

Submission to “Protecting Victoria’s Vulnerable Children Inquiry”

About FamilyCare:

FamilyCare is a community-based not-for-profit organisation and has been providing services to families and individuals in the Goulburn Valley, Lower Hume and surrounding districts since 1984. With its main office in Shepparton, FamilyCare has offices and staff in Cobram, Seymour, Wallan, and Kinglake.

FamilyCare Services relevant to this submission:

FamilyCare offers a variety of services within its Child & Family Information Referral & Support Team

- a) **Child FIRST** provides a single entry point into family services for vulnerable children and their families. Children and families can be offered earlier support, with the aim of preventing reports to the Department of Human Services, Child Protection Unit.

The core functions of Child FIRST are:

- Information and advice;
- Initial screening and assessment;
- Risk and needs assessment;
- Prioritising the need for service;
- Referral to Family Services or other services;
- Consultation with the Community Based Child Protection Worker where appropriate.

b) **High Risk Infant (HRI) / Parent Assessment Skill Development (PASD)**

Families identified and referred by Child Protection Unit. The services

- Provide intensive support for the unborn and up to 2 years of age; and
- Assesses parenting capacity and promote skill development to improve the outcomes for vulnerable children and families in a rural setting.

c) **Families First**

The Families First program is an intensive family based service, focusing on addressing the immediate needs of children and their families to enable them to remain together as a family. Only families experiencing DHS Child Protection intervention can access this program.

- d) **Child & Family Services** operates throughout the West Hume region comprising the City of Greater Shepparton and the Shires of Moira, Strathbogrie, Mitchell & Murrindindi.

All families with an unborn, child or young person up to 17 years of age are eligible.

The program aims to enhance family, child and adolescent health and well-being, help prevent child abuse and neglect and to support the family through major transitions and times of crisis. We work with families to apply a strength-based approach to achieving goals that the families have established.

A range of approaches from brief, early intervention and prevention through to more intensive, long term approaches are adopted to assist families to develop or enhance their ability to provide a safe and nurturing environment for children.

e) Group Programs are conducted including:

- Supported Playgroups
- Perinatal Depression Support Group
- Parenting Groups
- Grief and Loss

f) Parent-Child Program- established to assist parents and their young children (newborns - 4yrs) with a variety of childhood, parenting and family difficulties through practical advice and support.

FamilyCare's Day Stay Program guides families through two infant feeds and two sleep periods. Day Stay Units are provided regularly in Shepparton and fortnightly in Seymour and Cobram.

The In-Home support component of the Parent Child Program provides a visiting service to families to assist with establishing a routine, feeding or settling problems, sleep disturbances (mother and baby), toddler behaviour problems with emphasis and support provided for:

- Mothers or children with a disability;
- Multiple births;
- Premature infants;
- Adolescent parents;
- Mothers or children who are chronically ill;
- Isolated/sole parents;
- Mothers with Post Natal Depression.

The staff work in conjunction with Maternal and Child Health Nurses, Paediatricians, General Practitioner's, Maternal and Paediatric wards and other universal agencies.

g) Refugee Minor Program (RMP)- providing support to children and young people who are refugees, under 18 years of age and are in Victoria without their parents. The RMP is a statewide service for Victoria. In the Shepparton area FamilyCare has been case contracted to provide this service. The role of the RMP is to support the settlement process and to prevent breakdown in care arrangements through early intervention and proactive measures to assist families providing care.

h) Men's programs –including one-on-one counselling and group work, assisting men to respond to family discord and breakdown, and to understand the consequences of violence, and abuse and change their behavior.

All the services provided by Child and Family Services provide support and education to enhance family functioning which reduces vulnerability and cumulative harm.

Focus of this submission:

FamilyCare has responded to the questions outlined in the Inquiry's 'Guide to making submissions' below. The responses are brief and have been dealt with as a package under each of the Terms of Reference, taking into account:

- a) The timeline for making written submissions;
- b) FamilyCare's resource limitations for activities of this type; and
- c) The fact that other agencies, particularly relevant peak bodies, will be making more detailed written submissions.

