

A submission to:

**Protecting Victoria's Vulnerable Children
Inquiry**

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The author of this submission has worked for 25 years in child welfare in Victoria. His positions have included team leader, unit manager and manager in a regional Child Protection program and program development work in Placement and Support and Family Services. For the last 10 years he has worked with Anglicare Victoria. His positions include manager of a local office providing family services and out of home care services. His most recent position is manager of a Child FIRST program and a number of family service programs.

The opinions offered in this submission are those of the author and are not necessarily shared by his employing agency.

But how can I explain, how can I explain to you?

You will understand less after I have explained it.

All that I can hope to make you understand

Is only events; not what has happened.

But people to whom nothing has happened

Cannot understand the unimportance of events.

TS Eliot: The Family Reunion

Our efforts are like those of the Trojans.

We think we'll change our luck

By being resolute and daring,

so we move outside ready to fight.

But when the big crisis comes,

our boldness and resolution vanish;

our spirit falters, paralysed,

and we scurry around the walls

trying to save ourselves by running away.

C P Cavafy: Trojans

Synopsis

This submission makes the following points:

- Protecting vulnerable children requires both a whole of government approach supported by community commitment. It is not solely the responsibility of the statutory Child Protection program
- All services involved with children have the opportunity and obligation to both identify and respond to vulnerability. Often what impedes this role is a “lack of know how” and uncertainty about role.
- Some sense of certainty and purpose can be provided by ensuring that all state funded services involved with children and families have the same legislative commitment to the “best interests of children”. This then needs to be backed up by well resourced and co-ordinated cross sector training.
- This applies particularly to adult treatment services, such as alcohol and other drugs, mental health and family violence, and the range of early years services.
- Family Services and Child Protection must develop an understanding of their different service orientations. These services must also understand how these orientations can be complementary in joint work with vulnerable children, particularly those children suffering “accumulating harm”.
- There is considerable frustration about “best interests” and the concept of “accumulating harm”. This is most evident when the needs of vulnerable children suffering “accumulating harm” appear to be unaddressed by both Child Protection and the Children’s Court.
- Addressing the issue of “accumulating harm” would be well served by introducing the standard of “risk of harm” into the legislation. This threshold could be determined by regional panels, on the application of Child Protection. “Risk of harm” sits below the level of “protection of harm” and above “significant concern about wellbeing” but will allow conditions, and monitoring of these conditions, to be established for families with a track record of being unable to improve the circumstances of ‘accumulating harm’ facing their children.
- The notion that “partnerships”, in lieu of legislated and a co-ordinated whole of government approach, can carry responsibility for bridging service and program silos is naive. Legislation is required to ensure that the three government departments, Department of Human Services (DHS), Department of Health (DoH) and Department of Education, Early Childhood Development (DEECD), work coherently together at all levels (state, regional and local) to ensure service integration.

Protecting Victoria's Vulnerable Children Inquiry

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

As a community there must be widespread acceptance and acknowledgement that the protection of children is not just the responsibility of the Child Protection program. The actions to protect children cannot be separated from policies to improve children's lives as a whole.

All sides of politics must avoid exploiting the tragedy of child deaths and serious injuries to score cheap political points. All sides of politics need to take a bi-partisan view that the protection of children is everyone's business. This will require political maturity particularly in the face of media hysterics.

The acceptance of a public health model to better reduce the incidence of child abuse will require the development of early identification and response systems to provide families and children with assistance before problems escalate into crises. Both the identification of, and the response to needs, should happen within a framework of universal service provision that can take a more proactive role in responding to early signs of vulnerability.

This will require the development of an integrated approach across the three levels of government, non government organizations and universal service providers. Fundamentally, this will require common legislation based on best interests of children. It is imperative that the legislative base of the Children, Youth and Families Act (2005) be extended to the range of adult treatment services and early years services funded by the state government. From this, changes will flow to funding, governance arrangements, measurement of performance and the development of a common language.

Universal services must be backed up by responsive and capable secondary services, (AOD, mental health, family violence), working closely with Family Services and prepared to be explicit about the statutory role of Child Protection. One means of doing this is to locate secondary services within a cluster of universal services.

Effective and timely legal and civil responses, must be developed to ensure that perpetrators of family violence are held accountable for their actions and that their future family relationships and contacts are controlled and regulated.

