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## PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

### SUBMISSION

#### ***ISSUE: THE ROLE AND FUNCTIONING OF FAMILY SERVICES***

#### ***RELEVANT TERMS OF REFERENCE:***

**3. A. Family services: 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, Child FIRST)?**

#### ***KEY PRINCIPLES:***

- Strong families and communities are essential for children's safety and well-being.
- Effective family support is timely, tailored and builds connections between families and their communities.
- Families' engagement with family services is built on accessibility, trust and hope.
- Risk management in family services requires adequate resources, including skilled staff.

#### ***SUMMARY OF RECOMMENDATIONS:***

- *The capacity for self and community referrals direct to family services should be enhanced through the funding model and operational procedures.*
- *The family services alliances should be extended to be more inclusive of adult mental health, drug and alcohol, housing and family violence services.*
- *The family services funding model needs further development to ensure that justifiable extended service duration will be funded without the risk of premature*

*case closure. Such justification should be made with reference to outcome measures that include the amount and quality of informal support available to the family post-closure.*

- *Social inclusion must be re-valued as a key goal of family service, and appropriate group and community service modalities funded accordingly.*
- *There should be a review of the responsibility of the Child Protection service and court in relation to cases of cumulative harm from chronic neglect, in order to clarify best practice in keeping these children safe and preventing recurrent harm.*
- *The preventive capacity of family services should be protected by developing a new program model with discrete program funding for comprehensive service for the small but significant proportion of families with complex needs across generations - “excluded families”.*
- *Mutually respectful working relationships between Child Protection and Family Services should be further developed through joint training in interagency practice and the use of consultation, and through achieving parity in pay and conditions between similarly qualified and experienced child protection and family service workers.*

## **BACKGROUND:**

Current family services in Victoria, including Child FIRST, build upon several decades of family service development (see Campbell and Mitchell, 2007). From their inception, family services have sought to cater for a wide range of needs, offering early intervention but also support of increasing intensity for those families on the cusp of losing the care of their children (perhaps referred from Child Protection) or seeking their return from care. They have developed multi-faceted services using a variety of funding sources, from Commonwealth government family and community service programs, through State government early childhood, community development and protection and care funds, to Community Service Organisations’ own reserves and fund raising efforts. This mix creates tensions in determining priorities for client intake, in allocating resources to families in terms of both intensity and duration, and in managing the relationship between family services and child protection, but it also offers flexibility and is a great strength of the community services sector. Historically, family services have been crucial in the development of influential strengths-based practice approaches and community-based social inclusion program elements, as scrutiny of the early “Careforce” models and of the development of agencies such as St Lukes Anglicare and (Southern) Family Life would show (Campbell and Mitchell, 2007).

Such a mix allows locally-based family services to develop close links with other primary, secondary and tertiary child and adult services; it fosters diversity and innovation in the program offerings; it allows families to make use of interventions

across a spectrum from low to high intensity; and it facilitates movement of families in and out of the service as necessary.

The development and continued support for Child FIRST and family services aligns with the National Framework for Protecting Australia's Children (2009-2010) with specific attention to supporting Outcome 2: Children and families access adequate support to promote safety and intervene early. It is also a positive policy direction noted by the Ombudsman in his 2009 Report on the Investigation into the Department of Human Services Child Protection Program (2009, P8 point 10).

Yet how "early" and "earlier" intervention is defined depends upon one's vantage point, and inevitably this causes confusion and tensions in the relationship between family services and child protection services. From a Child Protection Service standpoint, interventions that take the place of Child Protection intake, substantiation, court action and substitute care are seen as early intervention. With a history of Child Protection as last resort, the threshold for diversion may be quite high, with families already experiencing significant risk factors and their children already having experienced cumulative harm (as suggested in the Strategic Framework for Family Services, 2007). From the standpoint of an established community-based family service, early intervention tends to be seen as help given when a family first asks for help or is seen as in trouble, before children experience significant adverse effects.

Against this background, we suggest that the current arrangement of resources has enriched the family services in many respects, but has also (intentionally) swung the pendulum toward a focus on children and families who would formerly have been child protection clientele, and that this swing poses some risks to the development of family services.

