



submission to

## **Protecting Victoria's Vulnerable Children Inquiry**

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Contact details:

Ms Jo Cavanagh  
Chief Executive Officer  
Family Life  
197 Bluff Road  
Sandringham VIC 3191

Email [jcavanagh@familylife.com.au](mailto:jcavanagh@familylife.com.au)  
Ph 03 8599 5433  
Mobile [REDACTED]

Family Life wishes to acknowledge and express appreciation to all who have contributed to the experiences, learning, knowledge and information gathering which has informed this submission, including staff, volunteers, children, young people, families, colleagues and community members. We make this submission focussed on our areas of expertise, as one contribution to specific areas of the terms of reference.

Together we seek to achieve the effort, energy, focus and change, which will create ...

**capable communities, strong families and thriving children.**

## Introductory comments

Family Life is a community auspiced organisation established by local residents in 1970 in response to community concerns about the pressures on families. Our founders had a vision for preventing relationship and family breakdown and strengthening parenting and promoting the wellbeing of children. This commitment continues today.

The agency has a significant history of innovation from the establishment of Family Aid programs, Volunteer Resource Centres, Foster Grandparents programs in the 1970's, through to Family Violence programs for men, women and children in the 1980's, Youth and Men's Outreach services in the 1990's and outreach to engage vulnerable families and children with the Creating Capable Communities, Community Bubs, Community House, Empowering Family Dispute Resolution and SHINE children's mental health programs in the 2000's. Over this time the agency has maintained a core business focus on Family Support, a strong volunteer and community support base, developed social enterprises to generate income, and implemented the PeopleWorx and YouthWorx programs for supported learning and flexible pathways to employment.

Family Life is the largest state funded Family Support service for the Inner Middle South catchment of the Southern Metropolitan Region and the major federally funded Family Support Program provider for Frankston and the Mornington Peninsula. We work across state and federal jurisdictions and departments to provide locally responsive, joined up services.

Geographically located in the Southern Metropolitan Region of Melbourne, Family Life maintains a community based approach to service development whilst drawing on the national and international literature and research to inform our responses to identified community needs. The agency has imbedded evaluation and research for growing evidence of effectiveness and impact measurement, together with knowledge sharing at local, state, national and international levels.

This context of evidence informed practice for Family Support, innovation, volunteers and community support provide the organisational and service context in which Family Life has implemented Child FIRST and Integrated Family Services in line with the Victorian Government reforms. Family Life is committed to remaining a place based community service agency seeking to create ethical solutions to high cost social problems. Our approach is guided by the aspirations of the United Nations Convention on the Rights of the Child and a belief that as a society we have the resources and capacity for all children to thrive.

Our submission to this Inquiry is therefore waited towards the high level objectives of not only improving the protection and support for vulnerable children and young people, but promoting the conditions and community efforts which will take responsibility for helping all children to experience the care and opportunities to maximise their abilities, achieve wellbeing and thrive, and thus progress to the fullest engagement possible with community life, learning and economic opportunities.

Whilst we have some comments to offer for refining and improving the current system for Child Protection, Family Life is seeking a fundamental and sustained investment in realising a whole of community responsibility for the well-being of all children with additional efforts focussed on the most vulnerable. It is our proposition that such a cost- effective investment will release resources over time to ensure a well-funded treatment and specialist service system streamlined to those who children who are most at-risk, abused and neglected.

Family Life's focus for this submission is more specifically detailed for:

- the role of Family Support as a critical secondary service
- able to work flexibly with the community and universal service system to promote well-being and identify, strengthen and divert the vulnerable as well as,
- work collaboratively with the tertiary treatment services where specific issues and conditions require specialist interventions.

***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.***

Family Life urges the State and Federal Governments to make the investments required to translate the *rhetoric* of “promoting children and young people’s best interests” and “Protecting Children is Everyone’s Business” into *action* to **promote normative whole of community responsibility and participation for the well-being of children.**

This can be achieved by imbedding Family Support within programs for strengthening community and neighbourhood connections to promote expectations and behaviours that provide the social support for parents and carers, and caring for children.

Family Support and Community Development need to occur as the **one integrated empowerment program** growing whole of community involvement in supporting vulnerable families to care for their children and enriching the local environment in which those children are living.

Such an integrated / joined up approach **addresses environmental and familial stressors** such as social isolation and poor parenting experiences. It also leverages local goodwill, strengths and resources for helping each other and prevents the need for involvement of the formal Child Protection system.

Prevention is achieved by promoting, engaging, resourcing and supporting as well as services and intervention.

**a) The national and international literature and research evidence for joined up Family Support and Community Development.**

“A series of reports issued by the U.S. Advisory Board on Child Abuse and Neglect between 1990 and 1993 explicitly recognized the continuous interplay between individual and community environment in addressing the problem of child maltreatment. Frank Barry explains this interplay using four basic assertions, based on theory and empirical findings. First, child abuse and neglect result in part from stress and social isolation. Second, the quality of neighborhoods can either encourage or impede parenting and the social integration of the families who live in them. Third, both external and internal forces influence the quality of life in neighborhoods. And, fourth, any strategy for preventing child maltreatment should address both internal and external dimensions and focus simultaneously on strengthening at-risk families and improving at-risk neighborhoods” (page 69).

Reference: Daro, D. & Dodge, K. (2009) Creating Community Responsibility for Child Protection: Possibilities and Challenges, *The Future of Children*, 19 (2), pp. 67-93

*“Non-involvement in the community, being disconnected, can have serious social consequences such as alienation, loneliness, low self-esteem, boredom, intolerance of others, lack of motivation, and may negatively impact on family functioning or impair child development. Numerous studies have shown that social isolation is associated with a greater risk of child maltreatment” (page 5)*

Reference: Tomison, A. & Wise, S. (1999) *Community-based approaches in preventing child maltreatment, Issues in Child Abuse Prevention, AIFS*

“Integrating community building into children’s protection reflects a new vision for intervention with children and families at risk. It is a vision that reflects the importance of family-centred practice that involves inter-professional collaboration and service integration. It is a vision that suggests services to vulnerable children must involve building community, where the community is a client system to be acknowledged and reckoned with in terms of motivation, involvement and change. The emphasis on community suggests the importance of best practice models to facilitate inter-professional collaboration and service integration.”

Reference: Barter, K. (2001) Building Community: A Conceptual Framework for Child Protection, Child Abuse Review, 10, pp. 262-278

*“Families should be able to get help where they are, when they need it, in a form that they can use it, with ease and without stigma” (page 91)*

Reference: Melton, GB (2010) Angels (and Neighbours) Watching Over Us: Child Safety and Family Support in an Age of Alienation, American Journal of Orthopsychiatry, 80 (1), pp. 89-95

“The ideology of family privacy and autonomy is strong: the state intervenes only in extreme cases of harm. As a result the language of discourse narrows down to such matters as need, risk, harm, statutory powers, enforcement, intervention orders. However, the targeting of carefully defined programs is based on very inexact evidence of effectiveness. Besides which, every family and child has broad-based needs and everyone is exposed to potential risks. It is this sort of argument, not one about the mere size of government that should determine how community/family service programs are devised. Families are the basis of whatever community exists and it is the family unit on which a sense of community is based. For if the institutions that surround families in their home area are friendly towards and supportive of family life, that sense of the civil society, of a caring and mutually responsible community can grow and flourish.” (Page 19)

Reference: Edgar, D. (2000) Promoting the Positive: Family-Community Resourcing as a Model for Family Services, Deakin University

*“Implementation is inextricably linked to social context, and... interventions should target not only the behaviours, attitudes and knowledge of people but also the nature of their circumstances. Individuals never exist in isolation; they are always involved in relationships with others. Strengthening relationships to break down social isolation is therefore one possible strategy. Other strategies at the community level might involve targeting an oppositional 'us and them' culture that might have developed (perhaps between young people and the police). Yet other strategies could target local institutions such as schools, with a view to strengthening the support provided to families, especially those with children experiencing difficulties. Successful interventions will be sensitive to the particular needs of the local area, will keep people involved and in fact will encourage members of the community to act rather than to feel helpless in the face of family problems or bureaucracy”. (pp 31-2)*

Reference: Homel, R. 1999, Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia, Full Report, National Crime Prevention, Commonwealth Attorney-General's Department, Canberra.

