

**29 April 2011**

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

### **RE: "Submission"**

#### **Terms of Reference**

The Inquiry has been given very broad Terms of Reference (in italics below) and we invite submissions from a broad range of individuals and organisations, which address one or more of these terms of reference. The issues and questions highlighted below under each term of reference are not exhaustive and are set out to assist in the making of submissions.

The input of children, young people and their families (including biological, foster, permanent care and adoptive families) is encouraged. Insights from their experiences are especially welcome.

***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?

#### **Answer:**

*Should be for Australian State and Territory governments to lead by example, but at all levels of government people are too busy feathering their own nests and hiding it in legislation.*

1.1.2 What strategies should be given priority in relation to immediate, medium and longer term priorities?

#### **Answer:**

*Governments at all levels must have concise legislation in place to make all levels of government prosecutable to us the people, but that is never going to happen because no-one in government wants to be held accountable.*

1.1.3 What are the most cost-effective strategies for reducing the incidence of child abuse in our community?

#### **Answer:**

*Governments believe they have total right to interfere in family life mainly in areas they consider disadvantaged and poor, but are not accountable when they make mistakes*

*because anything a government or anyone professing to be a child protector does or says it acceptable. All tiers of government believe just saying sorry and throwing a few seeds of money to the abused, at same time setting up another abusive service under the name of helping is acceptable. Then this inquiry wants to know what cost-effective strategies can be put in place. Please spare the rhetoric. That is what this inquiry is all about, more and more services for the masses by so-called educated professionals. This system was never meant to be cost effective. As for reducing incidence of child abuse, poor teachers and teaching methods (flavour of the day), teachers who are mandated to report parents abusing children but feel they have total right to put down students by the usage of the term "DISADVANTAGED" or "from trouble making families". That is CHILD ABUSE!!... But unfortunately isn't prosecutable under the under Children, Youth and Families ACT 2005. Nor has it ever been in legislation from the 1864 Neglected Children and Deserted Wives Act.*

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?

**Answer:**

*No, because then we need more services to use and abuse children by segregating them and classifying them. All children should be treated the same. While I understand the real purpose of this report is for more services not less, stop fluffing it up with fairy-floss jargon. Education in Victoria should be of high quality in all levels of schooling instead of junk ,then parents and their children would not have to worry about your levels of ADULT, PRIMARY AND UNIVERSIAL services.*

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 of such a model?

**Answer:**

*More medical professionals, therapists, social workers, drug companies making more money and abusing children. As it is there are too many of these so-called professionals and now they need work.*

***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.

**Answer:**

*I thought the report was about child abuse not how many services there are. Anti-natal From my children; medical practitioners tick the boxes no proper checks; taught how to breastfeed using doll; fill in questionnaires; weren't taught breathing techniques or proper healthcare of themselves. Some very good, some bullies, no proper help except for*

*paperwork. As all of above are mandated to report anything they consider child abuse then look at the real abusers. The organisations that have vested interest in gaining funding by any means. As for telephone and internet should be banned as too many paedophiles and judging from all reports I have read including the: "Inquiry into Paedophiles in the Ministerial Foreign Office 200?can't be monitored properly.*

2.1.2 Targeted child and/or family services such as enhanced maternal and child health services, children's disability services, specialist medical services, child and adolescent mental health services, family support services, family relationship counselling services and Aboriginal managed health and social services.

**Answer:**

*How many more do you need to see that these are the problem!*

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.

**Answer:**

*Victorian Government at least since 1997 has been telling all young people and older people that taking drugs both illegal and legal is acceptable but taking is safer by being near friends. Medical professionals are addicted to prescribing drugs as I found out after fracturing my wrist last year. Victorian Governments are and have been addicted to alcohol; tobacco; gambling revenue. Migrants must fit in instead of having mini-organisations/communities inside the larger community. Segregation is not healthy for anyone.*

2.2 How might the capacity of such services and the capability of organizations providing those services be enhanced to fulfill this role?

**Answer:**

*Innovative funded job creation. ABUSIVE to all Australians*

2.3 What strategies should be given priority in relation to immediate, medium and longer term priorities?

**Answer:**

*Innovative funded job creation. ABUSIVE to all Australians.*

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

**Answer:**

*Innovative funded job creation. ABUSIVE to all Australians.*

***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.***

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 eg working conditions, training and career paths? How might any weaknesses be addressed?