FamilyCare is aware that the needs and interests of regional service providers and the families and individuals who use those services are different in key aspects to those of metropolitan services. This is a theme repeated in the commentary to follow.

FamilyCare is encouraged by the Inquiry's early recognition that different communities around the State will have input relevant to those regional areas. That recognition is evidenced by the Chair's listing of communities in which public hearings will be held in his Opening Statement on 28 February 2011.¹

FamilyCare looks forward to details of the Inquiry's anticipated visit to Shepparton and would be happy to be involved in discussions in whatever manner the Inquiry or its staff deem to be useful in this important process. Similarly if FamilyCare can assist by providing access to a venue or other practical support during the Shepparton visit we would be happy to assist.

Summary of Recommendations

Recommendation 1:

FamilyCare recommends that there be a clearer acknowledgement of the different risk factors, service needs, availability and capacity in rural and regional communities, and that this acknowledgement leads to:

- Specific rural and regional consideration in policy development and service design and
- A commitment to ongoing research.

Recommendation 2:

FamilyCare would support the application of a public health model to the child protection system and an organised, researched and documented trial of its effectiveness.

Recommendation 3:

An evaluation specific to the regional experiences of services targeted to at-risk families should be undertaken and considered as part of the overall evaluation of the service system.

Recommendation 4:

Regional offices of relevant Government Departments, in particular the Department of Human Services, should have the ability to capture and contribute to policy development on issues of relevance to their regional areas.

¹The Hon Phillip Cummins, *Chair's Opening Statement*, Protecting Vulnerable Children Inquiry, Melbourne, 28 February 2011, page 2.

Recommendation 5:

The design of the Child Protection service system, its development and maintenance, requires specific regional input, rather than reliance on metropolitan service provider input.

Recommendation 6:

The Department of Justice and the Department of Human Services should consider ways in which regional courts and court users can more effectively interact and build a better understanding of case and child protection issues in local communities.

Comments against the Terms of Reference and specific questions suggested by the Inquiry:

To inquire into and develop recommendations to reduce the incidence and negative impact of child neglect and abuse in Victoria, with specific reference to:

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

- 1.1 Given the different forms which child abuse and neglect may take, and the very broad range of risk factors involved (for example, parental substance misuse, domestic violence, socio-economic stress, inadequate housing, availability of pornography, parental history of child maltreatment, poor parent-child attachment, social isolation etc):
 - 1.1.1 What are the key preventive strategies for reducing risk factors at a whole of community or population level?
 - 1.1.2 What strategies should be given priority in relation to immediate, medium and longer term priorities?
 - 1.1.3 What are the most cost-effective strategies for reducing the incidence of child abuse in our community?
 - 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?
 - 1.1.5 Some in the sector have argued for the introduction of a 'Public Health Model' in relation to child protection. What might be the benefits of introducing such a model in Victoria? What are the main characteristics in such a model?

Response:

FamilyCare will defer to others to make comment on the broader issues.

There are however particular problems and challenges that confront rural and regional communities and in turn the families and individuals that an agency like FamilyCare works with. The issues range from physical isolation to the lack of a full and reliable range of service options.

Preparing an exhaustive list of 'risk' issues that might increase the potential for abuse and neglect in a rural and regional context is a difficult exercise. As an indication however, the risks for our client group include:

- Higher proportions of low income households generally and in greater concentration in some communities than might be the case in larger metropolitan populations;
- A lack of reliable and affordable health services, particularly mental health services and a full suite of ante and post natal care options;
- An increased potential for isolation in many forms, from physical location to exclusion from reasonable access to services, the ability to exercise choice because limited or no options exist;

- Greater exposure to 'uncontrollable' events (including the impacts of natural disasters, seasonal weather variation, longer term climate change and other 'natural' phenomena like pest plagues and so on);
- Lack of public housing and associated homelessness; and
- An increase in Cultural and Linguistically Diverse (CALD) populations in proportions and timelines that impact differently than in metropolitan settings with a larger general population base.

