



Protecting Victoria's Vulnerable Children Submission

Submission

Connections UnitingCare

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Executive Summary

Connections UnitingCare (Connections) welcomes the 'Protecting Victoria's Vulnerable Children Inquiry' as a means for system and service improvement and advancement. In this submission, Connections UnitingCare provides a response to the questions posed by the panel and respectfully presents our particular perspective on the salient issues as outlined in the overview. This submission has been prepared through a whole of agency approach, consultation and working groups.

There are two main overarching elements to the response by Connections to the current inquiry. The first is specifically related to the persistent and ongoing confusion, conflict and lack of clarity in the distinction between the roles of Family Services and statutory Child Protection. The second is in reference to the deficiency of resources, structural support and inconsistency in funding structures/mechanisms provided to Family Services and the integral functions and service provision they deliver to children at risk and families in need.

Connections is not a provider of residential care, and as such has made limited comment in this regard.

In this submission, Connections makes recommendations pertaining to the following:

- Restructuring of Child Protection, Court processes and systems; inclusive of the establishment of an 'independent children's representative' to provide an avenue for the child's voice to be heard, and to represent every child's best interests when passing through the court system
- Assessing and addressing the areas of the current Child Protection system that do not serve the best interests of the child
- Building the workforce within the Child Protection and Family Services system at all levels; specifically the provision of adequate support, resources, remuneration, training and clarified skill requirements for all workers
- Creating greater clarity and communication of the structures and requirements of each aspect of the system; breaking down existing silos within the system and establishing better understanding of these processes and service provision at all levels
- Specific revisions to the Out of Home Care system
- Addressing the discrepancy of criteria for service provision and service provision operations across the Victorian system, and nationally
- Addressing the discrepancy of funding levels and provision across the system
- Developing less adversarial system structures that provide space and security for the child's voice and experience to be heard and responded to.

This submission proposes that in order for Victoria's Child Protection system to establish greater efficiency, sustainability and success in protecting Victoria's most vulnerable children, the above issues need to be addressed with foresight, adequate consultation and consideration for continuity of care and consistency of case management between services within this system. This must be done with

consideration of all levels of responsibility and service provision distributed between Family Services and Child Protection in this state, and not solely on the successes and failures of statutory Child Protection as administered by the Department of Human Services.

A more holistic and broader response to the complexities and challenges involved in providing Child Protection services is required. Thus, a longer term view and approach to the implementation of changes to Victoria's Child Protection system is also necessary. Connections strongly believe that it should be an aim of the Child Protection system in Victoria to not only reduce the impact of child abuse and neglect on children and our communities, but to reduce the incidence of child abuse and neglect. It is a premise of this submission that this would most effectively be achieved through establishing a public health model, and a whole of government approach to Child Protection and Family Services.

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

Statutory Child Protection & Child FIRST/Family Services:

An increasingly integrated service delivery approach to support vulnerable children and families has been developing in Victoria. Whilst there are strengths in this development, there are a number of weaknesses that continue to contribute to the system failing to ensuring children's safety and well being. The following particularly focuses on the weaknesses of the current intake systems.

DHS Child Protection Intake and Child FIRST currently work independently of each other. Professionals and general public seeking an urgent response for children who are at immediate risk of harm are often confused as to which service to make a report/referral to, leading to frustration, duplication and lack of consistent information and responses. Uncertainty and a lack of confidence in the system also impacts negatively on the community's willingness to seek early help for children and their families.

There are often lengthy time delays in the referral process between the two systems, leaving vulnerable children and families unsupported and at risk.

The level of risk by Child Protection intake is primarily determined by phone contacts, often with no contact made with the family. This, combined with little outreach capacity, frequently results in poor responses to reports and future multiple re-reporting. Based on workload and staff capacity, thresholds significantly vary, as do numbers of referrals to support services. Opportunity for early intervention is often lost in this process, resulting in ongoing cumulative harm.

Mandated reporters are reluctant to report to Child Protection and require a community response option to enable them to meet their mandatory obligations (Refer Gateway Service, Tasmania). This reluctance is particularly driven if they have formed the belief that the child is not at immediate risk of significant harm, and the family would be better supported by a community response. Making the report to a statutory service can often have a negative impact on the family and on the relationship between the mandated reporter and family. The capacity to fulfill their obligations through a community option would enable support to the child, young person and family, as well as to the mandated reporter. It is Connections view that this will alleviate significant under reporting by professionals.

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 capacity of those organizations involved.

