



KILDONAN UNITINGCARE SUBMISSION

to

PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

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INTRODUCTION

About Kildonan UnitingCare

Established in 1881, Kildonan Uniting Care (Kildonan) is part of the UnitingCare Victoria and Tasmania network, an agency of the Uniting Church in Australia which operates one of the largest community services and welfare networks in Australia.

Kildonan is a proud and reputable organisation based in the North East catchment of metropolitan Melbourne and is committed to delivering quality and responsive services while remaining connected to the local community. Kildonan also provides energy and financial counseling services in country Victoria, New South Wales and Queensland.

Located at five sites across the north eastern suburbs of Melbourne comprising of over 110 professional staff and 80 dedicated volunteers, Kildonan strives to make a positive difference through the provision of a range of responsive community services to vulnerable children, young people and families while addressing issues of social and economic hardship. Each year Kildonan provides support to over 4,700 individuals seeking services.

Kildonan's experience in child & family support

Kildonan has proven to be effective in the provision of holistic and service responses to children, young people and families known to Child Protection and, by building upon an integrated family services platform, has supported vulnerable families towards reunification and the prevention of children and young people from entering placements in out-of-home care.

Some of the services at Kildonan that are currently funded by the Department of Human (DHS) services are outlined in the box below¹:

Kildonan programs funded by DHS

Families First - an intensive family preservation service (6 - 8 weeks) targeting children who are either at risk of removal from their parents due to protective concerns or who are being reunited with their parents following a period in out-of-home care.

Strengthening Families (Child FIRST) - supports children and families who may be vulnerable because of poverty, substance abuse, family violence, trauma, mental illness or other factors.

Family Coaching Victoria - Integrated Placement Prevention and Reunification Service, expands family-based services, and prevents at risk children being removed from home for the first time or reunites removed children with their families as quickly as possible.

¹ Please see the Attachment for a fuller outline of Kildonan's service activities as relevant for this submission.

Kinship Care - aims to assist extended family networks to provide the best possible kinship care arrangements for children and young people unable to live with their own parents.

Youth mentoring - Adolescent mentoring provides young people who have a history of protective services involvement with the opportunity to connect to an adult role model/ mentor over a long period of time through joint participation in recreational, social development and community activities.

Youth Counselling – provides long term counselling support to young people aged between 10 and 17 who live in the Northern Region and have had protective services intervention for significant periods of their lives.

Over time in our work with families, Kildonan has seen and experienced many successes with families and their children. Family situations have shifted from a perception of 'hopelessness' to hope. Strength based practice has facilitated positive parental change while achieving better outcomes towards family reunification, education, health and income management. The capability of staff to engage, and build a trusting relationship and to work collaboratively with other services has been critical in this success. Some recent stories of best practice have been included in this submission.

However, while policy frameworks are inclusive and are supported by sound theoretical knowledge, evidence and experience of 'what works', a number of challenges across the service system continue to compromise the capacity of services to achieve the best possible outcome for children and families.

For Kildonan these include:

- Increasing demands placed upon service delivery by funding bodies and service users;
- Complexities associated with managing shared support and risk responses;
- Ongoing workforce recruitment and retention for community service organisation (CSOs);
- Service, funding and assessment models that, at times impede the ability of service systems to be integrated, effective, flexible and relevant; and
- Effective communication and information sharing between CSOs and between DHS and agencies.

Principles underpinning our work with children & families

Kildonan's work is guided by the principles in the *National Framework for Protecting Australia's Children* (Council of Australian Governments, 2009, pp. 12, 13).

The following principles are fundamental to our commitment to working with vulnerable children and families through our programs.

- Protecting children is everyone's responsibility, enabled by a whole of community and government approach to ensure that all children and young people are safe, valued and cared for while growing up in an environment free from abuse and neglect.
- Services aim to improve the safety and wellbeing of vulnerable children and their families, while facilitating this to remain the primary responsibility of families.
- Earlier intervention and decision making remains critical to keeping children safe and preventing child neglect and abuse.
- Children and their families have a right to participate in decisions affecting their health, wellbeing and safety.
- Promoting the wellbeing of Aboriginal children and working in close partnership with Aboriginal controlled organisations in the delivery of services is of paramount importance.
- Staff are entitled to the necessary support, resources and professional development opportunities to work with the ever increasing complexity and fragility of vulnerable families and to support families and communities in achieving health, wellbeing and fulfillment.

The broader context of child & family support & the public health approach

In general society is becoming increasingly complex and interconnected. With globalisation and the rapid expansion of technologies, systems and social trends that transcend boundaries, a narrowly geographical focus will only impede relevant and effective planning and service delivery. Of particular relevance, increasing complexity is evident in the communities and clients we serve. This means we can no longer afford to operate and serve people in one-dimensional, linear fashion. Our service responses need to reflect and be congruent with the multi-dimensional complexity of people's lives and the communities we support. Conversely, a system full of organizational and bureaucratic boundaries, that do not reflect the whole-life experiences and situations of people 'on the ground' will inevitably be cumbersome, inefficient, costly and frustrating for those in need and the service providers working to assist and empower them.

As part of a 'whole system' approach, we know from Kildonan's work with young people and families that we need to include other sectors in addition to government, to be part of an effective and comprehensive intervention for vulnerable families, including not-for-profit and business sectors.

From a service perspective, we've come to learn through developing and providing a range of programs within our organisation that families come with a variety and complexity of needs, experiences and aspirations. Thus services need to be closely 'joined up' in their operations to be accessible, relevant and responsive. This means that services and professionals are working in alignment in a synergistic manner to prioritise and address the range of issues that families face, within a participatory, strength-based approach. Moreover, a 'joined up' approach includes a shared

understanding and acceptance of the assessment and service deliverables required to support the health, safety and wellbeing of children and families.

Consistent with a holistic, public health perspective, we know that vulnerable families very often need core service offerings to address a range of issues such as financial stability, family violence, substance use, mental health and housing security.

We use the term ‘public health’ to refer to the optimal approach to supporting the health and well being of individuals and families i.e. in communities and social settings where health and well-being ‘happen’. This approach whole-community focused, locally responsive, participatory and flexible in addressing the growing dynamic complexity of life circumstances for many children and families. In short, ‘public health’ is holistic in conceptualisation and methodology, egalitarian and empowering in spirit and affirming of community strengths, values and knowledge at a grassroots level.

The ecological approach to public health by Kickbusch is endorsed here, i.e.:

Public health is the science and art of promoting health. It does so based on the understanding that health is a *process* of engaging social, mental, spiritual and physical well-being. It bases its actions on the knowledge that health is a fundamental resource to the individual, the community and to society as a whole and must be supported through *sound investments into conditions of living that create, maintain and protect health*.