As service providers there are also unique challenges that follow working in rural and regional communities, such as:

- Building and maintaining trust;
- Ensuring appropriate levels of privacy and anonymity for clients and service staff alike;
- Travel requirements;
- Basic communication problems, especially variable telephone coverage; and
- Reliable access to suitably trained and experienced staff.

It is not all doom and gloom. There are also significant positives associated with working in rural and regional communities that are sometimes poorly understood or insufficiently acknowledged. Those include:

- Broad, generous and reliable community support, through fundraising, volunteerism etc; and
- An increased sense that community problems and challenges are 'shared'.

In response to later questions, strategies that might better support community service provision in rural and regional communities will be suggested. At this point however, it is worth noting that the differences between rural and regional and metropolitan contexts should be better acknowledged and understood.

Recommendation 1:

FamilyCare recommends that there be a clearer acknowledgement of the different risk factors, service needs, availability and capacity in rural and regional communities, and that this acknowledgement leads to:

- **Specific rural and regional consideration in policy development and service design and**
- **A commitment to ongoing research.**

In relation to the potential benefits of a 'Public Health Model' for child protection, FamilyCare is very supportive of further exploration and trialing. Recognising and tracking different levels of intervention – upstream (preventative), midstream (service provision) and downstream (crisis) – but as part of delivering balance across the whole system, would be better than the current environment, which feels more driven by and focused on the 'crisis' end. This is in part a direct reflection of more recent legislation and reforms.

As a practical example of a broader public health promotion approach FamilyCare developed a series of public advertisements that tackled some basic issues in the effective functioning of families. The ads received positive feedback – but for an agency of our size and scale were unsustainable. There are limited on-going, large-scale, public messaging campaigns that deal with issues of this type and we are

unaware of how the effectiveness of what is available is assessed over time.

Recommendation 2:

FamilyCare would support the application of a public health model to the child protection system and an organised, researched and documented trial of its effectiveness.

Consistent with Recommendation 1, it would be important to acknowledge and make allowance for rural and regional contexts.

2 *Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capability of those organisations involved.*

- 2.1 What is the appropriate role of adult, primary and universal services in responding to the needs of children and families at risk of child abuse and neglect? Please provide comment in relation to any of the services listed below or any additional services that you regard as relevant to this Term of Reference.
 - 2.1.1 Universal and primary children's services such as general medical practitioners, antenatal services, maternal and child health services, local playgroups, early childhood education and care services, primary schools, secondary schools, and telephone and internet based services for children and young people seeking information and support.
 - 2.1.2 Targeted child and/or family services such as enhanced maternal and child health services, children's disability services, family support services, family relationship counselling services and Aboriginal managed health and social services.
 - 2.1.3 Specialist adult focused services in the field of drug and alcohol treatment, domestic violence, mental health, disability, homelessness, financial counselling, problem gambling, correctional services, refugee resettlement and migrant services.
- 2.2 How might the capacity of such services and the capability of organisations providing those services be enhanced to fulfill this role?
- 2.3 What strategies should be given priority in relation to immediate, medium and longer term priorities?
- 2.4 What are the most cost-effective strategies to enhance early identification of, and intervention targeted at, children and families at risk?

Response

This series of question appears to build on the potential to pilot a public health model

approach to Child Protection. FamilyCare's support for a trial of that approach is noted in Recommendation 2.

It is worth commenting on FamilyCare's current experience of referrals in our work with vulnerable families and individuals. The consistent feedback of our service teams suggests that referrals work best when they pick up on vulnerability, rather than a situation escalating toward crisis. To that end, FamilyCare has invested in developing relationships with service providers who might facilitate effective early referrals, including early childhood professionals, school teachers and medical practitioners. The approach has been embraced – and we suspect is an example of how regional communities can work effectively together with a minimum of formality. The effectiveness is of course counterbalanced by demand factors, not only for FamilyCare, but for other providers as well.