## **STRENGTHS AND VULNERABILITIES IN FAMILY SERVICES**

Both the KPMG Stage 1 Final Report of the Evaluation of the Child and Family Services Reforms (2010b) and *Good Practice: a statewide snapshot 2010 (DHS, 2010)* include compelling examples of excellent practice within Child FIRST and Integrated family services, the main gains for workers being seen in the accessibility of services via the alliances, accessible advice from Child Protection, coherent assessment and goal setting, and an enriched consultative climate for practitioners. For clients, this carries over to more active efforts by agencies to engage with them and see that their multiple needs are met in a timely way. We suggest that the main gain has been a more robust case management system within family services.

The KPMG Final Report for the Department of Human Services on Child FIRST and Integrated Family Services (2010a) also concludes that "Child FIRST and Integrated Family Services is successfully enabling earlier intervention with vulnerable children and families, and reducing the extent of child protection involvement." (p2) Boffa's analysis of data from the North Eastern Child FIRST catchment suggests that there is a growing picture of complexity in cases referred to Child FIRST and allocated to Family Services:

“this high complexity rate suggests that Child FIRST has opened up an important secondary service access point for vulnerable families, not known to and therefore independent of the Child Protection service.” (Boffa, 2011, p.2) She argues that Family Services also engage a majority of Child Protection referrals. However, concern remains for those who do not engage. In addition, it appears that Child Protection referrals engage less well than other referral types.

Among the complex cases being handled by Family Services are those where children are suffering chronic neglect. The Australian Institute of Health and Welfare’s annual report *Child Protection Australia* shows how Victoria has in recent years had consistently low substantiation rates for child neglect, with 7.2% of all substantiations in 2009-10 being for neglect (AIHW, 2011), the lowest of all states and territories. This has been a downward trend in the substantiation of neglect in Victoria since 2005-6, and is largely attributed to the changes to the Victorian system and the introduction of Child FIRST. While this may be taken as a positive sign of a goal achieved, many in the sector wonder whether the diversion of neglect cases has gone too far. The *Child Death Group Analysis: Effective responses to chronic neglect* (Office of the Child Safety Commissioner, 2006) makes a clear case for recognising the harm that accumulates in children exposed to severe and chronic neglect, and developing practice guidelines not only for remedial action in the family services system but also for taking such cases to court as needed. There remain questions to be further explored about the appropriate use of Child Protection interventions in cases of neglect, whether instead of or alongside Family Services interventions.

While earlier intervention in complex cases may be very positive for many of those families, there are some negative ramifications for family services that require attention.

- *Weakened early (rather than “earlier”) intervention.* When there is pressure of referral from Child Protection or other sources of families with extensive and complex problems, families in crisis who might benefit from timely earlier intervention receive lower priority and only receive intervention when the crisis is exacerbated. (See Murphy, 2011, p.29.) Reporting on referrals to Child FIRST and Integrated Family Services, KPMG noted an overall increase in Child Protection referrals, in referrals with significant well-being concerns, and in the proportion of active substantive cases with Child Protection involvement (pp63-69). This contrasted with an overall reduction in self and family and friend referrals.

*Recommendation: The capacity for self and community referrals direct to family services should be enhanced through the funding model and operational procedures.* This requires that family services be seen as separate entities from Child Protection, suggesting, for example, that co-location of Child FIRST and Child Protection intakes would not be desirable, and that early intervention clients have access to a range of engaging personal and social interventions. This does not preclude parents with complex needs such as mental illness and substance abuse, but it needs to offer them earlier and less stigmatized access to family services that

are designed with their needs in mind. For this to occur, closer links with adult specialist services will be needed.