As a community, we need to accept that toxic environmental factors, in a number of deprived and poorly resourced communities, will require a substantial, whole of government approach in order to redress lack of opportunities and major deficiencies in services.

Dropping Off the Edge (2007) looked at the distribution of disadvantage in Australia. Its conclusions were that during the early years of life and in late adolescence, the influence of location, (even after allowing for individual and family disadvantage), was significant in influencing outcomes for children and young people. The study also suggested that there has been a persistence of social disadvantage in the same locations over many years.

Jan Carter (Report of the Community Care Review, 2000) provided a detailed view of the importance of community building and the impact of economic and social conditions on families and children.

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.

Vulnerable children at risk are seen across the service and intervention spectrum. For example, early years services will recognize the behaviours of children who live in violent households. But how the staff in these services begin to have a conversation with a parent of such a household is a challenge. Do they, should they? If they do, what then? How and with whom is this information shared? How should these services respond to children whose attendance is spasmodic?

Intervention strategies need to be based on what “we know” This dictum also applies across the intervention spectrum. For example, we know that the life circumstances that seriously limit young children opportunities for success can be significantly ameliorated by early investment in care and education, (Shonkoff, 2000). At the other end of the intervention spectrum, we know that over two thirds of children entering out of home care have at least one parent with a substance misuse and that half of all children entering care for the first time have at least one parent who is frequently intoxicated. (Scott, 2010)

The extent of the family violence epidemic, and the impact of this epidemic on children, is becoming increasingly evident in the numbers of children presenting to a variety of agencies with learning difficulties, social and emotional distress and poor self regulation. Often, these children remain untreated and/or continue to subsist in violent households. The trauma these children carry, spills into our education and mental health services. (Some are seen, often too late, in our out of home care services.)

Recent research has conceptualized family violence as an attack on the mother-child relationship. (Humphreys et al. 2010). There are interventions that can be usefully applied across the service spectrum to address the relationship and parenting issues between mothers and their children in the aftermath of violence. This requires educating all parts of the service system, (from early years services through to Child Protection), and providing opportunities for different parts of the service system to work together

The challenge is putting these “knowns” together across the service spectrum.

At a secondary treatment level we need family violence, drug treatment and mental health programs to be both accessible and child - family aware and sensitive. Our adult focused interventions, informed by our research, must recognize the needs of children. Adult focused treatment services must become comfortable in working alongside early years and specialist children’s services and family services in the joint delivery of a child centered family focused practice. Additionally, our child focused early years services must become comfortable in developing familiarity and relationships with adult treatment services.

However, funding and program silos make integrated local solutions difficult. Rapid turnover of capable Department of Human Services (DHS), Department of Health (DoH) and Department of Education and Early Childhood Development (DEECD) advisors doesn’t help. At a regional level there is no sense that the three government departments, responsible for the well being of children, have any coherent understanding and plan of how to go about encouraging and developing regional, catchment and local service integration.

Regionally and locally, programs are measured by their program specific Key Performance Indicators (KPIs), without reference to other program measures or target groups. These KPIs by their output measurable nature are often meaningless. Instead programs need to be evaluated in terms of client outcomes that measure the impact of multiple programs and joint interventions. As we move increasingly into the practice and program world where it is a requirement that multiple

services work together, in a coherently systematic cross programmatic way, the need for evaluation will be even greater.

A rash of new programs, overlaid and not connected to existing programs, are not needed. What is needed are additional resources to enable better linkages and co-ordination between the funded programs that are already provided by multiple agencies and services. These resources need to be made available at a local level for collaborative and partnership activities. Some resources are currently available. For example, small amounts, \$20,000 per annum, have been made available for Family Services' catchment partnerships. Yet, without additional funds being diverted from direct service delivery, this amount will often only provide for the administrative demands that have grown out of the Partnership.

Successful interventions will generally involve continuous adaptation to local needs and local strengths by joined up activities that are flexible to changing circumstances. There are examples of this. In the Knox area, for example, a network of local services, led by Anglicare Victoria, has conducted forums and workshops involving early years services, family services, child protection and family violence. The purpose of these forums is to increase familiarity with each other and to develop understanding of what each service can contribute to improved outcomes for children. However these activities are time intensive and often develop outside the parameters of formal partnerships.