Public health is ecological in perspective, *multi-sectoral in scope* and *collaborative in strategy*. It aims to improve the health of communities through an organised effort based on:

- Advocacy for healthy public policies and *supportive environments*,
- *Enabling communities and individuals* to achieve their full health potential, and
- Mediating between differing interests in society for the pursuit of health.

Public health infrastructures need to reflect that *it is an interdisciplinary pursuit with a commitment to equity, public participation, sustainability development...* As such it is part of a global commitment and strategy (1989, p.12).

The public health model outlined above is deeply implicated in Kildonan’s community development approach which focuses on both community capacity building and person-centred practice (as elaborated in the box below).

Community capacity building & person-centred practice at Kildonan

Within our sector two other key approaches are influencing practice, they are person centred practice, and community capacity building. Community development has a close alignment with both of these approaches and maximising this alignment will deliver improved outcomes for Kildonan clients. The process of community development often results in increased community capacity. Therefore, community capacity building and community development are interrelated strategies. Community capacity building places the emphasis on existing strengths and abilities of communities while, person centred practice, is a process of continual listening, focusing on what is important to someone now and in the future, and acting upon this in alliance with their family and friends. Person centred practice is not just about needs, it is about people.

(See response to Term of Reference 1 for elaboration).

As outlined by Holzer (2007, p. 2), in the public health model of disease prevention (where, incidentally, the focus is on holistic health and well-being beyond the mere *absence* of disease as indicated above), whole-spectrum preventative interventions are described as either primary, secondary ‘or’ tertiary.² Holzer explains that child maltreatment interventions are also commonly categorised in the same way, within a public health approach. We outline this typology below as it is drawn on throughout this submission.

- *Primary* or ‘universal’ interventions are strategies that target whole communities in order to build public resources and attend to the social factors that contribute to child maltreatment (2007, p. 2);
- *Secondary* interventions target families who are ‘at risk’ for child maltreatment; and
- *Tertiary* interventions target families in which child maltreatment has already occurred (2007, p. 3).

In line with the participatory ethos that underpins a public health approach in its fullest meaning, at Kildonan we know that we have stronger engagement with families and longer term community connection when we can involve service users in localised activities through a variety of our programs.

Of particular relevance for this submission, Kildonan service users are impacted by a broad range of interconnected issues. These include, but are not limited to: low income, family violence, mental health, substance misuse, poor/unaffordable/insecure housing, unemployment/under employment, cross cultural issues, poor physical health, debt crisis and inter-generational abuse and neglect.

The Inquiry

The Kildonan submission to the *Protecting Victoria’s Vulnerable Children Inquiry* recognises the significant reforms by Government aiming to improve life opportunities for vulnerable children and young people living in the north east metropolitan region and aligned catchments of Melbourne.

Guided by the Children, Youth and Families Act (2005) and the Child Wellbeing and Safety Act (2005), the submission acknowledges the range of policy and practice reforms underpinning our work with vulnerable children and young people.

² We propose in this submission that interventions very often cover more than one of these dimensions at the same time.

Kildonan believes that within a public health framework practice approaches can embrace human rights for children³ and families and facilitate a more effective application of:

- the Best Interest framework;
- responding earlier in the lives of families to prevent current and future harm;
- addressing circumstances of poverty and other forms of social disadvantage and marginalisation;
- facilitating stronger links for families to access primary, secondary, tertiary and universal support, with optimal integration of necessary services;
- facilitating community support for children and families and sustainable social connections; and
- better understanding the impact of trauma-related abuse on children's developmental milestones and their general health and wellbeing.

In the following responses we focus on Inquiry Terms of Reference that we have special interest and experience in - through our programs and through ongoing contact with the service system and our service users.

³ As enshrined in the *National Framework for Protecting Australia's Children 2009-2020* (Council of Australian Governments, 2009, p.12).

KILDONAN RESPONSES ACCORDING TO TERMS OF REFERENCE

1 The factors that increase the risk of abuse or neglect occurring & effective prevention strategies

Families at risk

Risk factors

In general, risk of child neglect and abuse is exacerbated by the presence of a range of inter-connected factors such as family violence, substance abuse, social isolation, housing insecurity, mental illness, socio-economic status, disability, cultural background, situational factors, intergenerational dimensions and family breakdown.⁴ Such risk is exacerbated and further entrenched by a lack of timely access to the appropriate support services. Given the inter-relatedness of risk factors in most cases, what is required is relatively seamless access to a range of services through simple organisational entry points. Furthermore, support service methodologies need to work with people ‘where they are at’ while also taking a broader contextual and structural approach.

Prevention

Within a public health approach, prevention of child abuse is best addressed through an integrated service system with access to a ‘whole of community’ continuum of support for different family needs and at different life stages, based on a sound and cohesive platform of universal services. This integrated system necessitates substantial resources for primary, secondary and tertiary services, acknowledging that programs will very often span two or even three of these dimensions and people may access a range of different service types at the same time. In particular, greater resourcing of child and family support is required for universal, preventive services ‘rather than weighting all resources into statutory child protection interventions’ as is currently the case.⁵⁶

Within a continuous and accessible service system, barriers between programs would be minimal. As suggested above, families requiring a range of support services may access these through a single organisational ‘gate way’ i.e. with services provided and integrated within the same organisation, with additional services engaged or referred to as required.

⁴ In particular, Scott highlights that analyses of substantiated child protection cases shows very high levels of parental drug abuse, mental health problems and domestic violence (2009, p. 38).

⁵ See Humphries, Harries, Healy, Lonne, Mendes, McHugh & Sheehan, 2009, p. 5.

⁶ Holzer also proposes that a well balanced system has primary interventions as the largest component of the service system (2007, p. 5).

Seeds of this model already exist in the child welfare and protection sector, providing models for learning and development. As an organisation, Kildonan UnitingCare is increasingly bringing a range of service offerings to families that engage with us through different programs. These services are integrated to 'wrap around' the client and family as required. Thus the organisation is aiming to work holistically as a unit, utilising the spaces and programs we have in a way in which primary, secondary and tertiary services are integrated for the benefit of service users. As families are crossing sectors, primary, secondary and tertiary services are very often engaged in conjunction, for example families requiring intervention and support for their parenting may receive financial counselling and engage in other Kildonan services such as the 'Grow Your Own Healthy Lifestyle' garden program.

Exemplars of programs that offer a single entry point to a range of services for parents, children and young people who are involved with Child Protection may be found in Kinship Care, Families First and Family Coaching, all of which are provided by Kildonan UnitingCare. These programs are able to provide a tailored package of support for participating families in different ways and to different levels of service intensity.

Furthermore, in the 'whole of community' continuum of care, long term primary or 'universal' programs play a crucial role – for support of all parents and families but with an additional preventive function for vulnerable families e.g. as identified through schools and Maternal Child Health Centres.

Universal services that might be resourced and strengthened in the interests of families and children include schools and community based programs. Ideas for these are elaborated on below.