## **b) The benefit of Family Support**

With Family Support programs “ .... in principle, families are not unduly stigmatised or traumatised by inappropriate or unnecessary investigations, and are therefore more likely to accept assistance. In addition, family problems can be comprehensively assessed and (in theory) appropriate services put in place to address them, thus preventing the development of maltreating behaviour, or reducing conditions detrimental to a child’s long-term development”

Reference: Tomison, A. (2002) Preventing Child Abuse: Changes to Family Support in the 21st Century, Child Abuse Prevention Issues, 17

*“Family support services can play a vital role in fostering social inclusion and in promoting conditions that allow children experiencing difficult family circumstances to participate in and benefit from mainstream life (Healy & Darlington, 1999). The overall ability of services to attract and engage the most disadvantaged families, however, remains unclear. For example, data from the Longitudinal Study of Australian Children suggests that families with a low socioeconomic status are less likely to access health and community services for their children, but are more likely to seek material help and use crisis support services*

*Reference: Blakemore, Shipley, Waters, & Zubrick, 2009 AFRC Briefing No 19 2011.*

**c) Community building promotes the following:**

- A justice rather than welfare approach
- Innovation rather than change
- Strengths-based rather than pathology-based
- Built on parents and families as essential resources and partners
- Proactive rather than reactive
- Based on a recognition that the protection of children is too important to be left to any one profession or agency
- About discovering rather than wielding power
- About community accountability
- About community-driven rather than community-focused practice
- Working with families and children in situations of risk and violence in the context of their neighbourhood and community

Reference: Barter, K. (2001) Building Community: A Conceptual Framework for Child Protection, Child Abuse Review, 10, pp. 262-278

**c) What the joined up Family Support and Community Development / Building approach can deliver**

“In neighbourhoods that have low maltreatment rates, one is likely to find friendship among neighbours, watchfulness for each other’s families, physical safety, common knowledge of community resources, visible leadership, and a sense of belonging, ownership, and collective responsibility. Offering people respect, involvement and support can help overcome the isolation and depression that can result in abuse and neglect” (page xi)

Reference: US Advisory Board on Child Abuse and Neglect (1993), Neighbours Helping Neighbours: A New National Strategy for the Protection of Children, Washington DC, US Department of Health and Human Services

**In summary, we know from major research institutions that:** "...while many Australian children and adolescents are faring well, some experience considerably worse health, poorer developmental and learning outcomes and generally reduced wellbeing ... Children and young people living in ... socioeconomically disadvantaged areas also have worse health and education outcomes... Australia has the second highest percentage of children living in jobless families in the OECD and ranks in the bottom third in the under-5 mortality rate."

AIHW 2008. Making progress: the health, development and wellbeing of Australia's children and young people.

Professor Tony Vinson (1999 / 2007) has provided the research about these disadvantaged areas by postcode. Family Life has established services and community relationships, to build "social cohesion" – the connections between people and between them and their community. Social cohesion is present in neighbourhoods where children are doing well as measured by levels of education and training, employment, good health, effective parenting, community law enforcement and local leadership.

**d) What the joined up approach looks like. An example ready for knowledge and skill transfer / replication / transplantation / local customisation.**

**Family Life – Creating Capable Communities, Strong Families, Thriving Children.**

For 10 years Family Life has run a community strengthening program called **Creating Capable Communities**. Creating Capable Communities is a proven program for engaging the most disadvantaged families in a community and building a whole of community approach to promote well-being.

The program aims to strengthen families by developing support networks in the local neighbourhoods, connections to the resources and good will of the wider community and through this, improve children's and parent's self-esteem, opportunities, health and wellbeing.

Creating Capable Communities achieves this aim by engaging and involving residents and parents in activities and projects gradually building their involvement from participation in the activities to volunteering within the activities to local leadership and employment.

Family Life have found that key to the success of Creating Capable Communities has been some foundation activities which have provided a focus for coming together, strengthening families and promoting the wellbeing of children. These are as follows:

- **Creating Capable Leaders** - a training program which builds leadership and capacity of participants to work with others in the community to address community needs.
- **After School Club** - bringing children together after school and providing help with homework, activities and after school snacks.
- **Breakfast Club** - providing healthy breakfasts in a community kitchen, where children and adults work together to prepare a meal before the children go to school.
- **Parent and child groups** - bringing together parents and children to share parenting tips, learn new parenting skills and create a social support network for parents.
- **Community Bubs** – an intensive, long term support program delivered by Family Life staff and volunteers for vulnerable babies and their parents.

Creating Capable Communities uses the following **principles of community strengthening** to achieve its goals when going into a community to run activities:

- Creating partnerships with residents in the community thereby sharing power and decision making



- Building relationships with the community so as to identify a core group of community members who are passionate about resolving the communities' needs.
- Allowing the community to explore possible solutions for their community rather than service providers and planners telling them what is needed.
- Creating a vision for the future, owned by local residents.
- Implementing structures of support for participants and volunteers to ensure success. This involves having Family Support Workers on hand to resource the activities with the community, Volunteer Coordinators to recruit and support the volunteers in running the community activities and maintaining a community house (or suitable modest, universal setting venue) which will house a number of these activities.

These activities are delivered and resourced by **teams of trained volunteers and highly skilled Family Support Workers**.

As **norms of helping and supporting each other** and parents volunteering increase, Worker time commitments decrease. The activities provide a place for building trust and relationships with each other and with service providers. Practical assistance, skills development and therapeutic assistance is all provided as part of normalising help seeking and help giving, formal and informal.

Associate Professor Deborah Daro, Chapin Hall Centre for Children, University of Chicago, expert in evaluation of child abuse and neglect prevention programs, provided a recent powerful endorsement of Creating Capable Communities, writing that ..

*"You have developed your community initiative in exactly the way one would hope such work would evolve. ... I've examined a number of community change initiatives over the years and I find your approach very refreshing ...you let the community play the lead role in shaping this effort. And you have instilled in residents a sense of obligation for providing help to others through a host of volunteer opportunities. This type of cultural or normative change is the best source for insuring a reform's sustainability."*

From the documentation and evaluation of Creating Capable Communities in the Highett and Hampton East public housing neighbourhoods, we have identified **the seven critical program components** which create the conditions for successful and sustainable community wellbeing outcomes.

1. Inclusion and participation of the whole community
2. Trained volunteers
3. Creating safe spaces for gathering
4. Longer-term support and many pathways for involvement
5. Role-modelling resilience and parenting/informal networks
6. Parent and child activities
7. Leadership opportunities

These components have been implemented through specific activities developed by staff and volunteer teams in partnership with parents.

These activities are documented ready for replication /transplantation with the Creating Capable Communities tool kit ( [www.familylife.com.au](http://www.familylife.com.au) ) and validated in the Promising Practice Profiles compiled by the Australian Institute of Family Studies (2008) for identifying "what works" for improving outcomes for children and families. ([www.aifs.gov.au/cafca/ppp/profiles/la\\_keith\\_street.html](http://www.aifs.gov.au/cafca/ppp/profiles/la_keith_street.html) )

Local community appreciation of the value and impact of Family Life Creating Capable Communities and Community Bubs outcomes in improving the lives of vulnerable children who live in their own community has led to increased donations of time, expertise and opportunities – more community responsibility and participation, growing our whole of community approach.

**A whole of community achievement and celebration.**

Please refer to **Attachment 1. Bayside Leader article. The opening of the Bayside Community House**

Family Life is able to arrange for the Inquiry Panel members to meet with parents and volunteers who would welcome the opportunity to share their stories, speak for themselves, their children and their families.



## **Recommendations 1:**

1.1 Every Family Service Alliance to have funded Community Development capacity

1.2 DHS to recognize the value of Family Support time allocated to community outreach and engagement building trust and relationships with vulnerable children and families through community activities – Breakfast Clubs, After School Clubs, informal parent led “play groups”, school holiday activities etc This is legitimate and cost effective work as part of Integrated Family Services.

1.3 DHS to consider the role and value of volunteers as key community connectors and helpers who leverage the goodwill, assets and resources of the wider community promoting social inclusion and community supported pathways and opportunities for vulnerable children, young people and families.

1.4 Family Support funding models (state and federal) to include allocation for Volunteer Management and support programs.

## **Benefits estimated from analysis of 10 year of Creating Capable Communities data.**

2 EFT Community Development and Volunteer Management. – approx. \$240,000 per annum per Child FIRST / Family Services Alliance Catchment.

