the presence of a risk factor does not mean that a child will experience maltreatment). However, the presence of identified risk factors can be a cue to service professionals that the capacity or likelihood of abuse and/or neglect occurring is greater as a child and family's vulnerability is greater where there is financial strain, family violence and so on

- **Tertiary interventions** target families in which child maltreatment has already occurred. Tertiary interventions seek to reduce the long-term implications of maltreatment and to prevent maltreatment recurring

  (AIFS, http://www.aifs.gov.au/nch/pubs/sheets/rs11/rs11.html)

POINT 2

2.	*Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services are critical for assisting vulnerable children and their families.*

Response:
This should include consideration for ways to strengthen the capability of those organisations involved, such as:

- Community located interventions that are inclusive of families that enhance engagement and rapport development

- A co-ordinated service model that supports and encourages inter-agency communication, liaison and referral processes

- Improved service coordination and referral pathways – training and education required for other sectors regarding the Best Interest case practice model. Clarification and education regarding the needs of adult clients vs. the needs of children. Cross sector agreements need to be developed

- When additional funding is provided to extend services it needs to be considered what this allows for in terms of effective service delivery i.e. it needs to have realistic target expectations, sufficient funds to appoint appropriately skilled workers to do the work , and be flexible to adjust to rural areas where travel can be extensive – this is not the current experience of family support workers

- There needs to be enhanced accessibility for service providers to obtain further training and education for example, on the Best Interest Case Practice Model and around understanding the significance of identifying the needs of families (parents) and the child. There is a sense that practice is not as child focussed as required to achieve best outcomes for the child

- To build on the Family Alliance model and have across agency agreements about how to best to provide resources and services to enhance outcomes for vulnerable children

- It is imperative that responses regarding vulnerable children referrals are provided promptly to reduce risk and enhance outcomes

2.4　　*What are the most cost-effective strategies to enhance early identification of, and intervention targeted at, children and families at risk?*

Response:

The following strategies are put with the aim to enhance early identification of, and intervention targeted for, children and families:

- Have a community based services infrastructure that supports the prompt identification of children and families at risk across the spectrum of community contact points, e.g.: general practitioner, schools, maternal and child health care nurses, after school carers, neighbours

- Ensure the community is informed of referral pathways for prompt assessment when they are a concerned for a child or family. This process needs to be non-intimidating, approachable and have ease of access as sometimes it will be friends, relatives, or other closely involved individuals, who are seeking this assistance

- Ensure the assessments are provided in a manner so as to engage with the person/people being assessed. The goal being that those being assessed will contribute to not only the assessment process but also to future planning around addressing the identified needs – and so enhance the longer term outcomes for the intervention

- A broader recommendation put for this submission on this point was the need to identify and put in place actions to address generational poverty

POINT 3

3. *The quality, structure, role and functioning of: family services; statutory child protection service , including reporting, assessment , investigation procedure and responses; and out of home care, including permanency planning and transition; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families*

3.1 *Over recent years Victoria has been developing an increasingly integrated service delivery approach to the support of vulnerable children and families. From a systems perspective what are the strengths and weaknesses of this approach?*
How should any identified weaknesses be addressed?

Response:

Strengths:
- There are some creative service delivery models already established and worth the inquiry viewing such as those developed under the Bendigo Better Youth Services Pilot initiative and those established with the North Central Family Alliance Network, e.g.:
  o Homestart - Baptcare
  o Indigenous Child FIRST Worker
  o Southern region Operations Family Services Operation Group

Weaknesses:
- While not necessarily a weakness, an identified concern in formalising a truly integrated service model is that change management can be complex when involving so many service/agencies. Without careful planning and appropriate resource there is a risk of resistance or of 'settling' for easy solutions, or of losing some of the important diversity within the system.

Strategy options:
- This could be a priority area for the various regional Family Alliance Executives to agenda and include government input to discuss improving the system with local alliance leadership in regard to implementation at the local level. This could focus on addressing the silos between out of home care, family services, youth justice and child protection.
- Wherever possible, evidence should be used to drive change and be supported by proper planning and appropriately resourced management of change.