*Schools*⁷⁸

As far as early intervention goes, many children come to the attention of services when they fail to transition from primary school to high school or once they display difficult behaviours. The teachers, over the course of a primary school education, might have seen this coming except that children often change year levels and teachers so that there is no continuity of support over the primary school journey. In addition, there are no student welfare officers in primary schools although other posts held by teachers (Vice Principal) tend to carry that type of responsibility when an issue arises.

⁷ According to Scott (2009, p. 37) child maltreatment is strongly associated with a number of serious problems for children and adolescents, including school failure, conduct disorder, teenage pregnancy, poor mental health and substance abuse.

⁸ Scott highlights that primary schools play a significant role in educating children about protective behaviours and there are many other ways in which schools can strengthen families and community support (2006, p. 13).

Community-based self help groups

Self help groups can offer much to people who have problems and feel they have to deal with them alone. It is empowering to be able to share struggles with people in a similar position and to learn and grow from supporting each other.

Given one of the main reasons for statutory intervention with children is that parents have substance abuse issues, there needs to be more self help groups in the local area that deal with them. In addition, community service organisations would benefit from closer ties with these types of group, as part of their holistic service approach.

Other strength-based community development approaches

Local expertise, talents and skills should be tapped into to create opportunities for people to develop healthy lives in their local communities. Kildonan UnitingCare is currently running several peer mentoring models in this vein, including a youth mentoring program which provides community support for young people.

Creating positive experiences

Sometimes, working with problems can be better dealt with by creating new positive experiences. Outdoor adventure and sport has been used as an alternative approach to improving mental health and could be attempted with families and children at risk. Kildonan's community art programs are also a good example of enriching and empowering child, youth and family support.

Further reflections on Kildonan's community development approach, as relevant for both 'client services' (or person-centred practice) and community capacity building are provided in the box below.

COMMUNITY DEVELOPMENT AT KILDONAN

What is Community Development? How can it benefit Client Services?

Community development is about giving ordinary people control of their lives. Community development aims to empower people who are excluded from the decision-making processes that affect their lives. It involves change and operates on two fronts: works toward personal growth and works towards social change. It is based upon a number of principles such as independence, mutual benefit and shared responsibility and focuses upon:

- empowerment of individuals
- collective action/community empowerment
- improving quality of life
- enhancing capacity/developing potential
- sustainable change

Jeremy McArdle further defines community development as the development and utilisation of a set of ongoing structures, which allow the community to meet its own needs. It involves a set of structures, which are ongoing, not just the odd program or self help group.

Effective community development should be:

- a long term endeavourer
- well planned, inclusive and equitable
- holistic and integrated into the bigger picture
- initiated and supported by community members
- of benefit to the community
- grounded in experience that leads to best practice

Relevant related approaches

Within our sector two other key approaches are influencing practice, they are person centred practice, and community capacity building. Community development has a close alignment with both of these approaches and maximising this alignment will deliver improved outcomes for Kildonan clients. The process of community development often results in increased community capacity. Therefore, community capacity building and community development are interrelated strategies. Community capacity building places the emphasis on existing strengths and abilities of communities while, person centred practice, is a process of continual listening, focusing on what is important to someone now and in the future, and acting upon this in alliance with their family and friends. Person centred practice is not just about needs, it is about people. A purist approach to community development focuses on strategies that position the person at the centre of processes, like person centred practice:

- the person is at the centre
- family and friends are full partners
- reflects the persons capacities, what is important to them, and what support they need to make a valued commitment to the community
- a shared commitment to action to uphold the persons rights
- continual listening, learning and action, to help the person to get what they want out of life

Community development supporting strategic directions

When community development is focused on the individual, it aims to strengthen the individual's ability to be more able and equal in their participation in society. From this viewpoint community development supports person centred approaches and enhances the connection to a more individualised response to service delivery.

Opportunities for Kildonan & community members

Strategies implemented through a community development approach provide opportunities for the individual Kildonan client and for Kildonan organisationally. For the individual client, community development approaches offer a range of opportunities that are not exclusive to Kildonan. Many Kildonan clients experiences are highlighting these opportunities. An increased role within community provides Kildonan with increased opportunities for the development of new partnerships and strategic alliances. Managed well these partnerships and alliances have the capability to deliver not only increased resources, but access to improved problem solving and capitalising on new opportunities.

In addition, under a public health banner the notion of community development as a process helps inform strategies for primary prevention such as health promotion.

Families known to Child Protection

Risk factors

A risk factor for child neglect and abuse for families who are already in the child protection system is a lack of good and timely communication and collaboration between relevant child and family services. In particular, it is important for professionals across service areas to communicate with each other when there are concerns about safety and to collaboratively inform ongoing case assessment, referral and case planning. Most crucially, a lack of communication between Child Protection and community services, particularly those providing support to adults e.g. for mental health, family violence and substance abuse issues, is a particular risk factor for child abuse and neglect and of notable concern for Kildonan staff.

Prevention

An important counter measure to hazardous service fragmentation and communication breakdown are formal processes and requirements for joint decision making and the investment of resources into professional assessment and collaborative decision making. Training, both undergraduate and professionally, and workforce development are important for strengthening this skill set and system capacity. Dedicated resourcing is also required for cross-training across programs and disciplines to facilitate optimal communication, shared understanding and joint service planning and delivery.

RECOMMENDATIONS

Please refer to recommendations 1 - 8 and 20.

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

2.1 *Appropriate role of adult, primary & universal services in responding to the needs of children & families at risk of child abuse & neglect*

Primary, secondary and tertiary services may be seamlessly integrated within community service organisations to support families, uphold child well-being and protect them from neglect and abuse, while focusing attention on the child-parent unit.⁹

Broadening the role of primary services, in particular, to better reduce risk factors for child neglect and abuse, requires a multi-stranded approach that is best supported by the interconnection of a range of services.¹⁰ In addition, multifaceted strategies that reduce the risk of child neglect and abuse are more effective than those that focus on a single issue.¹¹