- Over 3 years 4000 families, children and residents will be engaged in Community Strengthening through targeted and total population activities in community and universal settings.
- Over 3 years 60 partnerships and local networks will be collaborating for Community Strengthening
- 60 volunteers will be created within the communities

**Social return on investment, including improved health and wellbeing, reduced violence / increased safety and reduced child protection interventions will be increased to \$24 return for every dollar spent within the program.**

## **Alternative analysis.**

Australian Report on Government Services 2009 Chapter 15 pp 40 -44

\$51,800 average cost per one child protection substantiation and foster care (non residential placement)

\$220,000 annual average cost for one residential placement

## **Breakeven Analysis**

Whole of Community, Family Support and Community Development model needs to prevent 2 placements or 6 child protection substantiations and placements per catchment per year to pay for the investment.

## **Measuring Impact.**

What % reduction in unnecessary calls to Child Protection would cover investment in diversion and promotion (prevention strategies) and enable Child Protection resources to focus on the children at immediate risk of harm where timely, comprehensive statutory intervention and treatment is essential?

**e ) Intergenerational disadvantage in Australia is a cycle which can be disrupted with SUSTAINED and effective integration of intervention and prevention efforts with an evaluation and research program to track MEASURABLE program and population results and community benefits.**

... preventing intergenerational disadvantage involves the provision of support and opportunities essential to a person's favourable personal and economic development ... the legacy of childhood disadvantage can last long into adulthood imposing economic and social costs on society ..."

(Department of Education Employment and Workplace Relations 2009 Social inclusion intergenerational disadvantage p1. )

The Family Life Creating Capable Communities integrates government funded family services (state and federal) with programs of community engagement and activities to **build neighbourhood social cohesion**. The individual family evidence provides a rationale for replicating the program in other disadvantaged neighbourhoods. A strategic replication / transplantation provides the opportunity to set an extended research agenda for tracking individual child and family change and measuring impact on key wellbeing indicators at the community level.

Vinson (2007) has noted that "in highly disadvantaged areas **programs must be sustained** for a substantial period – say 8 years or longer. Otherwise there is a demonstrated risk of a boomerang effect: that is: the reassertion of previous problems. "

Parents who have participated in Creating Capable Communities have experienced enrichment of their personal and social domains with flow-on effects for their aspirations for their children. In 2009 our staff and volunteers celebrated babies from our Community Bubs program fitted out and ready to start school with parents confident to engage with teachers and support their child's education. All were seeking to ensure a different educational experience from their own; a good start to creating a pathway towards employment and social participation for their children. Parent involvement is also identified as one of the most significant factors influencing children's engagement with school.

These are the lifetime and community changes Creating Capable Communities seeks to effect and inspire.

***I want to show families that they don't have to be in a dark place – there are things to look forward to and opportunities to grasp that will help them.***

Jayne, from the Creating Capable Communities celebrating a journey story book. Family Life 2008

**Family Life engages community members from all walks of life in our diverse volunteering opportunities to promote social cohesion.** We currently have 92 employed staff and 320 volunteers all participating in some way towards achieving the Family Life Vision and Mission. For some volunteering is a short (and sometimes repeating) step along life's journey, for others it is a life time commitment. Some volunteers come from affluent backgrounds; others do not; some are former clients wanting to "give back" and others are seeking social connections. The personal and social benefits of volunteering are well established. Family Life is demonstrating that "asking people to help" (rather than offering services) is a powerful way to engage isolated parents with others in their neighbourhood and with their children's' school and education. **(See Attachment 3 SHINE Case Study)**

Equally, Family Life can demonstrate the valuable role of trained and supported volunteers in helping vulnerable parents sustain change and strengthen the care and well-being of their children well after formal services have closed. **(See Attachment 4 Community Bubs CONFIDENTIAL Case study)**

*“Volunteering for the community may also enhance the psychological sense of community and thus may improve the quality of life. A strong sense of community may contribute to a spirit of belonging together, a feeling that there is an authority that can be trusted, an awareness that trade and mutual benefits come from being together”*

Reference: Haski-Leventhal, D., Ben-Arieh, A. & Melton, GB (2008). *Between Neighborliness and Volunteerism: Participant in the Strong Communities Initiative, Family and Community Health*, 31 (2), pp. 150-161

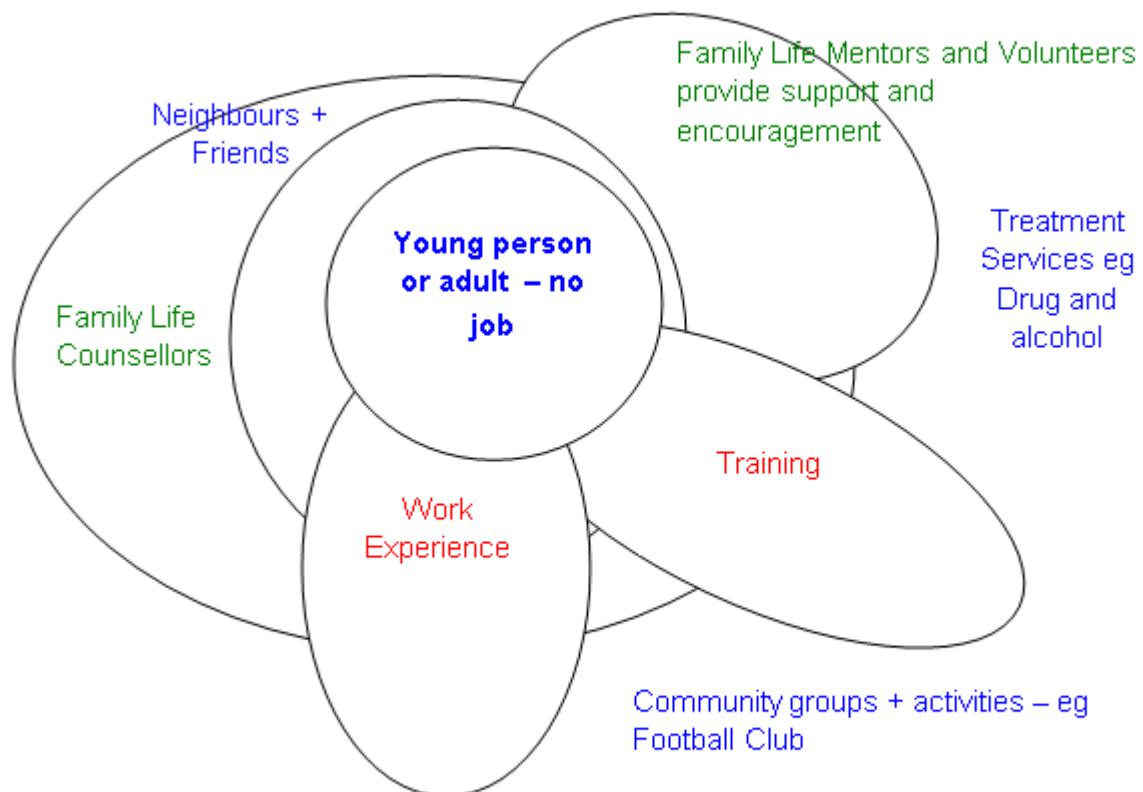
These benefits and growing the “spirit of belonging together” can be promoted in the most disadvantaged neighbourhoods (where we see the growth in intergenerational unemployment) as well as across neighbourhoods and diverse cultural groups within a local area community.

**To further promote economic and social change, Family Life has integrated services and community building efforts with supported pathways to learning and employment** through our innovative YouthWorx and PeopleWorx programs imbedded in commercially successful social enterprises, our Opportunity Shops. ( **See attachment 2. The Family Life Integrated Services Model**)

This is a further step in the agency application of **a whole of community model** applied to developing effective strategies for assisting vulnerable parents and young people to build the self-esteem, confidence and skills to progress to supported and independent employment.

Further information can be found on the outstanding results and impact of YouthWorx and PeopleWorx at

[http://www.familylife.com.au/community\\_services/help\\_for\\_young\\_people/peopleworx](http://www.familylife.com.au/community_services/help_for_young_people/peopleworx)



## **Recommendations 1 cont'd:**

### **Strategies to prevent and break intergenerational cycles of disadvantage impacting on the wellbeing of children.**

1.5 Increase the local area focus on connecting vulnerable young people and unemployed parents with flexible learning and employment pathways integrated with Family Support.

1.6 Increase the local area systems engagement between young people in out of home care with community programs, family support and flexible learning pathways.

1.7 Increase parenting support and community building in schools where poor student participation and school retention rates are identified.

### **Measuring Impact.**

What % improvements in school retention rates in the general population and population of young people in out of home care, would be required to achieve break even in prevention investments as measured against costs of youth homelessness and unemployment?