3.2 *Providing a quality service to vulnerable children and their families is dependent on having a skilled workforce. What are the strengths and weaknesses of current workforce arrangements e.g. working conditions, training and career paths? How might any weaknesses be addressed?*

Response:

Strengths:

- The family support services teams do have opportunity for training supplied by the funding body in regard to current practice guidelines i.e.: cultural competence
- The work conditions are underpinned by award entitlements

Weaknesses:

- There is no mandatory criteria for professionally qualified disciplines to work in family support services i.e.: social worker. Development of a competency or 'credentialing' framework could be considered.
- There is an issue of interagency collaboration being ad hoc and limited – being more reflective of individual work practices than service practice
- Given that adult services are connected to vulnerable families there is a need for such services e.g.: mental health and alcohol & drug program staff to be trained in the Best Interest Practice framework.

3.3. ***What are the strengths and weaknesses of current services designed to assist families who are at risk of becoming involved in the statutory child protection system (for example ChildFIRST)?***

Response

Strength:

- The Child FIRST model provides an ease of access approach and prompt follow up for referrals
- Child FIRST has a positive working relationship with the Family Services Network
- The improved partnership between Child Protection staff; Child FIRST , community based workers
- Increased joint training opportunities with Family Services staff and Child Protection staff

Weaknesses:

- There is a need to 'increase awareness of Child FIRST amongst potential key referrer groups as there is still some ignorance of it in the broader community resulting in potential referrers either not knowing about it, or showing resistance to accessing it – and in either case then trying to access family services directly.
- At times with high referral numbers there are overload issues both at Child FIRST and with family services programs. This usually occurs when family services aren't in a situation to close cases and there is a spike in referrals. The Family Services Alliance does have a strategy in place to share cases at times of high demand however, unfortunately this is flawed if all services simultaneously have high caseloads

3.3.1 *How might the identified weaknesses be best addressed? Are there places where some of these services work more effectively than elsewhere? What appear to be the conditions associated with this and how might these conditions be replicated elsewhere in the State?*

Response:

- The Child FIRST model needs to be proactively messaged to the broader community and there needs to be consistency in how the model is practiced – a single regional entry for assessment. This is seen as a potential strategy to relieve demand on those family services who are still providing initial intake assessments while also providing the case management services
- There is a need for an increase in suitably qualified and experienced Family Support staff, perhaps in a pool arrangement for high demand periods as is currently practiced for Child Protection Units where relief teams have been allocated to units where high demand has created a backlog providing a short term expansion to staff numbers to address current demand issues
- Consideration could also be given to modular education and credentialing for specific skills and knowledge
- There is a need for therapeutic services to work in conjunction with family services workers in an outreach model

3.3.3 *Do the current services accommodate the needs of vulnerable children and families from diverse ethnic and cultural backgrounds?*

Response:

- There is an increasing need for more Family Support Workers who understand a range of cultures and with whom families from diverse ethnic and cultural backgrounds can identify.
- The current provision of broad range of cultural competency training is extremely useful

3.3.4 *Are there particular services that best meet the needs of vulnerable Aboriginal children and families?*

Response:

- "Yes" – but training is needed to develop a more collaborative approach. This needs to be implemented to support effective partnerships with a range of other professionals and agencies to ensure they provide culturally sensitive services for vulnerable Aboriginal children and their families. There is significant innovation that has occurred with local ACCO services that would be best represented with an approach by this inquiry rather than outlining them in this submission

3.4   ***What are the strengths and weaknesses of our current statutory child protection services in relation to responding to and assessing suspected child maltreatment?***

Response:

Strengths

- The creation of the Family Alliance networks and bringing executive members of Family Support Services and Child Protection to the same table has been a positive move, however transferring this relationship to the direct care setting still needs further development

Weakness

- Staff resourcing is an issue in regard to attracting appropriately skilled and experienced workers

3.4.1   ***How might the identified weaknesses be best addressed? If there are places where some statutory child protection services work more effectively elsewhere, what appear to be the conditions associated with this and how might these conditions be replicated elsewhere in the State?***

Response:

- A skilled workforce within family services and child protection units that has understanding and experience in working with vulnerable children, youth and families, as well as being in sufficient numbers, are the foundations required to provide competent and positive practice in this areas. It is still being debated whether such programs are co-located but certainly the need for responsive, effective and respectful communication between these two programs is very important for best outcomes to be achieved.