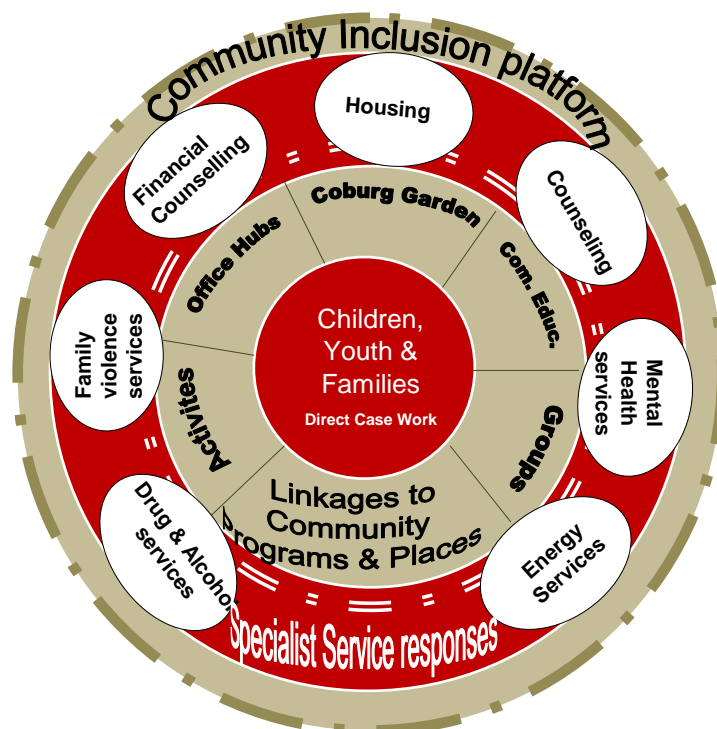
In illustration, a diagram of Kildonan's model for integrated service support is provided below. Within this model, any program may act as a 'gateway' (via a triaging system) for access to other services, with programs including both direct family support and community development programs that variously address: counselling, mental health/ well-being, energy use, drug and alcohol issues, family violence, financial inclusion/counselling, housing and a range of other issues.

⁹ Such a role for these community organisations evidently requires proper resourcing. As argued by Scott (2009, p. 39) we need to build the capacity of adult-focused services working with families with multiple and complex needs to be 'child and parent sensitive'. Certainly, Kildonan endorses the UK emphasis on building the capacity of all services to reduce the negative impact on children of parents with problems such as substance misuse, anti-social behaviour, mental health problems and non-participation in the workforce (Scott, 2009, p. 39).

¹⁰ See Scott (2006, p. 13).

¹¹ See Scott (2006, p.14).

Diagram: Kildonan's Model for Integrated Service Support



NB: This diagram is best viewed as the cross-section of a cable, wherein primary, secondary and tertiary supports are closely inter-related for service users.

Examples of Kildonan's integrated service approach in action

Several examples of Kildonan's integrated model in action are provided below.

Sustainable Families & Grow Your Own Healthy Lifestyle (GYOHL)

A good example of Kildonan's integrated service model 'Sustainable Families' program, which engages families known to Child Protection in several energy, water and waste visits to assist in reducing consumption and utility costs. Kildonan's Grow Your Own Healthy Lifestyle (GYOHL) also supports families accessing family support in engaging with gardening and healthy eating as a fun family activity. GYOHL can and does enhance family relations through working on practical and positive activities that enhance family morale and relationships. In addition, GYOHL can refer back to the initial referring programs if issues requiring attention are identified. Thus, this program is an exemplar of a successful primary community development service, that also integrates secondary and tertiary functions through collaboration with family programs.

Youth programs

Following our principle that everyone in society is responsible for child well-being and protection, the community development model is particularly well suited to supporting young people in need of support. Kildonan provides a variety of community and school based programs, that provide our youth support workers with opportunities to work with families. (Please see the Attachment for more information). Our experience working with young people and struggling families is that it is very difficult for traumatised children to fit into mainstream schools without support. Currently there is little to assist them to have a decent education and feel that they are part of the community. Acknowledging the substantial gaps in support for young people in the north eastern region, helpful programs for children and young people (as part of an integrated service system) would include:

- More programs targeted at young people as a whole, less segmentation of services and less restrictive eligibility criteria for the services that do exist;
- More resourcing of self-help and peer support community models for both young and older people (e.g. for mental health and substance abuse issues); and
- More empowering activity-based programs e.g. art, music, performance, sailing, outdoor education and camps that facilitate skill development, confidence and social connection.

Men's behaviour change program

Kildonan has also demonstrated that service integration can play a lead and active role in the prevention of family violence which continues to be very prevalent in the lives of the majority of families known to protective services. For example, our Men's Behaviour Change Program in partnership with our Strengthening Families Program has been offering a men's parenting group work program for clients who have previously participated in either group work or individual counselling for family violence issues. This integrated approach aims to prevent the cycle of family violence continuing by attempting to strengthen the relationship between fathers and their children whilst at the same time highlighting to participants the negative impact on children of family violence. This approach uses the expertise of staff from both programs to strengthen and enhance service delivery and further develops individual program responses to this most pressing of issues.

Financial counseling & the Hospital Based Financial Counselling program (HBFC)

Financial inclusion services, as provided by Kildonan, can also be integrated into a service delivery model as part of a tailored package for individual families. From Kildonan's experience, most families requiring intervention and/or support with their parenting will be experiencing financial difficulties. Kildonan's Hospital Based

Financial Counselling service (HBFC) is an example of a service specifically targeted at families with seriously ill children. The program aims to increase financial stability and thus alleviate financial stress which may have a negative impact on family functioning. This service is provided to parents who have a child with an illness being treated at the Royal Children's Hospital (with similar programs in development or aspiration stage at other hospitals in rural Victoria).

Service partnership with Indigenous organization & the corporate sector

Another strategy employed by Kildonan is to work in partnership with corporates and other community sector organisations to increase their capacity to address financial inclusion issues. Since 2009, Kildonan has been working with the Aborigines Advancement League. Staff members from Kildonan provide outreach to the League on a part-time basis and provide financial counselling and household energy efficiency audits for clients of the League's Family Support program. The next phase of this innovative project will involve employment of a person from an Indigenous background to be trained as a Community Energy Worker. After a period of transition the worker will move to the auspice of the League. This model was recognised in 2010 in an Office for the Community Sector Practice publication.

Kildonan has a strong track record in collaborating with businesses to deliver a range of innovative programs, including residential energy auditing for people struggling with utility bills and our Hospital Based Financial Counselling program (see above).

Facilitation & resourcing for holistic, integrative service approaches

While Kildonan has growing experience in the development and evaluation of integrative services like Sustainable Families, HBFC and GYOHL the integration would be better and more systematically optimised with dedicated resourcing and more opportunities for collaboration and cross-training. Further community capacity models such as the ones described benefit from a flexible model across the whole spectrum of program management including evaluation design, staffing model, stakeholder engagement and funding formula and design. While these programs are often funded by corporate partners, our experience is that they require ongoing sustainable government funding.

Certainly we support the trialing of innovative, integrative programs and collaborations that aim to nurture and empower families while assisting with both basic needs and the fulfilling of future family aspirations. Other areas of life stress for families that might be best addressed in a holistic, integrated model of service are mental health, family violence, housing, substance abuse, education and the early stages of parenting.

