

Protecting Victoria's Vulnerable Children Inquiry

*A response from the City of Greater Dandenong Family & Children's services:
Martin Fidler - Acting Manager Community Wellbeing & Voula Gidis - Team Leader Family Support and Counselling.*

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

The wellbeing of all children and their childhood is the number one priority for our community.

Unfortunately, this is not a consistent message and practice in some families and communities. All levels of government, universal services and other key stakeholders need to ensure that children are always kept at the forefront of our society's minds and actions.

The *Children, Youth and Family Act (2005)* was not launched at the broader community level and consequently, the Best Interests Framework has not been widely understood or embraced. This significantly impacts the preventative and early intervention capacity of Family services.

As such it is understandable why adult services (those that service parents) have not so readily participated in collaborative practice with family services.

It would be beneficial for the participation of key adult service agencies in the existing Family Services Alliance to appreciate the vital role collaboration plays in ensuring the wellbeing of children and their families.

At a minimum all adult services whose clients have children should ideally at the outset enquire about the impact of the presenting issues on the children. Regardless of whether the issues are housing, mental health, disability or drug and alcohol services, the workers must ideally enquire as to who is looking after the wellbeing of the children.

By no means is it expected that the workers undertake any direct work with the children. However, the workers should ideally link the family in with Family Services, Child First or a universal service and then work in collaboration with that service (secondary consultations and be available for care team meetings).

This would ensure that the children's wellbeing is acknowledged and that they may then be linked in with supports specific to their needs.

Further, an integrated early year's system with true collaboration and transparency between agencies is an integral component of an effective model of service which aims at reducing the incidence of abuse and maximises children's wellbeing and development.

Thus, universal services such as Maternal and Child Health, General Practitioners, schools, kindergartens, Children's Services, Inclusion Support Programs, Youth Services, and Child Care Services should:

- a) have a clear understanding of the roles that each of them play in regard to the lives of children and their families;
- b) have a clear understanding of the services that each other can offer to enhance the lives of children and their families;
- c) have clear referral pathways to allow access and transferring of clients across the universal services;
- d) be supportive of each other and compliment each others' work by embracing the care team approach to service.

All support services need to have a best interest of the child priority and adapt their policy, practice and language to be inclusive of the 'best interests' of the children in their interventions, to ensure that the family's needs are catered for holistically.

The City of Greater Dandenong, Family and Children's services demonstrates this practice as it capitalises on being able to provide both an early intervention model for families new to the service system as well as a secondary services support program for pre-existing clients.

The City of Greater Dandenong and other local governments are able to provide a co-located multidisciplinary service system which includes Maternal child health/ and Enhanced Maternal child health (early parenting worker), Children's Services (family day care, preschool field officers, best start program, playgroup coordinator, inclusion support services), and Family Support Services.

This model is especially effective as it allows for a seamless referral pathway as well as joint intervention to ensure that families are equipped with a safety net with interventions that are not time restricted.

The City of Greater Dandenong and other local governments are based to service the local community; it effectively addresses the issue of accessibility, affordability and availability. The City of Greater Dandenong is culturally and linguistically diverse population with residents from 157 ethnic backgrounds and it is these communities who provide consistent feedback that 'government' is their first point of reference when in need of support.

The City of Greater Dandenong has supported and financially resourced Family Services and a consistent presence of support and information to engage the most vulnerable and at risk people in our community for the past 25 years.

This model of integration at a local level (somewhat emulating 'hubs' as entry points) would be ideal to roll out at a regional level. Having an in-house ChildFirst intake worker at each of the 'hubs' would demystify the role of family services, be less threatening and increase accessibility, particularly for the most vulnerable population being locally situated.

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 introduction of Child First as an entry point into integrated Family Services was an effective model in terms of being a central entry point for those who don't have a pre-existing relationship with service providers. As mentioned elsewhere in this report, the choice of name however has had negative connotation for many members of the public (clients and professionals) due to its close association with Child Protection. Much work has gone around informing potential client/families that it is not child protection and its focus is not removal of children, but of parenting support.

The role of Child Protection in the community remains ambiguous which requires immediate clarification.

In order for ChildFirst to serve its objective it is essential for a clear demarcation between the roles of these two organisations be drawn.

A potential avenue for resolution of this point of contention may be a name change for ChildFirst.

A significant concern from a Family Services perspective is that Child First should be a central point for preliminary information gathering instead of a point of case assessment and an analysis of client needs. Assessments need to be conducted by the agency who will be overseeing the case work and case management for the duration of intervention with the family. This will ensure:

- a) That the client does not have to invest trust in and build relationships with multiple agencies and workers;
- b) It minimises confusion for both workers and clients around purpose and expectations of the intervention;
- c) This process would not only be more time and resource efficient but also portrays a professional response from a system point of view.

On a pragmatic level, ideally ChildFirst could be equipped with in-house bilingual (in the key languages in the designated region) and indigenous workers to accommodate for CALD and Indigenous clients. This would ensure that the types of questions as well as the manner in which they are asked are culturally sensitive. This multilingual and multidisciplinary team could be an ideal resource for educating and up-skilling not only the Child first teams but also the wider family services network.

In terms of staffing, these teams potentially could be part time to allow for a more diverse coverage and low burn out given the nature of the work. ChildFirst has seen a significant turnover of staff and this is not unusual if one considers the challenging nature of a 'call centre' environment.

The relationship with Child Protection remains a challenge due to a number of factors including but not exclusive to:

- (a) high turn over of staff which does not allow for consistency;
- (b) inexperienced staff particularly given the nature of Child Protection client presenting issues;

- (c) lack of follow up from the workers;
- (d) lack of consultation;
- (e) limited communication and collaboration skills;
- (f) limited understanding of the wider service system;
- (g) inappropriate request for use of family services;
- (h) confliction and inconsistent in advise and recommendations;
- (i) 'Professional process work' attitude as opposed to family focused and holistic attitude.

Being a part of an Alliance and having access to networking opportunities with other agencies is slowly breaking down some of these barriers. However, these occurrences are few and far in between. A greater commitment from the executive level from Child Protection is vital for the spirit of collaboration to actualise and thus filter down to the grass roots and worker level.

The introduction of the role of a Community Based Child Protection Team Leader has been a step in the right direction as it is a great conjoint between family services and child protection. However, this is simply a starting point for collaboration. The number of community based child protection team leaders has not as yet reached its promised capacity. Hence the team leaders are often unavailable for consultation, and at times have been inconsistent with their recommendations. It is crucial for more appropriate resources to be implemented in this program in order for this role to reach its objective.

A significant achievement however, in servicing and understanding the work and clients of Family Services has been the collaborative relationship built with Victoria Police. The expertise of Victoria Police has been successfully utilised in a variety of capacities to compliment the work of family services. The feedback from clients has been overwhelmingly positive indicative of the effective nature of the collaborative relationship.

There needs to be an ongoing commitment for other key support services and departments such Disability, Mental health, and Drug and Alcohol services to "come to the table" and work in partnership. They are at times and for a range of reasons, absent and not easy to engage.

This is a detriment and obstacle for children and their families and the broader efforts to provide holistic services and the achievement of greater wellbeing.