#### **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?**

Family Life submits that we have a long way to go in accommodating the needs of Victoria's Indigenous communities. We would welcome greater investment in building the workforce with Indigenous and CALD backgrounds who are able to work flexibly with and be located in Family Support agencies.

It is critical that Indigenous agencies are not over identified with Child Protection. Indigenous agencies need to be part of the broader family support and community development service system to prevent the stigmatisation and myths which undermine the well-being and community participation of indigenous families.

Creating Capable Communities embraces and includes all families, and with the focus on promoting normative change, celebration of the value of diversity is encouraged in local neighbourhoods and all outreach activities.

Indigenous organisations have expressed interest in leading Creating Capable Communities and Community Bubs programs for their communities.

**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.***

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

Family Life has seen **the success of working through the universal platforms** such as schools to enhance well-being at the total population level, as well as identify families where the needs are greater and require a more targeted approach. The different levels of service response have a history of being poorly coordinated with a lack of streamlining services for easier access. Different ways of working create barriers for providing effective services for families.

The Family Support context of our **SHINE Children's Mental Health program** has allowed us to 'catch' families who previously slipped through the net – who's risk/mental health needs would have not caught anyone's attention until it was severe enough to require a referral to treatment services or Child Protection. In particular with mental health services and other specialist services such as drug and alcohol, the role and expertise of each service area needs to be better understood, and joint work should happen more readily to provide a coordinated response for families. Adult services often struggle to include the whole family and incorporate the needs of children – Child FIRST has helped to close this gap – but tertiary level services may welcome additional training and a review of their service models to work more inclusively with Family Support.

**SHINE**, for improved mental health for children, youth and their families delivers innovative integrated services of Support Help Information Networks and Education for communities in the Middle South and Frankston and Mornington Peninsula.

**The primary target for prevention and early intervention is children 6 – 14 years**, including Indigenous and CALD, with individual behaviours, family and environmental indicators identified by the research as posing risks for mental health disorders such as anxiety, depressive and conduct disorders.

Activities to reduce the prevalence of mental illness build on the national and international research and include

- community education;
- 'case finding' skill development with universal service providers;
- cross systems direct case services for families; and
- resilience skill building programs for indicated children and families.

The SHINE focus is to **reduce risk and strengthen protective factors** for coping with mental illness in families including indigenous and CALD families, and where a parent has a mental illness.

Family Life has developed particular expertise for helping families living with mental illness. Consultation with social planners, service providers and families informs this program to meet and deliver what families have asked for ... "case workers who listen, acknowledge and empower the carer ,,,to hold our hand through the process .. understand our exhaustion due to stress and trauma .... include all family members, fathers and grandparents... help us to cope and function effectively for our children ... and manage the power imbalance with the mental health system." This expert advice informed our proposal to intervene early in the causal pathways of mental illness with these children and families, promote sustainable service system improvements, and prevent long term individual and social impacts. We have knowledge management and evaluation strategies for contributing to national replication and a

collective effort for the at least 1.4 million children and young people in Australia with identifiable mental health disorders. (Zubrick 1999:572)

Whilst SHINE has a specific issue focus in promoting mental health and wellbeing, including in families where a parent has a mental illness or children have early onset symptoms of depression, anxiety and conduct disorders, **Family Life applied a whole of community approach to engaging with schools in disadvantage areas**, working from a secondary service platform to engage parents, universal and adult services staff. The approach has allowed whole population outcomes in schools, early identification of those needing more targeted assistance, and holistic care and treatment planning with families who might otherwise progress to child protection involvement.

**Please see Attachment 3. Family Life SHINE Case Study**

Working with Vulnerable Families: A Whole of Community approach to Education and Community Engagement/Development.

Teachers, parents and other service providers involved are available to meet with members of the Inquiry Panel and share their stories and speak to their own experiences of the service system and what has worked for them.

Family Life will publish four years of evaluation findings and impact measurement results for SHINE in early 2012 providing **evidence of the cost effective value of investing in Family Support Services to join up universal and tertiary services** focused on preventing and intervening early in specific high cost health and social issues

**Recommendations 2 ;**

2.1 The Victorian Government consider the cost -effectiveness of Family Life SHINE children's mental health program as a model for reviewing the role and value of Family Support for working through the universal services (schools) to promote well-being and prevent vulnerable children entering the statutory Child Protection system.

2.2 The Victorian Government consider the value of investing specialist expertise into the Family Support secondary platform for promoting service integration with universal and specialist services where specialist treatment programs are needed.

Such programs need to be implemented with support for the family and the primary service setting engaged with the child. Whilst treatment services seek to be Family Sensitive and inclusive, effective Family Support Care Plans, developed with Family Support Workers skilled in the specialist area, can promote accommodation of and engagement with the systems and support involved in the daily care of children.

***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.***

***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)?**

Strengths of current service design:-

- Local place based (catchment) structures are now in place for shared strategic/operational planning across different agencies. These have created a system and processes for bringing policy, program and practice into a ONE local service system structure.
- We have centralised intake/assessment processes able to prioritise families for support based upon assessed levels of risk/need – as well as implement a demand management strategy for the local area where capacity to provide services does not meet demand.
- Child FIRST can assist the Alliance of Family Services to focus on promotion of consistent practice across services and sectors by reflecting the needs of families and what has worked / not worked well.
- The Child FIRST structure is increasingly moving toward more of a service 'hub' model with Aboriginal Liaison Worker, Kinship Care Social Worker – utilising the specialist practice expertise of different agencies. We are only at a beginning stage with this development. There is a significant way to go in terms of achieving a fully implemented integrated 'service delivery model' – current arrangements are too 'loose' and would perhaps be better supported by stronger contractual or policy/practice framework/s.

Weaknesses of current service design and how to be addressed:-

- We have created a separation of 'risk' (how it is assessed/managed) and 'need' (how it is assessed/managed) – with Child Protection managing 'risk' compared with Integrated Family Services (IFS) who are the designated agencies working with 'need'.
- There has been insufficient investment in Team Leadership development and training to promote consistency of practice across the different agencies, particularly where you have a large and diverse Alliance such as in the Inner Middle South.
- Whilst there is a shared Best Interests Assessment Framework in place, more state wide follow-up is needed to support consistent implementation across different services/sectors
- Catchment areas need to be able to still respond to localised needs particularly when attempting to meet the needs of small, particularly marginalised communities (e.g. CALD)
- The role/expectations of smaller funded organisations, as the more localised, specialist organisations within our Alliance is unreasonable for the funding they receive.



- When specialist capacity is added to Child FIRST and IFS Alliance it needs to happen consistently and to a reasonable capacity across all catchments to achieve a state-wide service system approach where expectations and standards can be met. eg FaPMI workers are not part of all Child FIRST teams and the pressure on VACCA to maintain Liaison Worker presence.
- Additional specialist / liaison roles to add to each Child FIRST would include Housing, Family Violence, Drug and Alcohol.
- Over-identification of Child FIRST with Child Protection is a risk which can affect the engagement of families who may need the service and professionals who need to act earlier to refer families into the service

Other issues to be consider in relation to system design.:-

- We need to improve the joined up thinking across the sectors and ensure structures are in place at the senior strategic/planning level across the different service delivery systems (e.g. family violence, housing, drug/alcohol). This is needed to facilitate alignment of strategic/procedural change or developments (e.g. of how this failure plays out is the Dec '10 amendments to the Vic Police FV Code – where insufficient consultation was had with Child FIRST re significant change in current referral practice that would potentially have had a significant impact on systems capacity)

The expectation appears to be that this strategic alignment will take place at a local level but this is often dependent upon the strength of networks that exist in other sectors and the interest/commitment of individual workers/agencies to 'child-focused' practice

- The Early Childhood Development (ECD) Project is an excellent initiative which has certainly been beneficial in terms of increasing networking/ sharing of expertise across the ECD and IFS sectors. Networks to smooth referral pathways and promote joined up services responsive to the needs of vulnerable children cannot happen without such dedicated resources. A current limitation is the short-term nature of the pilot and lack of focus in terms of setting outcomes for the Project that address the issue of longer-term sustainability of systemic changes that may be made in the pilot phase i.e. not supported by state wide policy impetus
- Possible expansion of role of CBCP to take on a more proactive workforce development role (i.e. supporting the development of staff across different sectors in identifying/managing risks to children/young people) – rather than simple involvement in 'community education' sessions
- Child FIRST as an 'early intervention' service? Currently, 33% of our referrals are from Child Protection. Significant amount of resources are being directed towards 'gatekeeping' families away from Child Protection once they are already within the statutory system, rather than promoting the service to universal services within local communities, so as to be truly an 'early intervention' service. As per earlier response under 1, an increased focus on connecting these families to local community supports and their neighbourhoods would be highly cost effective. Once vulnerable families are in touch with the system, they should be helped to get what they need to be supported in the community or receive intensive support over time to ensure the safety and well-being of children where risks are ongoing and not easily addressed.
- Greater sharing of practice across regions could be taking place, including planning for how we assess the impact of Child FIRST in terms of being truly an early intervention service and whether it increases engagement with Family Support (i.e. are families more likely

to be 'service ready' and therefore more able to engage with casework model of support offered by IFS?)