**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?

**Answer from 3.1 to 3.3.4:**

*Innovative funded job creation. ABUSIVE to all Australians*

**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?

**Answer:**

*There are not weaknesses anymore as unless my reading of the Children, Youth and Families Act 2005 means that anyone except parents can use and abuse the child, misuse that Act to suit their advantage then throw child away when long longer financially viable.*

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?

**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 well-being 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?

#### ***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-sectoral collaboration which have been shown to be effective or promising, and which may be worthy of replication? This may relate to two organisations (for example, child abuse issues in which both police and statutory child 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 organizational 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?

#### ***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?

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 nongovernment 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 centres, local early childhood initiatives such as "Communities for Children" etc? What should be done to enhance existing roles or address any weaknesses?

## ***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 Commission:

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 be the maximum time limit?

## ***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 meet 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? June 2010 Protection Applications in the Children's Court (VLRC)

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?

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

**Answer:**

*The answer from 3.4.1 down can only be Abuse and Innovative funded job creation. The system was never meant to protect children only use them. The system saw/sees them as cheap labour in workhouses, servants and on the land; very good living for all the orphanage, children's home employers and employees, not-for-profits; government workers and a good tax-dodge for the money makers (give donation then claim it back) and lawyers and the court hierarchy and unless my understanding of all I have read is wrong, children for at least 200 hundred years in Australia have been groomed for the paedophile industry, used and abused for better living standards by all who say they wish to protect the child from abusive parents so now as the committee you are going to make recommendations. The recommendations should be interesting, because after all as 3 panels expects you also gaining financially in the "INTERESTS of The CHILD"*

With this submission I am including photographs of all the reports, inquiries, sooooo many pamphlets from DHS and like, 2 brown boxes>19kg of paper on Homeless Inquiry mainly all about how much more money we need to help the Homeless Youth; Blue Folder on my families involvement with abusive organisations Homeless support agency letters asking who was protecting our child, letters to politicians who did not want to know, threatening letters from the prominent Child Health Doctor threatening legal action if my family went public with the abuse of our child by the services the prominent Doctor oversaw, also letters from youth service who helps young people.

The reason for this inquiry I believe is just to cover the backs of all the professionals who abuse our children not to protect the child from these people and to tighten any loopholes that might emerge in families getting their children back.

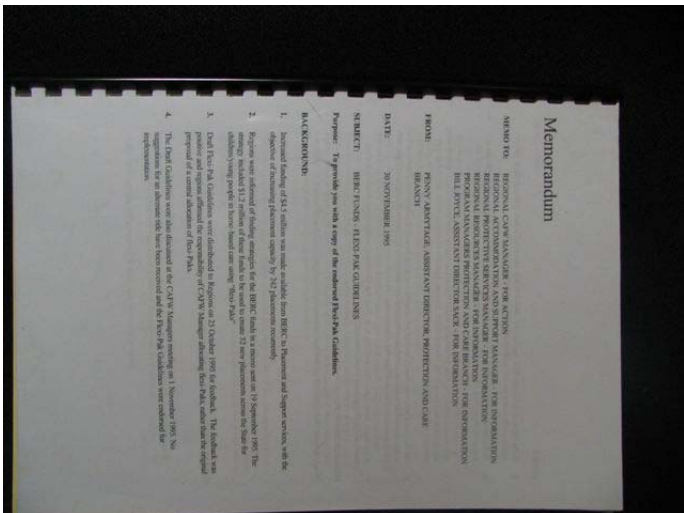
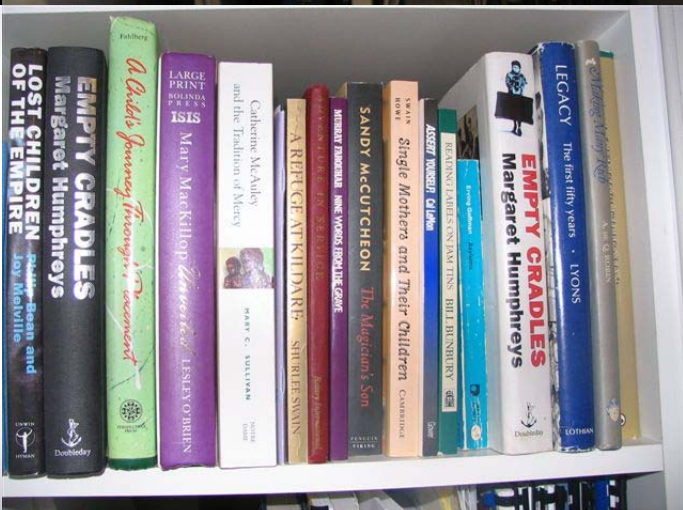
I am totally feed up with non-accountable government and not-for-profit systematic child abusers, and inquiries like this one that are just fairy-floss stories about "we want to be seen to be doing something". Instead tell us what the real intent of the Inquiry is; To tighten up any loose ends so governments at any time can steal children legally without repercussion.