As a general point, we are very much aware that integration between current family and child support programs requires greater resourcing to be adequate and effective. In particular, communication, networking, designing protocols and learning about other programs, roles and professional approaches takes dedicated time. While these activities carry important preventive potential for families, they come at worker and

organisation time and cost and this needs to be embedded in service and funding arrangements in the future.¹²

Co-location of support services

Co-location of a range of support services, especially under one organisational auspice, would provide opportunity for optimal service integration, with one access 'gate way' for families and the facilitation of communication and cooperation between services. This model would be best and most fundamentally supported by service sector integration at the level of government, in the design of integrative program arrangements and associated contractual and funding agreements. Services could be set up and funded as a 'package', thus eliminating a good deal of the resourcing needed to re-integrate service segments that, on their own, address only fragments of the life realities of families. Multi-sectorial, multi-disciplinary teams could include social welfare professionals, early parenting support, community development workers, financial counsellors and youth workers (to name a few), with some discretionary funding to decide on positions based on identified local need. Such an approach is consistent with a truly 'whole of government' approach.¹³

To summarise and add to some of the points above, what is required for optimal child safety and well-being is:

- An integrated service model, with 'wrap around' services available for families, requiring support – especially for the early years and including central intake/'triage' and primary, secondary and tertiary services;
- Exploration, piloting and development of programs that integrate primary, secondary and tertiary service imperatives;
- Expansion of resourcing, perhaps linked to brokerage funding pools, for community based programs to support young people and families;
- Early intervention and prevention model with resourcing for primary services to also include some secondary and tertiary assessment, support and referral functions as appropriate;
- Resourcing of good communication and collaboration between child and family support programs and sectors;
- Inclusion of the views of community members and service users in program design and individual service plans as consistent with best current practice and a participatory public health approach; and

¹² Banks, Dutch & Wang (2011) describe an initiative to establish service collaborations to plan and implement policy and practice changes in systems that serve families who are experiencing domestic violence and child maltreatment. A key finding of their research was that collaborative relationships required a great deal of work but they were ultimately one of the main successes of the initiative.

¹³ According to Scott, if a 'whole of government' ethos is strong in a particular political and public sector environment, then it will be easier to promote more 'joined up' service delivery (2009, p. 41). She further argues that to 'scale up' promising models, there needs to be a high level, centralised government commitment, as the range of adult services affecting children is large, cuts across all levels of government and spans different portfolios and service sectors (2009, p. 42).

- Government funding (perhaps through inter-departmental ‘pooling’) of ‘packages’ for CSOs to deliver service outcomes, with ‘on the ground’ operational flexibility.

2.4 *Most cost-effective strategies to enhance early identification of, & intervention targeted at, children & families at risk*

Most parts of this submission relate to the issue of the cost effectiveness of supportive interventions for families and children i.e.:

- Greater resourcing of universal, primary and secondary services, with a preventive focus over the long term taking pressure from tertiary services;
- Greater service integration across relevant government departments, including local government, and through the resourcing of multi-disciplinary, multi-sectorial teams at a local level, which would require less (time-consuming and resource-intensive) re-integrative activities by support services and professionals. In other words, what has not been ‘disintegrated’ in the first place, in service design and contracting arrangements, does not require the great efforts at ‘reintegration’ as services endeavor to treat children, parents and families as being ‘whole’ entities for support and intervention.
- Review and redesign evaluation approaches, so that they are less time consuming and more relevant. (See response to Term of Reference 7 below).

RECOMMENDATIONS

Please refer to recommendations: 4, 6, 9, 10, 11, 12, 13 & 14.

3 **The quality, structure, role & functioning of family services & child protection**

3.1 *Strengths & weakness of the integrated approach*

Strengths of the integrated service approach, as evident in the Family Coaching program, are an easy access point for families to required services, with professional facilitation and coordination of this access through brokerage resources and (ideally) some co-location of services or integration within one organisation. In addition, within an integrated approach, the roles of each service may be defined and negotiated in the best interests of the child.

More discussion of the strengths of an integrated approach are provided elsewhere in this submission, including above in response to Term of Reference 2.1 and below in response to Term of Reference 3.3.

There is room for improvement within current service segmentation or ‘siloing’ (evident in compartmentalised design and contracting arrangements) even within the child protection and family support sector. Breaking down service silos would enable better service integration at the community and family level where programs are needed and accessed. As suggested above, this service siloing is most effectively addressed at all levels, starting from government departments and filtering down to program level where separate contractual and funding obligations exist. It is also suggested that avenues to address this be explored through alternative models wherein government departments across a range of domains, such as family support, housing and community development, collaborate more closely in designing and resourcing integrated service models and outcomes that utilise an integrated funding approach.

3.2 *Workforce arrangements*

It is widely held that current workplace arrangements under-value the professionalism of social welfare workers, especially given that they have considerable expertise and offer services which have a direct impact on the health and well-being of some of the most vulnerable family members. In particular, social welfare workers in community service organisations are paid substantially less than those working in Child Protection and for government, which leads to ongoing difficulties in staff morale and staff recruitment and retention. The following views are fairly typical:

(With) the way we are funded in family support programs, we cannot compete in recruitment of staff with Child Protection, hospitals, local councils and government. When it comes to money we can't compete. We can't compete with ongoing training... This affects the quality of candidates we get now...

It is very hard to retain people in the sector due to the limitation of career possibilities and poor remuneration (especially) related to the complexity of the work and the high levels of stress and accountability.

There is a real hierarchy in the system. Seniority means no contact with clients; they are working hard on tendering, policies and procedures and attending numerous network meetings.

Thus, as the lack of remuneration and a clear career path in family support affects the quality of staff that can be recruited and retained, experience on the ‘front line’ is lost when social welfare professionals move to management positions or out of the sector.

In addition, in all family support areas, compliance requirements, data processing and administration demands have become extremely high and onerous, leading to less time for direct family support work, higher stress levels and a lowering in job satisfaction. One solution may be the UK model wherein all family support teams have dedicated administration workers, freeing up support professionals for direct service work. Even more fundamentally, the whole approach to service evaluation needs to be reviewed - with more focus on broader outcomes of health and well-being

for children and families, more operational and evaluative autonomy for programs and social welfare professionals and much less emphasis on the measurement of segmented tasks, along with the micro-management of front line staff that is entailed in the collection of much service and compliance data.¹⁴

In addition, and as raised in previous sections, greater resourcing is required for service collaboration and, importantly, the consolidation of the myriad of networks that can overlap. Otherwise the systemic consequence may be the entrenchment of service siloing as workers spend their time meeting ‘KPIs’ and segmented service targets.

3a The quality, structure, role & functioning of family services (strengths & weaknesses)

3.3 Strengths & weaknesses

It is important to recognise and highlight successes and what is working well in the current family support system lest we ‘lose what we don’t value’ i.e. we need to acknowledge, nurture and preserve service and system strengths, lest we inadvertently lose them in our efforts toward continuous service improvement and innovation. With this in mind we acknowledge some service strengths below.