  The value of debriefing, particularly given the emotional demands of this field of work is certainly worth considering in terms of worker emotional health; maintaining sound, objective decision-making; making the workplace more attractive therefore positive recruitment and retentions impact.

3.5.2   Is the overall structure of out-of-home care services appropriate for the role they are designed to perform? If not, what changes should be considered?

Response:
   (Out-of-home care, including permanency planning and transitions)

- All services need to have a holistic view to assessment
- The role of services to support families, particularly those who are most vulnerable and complex, should have increased opportunities for intensive case management. e.g.: Family Preservation, "The family support system could function in this way…workers having fewer families and working intensively in 10 week blocks to support the family to effect change" (Family Support Worker, anon)

- Family Services agencies should be referring to Therapeutic programs unless the client has an open file with Child Protection. Programs such as Take Two (therapeutic service for children and young people who have been the victims of substantiated incidents of child maltreatment); PASDS (Parent Assessment and Skill Development) - "We need more of these programs" (Family Support Worker, anon)
    - An identified gap is the availability of counsellors or therapists who will work with children (Family Support Worker, anon)
- Add trained support staff with specialist child and youth developmental skills to enhance intervention from assessment to case planning for vulnerable children and youth

3.5.3   What more might need to be done to meet the needs and improve the outcomes of children in out-of-home care and those leaving care regarding:
- ***Their education, health and mental health needs;***
- ***The needs of children from culturally and linguistically diverse backgrounds; and***
- ***Arrangements for developmentally appropriate contact between a child in out-of-home care and members of his or her family?***

Response:

- The quality and appropriateness of training of those who provide professional mentoring to the carers is important and, it is not occurring, needs to include specialist child and youth developmental skills
- Collaborative practice with relevant agencies is needed
- Staff from diverse cultural backgrounds should be appointed, or at least be accessible as needed, to family support teams in keeping with its client profile

3.5.4 ***How can the views of children and young people best inform decisions about their care? How can the views of those caring for children best inform decisions affecting the wellbeing of children in their care?***

Response:

- The practice of active consultation and involvement from assessment through to case planning is the key for ensuring children and young people are not only informed but also have input into decisions made about their care. This will assist with such plans actually working for all and can assist greatly with an improved outcome for the child or young person

- Involving the carers the opportunity to share their views as well is a positive strategy and for this to occur in an open and transparent manner would be to hold a regular case review or planning meeting with all key people in attendance and having the equal opportunity to articulate their views in a structured, respectful, non-intimidating and safe environment

3.5.6 ***How might children who cannot return home and who are eligible for permanent care, achieve this in a way that is timely? What are the post-placement supports required to enhance the success of permanent care placements?***

Response:

- Child and youth specialists should be involved in this process assisting with planning and knowledge sharing around attachment and other developmental considerations
- Ensure children have access to services as needed i.e.: counselling, school support – pre and post placement
- Ensure carers have the opportunity for support post allocation in regard to their own changing needs and also around the needs of the child

POINT 4

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:

Response:

- The development of discrete care teams involving key people for each child or young person and the use of the wraparound process to ensure comprehensive service model is delivered is recommended for consideration

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?

Response:

- Knowledge and understanding of the roles of other professionals/agencies is vital if services are to demonstrate collaborative practices
- However, this alone is not sufficient; the professionals must also be accessible. For instance, knowing what speech therapists and occupational therapists in Early Intervention services can do for children and families is good but if they aren't available (to refer to), efforts to include them in a child's case plan will diminish and the child's outcome will be adversely affected

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?

Response:

- The recommendation is to support brokerage arrangements to assist with involving other therapeutic service providers as required, such as speech therapists, psychologists, interpreters (this in increasing need across the region for a lot of health and wellbeing services and often agencies are depleting their monthly allocation to free of charge interpreters, resulting with charges applying. It is expected this will also affect family support services and related agencies)

POINT 5

5. The appropriate roles and responsibilities of government and non-government organisations in relation to Victoria's child protection policy and systems.