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

- CALD community groups – current IRIS system does not allow for the collection of data by 'ethnicity', merely 'country of birth' – therefore effective planning for CALD communities is extremely difficult e.g. knowing how services should be targeted differently in order to meet divergent needs or where gaps are in terms of CALD communities who may not be accessing help/support.

### ***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?**

- CP system separates 'children at risk' and 'children in need' – directs its interventions at the former
- Highly legalistic approach (c.f. UK where CP workers would often work with a family for a long period of time in a supportive role prior to seeking court intervention/orders) to managing risk. This is due perhaps to separation of 'investigation' and 'support'. The current system needs to strengthen process and expertise for case planning and developing care plans within families.
- The referral pathways need continued review and improvement. For example how do case management services within CP make referrals to and engage families with Family Support? The emphasis appears to be on referrals from intake/response. Other systems are also encouraged to refer directly to CP (e.g. family violence reports to police – referrals go directly to CP) so that families are unnecessarily entered onto the CP 'system' and possibly develop resistance to service engagement.
- Continuing importance of assisting professionals to understand the legal distinction between a 'report' and 'referral'
- Developing systems to identify 'cumulative harm' within CP and the wider community remains a priority. We need broader education and communication across professionals and services to develop this perspective of children's needs / risks to development over time. The focus on 'incident' based response to risk/harm predominates.

### **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?**

- **The evidence-based, 'care team' approach** to working with families (based upon a common assessment/planning framework) provides a holistic system of professional, community-based support around a family. Family Life has had great success in implementing this approach in the SHINE program which suggests that the model is readily transferrable given the resources, training and staff to implement and follow through with supporting the child/ren and family.

### 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?

Where is the evidence anywhere, internationally, that mandatory reporting increases / delivers protection for children? Recent data from New Zealand (refer Leah Bromfield Australian Child Protection Institute SA) in fact demonstrates that increased mandatory reporting, generally associated with increased negative media, focuses resources on child protection activity and screening notifications. By drawing more resources into this screening and monitoring activity, the effect is to decrease resources for Family Support and **increase vulnerability and risk for children** as this leads to less resources and services able to assist their families.

A public health approach, with community strengthening implementation, which seeks to impact people's behaviour towards caring for and not harming children would be a better investment than more mandatory reporting.

Mobilising people to protect whales as an endangered species is an interesting effective case study. Why is a similar strategy not possible for mobilising people to act to directly help (rather than make a phone call) if they see children and their well-being are at risk? There are many other studies used in the context of marketing and advertising about what motivates people to act in order to be part of the norm (do what everyone does) and not been seen as deviant by failing to act or offer help. Family Life's experience is that **there is an abundance of resource and goodwill in the community for helping each other and particularly children if we harness and steer this effectively**. The response to the Victorian Bushfires in 2009 and the more recent Queensland and Victorian floods provide further evidence that this willingness to help is there waiting to be leveraged effectively.

#### Recommendations 3.

3.1 Maintain and continue to strengthen Child FIRST and Family Service Alliances as local place based integrated / joined up service hubs.

3.2 Maintain investment in Early Childhood network and cross sector integration. Dedicated resources are needed to create "the glue" which brings professionals and services together to strengthen how we include and support vulnerable children and their families / carers.

3.3 Strengthen Indigenous and CALD agencies and their workforce to be included and regularly participate in Child FIRST and IFS Alliances so that the integrated system can respond better to the needs of children in these communities.

3.4 Give us a data collection system which allows for documenting outreach and early intervention activities (not just hours of group and casework) and facilitates integrated practice and joined up services for families. (eg UK Sure Start model)

3.5 A public health approach, with community strengthening implementation, which seeks to impact people's behaviour towards caring for and not harming children would be a more effective investment than more mandatory reporting.

3.6 Support the standard use of the evidence-based, 'care team' approach to working with families (based upon a common assessment/planning framework) to provide a holistic system of professional, community-based support around children and their family.

#### Impact

What % reduction in the cost of repeat CP notifications would be required to fund investment in developing Child FIRST and IFS Alliances as an effective early intervention system for vulnerable children?

***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.***

**4.1.5 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?**

In the context of Family Life's submission for integrated Family Support and Community Development we also urge the Government to implement Performance Frameworks and reporting systems based on outcomes. Whilst agencies may still need to provide evidence of "how much did we do" in terms of hours and cases, this tells us nothing about outcomes to determine if this was the best use of those resources and if anyone was better off?

**Recommendations 4.:**

4.1 We urge the Victorian Government to implement a Family Support Performance Framework and reporting system based on Outcomes so we can demonstrate to the community that public and private funds invested in promoting children's well-being, including for the most vulnerable, is making a difference (children are better off) and benefiting the whole community.

## ***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?**

Protecting children is everyone's responsibility and obligation under the United Nations Convention on the Rights of the Child. Further, Government has a responsibility to legislate to protect these rights and provide resources to support the development and well-being of children through supports for carers, social programs and services which directly benefit children. The community has a responsibility to assert the standards we expect to be maintained, protected and resourced to ensure the safety and wellbeing of our children.

With-in this context, statutory powers to intervene in families to prevent harm to children must be clearly defined and used with rigorous accountability. This is the role of government through statutory Child Protection, the Police and the Courts.

Around these statutory powers needs to be strong partnerships and protocols with accredited publicly funded and accountable organisations; partnerships and protocols which can respond to and accommodate the unique requirements of each particular child.

Maintaining such robust partnerships, able to work at the interface and blurred boundaries of managing risk and responding to needs requires a skilled, well-resourced and fairly remunerated professional workforce across all sectors. All professionals need to maintain a whole of system and whole of family perspective, bringing into play whatever resources and services are needed, whilst enacting their particular role and responsibilities and continuously monitoring risks.

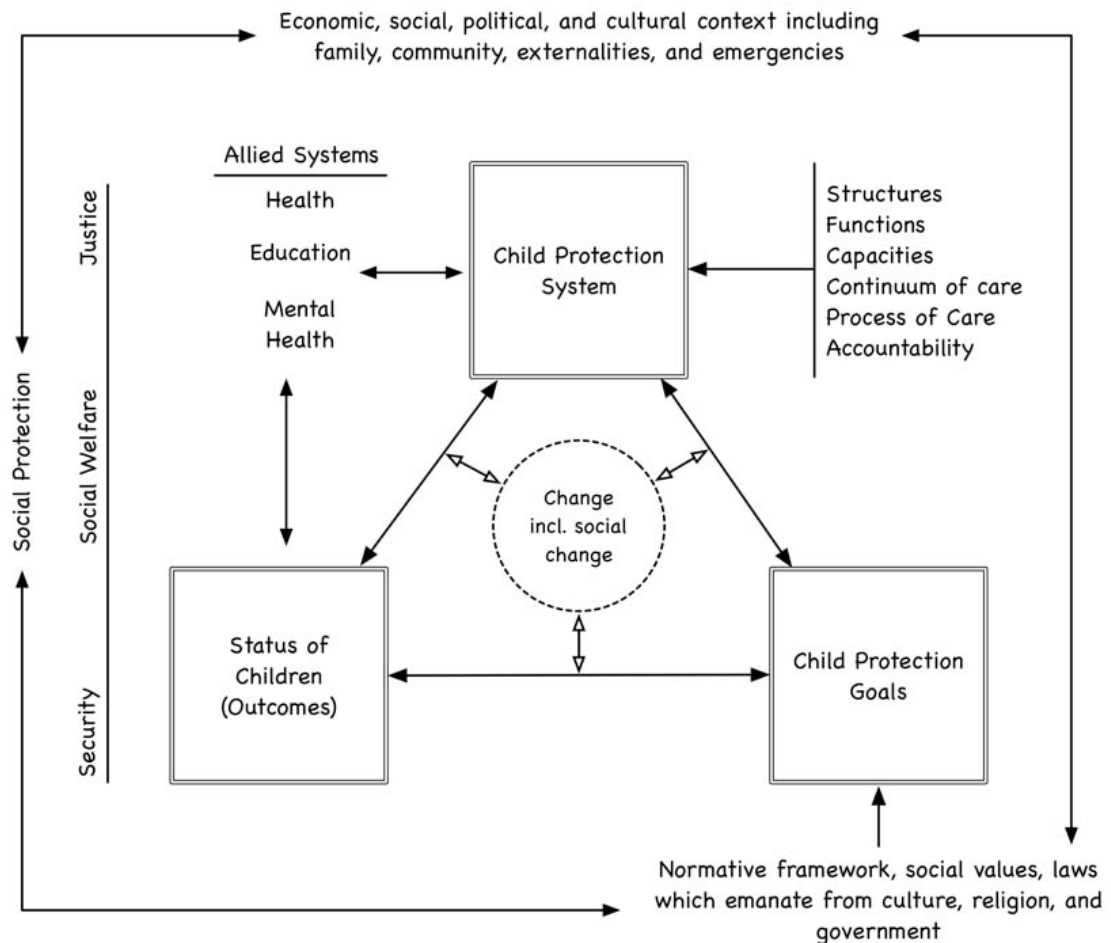
Such a workforce needs skilled and resourced leadership and management, able to provide professional support systems and supervision to sustain the expertise and well-being of the workforce. **This is complex work where each unique situation requires many players to have relevant knowledge and skills for assessment, planning and decision making at the particular and the broadest systems level.**