Formal catchment and regional program partnerships, provided with scanty program/service development resources, are not mandated with legislative capability to secure cross sector reform. Resources must be provided for service development work to occur across programs and at both a regional/catchment level and at a local service delivery level. Local service provider familiarity must be sustained and further developed.

No individual program can be considered responsible for meeting the complex needs presented by vulnerable children and their families, particularly in deprived social circumstances. As Schorr stated: *We cannot march program by program into the better future we seek.* (quoted in Protecting Children: The Child Outcomes Project, The Allen Consulting Group, P.66, 2003)

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.

Victoria's Child Protection program is currently a highly targeted service which responds to children who are at risk of significant harm from a critical episode (s) of abuse. It remains very largely an emergency service which responds to the small minority of families in which there are extreme risks of grave maltreatment.

Protecting Children: The Outcomes Project (2003) suggested, based on internal DHS data, that the program successfully fills the role of managing discrete episodes of significant abuse. The program appeared able to take decisive action and to follow through; evidenced by few re-notifications for severe physical and sexual abuse and a high number of family reunifications (compared to the outcomes for other abuse types). This report was eight years ago. Little appears to have changed.

There was then and there remains now, a cohort of children to whom the program/system is less responsive. These are the children whose characteristics and family circumstances have led to multiple notifications (reports) to child protection. It was the lack of service responsiveness to these

children's needs, despite multiple notifications, that was the driver for the reforms known as "Every child, every chance" and the legislation changes of 2007.

Services that witness the impact of this type of abuse recognise that long term difficulties for children rarely follow from a single abusive event or incident type. Messages from Research (1996) argued that these long term difficulties for children are a consequence of living in an unfavourable environment, whether this is an environment characterised by family violence, substance abuse, mental health or combinations of all three.

These presentations have been variously described as 'cumulative harm', "chronic neglect" or "low impact-high frequency" abuse. The impact of this abuse has been well documented (Jackson 2007). It is now generally accepted that child neglect can be just as harmful to children's cognitive development as physical or sexual abuse, (see report in The Age, 27/12/2010, "Child neglect as harmful as abuse") The presentation of children suffering this type of abuse is seen by professionals throughout our service system including early years services, schools, CAMHS, adult mental health services, AOD services, housing services, family violence services, family services and child protection.

Despite the intent of the 2007 legislative changes, the system's ability to promote and protect the needs of this cohort of vulnerable children and to systemically ameliorate the impact of 'accumulating harm' on children remains significantly constrained.

These constraints have occurred, in large part, in the context of two key areas of the Children, Youth and Families Act (2005). There was considerable optimism when the Act was proclaimed. A reason for this optimism was that one of its major features was the placing of "best interest" principles (S.10) as the corner stone of the new Act with the requirement that these principles would apply to all to those governed by the Act, Family Services, Child Protection and the Children's Court.

The "best interest" principles were seen, by many involved with vulnerable children, as closely linked to the section of the Act dealing with the circumstances in which Child Protection could intervene. This section stated that protection from harm could be a matter of "accumulated harm" as long as it was related to one of the six grounds of abuse (S.162).

The notion of "best interests" and "accumulating harm", rather than being concepts that provide a framework for shared discussion and action, have instead become vehicles for endless debate and frustration about risk thresholds and program responsibilities.

The best interests of a particular child, in a particular family and at a particular point of time is (except in the most extreme of abuse cases) never easy to determine. For this reason some commentators (Hansen and Ainsworth, 2011) would abandon it as a concept and as a practice tool. It is argued that as a concept, because of its indeterminacy, "best interests" is always in the eye of the beholder and subject to bias and cultural/class influence.

The challenge is, as always of course, to use the explosion in knowledge we now possess about brain development and trauma to balance, measure and evaluate different variables **over time** and to analyse, **over time**, treatment and other care options. Meeting the "best interests" of a child who is enduring the debilitating effects of "accumulating harm" is never about the single treatment silver bullet. It is not about a one off child protection intervention, nor about six weeks of intensive case management nor about a period of out of home care. It may be about all these interventions but fundamentally it is about clarity of purpose of intervention with this child **at this time and over time**.

This will require emotionally intelligent and critical practitioners and sustained and prolonged joint work from multiple agencies. This is expensive (capable practitioners are worth their weight in gold), time consuming and very challenging to those who fund and manage the service system.

