

**Protecting Victoria's Vulnerable Children Inquiry  
Submission  
Caroline Chisholm Society  
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***To inquire into and develop recommendations to reduce the incidence and negative impact of child neglect and abuse in Victoria, with specific reference to:***

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

*1.1 Given the different forms which child abuse and neglect may take, and the very broad range of risk factors involved (for example, parental substance misuse, domestic violence, socio-economic stress, inadequate housing, availability of pornography, parental history of child maltreatment, poor parent-child attachment, social isolation etc):*

*1.1.1 What are the key preventive strategies for reducing risk factors at a whole of community or population level?*

CCS believes the major focus on child abuse has been in addressing child, parent and family-related factors, while this approach is required at all stages of a child's development through to adolescent and beyond CCS has a more strong emphasis in supporting pregnant women and young families at a much earlier stage as a preventative measure. CCS specializes in supporting women and families throughout the life stages from pregnancy to age six. The first three years of a child's life is considered by the DHS reports as the most vulnerable and at risk and is demonstrated in the last child-death enquiry.

Over the plus forty years of experience the society has found that when a women is pregnant they are more at risk to violence than at any other time in their life and unfortunately this violence can continue through the early years of the child's life. It is only in the last Youth and Family Act of 2005 that unborn children now have been recognized as being at risk of such violence or neglect. It is disappointing that the statistics of unborn do not show in the data by the latest DHS statistical reports and one can only wonder whether practitioners understand the new legislations requirements. More attention is required to the societal and community factors that cause harm to the children.) It is important to recognize the major problems we have in our social and physical environments such as our neighborhoods, local communities and the wider environment where there is a tolerance for violence in all it's forms, as well as poverty, unemployment, inadequate housing, drug and other substance abuse, mental health issues, disability, under resources support services and education systems all of which impacts on the lives of children and families.

CCS believes that if changes are to occur it will need to address the social factors that obviously underpin child maltreatment. Whilst there is a concern to promote the true face of child abuse within our societies within households that are

believed to have a role in protecting our children the public must be made aware that this is not the case in all our households and by doing this we may be able to shift public perceptions from an attitude of tolerance to more public urgency to act on intolerance.

CCs believes that the social values, structures and dynamics cannot change without raising awareness in the community on the true picture of true data of child abuse in the society to date this issue can not be overcome through legal. Administrative and professional measures alone.

We need to develop a multi-level prevention effort whereby services such as ours can support individuals and families but at the same time address the socio-cultural context within which children and families live.

### *1.1.2 What strategies should be given priority in relation to immediate, medium and longer term priorities?*

CCS believes that there needs to be a multi-level approach that is not all about case work but rather a more broader role in making changes on a more holistic level;

A model that begins at the early life stages with a particular societal focus on what is family, what does it mean to have a child and to become pregnant, what is the role of the parents. This begins in the early years with an emphasis on what makes safe, happy and socially connected children who grow to be productive members of the society and take on responsibilities such as parenting in an informed way.

In the medium term a scheme such as a social health model will ensure that resources and principals are available to every child as a preventative to poverty, homelessness, violence, etc.

### *1.1.3 What are the most cost-effective strategies for reducing the incidence of child abuse in our community?*

Making sure education programs of development of ages and stages for children programs include acceptable behaviour and dealing with bullying for all ages are addressed in all avenues of education . Prevention through such Life skills development as part of our education system from as early as kinder through to secondary schools. ( In the short to medium accessible life skill management courses to young people, couples and families through group work and short courses. )

### *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?*

Yes CCs believes that within each of the strategies developed the following issues need to be considered and built in and considered across the whole of society but further emphasized for Aboriginal Communities;

- economic and social deprivation
- alcohol and substance abuse
- inter-generational cycle of violence
- breakdown of healthy family life through foster care
- loss of traditional values
- overcrowded and substandard housing.
- New arrivals and /or refugees transition to a new country

*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?*

CCS supports the Public Health Model in relation to child protection because it will then ensure that prevention through to intervention is incorporated. Such a model should emphasize both societal and Governmental responsibilities with an focus on

Primary/Universal interventions that are offered to everyone

- It provides support and education before problems arises and includes cultural, historical and life skills, family skills development from an early age. Identifying the issues of child abuse as a social responsibility building in zero tolerance for violence in the community.

Secondary interventions are targeted to pregnant women/parents and families in need.

- It provides additional support or help to alleviate identified problems and prevents escalation.

Tertiary Interventions are comprised of statutory care and protection services.