As an example of a useful local project, FamilyCare has worked in partnership with Berry Street and the Council of Greater Shepparton to develop Integrated Practice Training. Recognising the challenges in and importance of reaching vulnerable families early and engaging them effectively², the training aims to better equip workers to understand and respond to an increasingly complex and challenging service environment. The feedback from participants has been extremely positive indicating they are gaining a greater understanding of the local service system, strengthening their professional networks as well as consolidating/gaining knowledge in relation to family centered practice and attachment theories.

We would be happy to expand on these observations if that would be of interest to the Inquiry, either in a written form or at the proposed Shepparton meetings.

For the 'universal' service providers FamilyCare believes there is benefit in both encouraging and supporting the early identification of vulnerability, so that it can be afforded sufficient priority. This is rarely an issue for an agency like FamilyCare where all of our clients tend to be vulnerable or disadvantaged or both.

FamilyCare has had less positive experiences of the shifting thresholds and triggers for when a matter will be considered as requiring child protection intervention. Our client service staff report more referrals are now being received that would, in the past, have been considered child protection matters. This has a variety of implications for the complexity of the follow-up work, the effectiveness of the support and the availability of services to families at a less 'escalated' point in their experience of difficulties.

Overall, our impression is that the system is currently mitigating against effective preventative and early intervention strategies, in favour of the more difficult crisis matters. A public health model could assist in ensuring all elements of the system are accorded priority, attention and resourcing in sufficient or at least improved measure.

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.*

²See for example McDonald Myfanwy, CAFCA practice sheet, Communities and Families Clearinghouse Australia, September 2010; Policy Brief: Translating early childhood research evidence to inform policy and practice – Engaging Marginalised and Vulnerable Families, No 18 2010

- 3.1 Over recent years Victoria has been developing an increasingly integrated service delivery approach to the support of vulnerable children and families. From a systems perspective what are the strengths and weaknesses of this approach? How should any identified weaknesses be addressed?
- 3.2 Providing a quality service to vulnerable children and their families is dependent on having a skilled workforce. What are the strengths and weaknesses of current workforce arrangements, ie working conditions, training and career paths? How might any weaknesses be addressed?

Response

FamilyCare is very supportive of the concept of an integrated system. The use of language to describe the intent and the practical reality of what is delivered however can often be very different. The questions have been broken into 3 segments:

- a) Family services
- b) Statutory child protection services and
- c) Out of home care

We provide brief comments against each of these segments but at a system-wide level there appears to FamilyCare to be significant gaps rather than genuine integration. Similarly and consistent with our earlier comments, the system is unhelpfully reactive to crisis, rather than appearing confident to tackle both short and longer term aims.

In relation to workforce, FamilyCare is aware that attracting and retaining quality staff can be challenging. We have already noted that access to suitably trained staff in rural areas can be problematic. Although as an agency we have experienced problems with staffing in the past, for several years FamilyCare has enjoyed a stable workforce and had good success in recruitment. This may be cyclical or coincidental. FamilyCare is however committed to supporting its employees through reasonable pay and conditions and, most importantly, a work environment that values good service and encourages lateral thinking to produce better outcomes for clients.

Community sector work generally and working with vulnerable families and children specifically can be demanding and sometimes confronting. You can certainly earn more money doing many other things. There are however considerable rewards in working with and alongside people to understand, tackle, meet and sometimes overcome the challenges they face. As a community we should recognise the value of this work more. Our observation would be that regional communities do a better job of recognizing and supporting the value of community work.

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)?

- 3.3.1 How might the identified weaknesses be best addressed? Are there places where some of these services work more effectively than

elsewhere? What appear to be the conditions associated with this and how might these conditions be replicated elsewhere in the State?

- 3.3.2 Is the overall structure of such services appropriate for the role they are designed to perform? If not, why and what changes should be considered?
- 3.3.3 Do the current services accommodate the needs of vulnerable children and families from diverse ethnic and cultural backgrounds?
- 3.3.4 Are there particular services that best meet the needs of vulnerable Aboriginal children and families?

Response

FamilyCare understands that in some locations the experience of services designed to assist at risk families, such as ChildFIRST, have not been universally positive. In general FamilyCare is positive about its experience. As noted earlier, where there are problems – for example in the consistency of referrals, or striking a balance between preventative and crisis work, they are reflective of demand pressures that the parties involved have little control over.