Non-government (non-profit and for profit) organisations must be held accountable to the same standards and duty of care expectations for all involvement in working with children. Given the cost of such compliance, support and monitoring systems it is unlikely that some services, particularly for the most vulnerable, can be provided "for profit". Most of such services currently operate at a deficit or within a program subsidising budget framework.

In her most recent work with a team of colleagues for UNICEF, UNHCR and Save the Children, Associate Professor Deborah Daro (Chapin Hall University of Chicago) seeks to expand on the meaning of, and a framework for, developing a systems approach to Child Protection.

#### **Figure 1. Child Protection Systems: Context and Dynamics**

"Figure 1 depicts other important high-level features of child protection systems, including the dynamic that exists between the status of children (measured as outcomes), child protection goals, and the child protection system in relation to change, including social change. First, however, it is important to point out the placement of the child protection system within an economic, social, political, and cultural context that shapes not only the normative context but also the relationship of the child protection system to the broader system of social protection. In essence, child protection systems do not exist in isolation. Nor are child protection systems the only system working to influence the well-being of children."



*Reference; Daro et al Adapting a Systems Approach to Child Protection: Key Concepts and Considerations United Nations Children's Fund (UNICEF), New York 2010 pp 26 - 27*

Hence, it is suggested here that at the highest level, government and non-government share the same overriding responsibility to protect and promote the rights of children and a partnership approach rather than the paradigm of "purchaser / provider" or "government and outsourced services" must prevail. Articulating the outcomes we want for all children and vulnerable and at risk children, and then the actions we are prepared to take to achieve these outcomes, are informed by the normative framework as it currently exists, and as we would seek to influence and change it in the context of evidence of needs and what will work to promote the safety and wellbeing of children. This requires an effective communication strategy with the wider community to explain the need for, and benefits of, investment of public funds and community responsibility for promoting the development and well-being of all children.

Roles and responsibilities of the government and non-government (non- profit and for profit) must overlap and reinforce each other at this highest level of influencing the social norms and values to strengthen a whole of community responsibility for children. Whilst the media will focus on the bad news stories, tragedies and scandals, these individual stories clearly do not represent the bulk of positive and valuable work which occurs every day helping and supporting children, young people and families. These latter stories are why the case for investment in caring for children can be told. Just as the research community can argue how their work leads to preventing and curing disease (something which can affect everyone) so the case for promoting the well-being and safety of all children can be made to prevent the harm and tragedies which outrage the community from time to time.

**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?**

Family Life identifies the effectiveness of **integrating state and commonwealth funded programs to bring together at the local level** the resources which can respond to the local needs. This has worked effectively for developing the whole of community approach with the family support services contracted to Family Life for both the Inner Middle South and Frankston and Mornington Peninsula catchments.

However we also identify **significant barriers created by management structures** which prevent staff, families, residents and community groups working together effectively.

**Child Protection as a system does not appear to recognise the significant risks experienced by children in the context of separation and divorce**, the intersection of family violence across family law and child protection jurisdictions, and the expertise and role of Family Relationship Centres for ensuring the safety and well-being of children. Failure to recognise this at the senior management level means that no direction or training filters through the system to promote responsiveness of Child Protection teams and workers to concerns raised by Family Practitioners from Family Relationship Centres. Arbitrary decisions are prone to occur where children are seen to be the responsibility of one jurisdiction or the other when in fact clearly both are in play and joined up consultative work is required to ensure the safety and well-being of the child.

**The Commonwealth government systemically fails to take account of local and state based service structures, roles and responsibilities which are missed opportunities** for promoting the most effective use of prevention and early intervention at the local community level. There is a risk for the national government in seeing a “one model” approach in the context of welcome policy initiatives for strengthening local communities. Communities for Children is a particular example of a program model and implementation strategy developed generally in the absence of consultation with the intended beneficiaries of the program. Local area differences appear to have received little consideration in the roll out of the program. Outsourcing the governance role to a funded agency is seen to provide the structure for local consultation and planning. The purchaser / provider relationship created between community organisations and groups undermines the partnership needed to achieve the best outcomes for the local community. In newer growth corridor communities, where there may be less well established service systems, this may be an appropriate strategy. However in those with an established community infrastructure, local consultation would provide better guidance as to how the funds can be best applied to address the significant issues of disadvantaged which are the focus of the policy and program. Family Life has heard consistent complaints from various local government and community groups about the missed opportunity to achieve greater impact from the Communities for Children program.

**Recommendations 5.:**

5.1. The Victorian Government to lead an overall systems approach to promoting well-being and protecting children and strengthen the partnership approach with the non-government sector whilst improving the exercise of statutory powers by the Child Protection Service and related statutory bodies.

5.2. DHS to develop briefing papers and practice protocols to support cross jurisdiction knowledge and practice for children at risk or vulnerable in the context of separation and divorce and family violence.

5.3. DHS and FaHCSIA to develop a joint approach to consultation and planning with local government in Victoria to promote integration across Family Support Programs and jurisdictions.



***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.***

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

There is an opportunity for a **COAG approach to planning for the Health and Community Services Workforce for the future**. A joint planning approach including higher education institutions and the industry is essential to ensure relevant knowledge and training is included in all levels of qualifications, including higher degrees in Management and Leadership, to ensure we have a skilled workforce with the adaptability, resilience and flexibility needed to work across diverse and changing programs and sectors. Joint planning is required given the increased mobility of the workforce across the sectors as well as the major growth which has occurred in the industry.

HECS debts need to be reviewed and alleviated to maintain our current workforce and prevent them leaving for higher paid jobs in other industries.

Scholarships and / or increased Commonwealth Supported Places with more generous fee help arrangements will assist with attracting the younger generation into Social Work and related university degree programs. These graduates are essential to ensure a knowledgeable workforce as well as one which is competent in the completion of tasks and brings the values, commitment and life experience relevant to the areas of work.

Internships and funded student placements are required to assist agencies allocate professional time to student supervision and work place learning. Well planned and supervised placements can increase stable progression into the workforce for new graduates and form part of an overall plan to promote workforce capability and competency. Assistance with new technologies and approaches to support ongoing learning and development are needed.(eg online training programs ,webinars, e-conferences etc)

The current MBA programs require review to increase responsiveness to the leadership and management needs of the community sector for planning and promoting social as well as systems and organisational change and where impact measurement is about more than profit.

Funding models need to include a percentage for evaluation. Evaluation is fundamental to the continuous improvement requirements of a service system seeking to implement best practice frameworks and evidence informed practice as a standardised expectation for excellence in child protection, child, youth, family and community services.