Data

The development of a uniformed Child Focused State wide electronic data and information system would enable information regarding vulnerable children to be captured and available across all relevant services. If developed appropriately, this will also assist in providing quality data for research to improve service delivery, and could be expanded to link with other service systems including Family Violence, Health Care, Drug and Alcohol, Centre Link and the Education System.

Brokerage – Child First and Integrated family services

This model should be supported by a sufficient brokerage component to ensure that vulnerable families could access specialist and other services without having to go through the statutory system. This will accommodate earlier intervention and support for vulnerable families to prevent an escalation of their situation.

Community Awareness and Community Education

To support an all of community response to child safety and well being, an ongoing community awareness program should be implemented and funded. This could include Community Educators in each catchment and a consistent and uniform television, radio and newspaper information campaign as well as a Statewide focus with catchment based implemented strategies to support this.

UK Experience

Under current legislation in the UK there are Local Safeguarding Children Boards which allow for joint procedures between the local agencies, which are designed to ensure that quality practices are in place across the relevant agencies. It is suggested that such a process needs to be considered in the Australian context.

Supported Access for Children and Young People - Contact Centres

Currently court ordered supervised access often takes place in shopping centres, McDonalds, or offices for children supervised by Child Protection. Whilst providing the access does ensure contact between children and their parents and fulfils conditions on court orders, little is done to improve the quality of the relationship or allow an opportunity for parents to be educated on how to improve their relationship with their children. Access should focus on quality not quantity. Current access centres are under resourced and are often used by Family Law Courts when there are acrimonious relationships between parents. Staffed family friendly Contact Centres could offer a positive and rewarding access experience between child and parent. Staff could be present in a supervisory role but offer the parent strategies regarding discipline, routines, encourage play and promote positive attachment. Rooms could be set up with book corners, games, educational toys as well as the centre offering kitchen areas encouraging preparation of food, hygiene and education.

Respite Care

Many isolated and vulnerable families have little in the way of family and friendship networks to assist in caring for children. Voluntary respite care is rarely available to struggling families. It is nearly impossible to access overnight and weekend care even when families are faced with hospital stays, unstable mental health and inability to cope

with a child's behaviour. If families had the ability to access this care on a regular basis, this would assist families to have a break from the full time care of children when needed thereby reducing the likelihood of children being placed at risk when parents are feeling overwhelmed and unable to care for their children.

Other recommendations regarding strategies include:

- Universal Child, Youth & Family Service Sector Training and a Post Graduate Sector Specific Supervisory Course
- Improved interfaces between schools and Child, Youth & Family Services workers having outreach capacity in Schools
- Specialist Services – Increased interface with specialist services at both the intake and support phases of working with children, young people and their families.
- Universal Platform to interface family services e.g. Early Childhood Development pilot project which is currently aligned to some Integrated Family Service Catchments.

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.

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

What are the strengths and weaknesses our current Child Protection services in relation to responding to and assessing suspected child maltreatment?

Implicit within the current legislation is the need for Child Protection to continuously case plan in the best interests of a child, with the view that the child's relationship with his/her biological family is paramount. By the time a child is referred for permanency planning they may have suffered significant moves from one placement to another including repeated returns to the biological family. Cumulative harm can be a result of this experience. The sooner planning can occur for a child's future, the sooner they can be placed in a secure and stable environment.

There are current weaknesses in the court system. Under Victorian legislation, there is currently no guardian ad litem in place for all children in care who is appointed to look after the best interests of the child. Children are allowed legal representation after the age of seven, which leaves younger children with no ability to voice concerns over decisions that are being made for them. We advocate for all children to have a voice in court.

How might any identified weaknesses be best addressed? If there are places where these services work more effectively than elsewhere, what appear to be the conditions associated with these successes and how might these conditions be replicated elsewhere in the State?

Simplification of assessment of potential parents and carers. Potential parents and carers are frequently open to various forms of caring and a silo approach to recruitment, assessment and training reduces the options for children and potential carers.

Carer's multiple accreditation may assist in providing stable placement options, rather than have a child moved from carer to carer (refer to: Lutz, L.L. and Greenblatt, S.B. 2000 *Dual Licensure of Foster and Adoptive Families Evolving Best Practice* and Sturmfels, D. date unknown *One door: A unified approach for caregivers*).

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?

Connections' experience is in the adoption and permanent care arena and not in foster or residential care; therefore we do not wish to comment on the overall structure.