The relationships between service provision staff in the regional settings in which FamilyCare operates are excellent. There is always room for improvement but the starting point of a willingness to work together for the benefit of the clients who need the services is a solid foundation.

Consistent with commentary regarding the need to recognise and value regional experience, FamilyCare adds the following recommendations:

Recommendation 3:

An evaluation specific to the regional experiences of services targeted to at-risk families should be undertaken and considered as part of the overall evaluation of the service system.

Recommendation 4:

Regional offices of relevant Government Departments, in particular the Department of Human Services, should have the ability to capture and contribute to policy development on issues of relevance to their regional areas.

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?
 - 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?

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

Response

By far the most regular and difficult problems reported by our service teams relate to the child protection parts of the system. This is consistent with broader public commentary – although FamilyCare shares the view that sweeping criticisms of the Department of Human Services and its staff, and the unhealthy and unhelpful media obsession with reporting tragic stories in a sensationalized manner, are unfair and often inaccurate. The challenge is to provide straightforward comment but not add to what has on occasions approached hysteria.

FamilyCare would therefore like to stress that it recognises the difficulties inherent in undertaking child protection work. We value and appreciate the efforts of our colleagues across government and non-government sectors who perform vital, sometimes life-saving work in this space. The concerns we express are structural.

FamilyCare's activities bring our staff into regular contact with the child protection system. In fundamental ways that system struggles to keep pace with demand and to engage with important related activities. Based on our service experience, FamilyCare notes the following:

- As already indicated there are more matters referred to community providers now that might have been handled as protection cases in the past. This impacts on the complexity of follow up and diminishes the capacity to coordinate preventative work.
- Obtaining vital input or feedback from child protection staff in the Department of Human Services is too slow, intermittent and/or unreliable.
- Child protection input is vital in all cross-sectoral interactions from operational review to service planning. Obtaining that input in a routine and reliable way is extremely difficult.
- Out of home care is mediated by child protection staff. The communication challenges with child protection therefore undermine opportunities for effective interaction and collaboration with other service providers in care matters.
- There is, in FamilyCare's experience, a poor understanding of the differences between statutory and voluntary services, including which course is the most appropriate and in what circumstances.

FamilyCare is supportive of the concept of community based child protection workers. The effectiveness of the role at a practical level is undermined by the fundamental communication and engagement challenges.

c. Out-of-home care, including permanency planning and transitions

- 3.5 What are the strengths and weaknesses of the range of our current out-of-home care services (including respite foster care, foster care of varying durations, kinship care, permanent care and residential care), as well as the supports offered to children and young people leaving care?
- 3.5.1 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?
- 3.5.2 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?
- 3.5.3 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 appropriate contact between a child in out-of-home care and members of his or her family?
- 3.5.4 How can the views of children and young people best inform decisions about their care? How can the views of those caring for children best inform decisions affecting the wellbeing of children in their care?
- 3.5.5 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?
- 3.5.6 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?
- 3.5.7 What are the strengths and weakness 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?

Response

FamilyCare expects that other community submissions will note the depth and breadth of difficulties in the out-of-home care system. The difficulties include:

- Insufficient recognition of the carers who are part of the system; and
- A break-down in any reasonable transition planning or support for young people leaving care.

The situation is in many respects amplified in regional communities, because the potential pool of carers is much smaller. There are also far greater challenges in managing practical issues in smaller and/or more remote communities, ranging from maintaining appropriate levels of confidentiality, through to supporting access to parents or other family members who might live in or have relocated to other areas.

We are aware that our colleagues in the Goulburn Valley regional office of Berry Street have made a public plea for more families to consider becoming foster carers. Regional Director of Berry Street, Patrice Jackson, recently described the situation as a “crisis” in her comments to the Shepparton News.³

4 *The interaction of departments and agencies, the courts and service providers and how they can better work together to support at-risk families and children.*

4.1 Given the very broad range of professions, services and sectors which need to collaborate to achieve the best outcomes for vulnerable children:

4.1.1 Are current protocols and arrangements for inter-organisational collaboration in relation to at-risk children and families adequate, and how is the implementation of such protocols and arrangements best evaluated?