**Recommendations 7:**

7.1 Workforce planning for Health and Community Services be progressed as a COAG national plan and strategy.

7.2 Direct financial support and fee relief be negotiated for Health and Community Services students and graduates.

7.3 An ongoing learning strategy be developed including resources provided through new technologies.

7.4 Partnerships with relevant institutions to improve Leadership and Management training and higher degrees relevant to the broader community sector as well as for working with vulnerable and at-risk children and young people.

7.5 Evaluation to be included as a core cost of community services.

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**submission to**

## **Protecting Victoria's Vulnerable Children Inquiry**

**March 2011**

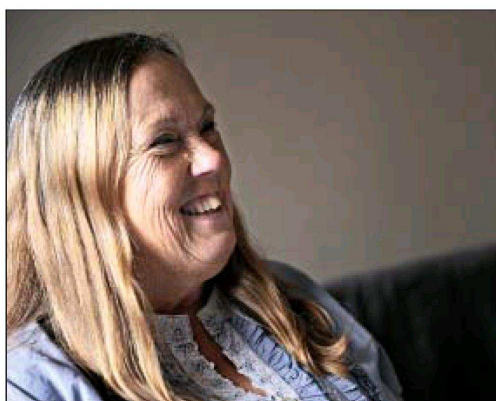
### **ATTACHMENTS**

- Attachment 1. **Bayside Leader article:** A whole of community achievement and celebration. The opening of the Bayside Community House
- Attachment 2. **Family Life Integrated Services Model**
- Attachment 3. **SHINE Case Study:** Working with Vulnerable Families: A Whole of Community approach to Education and Community Engagement/Development.
- Attachment 3. **Community Bubs Case Study. CONFIDENTIAL NOT FOR PUBLICATION.**



Jade and Deeneh playing outside the community house.

Pictures: MARTIN REDDY N375B203



Lynette enjoying some time in the lounge room.

# It's a haven for

HIGHETT mum Jackie says she often felt like an outsider at playgroups until she started attending one at a Family Life community house.

Three years later and the Muslim mum-of-three is now going to the Highett Community House twice a week.

She has even helped start a group that assists disadvantaged people return to work or study.

"They accept everybody and anybody, no matter what you are, you are just welcomed and feel safe and secure," she said.

And now Sandringham residents are about to see the benefits

**A Bayside charity has opened more doors for families in need, Marnie Reid reports**

of a community house, with Family Life opening another in Bluff Rd.

The house is open to the public but will mainly cater for the 1000-plus families in Highett public housing.

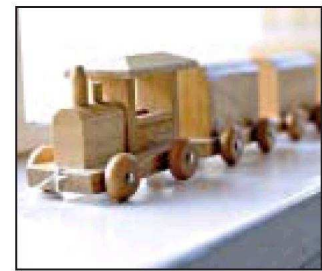
There is also a Family Life house in Edithvale, with plans to open another one in Rosebud West.

Jackie said she was uncomfortable when she first went to the community house because she felt "scarred" by past experiences at playgroups where she hadn't felt accepted.

Now she said the community house had made her more confident.

She said it had a happy and relaxed environment where





Clockwise from above: Jackie serving tea in the kitchen. Family Life community worker Tim Moran. Philanthropists bought the Bluff Rd house. One of the toys for the children. Staff member Marilyn Ellis in the office. The house's lounge room, where families are encouraged to socialise.

# the vulnerable

children and parents could socialise.

"I don't feel alone, I feel comfortable and not left out," she said.

Family Life bought the Bluff Rd house last year with help from generous donors.

The house provides support and help for women experiencing family violence, young vulnerable mums and is a place for people to develop self confidence and become leaders in their communities.

It's also a place local people, dealing with life's issues and challenges can come together to make new friends, build social net-

works, learn new skills and get help.

Family Life family and community worker Tim Moran said the house provided a haven, particularly for woman affected by family violence.

"It provides a safe haven for those ladies to go and meet at a community house and feel safe and comfortable without any risk or fear or intimidation," he said.

Mr Moran said some of the clients were from housing estates, which did not have a lot of space for children to play.

"It's an opportunity to have their children in a safe environment

that doesn't cost a lot of money," he said.

Mr Moran said the aim of the community house was the mission of Family Life: creating capable communities, strong families and thriving children.

He said it was enriching to see a client who had been isolated feel safe and want to come back.

Family Life is a non-profit community agency providing services and support for families, children and young people in Melbourne's southern suburbs.

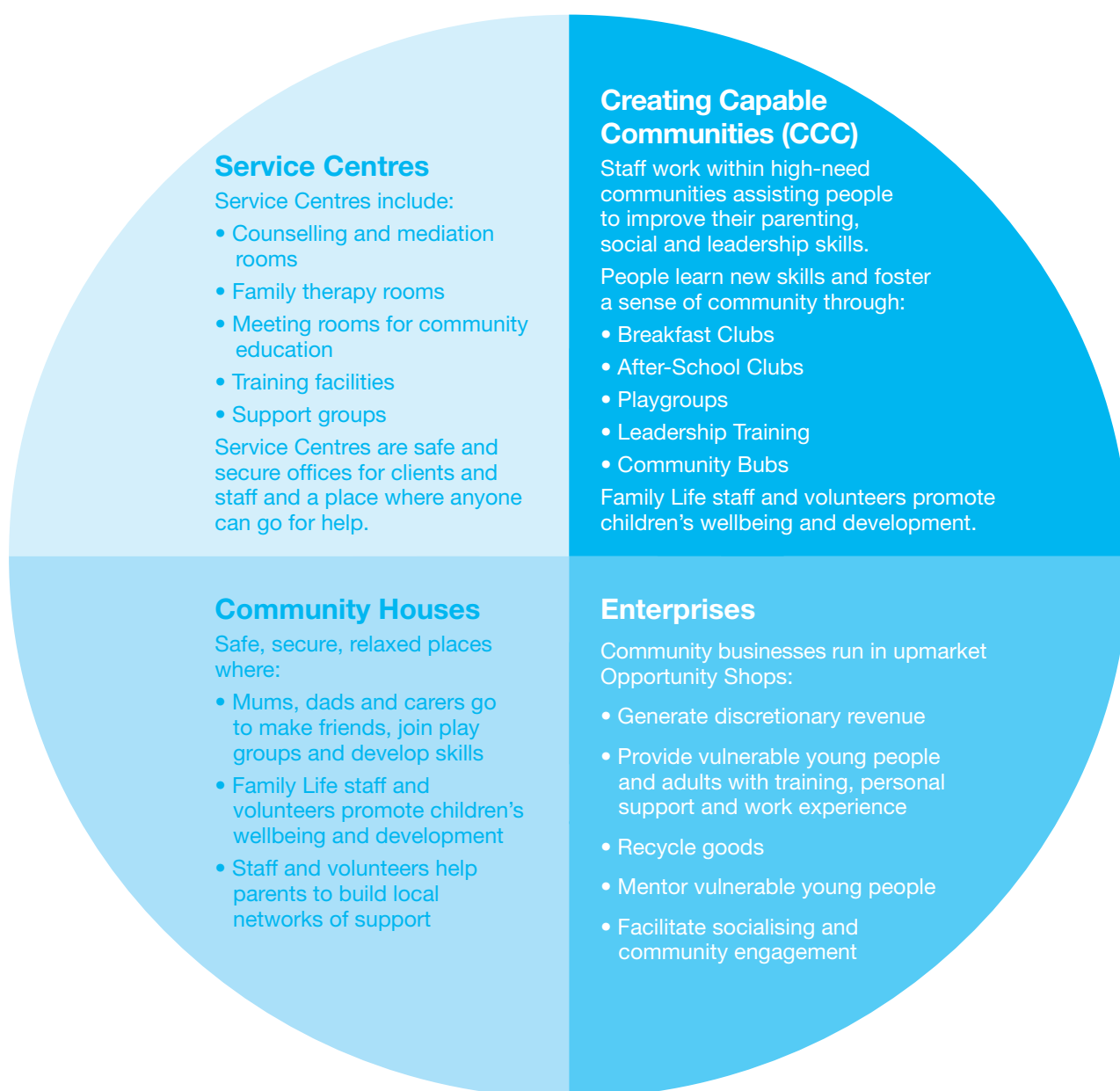
For details on donating or volunteering, go to [familylife.com.au](http://familylife.com.au) or phone 8599 LIFE



# The Family Life Integrated Services Model

## The integrated model:

- Strengthens and supports families, helping to prevent family problems and breakdown
- Enables people to become active participating members of the community
- Links family support intervention with prevention and sustainable change





## **Working with Vulnerable Families: A Whole of Community approach to Education and Community Engagement/Development**

### **Introduction**

██████████ Primary School Principal contacted Family Life SHINE seeking a resilience building program for the school's students. On initial contact it became apparent that the school was facing a number of challenging and complex issues including parent disengagement, significant behavioral issues and staff turnover.