It is noted however that cases can often drift for case planners, this may be due to a lack of viable options for placement and resources. As a result, Foster carer's become permanent carers to children in their care, by default. This can impact profoundly on both the carers and the children.

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 between a child in out-of-home care and members of his or her family?***

The challenges across these domains are complex and require an all of government response. Initially there needs to be analysis available of current outcomes for vulnerable children and young persons. This is currently undertaken with Aboriginal and Torres Strait Islander children through the Victorian Child and Adolescence Monitoring System, which provides baseline reports in relation to outcomes to enable a review of trends (Department of Education and Early Childhood Development, 2009).

Education outcomes in particular are very poor for children in OOHC. This is evidenced in the Wesley/Anglicare study 2010. Strategies which address remedial and educational settings, including individualised packages to address assessment, treatment and therapeutic interventions, and support for training and tertiary education options, would assist in addressing such poor outcomes.

As is well documented, poverty, mental health and homelessness go hand in hand, resulting in predictable poor adult life outcomes. While the Victorian and Federal governments have significantly invested in social housing strategies and infrastructure in the past few years, targeting of vulnerable young people needs to occur in a way which prioritises housing for young people in OOHC with services which are also able to address their mental health or other issues.

How can the views of children and young people best inform decision about their care?

As previously stated, in addition to a legal voice, an independent advocate allocated to a child would be well placed to advocate for a child.

How can placement instability be reduced and the likelihood of successful reunification of children with their families, where this is an appropriate goal, be maximised?

Currently there are limited options for case planners to use for placement prevention. Instead of removing a child from a family into Foster Care, a family in crisis should have support systems brought into the family in a more sustained and intensive way. Other possible options / models include:

- Shared parenting.
- Legal support to remove perpetrators, thus supporting children, young people and their primary carer in the family home.

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?

Planning by DHS Child Protection for children in OOHC needs to begin the moment that Child Protection is seeking to have a child removed from their parents' care, ensuring that the needs of the child are central to all decision making. Whilst planning may currently occur, implementation can often lag behind. For instance a decision may be made to permanently plan for a child, but implementation lags, meaning referrals to permanent care can happen one to two years after the decision has been made and the immediacy of court is over. Again an independent advocate / person overseeing the

matter and advocating for the child would hopefully prevent such drift. Permanency should occur after 12 months to prevent drift.

What are the strength and weaknesses of the current Victorian adoption legislative framework and practice for children who cannot return to the family home? Should Victorian legislation and practice reflect that in other jurisdictions?

The current *Victorian Adoption Act* was passed in 1984; it is outdated and no longer reflects adoption practice and trends. It also contradicts many other, more current Acts, making it confusing and difficult to implement. For example, it still advocates secrecy, preventing the adoptive parents knowing the birth name of the child or the names of the child's birthparent. This creates complications when proof of identity is needed for the child for many legal and medical processes.

The practice of Open Adoption has existed for many decades, where birth families meet the adoptive family, keep in contact with them and the child from placement onwards. Yet the *Victorian Adoption Act 1984* does not allow them to even share their names with each other. Finalisation of adoption takes up to a year, and during this time there is no legal process tying the child to their carers, making their role as "parents" uncertain and difficult to manage.

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.

This issue has been covered in other sections throughout the submission.

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

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 emergency of some for-profit-organisations in the sector.

What is the most appropriate role of government and for non-government organisations (both for-profit and not-for profit) in relation to Child Protection?

The key mission of Not-for-profit (NFP) organisations is to provide services that contribute to building inclusive communities. However, a for profit organisation while it may be in the business of provision of similar services, has at core the requirement of shareholder returns. Significant concern exists within the NFP sector in regard to the return to shareholder organisations due to the 'profit mentality' over a quality of services focus. Not-for-profits surpluses are invested to meet needs of the most vulnerable and are required for sustainability.

In regard to government and non government, Connections wishes to comment in particular on the need for clear delineation between the two, as it impacts on the current Family Services system.

Clarity in the separation between investigatory and helping functions in service provision will increase understanding by the community of the roles of each, and provide the opportunity to focus on the different core missions of both these service segments. This understanding is particularly salient in the case of those families not meeting the threshold for Child Protection.

For Community Services Organisations (CSO's), a focus on early intervention which aims to increase child rearing competencies and promote safe and stable family environments is essential, and needs to be adequately funded. Currently CSO's are providing services to families who present with high complexity and are at the tertiary end of the system significantly increasing the onus of risk which CSO's must now manage.