The context of “best interests” and the conflict that has arisen from the concept of “best interests” permeates the following discussion of the constraints that continue to inhibit our collective ability to protect vulnerable children.

These constraints come under four headings. However each constraint is closely related to the other three:

Child Protection’s preoccupation with abuse as an “event”.

The Child Protection program, despite the inclusion of the need to consider the impact of “accumulated harm” on abuse types (S.162 CY&F Act), is still preoccupied with abuse events rather than the entrenched processes that, over time, inflict considerable harm on children. An approach that determines intervention largely on the basis of “is the child’s immediate safety at risk?” makes it very difficult for a program to work, in partnership and over time, with other services involved with vulnerable children who live with unresolved issues of “accumulating harm”.

Why, despite legislative changes and the extensive training and education about the “best interests” principles, has it been so hard for Child Protection to shift its focus and to recognise that children face significant harm from the accumulation of abuse? In part this is both a workload (choices relating to priority of response are made when demand increases) and a workforce issue (it takes considerable skill and experience to manage the complex interplay of social and family factors that contribute to cumulative harm).

But it is also an issue of orientation. Child Protection has a series of Key Performance Indicators (KPIs) that monitor throughput. How long can a case remain open in this phase and so on. Whatever the intention, these KPIs have created a culture that makes case closure an imperative and the drive to case closure is seen as a mark of a successfully performing program.

We have to expect more from our statutory Child Protection program. How can this be achieved? What is the relationship of Child Protection to Family Services? What are their defining and distinguishing characteristics? What are their core responsibilities? And how can these responsibilities be successfully combined to ensure both safety and adequate development of children?

Robyn Miller (2006, p.39) has suggested that “interventions with families need to be both respectful and strengths based with families and forensically astute”

Interventions of this sort require a sophisticated service system and a sophisticated practice framework. It requires an orientation that can balance risk assessment and risk management using strengths based approaches. The Victorian challenge is that this service response is the joint responsibility of two organizationally separate service systems, with historically very different service orientations.

This submission argues that the development of a shared orientation requires, as a first step, an understanding of the primary function of each service. Each service needs to understand what critical elements each service brings that will complement and support each other’s work with families and children.

Experience of the first four years of working together under the now “not so new” Act suggests this understanding is still to be widely accepted. If we are to pursue this understanding, what are these elements?

For Family Services the core element is the capacity to engage with a family in order to develop an intervention that is strengths based and uses a range of skills and approaches (eg. pro-social,

practical assistance, advocacy, mediation etc). In the vast majority of cases, risk will be managed in an underlying way via goal directed intervention. In some circumstances risk factors will be directly addressed. Often this will occur in the presence of Child Protection. The effectiveness of Family Services intervention will be assessed on the basis of the achieving of agreed goals (goals that are developed in relation to the best interests of children).

For Child Protection the core element is risk assessment and, in particular cases, ongoing involvement in risk management. Child Protection's expertise lies in comprehensive and focussed risk assessments that compliments and expands the Family Service focus. At the same time the Child Protection presence reinforces to the family the magnitude of the concerns for the child. This is an important regulatory function.

In practice these elements mean that:

- Child FIRST/Family Service staff must develop an awareness of risk indicators that will inform planning and goal setting with families. Staff must also be aware of the indicators of immediate risk to children.
- Child FIRST/Family Services staff, in consultation with Child Protection, must be able in times of crisis to develop a safety plan.
- Child FIRST/Family Services will continue to work with underlying risk that will be alleviated by strength based interventions.
- Child Protection must become involved, and remain involved over time, when it is clear that the circumstances of family life that are continuing to adversely affect the child (accumulating harm) are proving intractable and there is limited "willingness and ability" of the parent to change these circumstances. (see below for further discussion)

The constructive and case specific combination of these primary roles can provide, as Robyn Miller suggests, a complementary service response. This service response can provide opportunities for supportive and at times intensive work with families and children while ensuring safety from both immediate and cumulative harm. Much of this work has to be done jointly.

