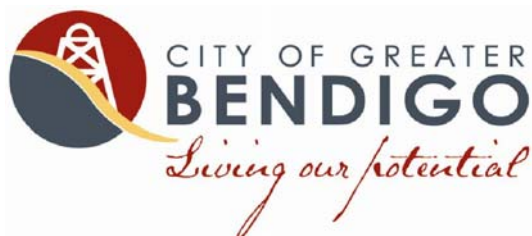


City of Greater Bendigo

Submission to Protecting Victoria's Vulnerable Children Inquiry

June 2011



Introduction

The City of Greater Bendigo is located in the geographic heart of Victoria, 150 kilometres north-west of Melbourne with a population of more than 100,000, and growing.

Over the past 10 years, the City of Greater Bendigo Maternal and Child Health (MCH) Service has experienced a 15% increase in the number of children birth to school age enrolled in the Service. Increasingly, MCH nurses report a rising number of families with complex issues requiring additional support including parents with mental health issues, parents who have an intellectual disability, families where drug and alcohol, family violence issues are present, teenage parents, single and socially isolated parents, Indigenous and non English speaking families requiring additional support. On average over the past three years more than 100 families per annum enrolled in the MCH Service have also had engagement with Child Protection Services.

The City of Greater Bendigo MCH Service strongly reiterates the submission provided by the Municipal Association of Victoria (MAV) to the *Protecting Victoria's Vulnerable Children Inquiry*, April 2011.

In particular it is emphasized that Victoria requires a model of vulnerable children and families that clearly identifies strategies, responsibilities and level of resourcing to prevent the escalating problems reaching crisis point. It is critical that all service systems work in collaboration with each other to achieve the best outcomes for children. As the MAV submission highlights a whole government and community approach is a most cost effective approach at protecting the best interests of children.

Response to Terms of Reference

This submission supports the view of the MAV to focus on the needs of the child and not be limited by constraints of historical service boundaries and funding models and provides an innovative model to further address:

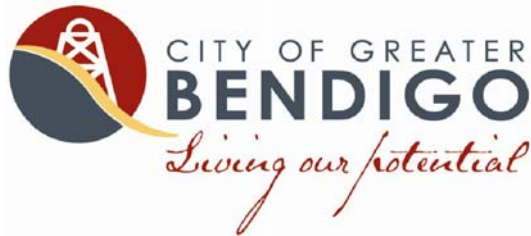
Terms of Reference 3 – The quality, structure, role and functioning of services and improvements to better protect the best interests of children and support better outcomes for children and families, and

Terms of Reference 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

Each service agency including Child Protection, Child FIRST, Maternal and Child Health, Drug and Alcohol, Family Violence, Mental Health, Housing has an important role to play in supporting vulnerable children and families. Within the service system each area has particular skills. Improved service integration and collaboration using each areas skill base but working collaboratively as a team, is an efficient and effective method for early identification and intervention for children at risk.

Model:

This submission proposes that a MCH nurse work within the Child Protection System to strengthen the child development skill base component and provide some additional well needed resources within the Child Protection system.



Funding:

The presence of a MCH nurse within the Child Protection System requires resources and it is proposed:

- Councils are engaged by DHS to provide a MCH nurse on a rotational basis to work within the local regional DHS Child Protection unit. Funding received from DHS would support a replacement MCH nurse in the municipality during the seconded period

Alternatively:

- There is a joint Department of Education and Early Childhood (DEECD) and Department of Human Services (DHS) funded position in each DHS Regional Office and MCH nurses are engaged by DHS to work within the Child Protection unit.

Aims of Model:

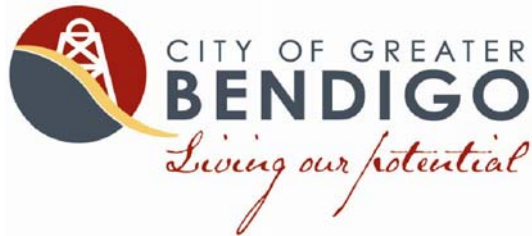
The MCH Service is a key link to supporting families and for early identification of issues that may arise for children.

The design of this model aims to:

- Enhance the ability of the MCH Service to reach the most vulnerable children in the community
- Emphasise the focus on the child/children for all service providers
- Provide a collaborative approach to improve the outcomes for high risk infants and children from birth to school age
- Strengthen the skill base of workers and their understanding of the risk impact on child development including workers within Child Protection, Child FIRST, Family Support and other allied agencies
- MCH nurses gain additional skills in risk assessment and early identification and intervention
- Enhance information sharing and collaboration between services and families and provide clear case management processes and accountability mechanisms
- Provide children with a more comprehensive and coordinated service involving diverse disciplines that supports early detection and intervention
- Provide an avenue for collaborative education and training, policies and protocols between service providers and agencies that enhances an understanding of joint service provision for at risk children and their families
- High risk infants and children birth to school age are more easily linked back into Universal MCH Service for ongoing health and wellbeing assessment.

Implementation of Model:

A MCH nurse would work alongside Child Protection and Child FIRST workers bringing a collaborative team approach. While the Child Protection and Child FIRST workers have a focus on the safety of the child/children, the MCH nurse would provide a strong skill base that specifically assesses and responds to the health, development and wellbeing needs of children birth to school age.



The MCH assessment would be supported by a range of screening tools currently utilised within the MCH Service including the Brigance and MIST screening assessments. The MCH nurse would be available to advise the appropriate medical and allied health referrals required to support the optimal development of the child for example, referrals to optometry, audiology, speech and SIRT.

In addition, the MCH nurse assessment would assist in a more comprehensive assessment for children requiring paediatric assessment. Such a model is currently being used effectively in Bendigo where the local MCH nurse and paediatrician work together at the Indigenous Cooperative in the assessment of preschool children requiring paediatric referral. The MCH nurse undertakes a physical and developmental assessment and/or Brigance assessment as required and provides a referral letter to the paediatrician outlining the findings of the child's assessment.

The role of the MCH nurse would be clarified with families to prevent the MCH Service being seen as a part of Child Protection. The role of the MCH nurse would be clearly explained to families at the initial joint contact with Child Protection/Child FIRST worker and MCH nurse present. The families are informed that the multidisciplinary approach utilises the specialist skills of staff in different roles and that together they wish to work with the family and, like them, ensure their children have the best opportunity for optimal physical, emotional and social growth and development.

This up front approach has worked well with families when the Enhanced MCH Service has worked closely with families being monitored by Child Protection Services and families engaged in the Parenting Assessment and Skills Development program here in Bendigo. It is explained to families that the MCH nurse is working with Child Protection or Child FIRST, but that the nurse is not a Child Protection or Child FIRST worker; the nurse is there to support the family to meet the health and developmental needs of their children; however if protection concerns are identified the nurse is mandated to report these to Child Protection; this will be undertaken after the family is informed the report is being made.

This model also enhances the critical link between Child Protection, Child FIRST and local government universal and Enhanced MCH Services. This would result in a reduction in duplication of services, streamline service provision and improved continuity of care and improved service coordination for families.

The MCH nurse would also have a critical role in linking families back into the MCH Service on a voluntary basis for routine assessment and parental support, an opportunity available for all families in Victoria with children birth to school age.

The success of this model would be evidenced in improved AEDI data now available and supports community leaders, government managers and policy makers who are focused on improved outcomes for children by the time they reach the first year of primary school.