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

Implementation of Court Ordered Conditions

CSO's have a significant role to play in the lives of children and young people living in the community, both before and after they may be subject to court orders. Currently Child Protection Services are charged with the responsibility of managing court ordered conditions and other statutory and non statutory requirements, while not necessarily best placed to do so. CSO's have both the capacity and expertise to better manage conditions placed upon children and their parents within a community context.

Child Advocacy

At varying places in this submission, Connections has highlighted the need for and benefits of, child advocates. This function could well sit in the CSO sector aligned to but independent of other funded OOHC services.

Therapeutic Access

The management of access is largely undertaken by Child Protection Services, often using access specific workers who may not have formal training or specialist therapeutic expertise. A number of CSO's operate significant therapeutic and trauma services, which could be utilised to provide a much enhance assessment services.

Court System

Due to the adversarial nature of the current court system, we propose an independent panel of specialists in each catchment to make recommendations before a matter proceeds to court. This panel could include professionals from early childhood, mental health, family violence, drug and alcohol, for example, and would be consistent across the State.

Should a matter not be resolved by the specialist panel, an **Independent Children's Representative** is needed for children to represent the children's best interests in any contested hearing before the court. As in the Family Law Court, the Independent Children's representative ought to:

- Act in an independent way in the best interests of the child.
- Act impartially, but if thought appropriate, make submissions suggesting the adoption by the Court of a particular course of action if he or she considers that the adoption of such a course is in the best interests of the child.
- Inform the Court by proper means of the children's wishes in relation to any matter in the proceedings. In this regard the separate representative is not bound to make submissions on the instructions of a child or otherwise but is bound to bring the child's expressed wishes to attention of the court.
- Arrange for collation of expert evidence and otherwise ensure that all evidence relevant to the welfare of the child is before the Court.

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 Child FIRST to fulfil the legal responsibilities of mandated notifiers?

Demands placed upon Child Protection intake services vary significantly. In line with these variations Child FIRST has experienced variations in the levels of threshold of complexity and risk for referrals. Thus, it is difficult to respond to this question without taking this into consideration. However, there are clearly referrals from Child Protection to Child FIRST which are suitable community based referrals.

Amongst referrals from Child Protection are both non-urgent and lower risk reports from mandated notifiers. These reports could clearly be received by Child FIRST services, and managed within the community. This would reduce duplication for both Child Protection and Child FIRST services, and provide a more community inclusive response for mandated notifiers.

Such a change would need to be accompanied by targeted education of mandated notifiers the Child Protection workforce and community sector staff.

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?

Building the workforce is critical, focusing on opportunities for training, formal education and skill development, the provision of resources to CSOs to assist with workforce planning, and investment in developing management and governance capabilities.

The deplorable state of the current data systems is disappointing, and Connections' experience of CRISSP in particular raises significant concerns. DHS has provided the organisation with funding to establish and maintain a duplicate data system in order to generate reporting. Immediate addressing of the data situation is strongly recommended; to both enable accurate monitoring of contractual obligations and, importantly, to enable both government and the sector to undertake research and planning. Furthermore DHS has withdrawn its support for the University of Melbourne research chair.

There is a lack of understanding, and therefore a lack of resourcing, of infrastructure and back office functions. Currently, through philanthropic support, a number of CSO's have commissioned the NOUS group to undertake a three year benchmarking project. It is envisaged that this project may contribute to an evidence based understanding of the needs of CSO's in this area.

The CSO workforce is generally remunerated significantly below government and health sector employees at all levels. This needs to be recognised with government willing to address this through proper resourcing of contracted services.

There needs to be the opportunity for CSOs to:

- Collaborate effectively across areas of interest and dimensions of inquiry.
- Currently research and evaluation are not funded as a matter of course in funding and service agreements. Where evaluation or research has been build into pilot projects our common experience is that this significantly lags behind implementation.

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

In OOHC (including Permanent care, Foster care, Kinship care and Residential Units), current resourcing is negatively impacting on the attraction of qualified and experienced staff and carers.

Under-qualified and inexperienced staff are often employed, and due to the complex nature of the role, there is a high burn out rate. It is difficult to attract the right people due to models of care, remuneration, training and lack of workforce retention strategies.

The National OOHC standards needs to reflect, in greater detail, staff competencies required to work with the State's most vulnerable children and young people. Current minimum standards covering the quality of service delivery needs to be expanded to include this.

What are the strengths and weaknesses of the 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?