How do we determine at what point, in the life of a case, does each part of the service system do what? How do these primary differences in focus help us to determine this? Family Services work with a strengths based assumption that, with supports and active intervention, a family has the capacity to change in order to meet its children's developmental needs. Conversely, Child Protection works with an investigative assumption that questions this capacity. These differences provide a tool to determine appropriateness of referral and of role. The distinction becomes less one of splitting hairs over "significant concern" and "need of protection" and more one of "the parent who cannot or is unlikely to protect the child from harm of that kind" (s.162).

This distinction allows the threshold into Child Protection to focus on the parents' capacity and willingness (or not) to protect and care and requires a view about the parents' capacity to change, including capacity and willingness to engage and work constructively with services. What is the family history of engaging with services both universal and secondary? What do services need to do to constructively engage? What is an appropriate service and system response when constructive and repeated engagement attempts have been made and failed? What is an appropriate service and system response when engagement occurs at a superficial level but the parental capacity remains unchanged and the risk to children remains undiminished over time?

These questions remain largely unresolved and sit at the forefront of interface difficulties between Child Protection and Family Services. Family Services, because of its case management and case co-ordination role, will often be in the position of representing the concerns of other sectors involved with the family and children. There are times

when the Family Service worker is caught between a non responsive Child Protection program and a number of community agencies who are distressed at the continuing deterioration of a child's wellbeing and welfare.

The inability of the system collectively to marshal sufficient statutory leverage to produce some changes in family dynamics and circumstances without recourse to the Children's Court

It is now four years since the Children, Youth and Family Act was introduced. Its intent was to provide a framework for a service system that could both meet the needs of children while simultaneously ensuring their protection.

Problems in developing and maintaining this dual focus remain. Increasing numbers of children are being reported to Child Protection, increasing numbers of children are entering out of home care and the family services program is in many areas operating like a defacto child protection program as it manages children with significant risk issues. (Ombudsman's Report 2009)

The notion of a complementary role for Family Services and Child Protection has been discussed above. Such a role, if broadly accepted, will go some of the way to enabling the two parts of the child welfare system to work together. Widespread acceptance will however, require a significant cultural shift within Child Protection. Legislative changes may encourage this.

This submission argues that Child Protection has a critical statutory and leverage function in bringing about improvements in the lives of children who are experiencing the debilitating impact of accumulated harm. Child Protection's capacity to be involved in this space is limited by the application of the current legislation. The application of the legislation still assumes that minimal intervention in a family's life is the preferred philosophical position. This was the position assumed by the Children and Young Persons Act (1989).

For example, the only legislative action available to a protective intervener following the decision that the child is in need of "protection from harm" is an application to the Children's Court which requires proving that the child is in need of "protection from harm" (section 240). This is a rapid escalation of both protective concerns and of judicial authority.

Such an action immediately catapults the child, the parents and the protective worker into an adversarial contest in the Children's Court.

It is true that administratively the CP program has a standard that if a case is "substantiated" (not a term found in the legislation) then it can remain open, with active CP intervention for 90 days. This was recently increased to 150 days in Eastern Metropolitan Region, via the pilot Demonstration project.

Realistically however the philosophy of minimal intervention has meant that these cases (most often those characterised by low impact – high frequency) are the last to be serviced. The program's use of numerical driven KPIs, which demand closure of cases approaching/ reaching 90 days, does not help this.

The current act (Children, Youth and Family Act, 2005) provides a broader benchmark for family intervention. It introduces the concept of "significant concern about well being" as a step down from "protection from harm". However this legislative concept provides little statutory leverage apart from allowing information seeking to occur without parental consent. Child Protection see no role for the program in being actively involved in these matters. Family Services are left to manage these (with support from a Community Based Child Protection Worker who are often divorced from the Child Protection program). Attempts to reinvolve a program that has statutory leverage is becoming increasingly difficult.

The task is how to get Child Protection to work alongside family and other services when it is clear that continuing parental and family dysfunction, if continuing unabated, will significantly damage the child's development. The measure of how effectively the dual focus on safety and development has been implemented, will be the degree in improvement in the living circumstances of these children.

Is there room for legislatively formalizing a role for Child Protection that sits below the proving of the need for "protection from harm"? This would require a definition that does not need formal judicial approval but does require the giving to Child Protection of a statutory responsibility, beyond the requirement to investigate.

Such a role would allow Child Protection to sit alongside community agencies - "sharing the responsibility" - and actively working together, over time, rather than rushing back to the office to close, now that another agency is involved.