Yours faithfully,

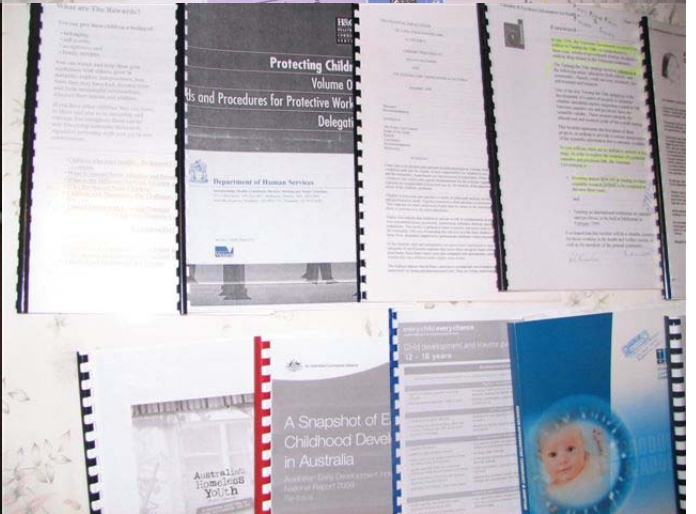
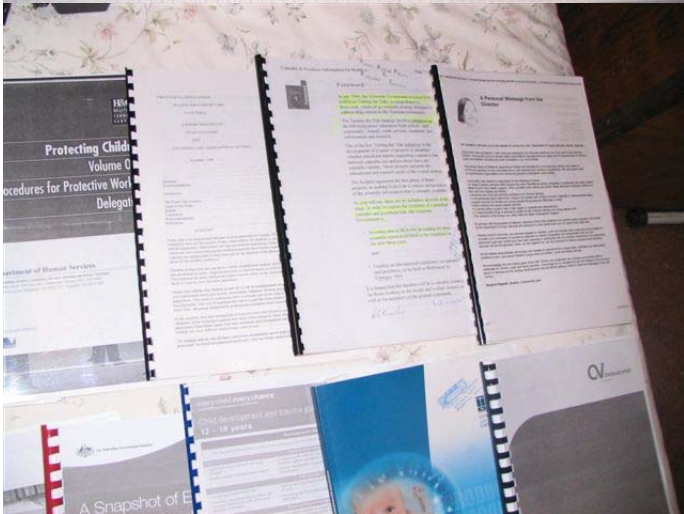
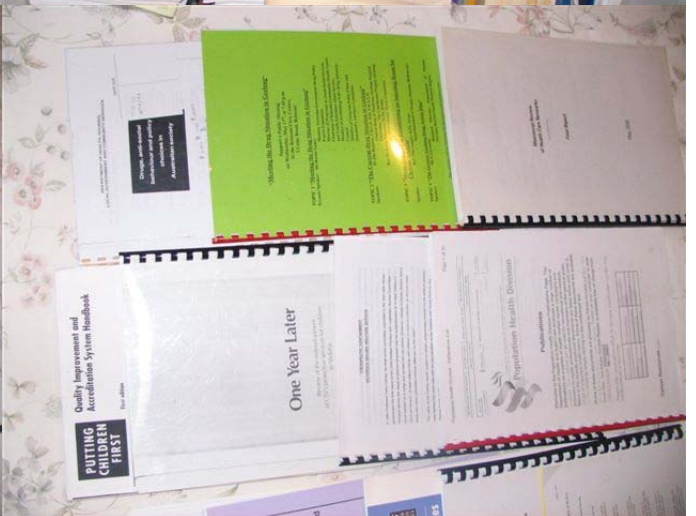
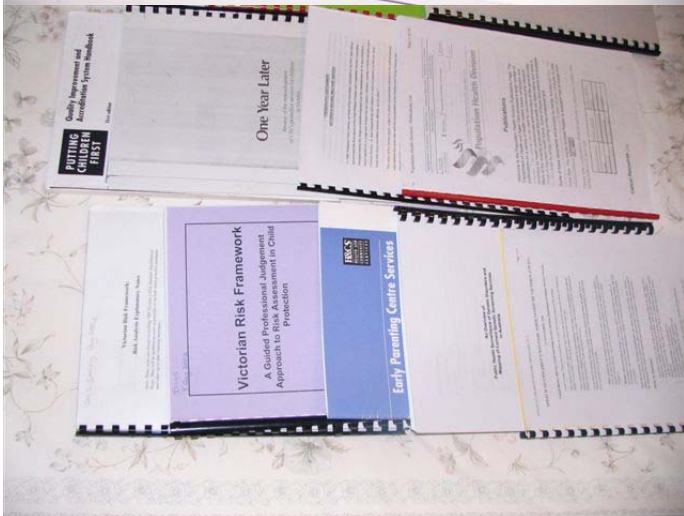
Lynette M Hughes