‘Strengthening Families’, which is funded by the Department of Human Services, plays a key role in the linking of families to numerous services and also operates as an early intervention and prevention service. The program strives to provide a ‘wrap around’ service, accessing services from across the sector, including health, education and leisure. Workers also attend other partnership meetings including ‘Whittlesea Early Years’ and ‘Community Connections’. Strengthening Families has current examples of linking families into counselling, financial counselling, men’s behaviour change and community housing, all of which are provided by Kildonan. In fact, the program acts as the entry point or ‘gateway’ for many Kildonan programs as it is the service that is an integrated part of the Child First model.

Strengths of current family services at Kildonan are included in the following points:

¹⁴ According to Scott, proceduralisation of service delivery inhibits individually tailored services and narrow performance indicators limit broadened roles and constrain the ability of adult services to respond to the needs of parents and their children. Conversely, higher levels of professional autonomy and discretion can support broader roles for professionals (2009, pp. 41,42). Referring to a book by Barry Schwartz and Kenneth Sharpe, *Practical Wisdom*, Gittins also makes a powerful argument against narrow performance prescriptions and targets via ‘KPIs’ which reduce overall performance, staff morale and motivation and the scope for the ‘practical wisdom’ that is required for institutions to work well. He also argues against the usefulness of narrow quantification measures for assessing service performance. Instead he advocates for worker autonomy, thereby relying on the intrinsic motivation and capacity of professionals to deal with contingencies in all of their complexity (2011, p. 19). Also see Wadsworth (2010, pp. 142-145) for more detailed treatment of the social and epistemological problems associated with the segmenting of service delivery and productivity measures as part of fragmented, managerialist, ‘top down’ approaches.

- Integrated family support structure with designated roles and relationships between Child Protection, Child First, the local community and organisation members of the North East Metropolitan Child and Family Services Alliance (NEMCFSA);
- Innovation by NEMCFSA in the programs it puts into place - characterised by a strong sense of partnership and a 'can do' attitude. This has led to vulnerable families being assessed and allocated a worker in a far more streamlined manner than what occurred prior to the introduction of Child First.
- Introduction of the Kinship Care Program in January 2010, which has demonstrated that the case contracting arrangements between DHS Child Protection and the community service sector have led to an enhanced service delivery capacity, not possible when Child Protection was the sole provider of support to children, parents and carers subject to long term Children's Court orders. Feedback from carers involved in Kildonan's Kinship Care Program clearly illustrates the level of service and support they now receive (since they are no longer case managed by Child Protection) has increased significantly over the past 12 months.
- Family Coaching's 12 month 'wrap around', flexible brokerage model; and
- Co-location of services within one organisation (in so far as this is already happening – see comments in above sections e.g. in response to 2.1).
- A 'one off' men's behaviour change group (12 weeks) for fathers known to child Protection. The program will incorporate Kildonan's educational 'Money Matters' (financial literacy) program and a 'parenting after violence' component.

3.3.3 Accommodation of the needs of vulnerable children from diverse cultures

An important factor in facilitating access to services for vulnerable children and families from culturally diverse backgrounds is employment of an inclusive approach. Kildonan's practice experience indicates that the following strategies contribute to access to services for diverse clients. These approaches are also reflected in the DHS, Multicultural Strategy (2006) i.e.:

- Use of interpreters and translation materials as appropriate;
- Co-location with a range of other services to ensure diversity in service offering;
- Inclusion of ethnic and culturally specific services in service delivery including intake, assessment, case consultation and direct case work e.g. conducting joint sessions with families with a specialist provider;
- Consultation and collaboration with specialist services including continual reflection in relation to access of children and families from diverse cultures to services;
- Skilling staff and volunteers in cross cultural practice; and
- Embracing a diverse workforce across all dimensions of diversity.

3b The quality, structure, role & functioning of statutory child protection services, including reporting, assessment, investigation procedures & responses

As a whole, Child Protection requires greater and more strategic investment, especially given that the preventive potential of primary, universal services may take years in many cases, even with increased investment.

3c The quality, structure, role and functioning of 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

Foster care placements

Out of Home care is an intrinsically vulnerable area of child support – for the children, but also for volunteers, foster carers and family support workers. The expectations placed on foster carers are currently too high on according to many accounts, including the demands placed on families and any associated tasks such as taking children to and from school during short stays. In addition, greater resourcing is needed for thorough assessment of foster carers before placements are approved and greater training for them in understanding what they might expect during placements and how to understand and manage a range of contingencies.

Another issue with foster care arrangements is that they often require children to move out of the area they know, including schools, relationships and familiar surroundings (with family placement still considered superior to locally available residential care). With multiple placements and disruptions, there is a real danger of abuse being inflicted by the system.¹⁵

Kildonan's direct experience is that family services lack flexible options for out of home care in the region.

Continuity of relationships & connection to communities

If foster families are to be regarded as part of a community solution for children needing out of home care, a community development model for foster care might be considered in which a community is engaged to support the family providing the placement. This might enhance quality and sustainability of foster care arrangements, enhanced social connection for the children and lead to greater recruitment of foster

¹⁵ According to Scott (2009, p. 37) foster placement instability is associated with the risk of longer term psychological harm, even while short term safety may be served by state care. She argues that 'such instability is now endemic in out-of-home care systems...'

carers, which may in turn help children stay in the local areas where they have developed relationships.

A peer mentor relationship (consistent with Kildonan's peer youth mentoring program) as part of a 'wrap around service', may also assist young people in care to have continuous important relationships in their life, despite unstable home and/or placement arrangements.

A central strength of Kinship Care is that children are placed with family members they know, thus continuity in important relationships is maintained in this way.

Administrative compliance duties

As with other family support programs, but perhaps more so, Kinship Care workers are required to carry out a substantial amount of administrative compliance work and data entry. This is experienced as highly onerous – especially when working with two incompatible data systems, with one that 'drops out' and loses all entered data after 20 minutes and without notice. This contributes substantially to the workload and stress levels of the workers. As a minimum requirement, data systems for child and family support services need to be compatible, user friendly and efficient.

Again, it is suggested that the UK or similar models be explored wherein social welfare workers and family support professionals have dedicated administration support for each team, allowing them more time to engage their professional skills in direct work with families and children. Such an arrangement may also free up funds for CSO support professionals to be remunerated more in line with their qualifications and the nature of their work.

Furthermore, and as highlighted below, we would recommend that the whole evaluation approach be reviewed, so that it includes 'collective sense making' strategies, yields more meaningful information and is able to inform ongoing service delivery and program design.

RECOMMENDATIONS

Please refer to recommendations: 9, 10, 15, 16, 17, 18 and 19.

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

While some pathways to more integrated approaches to supporting children and families are clear, the resolution of problems is often multifaceted and complex, requiring cooperation across the Department and several government agencies and levels of government as well as the court system. Some aspects of this are addressed below.