The following quotes were taken from a real estate blog:

"Personally I would steer clear of anything on ██████████ (this is the street where the school is situated) or it's surrounds... unless you like kids roaming the streets, and loads of VL Commodores doing burnouts on the street. Still at least you would get regular police patrols"

██████████ Primary school staff stated at our initial meeting...

"We cannot teach these kids maths if they are going home to watch Dad and Mum smack each other about, they are too traumatized to focus, we need to change the community if we are going to give these kids a good start."

### **The Community**

██████████ Primary School is located in the ██████████ Estate, ██████████, adjacent to an extensive area of public housing but otherwise surrounded by a relatively affluent community. Students at the school who live in the estate are acutely aware of the stigma this brings as they compare their lives with those of the more affluent children. The area has other issues not unique to public housing areas such as a lack of role models, difficulty accessing networks (key factors in escaping poverty), higher rates of domestic and community violence, systematic unemployment and a sense of this being an unsafe environment.

Furthermore, many of the families and students have had contact with the Department of Human Services, Child Protection. The school reported that a 1/3 of the families had statutory involvement. The school has reported that students come to school when their parents get up, often around 10:00 – 11:00 a.m. so lateness and absenteeism are significant issues for the school. The area has a relatively high level of drug and alcohol abuse and mental illness.

## School Data

The school is an urban Department of Education and Early Childhood Development “priority school” based on its very low social economic status and poor levels of achievement in areas such as numeracy and literacy compared to other schools.

In 2009 the school had 187 students enrolled; by the end of the year a significant number of students had left the school citing dissatisfaction with the school. At the beginning of 2010 school enrolment dropped to 149 students which meant a loss of jobs within the school. Specialist teachers, Reading Recovery teachers and administration staff were no longer available at the school.

The new school principal appointed in 2010 reported that many of the parents’ phones had been disconnected and when some parents were contacted the school principal was verbally abused. Many children who remained at the school were angry, violent, rude and undisciplined and often came to school without lunch.

## The Process

On initial assessment it became clear that a resilience program would not succeed or diminish the issues that the community and school were facing. It was Family Life’s assessment that **a whole of community approach needed to be implemented**. It was suggested and agreed that a Strategic Partnership between Family Life and [REDACTED] Primary School would assist the community to address these complex issues.

The following was agreed:

- A Family Fun after school activity would be run to engage parents and children at the school as a beginning to further engagement.
- A Mindfulness Program to be implemented across the upper year levels to introduce strategies addressing anger and aggressive behaviours. This will be run by SHINE.
- The School Social Worker, Chaplin, School Principal and SHINE’s psychologist and Community Education Worker, to engage with other service providers to support a plan for change.

The following goals were developed:

1. To involve parents and community in the wellbeing of the school and investing in the student’s education, social, emotional and health needs.
2. To improve community linkages for parents and children needing support and community connection
3. To provide better early intervention connections for mental illness and anti-social behaviour
4. To establish a sense of pride in the school and community for the students future health and well being
5. To improve student retention rates
6. To improve pathways to further education, health and support for families

The process for creating a safe emerging community of hope and community change had four steps:

1. Identify and bring together existing and potential community groups and work towards change in a whole of community model, with an agreed shared vision. Other agencies were invited to participate.
2. Fun Fridays was established as an avenue to begin the community engagement attracting children and their families to attend a free barbeque and fun activities. Family Life established links to ensure that the program was evaluated and that any further funding opportunities could be investigated.
3. Trust in the team was established and the events proved very popular. Families that would not enter the school grounds would attend these activities. Families were introduced to fun activities that involved them working together and exposing them to positive parenting models. Parents were also able to access other services including Centrelink to provide assistance. This has been described as “soft entry” into parenting models and community resources.
4. As trust has developed, children and parents have shown a willingness to engage further. Parents have made connections with community health workers and adult education activities and other programs are being established as the engagement continues. These include the school homework group with parents volunteering, leadership course for upper lever school children, family counselling, and a medical doctor has offered to participate. It is planned to hand over management of the program from the Steering Committee to the parent and the school in the future.

It is still early days and while trust is continuing to be developed Family Life will probably need to remain involved for two to three years before Family Life can disengage in this complex environment. The Mindfulness program was highly successful with children understanding the concepts of stop, (breathe), think and then respond. The school community has made significant gains and it is now timely for the student focused resilience program to begin.

#### **Fun Fridays October 2010 – December 2011**

- October 2010 began with a free sausage sizzle, juice stall, art and craft expo, mindfulness stand and an exhibition of work by students. The students enthusiastically brought their parents to show off their work and engage parents in craft activities. One mum was close to tears, saying she suffered from severe depression and so much wanted to do activities with her child but was not able to get out and get the materials, and now she was able to share with her child in these activities.
- November 2010: A combined event to value add to the existing school market. Agencies provided additional activities at the market.

- December 2010: A combined end of year concert with the Fun Friday resulting in a fantastic concert including food giveaways, presents for every child (a donation was sourced from the [REDACTED] local op-shop) and family Santa photos (provided by SHINE). The photos were a big hit with some parents indicating that they could never afford Santa photos in the shopping centre and this year their kids would not miss out.
- February 2011: An all-sports afternoon. Students got the opportunity to see sports stars, have a go at various sports and join up with local clubs. Again free food was an attraction, provided by a local church group.
- March 2011: will be a combined Fun Friday market.
- May 2011: A planned bush dance. The dance will be linked to the school's education week theme of Australia. Children are learning dances in P.E. classes so they can put on a show at the event. The emphasis will be on parent/guardian teaming with their child. Spot prizes for the parent/guardian child couple etc.
- June 2011: A craft expo and health information. The emphasis will be on parents/guardians/mentors doing activities with their kids. Dental and community health services and information will also be provided along with giveaways to attract the children.
- The remaining Fun Fridays will include:
  - Junior master chef with an emphasis on healthy eating, and cooking demonstrations by the children.
  - A French day including a French café, French activities. Again the children will be learning activities in class.
  - Parent child pamper afternoon. The students learn makeup and relaxation techniques and practice on each other. The event will also include "Things that fly" parents and children making kites together etc.
  - School concert.

## Outcomes

The school leadership have expressed that the sense of the school being a safe and a good place to be is noticeably improving.

In December 2010 SHINE was called to school on the last school day of the year. Many year seven students had found the school to be a special place and were crying about leaving school to attend high school in 2011. SHINE was asked to come and help the students calm themselves and begin to see the possibilities.

Other schools have heard of the success of the program and are interested in exploring having a Fun Fridays program.

DEECD have invited Family Life SHINE to present the model at principals and staff round-table meetings.

Family Life will continue to work with the community and programs such as Creating Capable Families, Creating Capable Leaders will be offered along with other innovative interventions.

Family Life's intervention is the outcome of community needs analysis and a collaborative approach to working with the community. After presenting the outcomes of the program to the Department of Education and Early Childhood Development three other schools have approached Family Life to address their current issues.

It is worth considering this quote from [REDACTED] School Principal

" For students to stay in school, succeed in school, build resilience, contribute to social capital and eventually finding employment we need to approach this need with a whole of community approach, involving students, parents, welfare, health and mental health professionals, clubs, youth groups and police."

"Communities with high levels of social capital, as evidenced by strong social networks, feelings of trust and safety and community participation, afford children access to supports, information, resources and role models that can contribute to positive academic outcomes for those disadvantage communities"

- Tennent, L., Farrell, A., & Tarler, C (2005) Australian Association for Research in Education (AARE) International Education Research Conference, 27<sup>th</sup> November 2005 Sydney

Intervening early in the development trajectories of disadvantaged children by identifying factors within their families and communities that create problems, and strengthening those that promote resilience, can redirect trajectories. As has been shown by the success of many intervention program and policies, the future of disadvantaged children is not predetermined, but is open to positive transformation"...

"Children from low-income families often do not experience the supportive conditions that foster their readiness to learn, and how they are disproportionately exposed to harsh physical and social environments that impact negatively on their capacity and desire to learn"

- Australian Research Alliance for Children and Youth (2009). *The implications of poverty on children's readiness to learn*, Perth: ARACY

**Inquiry Note:**

The attachment Community Bubs Case Study is not published within this submission at the request of the author.