  
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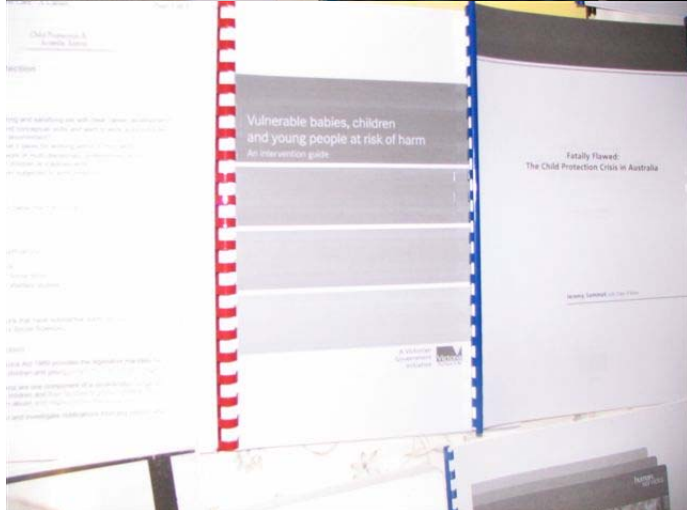
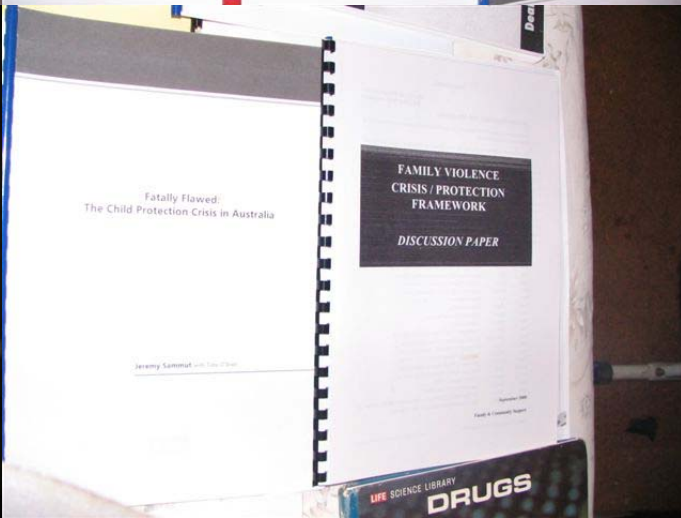
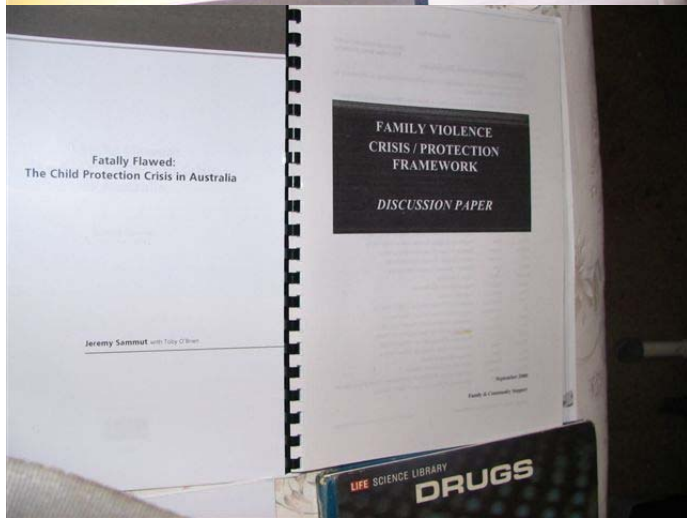
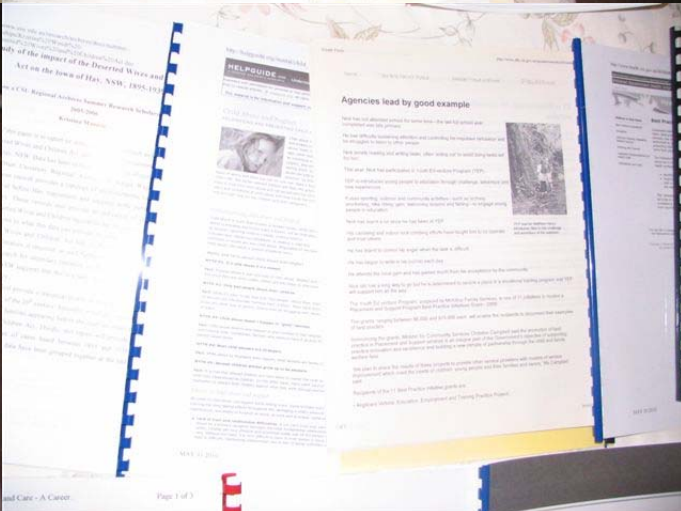
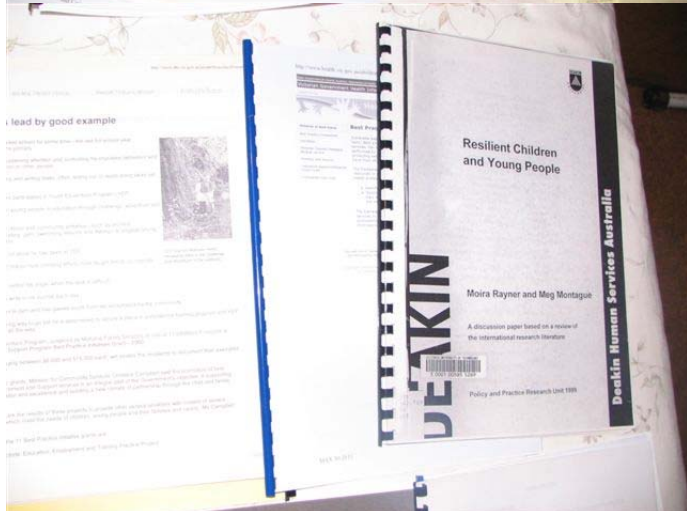