Courts

The experience of Kildonan's family support workers in relation to court processes has led them to believe that magistrates do not always appear to have access to a good understanding of presenting and underlying family issues to make appropriate decisions in the interests of the child – especially in the face of competing parental demands.

Another difficulty is that children are sometimes (re)traumatised when given court reports without parents being present. These reports are written supporting specific legal arguments and not with a child's reading of it in mind. As a general point, more resourcing could be given to supporting family members, including children, before they go to court.

Service discretion & autonomy

For services to be more relevant, useful and locally responsive, social welfare professionals in CSOs require greater autonomy in key decision making, based on the knowledge that they have developed of children and families including their situations, needs and aspirations. Specifically, there is a need to decentralise decision making about the services required from Child Protection to CSO workers who are closer to the families they are working with. (See footnote 12 regarding similar points).

4.1.1 Current protocols & arrangements for inter-organisational collaboration in relation to at-risk children & families

In general, there is great room for improvement in current protocols and arrangements for inter-organisational collaboration, while learning from and building on successes of programs such as Family Coaching, Kinship Care and the North East Metropolitan Child and Family Services Alliance (NEMCFSA). Again, we highlight the resource intensive nature of collaboration activities such as the development of inter-agency protocols and the need for this to be costed and funded properly.

In addition, there is often misunderstanding about legal privacy requirements, which acts as a barrier to good inter-service communication, information sharing and collaborative practice. Clarification of privacy legislation and implications for service support needs to be provided as part of ongoing professional training.

Integrated, wrap around services, that support service users who might initially engage support through a range of gateways, are optimised when:

- Required services are available. (In their absence even brokerage funds will not be enough to have service needs met);
- There are not high accessibility or eligibility barriers when other services are required, including onerous intake processes. (Ideally families do not have to go through demanding intake processes for each program when services are truly integrated);
- Services are resourced and enabled to build good working relationships over a period of time;
- Risk averse protocols are kept to a minimum so that responsive, innovative and locally relevant services might flower;
- There is optimal flexibility ‘on the ground’ to cater to presenting needs, wishes and contingencies;
- There is more funding for community service organisations to allocate to families on the basis of need rather than funding stream; and
- The views of families and children are included in all decision making as part of a strength-based empowerment approach.

Arguably, multi-disciplinary, locally based service teams with single funding arrangements and accountability requirements would deliver optimal service integration, with minimal barriers for access to services. Keeping in mind that current segmentation of services, (requiring substantial resourcing for integration ‘on the front line’), can often be traced to a separation of responsibility and management across government departments, possibilities for greater integration at a government level might be explored. One idea would be for different government departments with a range of responsibilities related to child health and protection, e.g. housing, community development and family support, to cooperate in pooling funding for multi-disciplinary services that have the autonomy to be responsive in local areas. (Also see discussion of this above, in response to Term of Reference 3.1).

4.1.3 Specific models of inter-professional, inter-organisational, inter-sectorial collaboration

As discussed above, an integrated service model, with a range of basic services within one agency (or with a single ‘lead agency’) with others engaged from outside, as required, is suggested. (Please refer to diagram above in response to Term of Reference 2).

Also, as suggested above (4.1.1), a model might be considered of multi-disciplinary, locally based service teams with single funding arrangements and accountability requirements, facilitated by inter-departmental collaboration.

4.1.4 Professional education for service providers to work optimally across organisational boundaries

Associated with the point above, are multi disciplinary family and financial support approaches, which may be introduced into university courses and ongoing professional training. Resourcing for professional peer education as part of funding arrangements would also facilitate truly integrated approaches to family support. (Ideas for integration of energy sustainability and social support in professional training are provided in a Kildonan article that appeared in *Australian Social Work* by Borrell, Lane and Fraser, 2010).

4.1.5 Current funding approach for service integration

As discussed in the responses above, an integrated service model requires resourcing for people to connect with and learn from each other. Importantly, it requires more integrated, less siloed funding and dedicated resourcing for multi-disciplinary, multi-service models, with potential to cross primary, secondary and tertiary service boundaries - enhancing prevention and intervention before family and parenting difficulties become entrenched. As also previously noted, brokerage capacity would play an important role in an integrated and individually adapted and tailored service mix, albeit with the range of required services being available and accessible.

RECOMMENDATIONS

Please refer to recommendation: 6, 9, 10, 21, 22, 23, 24, 25, 26 and 27.

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

5.1.3 Potential for NGOs to deal with some situations being referred to CP

We endorse the proposition of the submission to the Inquiry by NEMCFSA, to which we are a signatory, that: both tertiary Child Protection and secondary Integrated Family Services, as well as other services within the secondary range, require strengthening to respond to the needs of vulnerable families currently coming to the

attention of the combined Child Protection and Child FIRST intake points. Over time, the strengthening of the wider secondary service system will divert families and relieve pressure on the Child Protection system, *without diluting this community capacity through the transfer of statutory roles.*

5.1.4 Necessity for strengthening the capability of organisations

As argued in the above responses, especially in relation to the resourcing of enhanced service integration models while bringing together primary, secondary and tertiary services there is a need to resource the time for agencies to work together to support vulnerable families and children.

5.1.5 Responsibility of the state to ensure that organisations fulfill their Duty of Care

The responsibility of the state is to see that regulatory standards are adequate and are fulfilled on behalf of the community and that organisations are adequately resourced to protect children from sexual and other forms of abuse.

5.1.6 Strengths & weaknesses of current commonwealth & state roles & arrangements

The current framework of commonwealth and state roles and arrangements to protect vulnerable children and young people is sound. As suggested above, the service system would be greatly enhanced if service silos were broken down at a government level and in relation to contractual arrangements, auspice and operations at both state and local levels. Furthermore, integration of service responsibility at a government level might facilitate fruitful and truly preventative services being provided at a grassroots level (acknowledging that CSOs usually have in place numerous contractual arrangements - with the corporate sector and philanthropic organisations as well as all tiers of government).

RECOMMENDATION

Please refer to recommendation 28.

7 Measures to enhance the government's ability to:

- **plan for future demand for family services, statutory child protection services & out-of-home care**
- **ensure a workforce that delivers services of a high quality to children & families**

Current services are arguably weighted to the tertiary end of the family and child support spectrum. A community development approach, perhaps catchment based (but not restricted), might be implemented to remedy this as described above. This approach could address the needs, situations and aspirations of population segments such as emerging cultural groups.

7.1.1 Research into child protection matters

Research

We propose more research into capacity-building strategies for families, communities and child and adult services, for the prevention of child abuse and neglect, with consideration of interconnected primary, secondary and tertiary service responses.

To arrive at more detailed areas for study and possible synergies for research projects, we suggest some initial collaborative inquiry across interested sectors, government departments and community service organisations.