- It provided services where abuse and neglect has already occurred to help children keep safe from further harm.

**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. This should include consideration of ways to strengthen the capability of those organisations involved.**

*2.1 What is the appropriate role of adult, primary and universal services in responding to the needs of children and families at risk of child abuse and neglect?*

A significant role in identification and early intervention where workers are able to recognize and report children and young people who are suspected of being at

risk of significant harm. Not all professionals working with children are mandated to report however those in family services are not mandated and teachers are? CCS workers have experienced on many occasions that MCHN for example are reluctant to make a report where a child is deemed at risk. ChildFirst systems has improved this situation however only Family Services workers can consult with Community Based Child Protection workers(CBCPW) at present. As babies are considered in the most risk age group allowing MCHN nurses to consult with CBCPW may identify earlier issues.

Please provide comment in relation to any of the services listed below or any additional services that you regard as relevant to this Term of Reference.

*2.1.1 Universal and primary children's services such as general medical practitioners, antenatal services, maternal and child health services, local playgroups, early childhood education and care services, primary schools, secondary schools, and telephone and internet based services for children and young people seeking information and support.*

As above

*2.1.2 Targeted child and/or family services such as enhanced maternal and child health services, children's disability services, specialist medical services, child and adolescent mental health services, family support services, family relationship counselling services and Aboriginal managed health and social services.*

As above

*2.1.3 Specialist adult focused services in the field of drug and alcohol treatment, domestic violence, mental health, disability, homelessness, financial counselling, problem gambling, correctional services, refugee resettlement and migrant services.*

As above

*2.2 How might the capacity of such services and the capability of organisations providing those services be enhanced to fulfill this role?*

Core training models provided to every worker in contact with children and parents in Identification, screening and reporting

*2.3 What strategies should be given priority in relation to immediate, medium and longer term priorities?*

Detection and identification of children and young people who are suspected of being at risk of significant harm

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

Standardized Core training Modules' within each of the services, policies and procedures as well as practice manuals.

The Best Interest Framework should be considered as training to understand the ages and stages of a child allowing all parties to understand the needs of a child around safety, security and well being of a child.

### **3. The quality, structure, role and functioning of: family services; statutory child protection services, including reporting, assessment, investigation procedures and responses; and out-of-home care, including permanency planning and transitions; 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?*

Strengths in integration and Alliance developments across services and sectors with a better understanding of the services available and the ability to better tailor for the needs of the families in regards to support options.

Weakness is inadequate resources of the support services to keep up with demand especially since identification of potential risks have been improved. Cases have become much more complex and family support services need increased access to training opportunities and consistency in practice across services.

Currently there is little emphasis on the importance of early intervention support to young families and in particular pregnant women. Unfortunately due to high number of cases the early intervention for families is now considered cases that just miss out of being accepted for child protection. CCS currently see families that need assistance for a time when a stress arises however unfortunately are unable to assist until the stress becomes more complex and require a higher level of intervention.

How should any identified weaknesses be addressed?

Project based work and research in the issues facing women who are pregnant and deliver more targeted programs to support them in their issues before the baby is born. A lot of preventative work can be done in pregnancy with the correct supports in place. This is demonstrated in the number of women CCS is able to engage successfully and provide emotional support and improve parenting advice and skills. Many of our clients respond and often request continued support around ongoing parenting skills, assisting with bonding and attachment with babies. CCS has a new mentoring program which includes the role of volunteer mentors who are trained and visit the women at home. This prevents women

from being isolated and confidence in providing a stable and secure environment for their baby.

*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 eg working conditions, training and career paths? How might any weaknesses be addressed?*

Intensive support provided to the most vulnerable is strength in particular for pregnant young mothers through CCS. Preparing young mothers to feel confident and informed before the birth of a child is important but not seen as a priority in the sector.

Weaknesses are remuneration to retain good quality staff, opportunities for advancement is limited in a non-profit organisation like CCS is a continual challenge as financial administration costs and added costs for clients is not considered in the funding agreements. The sector is very weak in the provision of sector relevant training that is both accessible to services as well as affordable.

#### **a. Family services**

*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)?*

The lack of resources, waiting lists, responsibility of ChildFIRST to carry at risk vulnerable families that can not be referred for either active hold or case work. More funding required for outer areas where the most vulnerable families are. The inability to be flexible across regions when some regions are facing closure due to large number of referrals while others in the next corridor have spaces.