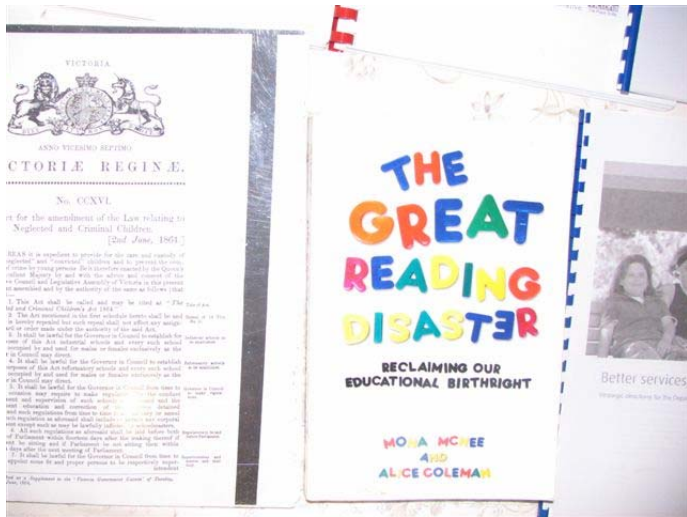














### Ask CHRIS

CHRIS is a young man who has been asked to have sex with a girl who is not his girlfriend. He is unsure of what to do and is looking for advice.

**CHRIS:** I have been asked to have sex with a girl who is not my girlfriend. I am not sure if I should or not. Can you help me?

**CHRIS:** I have been asked to have sex with a girl who is not my girlfriend. I am not sure if I should or not. Can you help me?

### Putting condoms on properly

Condoms are a safe and effective way to prevent pregnancy and the spread of HIV. It is important to use them correctly to get the most protection.