4.1.2 What needs to be done to improve the quality of collaboration at the levels of policy development and implementation, local and regional service planning and delivery, and direct service to individual children and families?

4.1.3 Are there specific models of inter-professional, inter-organisational and/or inter-sectorial collaboration which have been shown to be effective or promising, and which may be worthy of replications? This may relate to two organisations (for example, child abuse issues in which both police and statutory children protection services need to collaborate in an investigation) or to a much broader service network.

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

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?

Response

In FamilyCare’s experience, the wide variety of organisations across the government and non-government sectors, are all able and willing to collaborate to achieve the best outcomes for vulnerable children. That is not however the same as saying that all opportunities to collaborate are taken, or that all attempts at collaboration work effectively. Similarly there are structural and systemic issues that can work against

³Shepparton News, 4 April 2011

effective, practical collaboration at service delivery level.

As has been the case in our earlier responses, FamilyCare expects other submissions will cover the broader issues. FamilyCare will focus on its particular imperative as a regional community service provider.

a) The specific needs of regional community agencies and their clients:

FamilyCare has already noted that the factors impacting vulnerability and need are different in regional settings – as are the capacities to respond. It is therefore disappointing that there is not a reliable commitment to obtaining a regional perspective across service and system design and even within non-government service sector consultations.

As a bare minimum, important development work between the government and non-government sectors at a State level requires input from and exposure to the issues confronting regional non-government providers and their clients. FamilyCare accepts that could add complication, delay and cost but suggests that potential is at least compensated by the likely additional costs of problems that escalate unnecessarily in regional communities, because they have been inappropriately assumed as ‘covered’ by metropolitan responses.

Nothing in these comments should be interpreted as a criticism of our metropolitan sector colleagues whose invaluable input helps guide sector consultative processes with government. They do an excellent job. It is not however possible for those agencies to fully and accurately understand and represent the needs of local, non-metropolitan communities.

Recommendation 5:

The design of the Child Protection service system, its development and maintenance, requires specific regional input, rather than reliance on metropolitan service provider input.

b) The benefits and limitations of defining service relationships:

There has and continues to be some excellent work in developing and promulgating documentation to support effective service relationships. There is however a potential that the development of the documentation becomes the end in itself, rather than the provision of services and responses to need. Similarly, there is a growing tendency to over-define, or micro-manage.

c) Encouragement of innovation and ‘trust’ across the service continuum:

In the context of a more defined and precise legislative and regulatory environment, there is potential for some of the innovation that the community sector is best known for to be stifled. Similarly there is an increasing tendency for supervision of contractual compliance to diminish the genuine role of ‘trust’ across the service continuum. This is not a push-back against appropriate scrutiny of service levels and quality or of the necessary requirement to account fully for the expenditure of public money. It is instead recognition that these oversight functions support the delivery of services rather than being an

⁴21 January 2011, Consultation Paper Scoping Study for a National Not-For-Profit Regulator, The Treasury, Australian Government.

end in themselves.

FamilyCare is strongly supportive of many of the One DHS policy developments being undertaken within the Department of Human Services, particularly those aimed at streamlining the quality supervision and reporting process. Similarly we are strong supporters of the concept of a 'report once use often' approach raised in the Commonwealth Treasury's scoping paper for a national not-for-profit regulator.⁴

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 services 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?
- 5.1.2 What roles currently performed by statutory organisations, if any, might be more effectively and efficiently performed by non-government organisations, and vice versa?
- 5.1.3 What is the potential for non-government service providers to deal with some situations currently being notified to the statutory child protection service, and would it be appropriate (as is the case in Tasmania) for referrals to a service such as ChildFIRST to fulfill the legal responsibilities of mandated notifiers?
- 5.1.4 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?
- 5.1.5 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?
- 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 Centre's, local early childhood initiatives such as "Communities for Children" etc? What should be done to enhance existing roles or address any weaknesses?