*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?*

Too much public funds expended at the higher end and not enough for prevention and early intervention. Not enough understanding of the time and financial cost in making sure partnerships and alliances are working well to provide good service delivery and not taking into account the higher risk geographical need for extra resources on the ground.

*3.3.2 Is the overall structure of such services appropriate for the role they are designed to perform? If not, why and what changes should be considered?*

More cross training between Child Protection and Family Services to identify and manage risk. CCS experience has been that when a risk has been identified by the service Child Protection have been reluctant to intervene and this has caused tension between services and it is unclear where the responsibility lies.

It is recommended that the Community Based Child Protection role is reviewed due to the experiences of the Family Support services not benefiting from this layer of support. CBW often sit on the Allocation Meeting lacking knowledge about cases and not in a position to provide timely information or input into the risk factors for a particular family.

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

CCS experience shows that we accommodate well for CALD clients. However, the system does not resource interpreter or translating services adequately enough and smaller funded services struggle to bear the costs.

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

Yes for Aboriginal clients that wish be supported by Aboriginal services such as Gathering Place, VACCA and other Aboriginal Services. However, CCS would prefer to have more Aboriginal workers within the mainstream service system to enable more effective cultural sensitive services to develop and increase the Aboriginal clients accessing the services currently.

***b. Statutory child protection services, including reporting, assessment, investigation procedures and responses;***

*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? The use of the current Best Interest Framework and CY&F Act. Timely responses to the most at risk children where the resources and staff are available.*

*3.4.1 How might the identified weaknesses be best addressed? If there are places where some statutory child protection 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?*

Staff burnout and turnover remains a major barrier to keeping children safe. More need to be done to improve staff retention including staff safety and support. Better support to Family Support services through improved secondary consultation and joint work may improve responses on both ends. A model developed by both sectors will be more effective so that there is mutual agreement around protocols and practice models and frameworks.

Despite the recent protocol development between the two sectors there is a lack of communication and understanding of the needs of each service sector especially evident from the Community Based Worker experiences mentioned earlier.

*3.4.2 Is the overall structure of statutory child protection services appropriate for the role they are designed to perform? If not, what changes should be*

*considered?*

Cultural Changes may be of benefit. Attitudinal changes may also be of benefit. Breaking down the barriers similar to the work that the police have done over the last few years may be considered as a step in this direction. Child Protection should be more present and more visible in the community. This may be through schools. Parent Teacher nights, community functions and events, Their role and their function should be clear and communicated more proactively through media, sporting events, church groups, wherever parents, families and children gather. Visibility is key to getting the message of non-tolerance towards violence against children and delivering this message in an overt manner is important to instil change within the society.

*3.4.3 What has been the impact of the Victorian system of mandatory reporting on the statutory child protection services? Have there been any unintended consequences from the introduction of the Victorian approach to mandatory reporting and, if so, how might these unintended consequences be effectively addressed?*

Whilst Community responsibility is an important element that needs to be maintained with this there also needs to be awareness raising activities through various forms on what constitutes violence and what doors an individual can knock on to get the appropriate response. It can not be automatically assumed that if an individual believes that a child is at risk that child protection needs to be involved. Empowering the community to identify and follow through appropriately is also required. Child safety is a all of community responsibility and there needs to be an understanding of what response is required for what ever the situation that presents it's self. This can be done through prime time television shows. As part of breaking the silence, it's ok to intervene and when violence is presence it's not ok to remain silent private must become public. This will in the longer term reduce tha incidence of inappropriate reporting and hopeful enable the Child Protection System to work more effectively on the higher needs cases.

#### ***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?*

CCS believes that further development of the current processes can be improved upon by having more consumer participation including the voice of the children themselves in regards to what has been helpful and unhelpful.

*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?*

Consumer participation as above

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 Family Violence Sector has developed excellent inter-professional and Inter-sectoral collaboration and this could be replicated and used examples when working with abused children. Part of this would be to include the experiences of the children and have their voices heard to ensure that further systemic trauma is minimised.

*4.1.4 How might professional education prepare service providers to work together more effectively across professional and organisational boundaries?*

Core Training requirement at commencement of employment would be advised.

*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?*

Department commitment to sector training activities such as a training calendar and Alliance contribution according to size and funding. Commitment to specialized service support including unborn and pregnancy support.

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

*5.1 Given Victoria's distinctive history in relation to the role of not-for-profit community service agencies in caring for children and families in need, and the recent emergence of some for-profit organisations in the sector:*

*5.1.1 What is the most appropriate role for government and for non-government organisations (both for-profit and not-for-profit) in relation to child protection?*

The emphasis on Community responsibility, education and valuing a society that ensures the safety of our children, and zero-tolerance of violence and this being consistently filtered down through to primary/universal, secondary and tertiary services across the community. Human rights and Children's rights are up-held as our countries belief system.