Current arrangements are not conducive to protecting vulnerable children and their families. The reasons for this are many and varied, and include:

- Many State and Commonwealth services are unaware of each other's roles, responsibilities and services leading to duplication and service gaps.
- The geographic boundaries of service delivery often differs between the two tiers of government making streamlined access to services difficult for families.
- Criteria for service provision (including level of vulnerability, age, ethnic status) differs between services. This complication confuses service and referral pathways for both professionals and families in accessing best 'fit' services.
- Many Commonwealth services are time limited (i.e. Communities for Children), so that by the time partnerships are established in both the government and community sectors, programs may have ended leaving families vulnerable.
- Introduction of National OOHC standards and a National Framework for Child Protection are challenging if the State still funds and provides for differing quality controls regarding OOHC and Child Protection. Consistency is needed between these.
- The inconsistency of both levels of funding and provision for annual increases in funding impact on CSO's capacities to engage in service provision. CSOs may choose to opt out of providing certain services for families, as it is not cost effective, leaving gaps, or not the most appropriate provider offering the service.
- Federal funding in particular is unpredictable, due to government policy shifts, and operates within a funding formulae does not reflect real costs and increases for CSO's.
- Reporting functions vary significantly both between State and Federal funding and often within State and Federally funded programs. This leads to time consuming, duplicative and onerous reporting processes.
- Many CSO's, including Connections, have multiple accreditation requirements. Whilst this being partially addressed through the DHS One Standards Project, there still lacks more adequate addressing of this issue. In addition, accreditation and standards requirements are not adequately funded.

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

In the light of recent Child Protection legislative changes, trends in their jurisdictions, and in particular the options put forward by the Victorian Law Reform Commission.

The Victoria Law Reform Commission in undertaking its Review following the Victorian Ombudsman's identification of deficiencies in the current system, including processes of the Children's Court, Welfare Division. Connections supports the principles that guided the development of options by the Commission.

The report canvassed a number of options, which vary from little change to the overall structure, to more significant changes. Connections does not support the adoption of Options 1 and 2 as it is believed these do not enable resolution of the tension of an adversarial based court system. Neither do we believe this to be the best equipped system to take into consideration the best interests of children and young people requiring a welfare response. To respond to a Best Interest principles framework as required by the *Children, Youth and Families Act 2005* is inherently difficult for the current court structure.

In general, Connections supports in the Options 3 and 5, both of which appear to better meet the Best Interests principles framework. Inquiry and community expertise are bound to provide better outcomes, particularly given the low number of matters that proceed to orders under the current arrangements. Alternative models exist internationally, the UK Local Safeguarding Children Boards, for example, which could inform structural changes which would be required to implement new options.

In any formal court proceedings, there is strong support for all children and young people having representation / advocates. In addition the following comments are made in regard to the current system and future needs for legal interventions:

- Recruitment, training and education is required for legal decision makers (e.g. magistrates) to assist them in having an understanding of Child Development needs; the impacts of trauma etc.
- Legal decision makers need to take heed of the impact of their behavior on children, and young person's families and professionals to enable a renewed confidence which is lacking in the current court process
- Children's court clinic assessments are currently problematic due to very limited opportunities afforded to these professionals to see, engage with and assess the children and families. Based on Children's Court Clinic reports significant decisions are made by the court on the future of the children. Processes need to change to enable these assessments to be viewed as credible outside the court environment.
- Some CSO's and child mental health services have significant expertise in child trauma, interactional family dynamics and assessment capability; and could undertake this work, in a manner which allows for a comprehensive and thorough approach.

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.

All DHS funded services are required to use specified data bases to record client information and interventions. It is a commonly held view that these data bases are grossly inadequate. As previously stated, Connections has been funded by DHS to set up a separated client data base due to the inability to use the prescribed data base for management reporting, data analysis or planning.

The need to address data base issues is self evident in order to develop any capacity for trend analysis and future planning; be it catchment, regional, statewide or segment specifically based.

Information for planning is also required to assist in addressing workforce development. The lack of ability to predict and understand future vulnerable populations and client needs by implication impacts on any real understanding of the nature and needs of the workforce to address these. While there appears to be a view by DHS that a 'human services worker' may meet the needs of the sector, experience by Connections reflects the high level of expertise and knowledge required by competent family service workers. In addition to this is the need for specialist staff to inform and enhance their work. A multidisciplinary approach may be significant in providing comprehensive responses to families, with current pilot projects such as the Early Childhood Development Coordinator pilot being fully evaluated as a potential model for addressing workforce enhancements.

