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**Submission to the
Protecting Victoria's Vulnerable Children Inquiry
2011**

This submission is informed by a project conducted in a partnership between The Department of Social Work at The University of Melbourne and The Royal Children's Hospital. The project is funded by the Australian Research Council and addresses a number of the Child Protection Inquiry's terms of reference.

The "*Children and Parents at Hospital – Improving Health and Well Being Study*" will trial and evaluate a model of enhanced care for vulnerable children and families admitted to the Royal Children's Hospital in Melbourne.

The study aims:

- to describe the health and well-being of children admitted to The Royal Children's Hospital (RCH) and identified by clinical staff as being vulnerable to the effects of cumulative stress or trauma
- to compare the health and well-being of participants in this study to Australian reference data (using data from the Growing Up in Australia: The Longitudinal Study of Australian Children)
- to trial and evaluate an enhanced assessment and intervention program in an acute paediatric setting for children identified as being vulnerable to the effects of cumulative stress and trauma
- to identify the interdisciplinary professional decision-making processes of RCH staff working with families they have assessed to be vulnerable to the effects of cumulative stress and trauma.

With particular reference to the Inquiry's terms of reference, the project addresses the following issues.

Term of reference: 1.1.1 What are the key preventive strategies for reducing risk factors at a whole of community or population level?

Term of Reference 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 – *paediatric hospitals and paediatric units of general hospitals*.

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

The effect of cumulative stress and trauma on children and families has been demonstrated to lead to compromised outcomes in health and well-being for the child and family. Cumulative stress or trauma can arise from multiple co-existing or recurrent experiences such as poverty, inappropriate housing, unemployment, ill-health or injury, family breakdown, family violence, parental substance misuse, abuse or neglect.

Intervening prior to significant impact on the child is essential both for the development and safety of the child as well as for reducing the long-term cost to the community. The current system of child protection in Victoria approaches child abuse and neglect from the end of the continuum when the concerns for the child are clearly manifest and are significant to severe. The introduction of the Child First program was intended to address children with "welfare" needs (as opposed to "protection" needs). While this has been achieved in part, the workload demands of this program appear to have resulted in the high levels of "gate-keeping" of referrals and long waiting-lists.

Acute paediatric health services play a unique role in contributing to the maintenance and improvement of children's health and well-being and to support of their families. They have been identified as playing a crucial role in identifying children at risk of suffering deleterious effects of the cumulative stress and trauma. This project will trial an enhanced assessment and intervention program for vulnerable children, addressing risk factors earlier and proactively, with the intention of either keeping children out of the child protection system or identifying protection issues earlier so that appropriate intervention can be implemented before significant harm is caused.

Supporting research focussed on the prevention of child abuse and neglect, and the early identification of vulnerable children, is essential. In keeping with the public health model of child protection, this research should, in part, take place outside of the child protection/child welfare system.

Recommendations:

- 1) The role of acute paediatric health services is recognised through resources, training and program development in responding to vulnerable children and families.**
- 2) The value of Child FIRST and family services as a critical resource for vulnerable children and families is recognised and appropriate levels of funding provided to allow early intervention goals to be met for vulnerable children and families.**
- 3) Independent research to evaluate new interventions and service models for vulnerable children and families is supported.**

Term of reference: 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 erg working conditions, training and career paths? How might any weaknesses be addressed?

The National Framework for Protecting Australia's Children emphasises the philosophy of child protection being "everyone's business". As part of our research, we are conducting focus groups with the multi-disciplinary health care team both to refine our model of enhanced care for vulnerable children and to investigate the conceptualisation of the terms "cumulative harm" and "cumulative stress/trauma". Preliminary analysis of the focus group discussion indicates training and education about key issues related to child protection practices (such as changes to child protection legalisation, and concepts such as cumulative harm) should be extended to staff from organisations that are critical to the support and protection of vulnerable children and families and that do not provide the statutory service.

We understand that *Term of Reference 3.2* refers to the child protection workforce. However we believe, in keeping with the public health model of child protection and the philosophy of the National Framework for Protecting Australia's Children, the Inquiry needs to consider the training and education needs of non-child protection staff.

Recommendation:

4) The education and training needs of the workforce which supports vulnerable children and their families and which lies outside statutory child protection and Child FIRST are recognised and supported.

Signed:

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