There may be a place for a definition of statutory intervention that sits between "significant concern" and "protection from harm". For example, "risk of harm" could be a possible bridge.

This concept would deal with the "wicked problem" of accumulated harm/ chronic neglect/ low impact – high frequency abuse. It would allow Child Protection, via a formal statutory order with conditions, to remain involved for a set period of time. It would avoid the initial requirement, at this early stage of intervention in matters of "accumulating harm", of taking the draconian and never likely to succeed step of "proving" that the child needs "protection from harm" (a sure set up for an adversarial contest as it can, not unreasonably, be argued that the parents have never been given a chance to improve).

However, to be effective, applications for such a statutory order should avoid a formal judicial hearing. The child is not being removed and there is an intent to mobilize resources to improve the family circumstances in the interests of the child's development.

This could suit the role of a local (regional) tribunal which would be mandated to make "supervision" orders with conditions. A review process could be implemented that would require the parents, the child, the Child Protection worker and the agencies to report on progress.

This intermediate stage of intervention could provide a framework for an "accumulating harm" case to be developed. A standard requirement could be a holistic child assessment of the child that could provide a benchmark for measuring development/deterioration. Tasks for parents could be spelt out and services mobilized. The case could be referred back to the Panel for review in order to monitor improvements and change.

In instances where the tribunal is not satisfied that changes have usefully occurred, the unresolved "risk of harm" situations could be referred directly to the Children's Court for a hearing in relation to "protection from harm". This process has the advantage of removing decision making from the Child Protection program , in terms of the next level of statutory intervention, particularly in relation to those cases of "accumulated harm". It is these cases that seem beyond the capacity of both Child Protection and the Children's Court to effectively respond and to resolve.

The absence of any child focussed legislation to influence the behaviour of sectors other than family services and child protection.

From a systems perspective an integrated approach to vulnerable families is incomplete. The legislative framework that enshrines the principles of best interest and must underpin any system wide service integration applies only to child protection and family services. Other state funded programs, deeply involved with vulnerable families, are organized under different legislation and under a different government department.

There needs to be a legislative requirement for all adult services (AOD, mental health, family violence) to take account of and pay attention to the best interests of children, in the course of their interventions.

This was the position argued by a number of reports prior to the new legislation being introduced. Kirby, for example, proposed *“the creation of a legislative framework which recognizes that responsibility for the protection and welfare of children lies not just with DHS, but a broader range of departments, the non-government and families themselves”* (p.29, 2004)

This has not occurred. The current legislation, which requires that best interests of children be of primary importance and that there be an integration of intake functions, is applicable only to family services. None of the other service systems (mental health, alcohol and other drugs and family violence) come under this legislation.

The over reliance on the concept of “partnership” as the vehicle for producing significant cross sector reform.

See section below

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

The need for service integration within Victoria has, for many years, been persuasively and extensively argued for. For example both Protecting Children: The Outcomes Report (2003) and the Kirby Panel Response (2004) agreed that the existing Child Protection system is fragmented by divided responsibilities, poor mechanisms for interagency consultation and support and lack of shared responsibility for service provision.

Compelling data was provided. 73% of all parents in substantiated child protection cases (requiring investigation and intervention) had at least one of the following characteristics; mental health disability, intellectual disability, family violence, alcohol or substance abuse.

These figures would reasonably suggest that a strategy, to develop a shared responsibility for better service provision and service outcomes, should actively pursue integration of those services involved in these case circumstances. Despite the rhetoric, specific proposals to actually integrate a number of separately structured, funded and often philosophically different services systems are much thinner on the ground

Integration raises difficult political, organizational and resource issues. The submission has previously mentioned the absence of any legislative requirement that requires all government funded services (early years service through to specialist secondary services like mental health, AOD and family violence) to take into account the best interests of children. This lack is paralleled with an absence of a legislative whole of government approach to system and service reform. Instead, DHS, DoH and DEECD have relied on the concept of ‘partnership’ as the means of instituting sector and service integration.

Close working relationships between agencies and between agencies and DHS are a pre-requisite to improved client outcomes. However, the significant sector and cross sector re-engineering that is required to deal with the increased complexity of vulnerable families and children requires much more than seemingly ad hoc inter departmental processes and program specific “partnership” arrangements.