5.1.4 Is it necessary to strengthen the capability of organisations in the non-government sector to better equip them to work with vulnerable children and families and if so, how?

Response:

- is important to strengthen the capability of organisations in the non – government sector to better equip them to work with vulnerable children and families as there are non-government agencies that include family service programs within their organisation. These agencies also provide numerous other services that can (and do) assist with vulnerable children and their families and would benefit from the acquisition of greater knowledge and skill set specific to vulnerable children, youth and their families
- Some suggested options to strengthen the capability of organisation in the non – government sector to better equip them to work with vulnerable children and families:
  - Family Support staff be accessible for consultation on an 'as need' basis
  - Invite these staff to case planning meetings and reviews where they would both contribute their expertise but also learn about issues relating to vulnerable children and their families
  - Have a targeted campaign to conduct training workshops specifically on the contemporary issues related to vulnerable and their families and include skill development strategies
    - Include some additional dollars for this campaign to provide backfill for the family support experts to prepare and present or,
    - Have the campaign led by the DHS using resources from the department

5.1.5 ***What is the responsibility of the State to ensure that all organisations in the community which are engaged with children fulfil their duty of care to protect children from sexual abuse and other forms of maltreatment and how might that responsibility be exercised?***

Response:

- The State's responsibility to ensure that all organisations in the community which are engaged with children fulfil their duty of care to protect children from sexual abuse and other forms of maltreatment is paramount in ensuring that such practices are adequately protective, uniform, and enforceable
- The responsibility could be exercised with: 1. practice standards for agencies to adhere to; 2. regular monitoring, perhaps through monitoring meetings with agencies; ongoing professional development opportunities to keep agency staff up to date with vulnerable children issues, practice and laws; 3. Review current department incident reporting processes (such as those required for family support services) and ensure all organisations that are engaged with children have such reporting processes 4. Have practice compliance measured in service accreditation processes

5.1.6 ***What are the strengths and weaknesses of current Commonwealth and State roles and arrangements in protecting vulnerable children and young people, for example through income support, family relationship centres, local early childhood initiatives such as "Communities for Children" etc? What should be done to enhance existing roles or address any weaknesses?***

Response:

- The Better Youth Services Projects have also, and continue to, provide innovative and integrated services (including local government, health, welfare and education sectors) input, for the support of young people in general and more specifically those at risk

POINT 7

7.   Measures to enhance the government's ability to: plan for future demand for family services, statutory child protection services and out-of-home care; and ensure a workforce that delivers services of a high quality to children and families:

7.1 - 7.1.3   Given the resources required to provide appropriate services and care for children and young people referred to statutory child protection services and in out-of-home care, what is the likely future demand for services and what needs to be put in place to help sustain services and systems and plan for and meet future demand pressures?

Response:

- Future demand for services is anticipated to increase markedly and resources in this area will continue to be a critical area of need until government funding acknowledges and endorses the worldwide research into the importance of Early Intervention and the need for an extensively increased range of professionals The Blue Print for the Early Years identified and acknowledged the issues and made appropriate recommendations for all children
- A training package would be an option to be created for workers that would include, for example: family-centered practice; working with child protection; the early years; youth issues; alcohol and other drugs; working with children with special needs; mental health/mental illness; domestic violence; sexual abuse; ethical and legal issues. This could perhaps be provided at a Certificate III or IV level providing an entry level specialist competency qualification to compliment a professional discipline qualification

POINT 8

The oversight and transparency of the child protection, care and support system and whether changes are necessary in oversight, transparency, and/or regulation to achieve an increase in public confidence and improved outcomes for children

8. 1.4   Are there strategies which might increase public understanding of, confidence in, and support for child welfare services?

Response:

- The public needs to be better informed of child welfare services to find the best outcome for vulnerable children, youth and their families. This could be supported by a government promotional campaign to address community misconceptions of the 'system' and to highlight that this is an emotional, complex and high risk human service area that cannot always please everyone.

- "Children have a voice: We just need to listen!" (anon)