- *Variable participation of specialist adult services in the family services alliances.* It is of some concern that despite the apparently increasing incidence of substance misuse among the families referred to family services, referrals from drug and alcohol agencies have fallen, indicating a weak early intervention link. This is one example of the still tenuous links between child-focused and adult-focused services, which also include mental health, housing, family violence and correctional services. While the Child Wellbeing and Safety Act 2005 made broad and permissive statements such as S5(1)(a) *society as a whole shares responsibility for promoting the wellbeing and safety of children*, and S5(1) (c) *those who develop and provide services, as well as parents, should give the highest priority to the promotion and protection of a child's safety, health, development, education and wellbeing*, and some good examples of inter-sectoral consultation and collaboration do exist, Victoria lacks a clear and unequivocal expectation that adult services must be responsive to the needs of their clients as parents and to the needs of their clients' children, even though their primary responsibility is to respond to the adult's personal needs and circumstances. Perceived incompatibility of adult and children's needs can be tempered by the explicit acknowledgment being a parent is a significant part of the self of the adult. There are many factors which may conspire to create effective and positive or ineffective and negative working relationships between organizations, whether both within the family services sector itself; between the statutory and family services sector; or between other service organisations such as family violence and drug and alcohol. A sound understanding of such multiple factors cannot be gained without regular communication and debate about alternatives.

*Recommendation: The family services alliances should be extended to be more inclusive of adult mental health, drug and alcohol, housing and family violence services.* Models of best practice for inter-sectoral collaborative relationships should be sought and built upon, with a view to improved protocols for interagency practice and a more integrated service experience for families. This requires training and resources directed to making adult services more child-friendly and responsive to parenting issues, and family services more cognizant of the particular issues and treatment regimes in those specialties.

- *The danger that throughput rather than outcomes drives practice.* KPMG reported that in complex cases, episodes of service are precipitately curtailed by funding constraints and "the pressure to close early". (p110) They note that this may mean before the family is able to maintain change, and there is a risk of re-referral. We suggest that these families tend to return via community or child protection referral pathways, with costs to the efficiency and integrity of service to the family and to the family's trust in the service system and in the family service in particular. We also suggest that change is best maintained within a facilitative social network, and

that service is not complete unless such network links are activated or created and resourced.

*Recommendation: The family services funding model needs further development to ensure that justifiable extended service duration will be funded without the risk of premature case closure. Such justification should be made with reference to outcome measures that include the amount and quality of informal support available to the family post-closure.*

- *Distortions to the flexible, ecological, family services model.* The pressure to manage risk in a highly individualized way emphasizes a casework/case management model of service at the expense of group and community based services that help family members develop knowledge, social skills and supportive contacts that will endure after service episodes cease. The KPMG report cites an example of an agency running a successful group response for mothers as a holding strategy during a period of high demand, and finding that most then did not subsequently require more intensive service, with the telling commentary that “Unfortunately, there are too few resources and too much demand from higher risk clients to do this on a regular basis” (p82). Drawing on sound ecological models of practice, there have been several successful program innovations within family services that build capacity and improve outcomes for relatively small but strategic investment. These include *Family Life’s* “Community Bubs” program, and the *CPS* “Mentoring Mums” program, both of which demonstrate how the creative use of well-supported volunteers can be articulated with access to group programs, perhaps within a neighbourhood house setting, and with periods of more intensive casework/case management in order to facilitate engagement between vulnerable families and service providers, and to strengthen children’s and families’ links with supportive local communities.

*Recommendation: Social inclusion must be re-valued as a key goal of family service, and appropriate group and community service modalities funded accordingly.* There needs to be review of the funding model to allow for more significant investment in group and community service modules that help build social capital (Caruana and McDonald, 2011) and help families in their efforts to maintain changes brought about through casework, and facilitate their transition from “client” status to community participation. This needs to take into account the resources available or unavailable at catchment level through the Commonwealth Government’s Family Services programs.

- *Insufficient attention to cumulative harm.* From their experience with the resource-consuming group of families with complex needs, there is a perception within family services that child protection and the court have failed to address issues of long term child neglect and cumulative harm, leaving family services with inappropriate and unworkable responsibility for many such cases. Both we and the KPMG Evaluation (2010b) support this view, although it is worth further research.