*5.1.2 What roles currently performed by statutory organisations, if any, might be more effectively and efficiently performed by non-government organisations, and vice versa?*

Awareness raising campaigns and education against violence through media, television, film, businesses, corporations, sporting organisations.

*5.1.3 What is the potential for non-government service providers to deal with some situations currently being notified to the statutory child protection service, and would it be appropriate (as is the case in Tasmania) for referrals to a service such as ChildFIRST to fulfil the legal responsibilities of mandated notifiers?*

This could be a significant role but would require proper resourcing including worker safety protection, training, and a holistic approach to support. Family support would need to be more intensive and hours of contact significantly increased.

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

Yes, Best Interest Assessment, worker safety, a range of different professional from life skills development, education, cultural sensitivity, welfare and community development.

*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?*

Funding Criteria's and standards monitored regularly through a shared data engine that speaks across services relevant to supporting children and vulnerable families.

*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?*

Education within school curriculums inadequate to address the needs of the community in regards to resilience, life skills and emotional intelligence. Main emphasis is on work force development rather than human development.

Income and Employment Opportunities are highly inadequate. People need to remain connected to the community. Unemployment and welfare income contributes to social isolation and creates low self esteem and low motivation

devaluing self worth. Welfare benefits must be linked to contributions back to the community identifying individual strengths and capacity to contribute in areas that fit with interest and capabilities. This in turn requires adequate resourcing and access to good quality housing and elevation of poverty.

Access to Family relationship centre's and local early childhood initiatives and services need to be more prominent in the community and become hubs of activity centre's catering for both the children and families who can not make contributions to the conventional workforce but can contribute towards community work in whatever form required i.e. art, music, dance, childcare, cooking, volunteering, aged care etc. All people need to feel that they can contribute and can earn a living in one way or another.

## **6. Possible changes to the processes of the courts referencing the recent work of and options put forward by the Victorian 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 Commission1:*

*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?*

*6.1.2 Are specific legislative changes necessary? For example, in relation to a Protection Application by Safe Custody (where children are brought into care and immediate orders from the Children's Court are sought in relation to a child's placement), should the current 24 hour time limit be extended and if so, what should be the maximum time limit?*

## **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 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?*

A tiered approach to support according to level of risk and vulnerability.

For example,

### **Low support need:**

Family Education Centre's within the community providing parenting classes, life skills development classes, emotional intelligence classes.

## Medium Support Needs:

Pregnancy, young mothers, sole parents, new emerging mental and health issues

Community Hubs with range of supports including specialist group work and one-one support including MCH. Low level family support, childcare Kinder, group work

## High Support Needs:

Intensive Family Support Services includes co-location and co-professional services such as D&OS, mental health, disability, respite, residential care, homelessness, family violence, legal services to ensure holistic and timely responses to keeping the children safe.

*7.1.1 Is there sufficient research into child protection matters to support Government's ability to plan for future child protection needs? If not, how might government encourage and support sufficient research in this area?*

No, provide on-going targeted funding streams to services to ensure that on-going research is a core activity of every service.

*7.1.2 How might those providing home-based care and residential care for children be most effectively recruited and supported?*

N/A

*7.1.3 What workforce development and retention strategies are required to meet the needs of the child and family welfare sector in the future?*

Sector-wide and Cross Sectoral Training Calendar with relevant core training modules identified through collaborative consultation.

## **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 There is currently a range of oversight processes involved in the child protection and care system (for example, Ministerial/Departmental inquiries into child deaths and serious injuries, internal organisational complaints procedures, and the statutory roles of the Ombudsman, the Victorian Auditor General, the Child Safety Commissioner and the Coroner).*

*8.1.1 Are these processes appropriate or sufficient?*

Yes

*8.1.2 What exists in other jurisdictions which may be worth considering?*

Possibly a networking position that communicates across the Ministerial/Departmental Agencies to ensure open communication and information flow.

*8.1.3 What changes, if any, are required to improve oversight and transparency of the child protection, care and support system? How would those changes contribute to improved outcomes for children?*

As above, so there is more than one perspective that can be contributed to the final outcome of investigations and decisions made.

*8.1.4 Are there strategies which might increase the public understanding of, confidence in, and support for child welfare services?*

N/A



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