Investment in training and education of the workforce across both government and non government services is vital. Strong relationships are required with universities to inform current professional education programs in order for new graduates to be better equipped for the demands of service provision. Well developed advanced practitioner programs would also be advantageous.

Lastly, genuinely working towards a commitment to equity in remuneration across government and non government workforces at all levels would be advantageous to a more fluid workforce, which may assist in workforce retention strategies.

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.

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).

Are these processes appropriate or sufficient?

Refer to comments in section 6 regarding oversight of the Child Protection and care system.

Those currently involved in oversight do so in a manner which is ad hoc and fragmented, without requirement to reference or confer with each other. Thus all may undertake unrelated, duplicative or conflicted processes of inquiry dependent on particular interests at any given time. This is neither helpful for government, or the sector and can only create alarm or confusion in the general public.

Greater independence of the statutory component of the system, Child Protection

The lack of separation of Child Protection services from the policy and legislative apparatus of the bureaucracy is hampering a genuine systemic reform. The Government's responsibility for the legislation governing the protection of at-risk children has resulted in an over-emphasis of the role of Child Protection services and under-emphasis of the preventative, family strengthening services as evidenced by the dramatically different funding bases. In addition, the inequitable resource allocation between the sector and Child Protection, as evidenced by the disparity in pay and conditions in the two workforces, would indicate a compromise in the neutrality of regulatory, policy and resource allocation within Government.

Dehoog (1990) notes that models that provide for opportunity to negotiate, contractor's expertise may not be brought to bear „since the government has primary control over the terms of the contract“ . However, collectively Child Protection and the sector are inter-dependant to deliver its reform outcomes. These two distinctively different but interrelated enterprises necessitate a need to re-think the machinery of government arrangements for Child Protection. The National Competition Policy (2006) states that: *“Neutrality principles aim to remove unfair advantage. The principles also remove the impediment to efficient resource allocation that had arisen from the regulatory advantage of government owned enterprise”*. Such a principle suggests that Child Protection services should sit outside the department responsible for regulatory, policy and resource decisions for Child Protection and Family Services. The separation of policy and resource responsibilities from statutory service delivery is not unique within Government as evidence by the split between the federal Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and Centrelink.

What exists in other jurisdictions which may be worth considering?

As previously mentioned, there are systems in the UK worth considering for overall governance and oversight. Over the past five years, many Australian states have established independent Child Safety Commissioners. In part, this has been a response to criticisms of statutory Child Protection services. These positions are

usually responsible for investigating complaints against Child Protection services and identifying and providing recommendations regarding systemic issues within the Child Protection system. In most states, the Commissioner reports directly to Parliament and not through the Minister responsible for Child Protection services. This arrangement allows a high degree of independence and limits potential for political influence. Such arrangements are increasingly necessary given the perceived increasing politicization of the public service (Prasser, S. 2006:24).

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? And

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

Whilst the reforms within Victoria have been comprehensive, there are emerging signs that the new system is not realising the policy aspirations of *every child, every chance*. It is arguable whether the reforms have gone far enough. The new inter-dependence which they create requires a new level of transparent accountabilities as follows for both the government and the sector.

Strengthening the universal and secondary support platform which support communities and target vulnerable families

Epidemiologists and some prominent Australian academics argue for a “public health” model to tackling child abuse (Scott, D. 2007). Such a model would re-focus resources, policy and programmatic attention away from tertiary services to universal children’s services. It would also target disadvantaged communities to enhanced service quality, increase flexibility and improve inclusion to counter-balance the effects of socio-economic disadvantage. A public health model would provide for broad public health campaigns to increase understanding within the community to recognise the signs of abuse and promote community-wide support to vulnerable families. It would also provide specific policy and/or legislative responses to some key causal issues for child abuse such as parental drug and alcohol abuse.

A public health model to preventing child abuse would seek, through sharing “outcome goals”, integration across allied services such as domestic violence, mental health and drug and alcohol treatment services. It would also develop strategies to address primary health issues such as housing and poverty. Finally it would also require secondary and tertiary services to respond to those children most at-risk and provide therapeutic supports to ameliorate the impact of abuse and neglect. Although the emphasis on capacity building within children’s services does have some hallmarks of a public health model, the extent to which the Victorian reforms have provided such a comprehensive model to the prevention of child abuse is arguable. This type of model is used with other complex social problems such as traffic accidents. Child safety and wellbeing as in our view is the keystone of a truly civil society’s public health and as such warrants such attention and investment.

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