*Recommendation: There should be a review of the responsibility of the Child Protection service and court in relation to cases of cumulative harm from chronic neglect, in order to clarify best practice in keeping these children safe and preventing recurrent harm.* Greater attention must be paid within the Child Protection system to how to prosecute cases of cumulative harm when children's needs cannot be dealt with through in-home and centre-based family services, and the experience within family services needs to be heard in shaping new responses.

- *Overloading family services with families with complex needs, and misapplying an early intervention model to excluded families, who tend toward the tertiary end of the service spectrum.* Increasing amounts of time and money are devoted to families with very complex needs who require service that is both intensive and lengthy. KPMG (2010a) reported that this linked to a reduction in system capacity, through restriction of intake in some catchments (p63); a greater proportion of time being consumed by a minority of families (p104); and an increasing though small group (14%) of families consuming nearly 64% of substantive system resources or in excess of 110 hours of service (p104). This observation is consistent with the work of Victorian family services practice-based researcher, Gaye Mitchell, who has concluded that there is a small group of "excluded families" who require more targeted funding and attention than is currently available (Mitchell & Campbell, 2011). Excluded families are poorly integrated into community structures and experience serious problems across the spectrum of family functions and across generations. With complex problems and endemic child neglect, these excluded families often comprise parents who were in care or abused and neglected as children, with multiple children placed in care, and in order to break this cycle very long term and comprehensive attention is needed before, during and after protection and care interventions.

*Recommendation: The preventive capacity of family services should be protected by developing a new program model with discrete program funding for comprehensive service for the small but significant proportion of families with complex needs across generations - "excluded families".* The reality of a small group of seriously troubled families needing high engagement efforts, complex service responses and long term assistance needs to be formally acknowledged with a program designed for their needs, funded separately in order to break the subversion of the earlier intervention agenda.

- *The danger of inappropriate direction of family service practice from child protection.* Through her practice and research leadership functions within the Centre for Excellence for Child and Family Welfare, Professor Humphreys has noted the value of a strong Community Based Child Protection Worker who understands both family services and child protection, and who plays a critical role in keeping the child and family services system oriented to good outcomes for children and families. Poor working in this role has the opposite effect. This interface between Child Protection and Family Services is enhanced by trust and mutual respect, particularly coming from CP intake managers who work in

partnership with the family services alliances, and it is eroded when staffing is disrupted and when child protection senior staff attempt to exert an old-fashioned notion of managerial control. A crucial issue in setting the tone for disrespectful collaboration is the lack of parity in the pay, conditions and training of child protection and community sector workers. Child Protection and Family Services workers have distinct areas of complementary, not hierarchical, expertise. In particular, Family Services workers require extensive knowledge and skills regarding how to enhance and change family relationships, parenting behaviour, family organisation and resource management, and family-community engagement through individual, family, group and community interventions. This diverse expertise is important for allowing multiple ways of engaging families and facilitating change, and because it provides an important source of professional stimulation and satisfaction for workers, aiding retention in the workforce; it needs appropriate recognition in salary scales and staff development opportunities at least equivalent to that offered Child Protection workers.

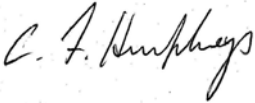
*Recommendation: Mutually respectful working relationships between Child Protection and Family Services should be further developed through joint training in interagency practice and the use of consultation, and through achieving parity in pay and conditions between similarly qualified and experienced child protection and family service workers.*

## **CONCLUSION**

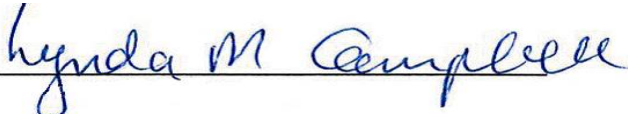
Victoria's family service providers have a strong and enviable tradition of commitment to vulnerable families, flexibility in service provision and innovation in service development. Recent changes to more systematically divert vulnerable families from unnecessary involvement with the Child Protection system have been positive, but great caution is needed to ensure that this valuable service system does not simply absorb the problems and failures of the Child Protection system itself, and lose its unique contribution in the process.



**Signed**



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