**1. Check the expiration date.** Condoms should be used within the expiration date printed on the package.

**2. Check the size.** Condoms should be the right size for your penis. If it is too small, it will break. If it is too large, it will slip off.

**3. Check the type.** There are different types of condoms, including latex, polyurethane, and lambskin. Latex is the most common and effective.

**4. Open the package carefully.** Do not tear the condom. Use the edge of the package to open it.

**5. Roll the condom on.** Start at the base of the penis and roll the condom on to the tip. Do not use your fingers to touch the condom.

**6. Use water-based lubricant.** This will make the condom easier to use and reduce the risk of breakage.

**7. Remove the condom carefully.** After sex, hold the base of the condom and roll it off the penis. Do not let it touch anything else.

**8. Dispose of the condom properly.** Do not throw it in the trash. Wrap it in a piece of paper or tissue and throw it away.

### Boys talk about sex

Boys often feel shy or embarrassed to talk about sex. It is important to have open and honest conversations with friends and family about sexual health and safety.

**1. Talk to your friends.** They can provide support and advice. Make sure you are talking to someone you trust.

**2. Talk to your family.** They can provide guidance and support. Make sure you are talking to someone you trust.

**3. Talk to a healthcare provider.** They can provide information and advice. Make sure you are talking to someone you trust.

**4. Talk to a counselor.** They can provide support and advice. Make sure you are talking to someone you trust.

### Choices Choices

When it comes to sex, there are many choices to be made. It is important to make choices that are safe and healthy for you.

**1. Choose to use condoms.** This is the most effective way to prevent pregnancy and the spread of HIV.

**2. Choose to use birth control.** This can help you avoid pregnancy if you are not ready to have a child.

**3. Choose to get tested.** Regular testing can help you detect and treat sexually transmitted infections (STIs) early.

**4. Choose to get vaccinated.** There are vaccines available for some STIs, such as HPV and hepatitis B.

### Safe sex and what

Safe sex is a way to have sex without getting pregnant or infected with a sexually transmitted infection (STI). It involves using condoms and other forms of birth control.

**1. Use condoms.** Condoms are the most effective way to prevent pregnancy and the spread of STIs.

**2. Use birth control.** Birth control can help you avoid pregnancy if you are not ready to have a child.

**3. Get tested.** Regular testing can help you detect and treat STIs early.

**4. Get vaccinated.** There are vaccines available for some STIs, such as HPV and hepatitis B.

### Drugs, alcohol and s

Using drugs and alcohol while having sex can increase the risk of getting pregnant or infected with an STI. It is important to avoid using these substances when having sex.

**1. Avoid drugs and alcohol.** These substances can impair your judgment and make it harder to make safe choices.

**2. Use condoms.** Condoms are the most effective way to prevent pregnancy and the spread of STIs.

**3. Use birth control.** Birth control can help you avoid pregnancy if you are not ready to have a child.

**4. Get tested.** Regular testing can help you detect and treat STIs early.

### THE YOUTH SERVICES

Youth Services provide a range of support and advice for young people. They can help you with issues related to sex, drugs, alcohol, and more.

**1. Sex.** Youth Services can provide information and advice about safe sex, birth control, and STIs.

**2. Drugs and alcohol.** Youth Services can provide information and advice about the risks of using these substances.

**3. Pregnancy.** Youth Services can provide information and advice about pregnancy, including options for abortion and contraception.

**4. Mental health.** Youth Services can provide support and advice for young people with mental health issues.

### Barwon Adolescent Taskforce

The Barwon Adolescent Taskforce is a group of professionals who work together to support and protect young people. They provide a range of services, including counseling, medical care, and legal support.

**1. Counseling.** The taskforce can provide counseling for young people with a range of issues, including mental health, substance use, and sexual health.

**2. Medical care.** The taskforce can provide medical care for young people, including STI testing and treatment, and contraception.

**3. Legal support.** The taskforce can provide legal support for young people, including advice on their rights and responsibilities.

### Some Youth Services in the Barwon Sub Region

There are a number of youth services available in the Barwon Sub Region. These services provide a range of support and advice for young people.

**1. Youth Services.** Youth Services provide a range of support and advice for young people, including counseling, medical care, and legal support.

**2. Sexual Health Services.** Sexual Health Services provide information and advice about safe sex, birth control, and STIs.

**3. Mental Health Services.** Mental Health Services provide support and advice for young people with mental health issues.

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