Currently, mechanisms for interagency consultation, support and planning are developed and conducted via protocols, networks and partnerships led by funded agencies. Some of these activities may be supported by some program development resources. Often these resources are sufficient only to service the internal administrative requirements of the partnerships, let alone deal with the magnitude of cross sector reform. Sector partnerships processes often run parallel to each other. DHS and DEECD and DoH have a patchy regional record in leading these initiatives and in ensuring that the partnership efforts undertaken by each sector are co-ordinated..

We know that improved outcomes for children, with multiple vulnerabilities, are critically dependant upon reforms in and access to an understanding of Family Violence, Mental Health and AOD services. This requires a whole of government approach that is replicated at both a regional and a local level.

The expectation that significant cross sector reform and the development of an integrated service system can be lead by the funded sector, via the vehicle of "partnership", is a complete abrogation of government and departmental responsibilities.

David Green has suggested that: *"We need partnerships to enhance solutions rather than partnerships as the solution."* (2004) Partnership arrangements are not an adequate default position for the complex and detailed work of service integration. This requires a legislative base, integrated inter departmental planning and adequate implementation resourcing at both a regional and a local level. It is not reasonable to expect operational managers of Community Service Organizations to juggle demanding client based service responsibilities as well as having carriage of network and program development and service integration

The appropriate roles and responsibilities of government and non-government organisations in relation to Victoria's child protection policy and systems.

Community Service Organization's (CSOs) must neither accept the responsibility of the state in relation to the statutory protection of children nor of the guardianship of children when it has been deemed necessary to remove a child their parents.

We do child rescue work well, but we don't do the rest well. It is not our core business. (Child Protection worker quoted in **Public Parenting**, 2003).

This particular mind set seems to sum up the cognitive dissonance that exists within Child Protection in relation to the assuming of the role of responsible care giver and guardian. We can remove (rescue) children but it is not our business to provide a foundation of care and responsibility that will make up a child's deficits and then affirmatively and assertively grow and nurture a child though to adulthood.

Once the state has deemed it necessary to remove the responsibility and authority of the parenting role, it must assume the responsibility and exercise the role of "*parens patriae*". This is the responsibility that sees the state assuming the role of an effective guardian and behaving like an effective parent.

In circumstances in which children find themselves in long term placements, Child Protection, as the guardian, must behave like the responsible parent. What responsible parent has no vision for the living arrangements and intimate familial relationships for their children over their formative years? Guardianship requires a parental response; it is a fundamental statutory responsibility that over the last decade has got lost in the focus on immediate and forensic risk.

It is not uncommon for cases with children in long term care to be unallocated because, so the explanation goes, the child is not at significant risk. Does not this inaction and the danger of planning and placement drift place the child at significant risk?

It is proper for CSOs to provide the child with an environment that provides intimacy, nurturing and developmental opportunities, as in foster care. But this level of responsibility must never be confused with the responsibility that sits with Child Protection (DHS): the long term planning and the provision of often expensive and specialist resources that children in out of home care require. CSOs must never accept a case contracting arrangement when the long term direction of the case has not been spelled out. It is an exercise in "bad faith" for CSOs to barter and plead with DHS for the essential resources to meet the needs of children in out of home care.

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

Some legislative changes have been suggested above. This change introduces an intermediate statutory step, between "significant concerns about wellbeing" and "protection from harm". This will allow Child Protection to have a role in monitoring parents willingness and ability to make changes in lifestyle and behavior that are required to improve the developmental, emotional and psychological functioning of their children.

There must always be a role for the Children's Court in establishing 'protection from harm' and in authorising the removal of children from their parents' care. Enough has been written about the failures of the Court to be respectful to witnesses and to hear important evidence.

The legislation already provides the Court with a framework to develop an inquisitorial process. Section 215 is very clear about this. It requires that the Family Division of the Children's Court:

- Must conduct proceedings before it in an informal manner
- Must proceed without regard to legal forms
- Must consider evidence on the balance of probabilities (burden of proof in Criminal Division of Court is "beyond reasonable doubt").
- May inform itself on a matter in such a manner as it thinks fit, despite any rules of evidence to the contrary.

What is needed is an educated and specialist judiciary. The court needs to be headed by a judge with the power to oversight processes and decisions and the conviction to conduct the court as the Act requires, in the best interests of children.

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