Response

FamilyCare urges caution in assuming that all growth of 'for profit' options in developing and delivering effective protection to vulnerable children is a good thing. For example, there has been considerable benefit in the expertise of large, for-profit policy advisors being harnessed to consider the problems and to advise on and

review options for response. There is potential though for the line between advice and leadership to blur, with the risk that government could be seen as effectively outsourcing policy development for its most vulnerable to a corporation.

In a similar vein, FamilyCare does not support the transfer of activities better dealt with by the state to community providers. Child protection is one such function.

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

6.1 In light of recent child protection legislative changes, trends in other jurisdictions, and in particular the options put forward by the Victorian Law Reform Commission⁵:

6.1.1 What changes should be considered to enhance the likelihood that legal processes work in the best interests of vulnerable children and in a timely way?

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

Response

There are other agencies and peak bodies better placed to discuss the detail of the VLRC options in detail.

We offer the following observations about our experiences in the regional court system:

- Circuit judicial officers are required to perform a wide variety of functions, in highly pressured time-restricted circumstances, in cramped, out-dated facilities.
- The experience and understanding of those judicial officers of the issues and of the communities in which they operate are widely variable.
- There does not appear, for example, to be an effective or consistent understanding of the concept of cumulative harm in the regional courts that FamilyCare and its clients have contact with.

There are some very good examples of regular, effective consultations between the courts and local user groups. There may be benefit in trialing specific consultations regarding care and protection matters away from the pressure and process requirements of the court environment.

Recommendation 6:

⁵ June 2010 Protection Applications in the Children's Court (VLRC)

The Department of Justice and the Department of Human Services should consider ways in which regional courts and court users can more effectively interact and build a better understanding of case and child protection issues in local communities.

It is also relevant to note, in the context of commentary on FamilyCare's interaction with the formal justice system and the Courts, that there is a need for greater recognition of the importance of and support for working with men. FamilyCare offers a variety of men's services, as noted in the introduction to this submission. That work is amongst the least effectively funded of all of FamilyCare's service activities, in spite of consistent over subscription of the service options that are available.

Men are the predominate perpetrators of violence and abuse against women and children. Without any way diminishing the harm that conduct causes, or the need to deliver appropriate legal outcomes, FamilyCare's view is that services to men are a vital part of both prevention and response.

7 *Measures to enhance the government's ability to: plan for future demand for family services, statutory child protection services and out-of-home care; and ensure a workforce that delivers services of a high quality to children and families.*

7.1 Given the resources required to provide appropriate services and care for children and young people referred to statutory child protection services and in out-of-home care, what is the likely future demand for services and what needs to be put in place to help sustain services and systems and plan for and meeting future demand pressures?

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

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

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?

Response

This is a question for others to respond to. FamilyCare does however refer to its earlier comments and recommendations regarding the need to better acknowledge, understand and respond to regional issues.

8 *The oversight and transparency of the child protection, care and support system and whether changes are necessary in oversight, transparency, and/or regulation to achieve an increase in public confidence and improved outcomes for children.*

8.1 There is currently a range of oversight processes involved in the child protection and care system (for example, Ministerial/Departmental inquiries into child deaths

and serious injuries, internal organisational complaints procedures, and the statutory roles of the Ombudsman, the Victorian Auditor-General, the Child Safety Commissioner and the Coroner).

8.1.1 Are these processes appropriate or sufficient?

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

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

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

Response

FamilyCare would like to draw particular attention to the positive experiences we have had in interactions with the office of the Child Safety Commissioner. In spite of dealing with some of the most difficult and tragic of all cases, the office of the Child Safety Commissioner is a model of reflecting sense, moderation and sensitivity in dealing with complex problems. There is no attempt to dismiss or talk down the extent of difficulties; nor are promises made to magically fix complex, often inter-generational issues.

This approach stands in contrast to the hyperbole that often typifies the public discussion of child protection matters. FamilyCare would like to acknowledge the value we see in the Commissioner's style and approach.