Moreover, we propose that participatory, reiterative and triangulated (integrative, multi-method) research approaches for this research be considered, that include a range of parties and representative steering groups and facilitate the integration of learnings into ongoing programs and practice. Certainly, we believe that reductionist, positivist research methodologies tend to be self-defeating in reproducing the problems of fragmented ways of organising and relating to each other as a system.¹⁶

Evaluation

For current programs, more robust and meaningful evaluation design and implementation is required to inform ongoing child and family service delivery. Importantly, the evaluation methodology needs to be congruent with the nature and goals of the services being provided e.g. if services are meant to be participatory, empowering and whole-person/family/community focused, the evaluation approach needs to reflect this.

In general and in line with a holistic, integrated approach to child and family support, evaluation also needs to be holistic, multi-faceted and integrated - drawing on both quantitative and qualitative information from a range of sources as appropriate,

¹⁶ See Wadsworth, 2011, Chapter Four: 'More (Truly) Living Systems' for more detailed discussion.

including service providers and service users, and analysed in conjunction (within a ‘triangulation’ approach) toward broader outcomes. As discussed above (in response to Terms of Reference 3.2 and 3c) optimal evaluation practice would have less preoccupation with narrowly conceptualised service segments and targets.

We further suggest greater use of a developmental/formative evaluation approach for new and existing programs, whereby evaluation data is routinely and strategically used to inform ongoing services (rather than to just ascertain ‘success’ or ‘failure’ in a narrow, linear sense). Formalised participatory processes of *information-reflection-planning-action*, in short, medium and longer term cycles, should be implemented as part of a developmental/formative evaluation approach.

For new programs we suggest that evaluation is built into the service design, again using an inclusive developmental/formative evaluation approach.

Other suggestions for research and evaluation include:

- Annual audits with clear, agreed-upon (by key parties) and appropriately high standards;
- Community based evaluation, with strong processes to include consumer and community views and feedback; and
- Convening of professional forums wherein relevant research, evaluation and related methodologies may be shared and discussed within an integrated service approach.

Improvements to current evaluation practice along these lines would capitalise on the professional expertise and commitment of social welfare professionals, facilitate their capacity for relevant responsiveness and meaningful co-evaluation, increase service efficiency, improve staff morale and job satisfaction and support sound and effective service design.

7.1.2 Recruitment for home based care

See response to Term of Reference 3 (above), for discussion of community development models for foster care. A community development approach could also facilitate recruitment as well as support for fostering families and children in care.

7.1.3 Workforce development & retention strategies

7.1.3 Workforce Development & Retention Strategies

As noted in response to 3.2 above, social welfare workers and other support professionals require greater and more equitable remuneration to encourage retention, especially those working in community service organisations. There is also a need to explore better career pathways – to both encourage knowledge retention and transfer

between professionals, and to address the problem of losing experienced front line staff on a regular basis, which has impacts for the quality of professional support. Crucially, the current career path takes the skilled professional away from direct service delivery into management.

As also noted above, compliance, data entry and administration duties are occupying an increasing proportion of professional time – leading to job dissatisfaction, less time spent directly supporting families and reduced capacity to design and implement service innovation. Thus (again) we suggest that the UK model be explored for application in Victoria, wherein family support teams have dedicated administration workers who share the administration burden. In addition, the evaluation approach itself needs fundamental review, as discussed above (e.g. in response to Term of Reference 7.1.1).

Another issue is a feeling that when ‘things go wrong’ blame is apportioned downwards, which can negatively affect staff stress levels, morale and retention.

In addition, workforce development strategies might include:

- More resources for ongoing professional development and skill maintenance - in general and in relation to specialised social and welfare work and management training;
- More cross-disciplinary training and supervision for family support and associated professionals;
- Optimal design and integration of ‘learning organisation’ practices to underpin ongoing professional and service development;
- Greater utilisation of multiple ways of working and learning, drawing on a range of approaches;
- Exploration of specialist expert support models in the face of growing complexity in family issues;
- Greater resourcing in funding arrangements for networking and service integration rather than the meeting of narrow service targets;
- Contact with people living in low socio-economic communities as an integral part of undergraduate training; and
- Valuing of the professionalism of social welfare workers and family support staff in remuneration, management practices and work conditions, with recognition that such valuing filters from top management to front line staff working with families and children.

RECOMMENDATIONS

Please refer to recommendations: 9, 15, 16, 17, 29 and 30.

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

We support the notion of an independent Child Protection Commissioner and endorse the recommendations of the submission from the North East Metropolitan Child and Family Services Alliance, to which we are a party.

RECOMMENDATIONS

Please refer to recommendation 31, 32 and 33.

RECOMMENDATIONS

To promote and support the health and wellbeing of children and to protect them from abuse and neglect within a whole-service, whole-family, whole-community approach, it is recommended that:

- 1** ...an integrated and accessible service support system be provided with access to a 'whole of community' continuum of support for children, parents and families to address the variety of needs and aspirations at different life points and stages.
- 2** ...an integrated and accessible support system includes substantial resourcing for inter-related primary, secondary and tertiary services as part of a public health approach, with particular focus on prevention via primary and secondary service dimensions.
- 3** ... priority and financial resources be (re)directed to local engagement and participation, whereby bottom-up initiatives take priority over solutions imposed from the outside and the importance of local identity, leadership, knowledge and management be recognised as a critical component of a whole of community (including 'joined up' government strategies) response
- 4** ... a greater range of primary services be explored, piloted and resourced, including school-based programs, self help groups, mutual support and peer mentoring models and other programs based on participant strengths and positive experiences.
- 5** ... procedural, eligibility and availability barriers to services be minimised, especially for children, parents and families requiring a greater range and/or more intensive use of services at different points in time.
- 6** ... nominated community service organisations be resourced to provide a coordinated, holistic, 'wrap around' support program for children, parents and families, with minimal access barriers between the required services and with the potential for a range of services to act as the entry point for an integrated response.
- 7** ... communication, collaboration and decision making practices between relevant community services and between Child Protection and community service organisations, in relation to child health and safety, be reviewed and optimised.
- 8** ... resources be invested in the development of professional skills for collaborative assessment and decision making to support child health and well-being, at both undergraduate and workforce levels.
- 9** ... service integration, communication and networking be adequately resourced as an essential component of service funding, including assistance for the improved coordination of roles and the establishment of protocol arrangements and coordinated data systems.
- 10** ... models for optimal service integration be explored at a government level, via the pooling of resources across relevant departments to design and contract to community service organisations multi-sectorial, multi-disciplinary programs wherein professional teams can be flexible, locally responsive and provide a truly seamless 'wrap around' service for families.
- 11** ... integrated service models be piloted that integrate primary, secondary and tertiary services, single 'gateway' intake points and minimal bureaucratic and procedural barriers for access to a range of resources.

- 12** ... flexible service models are implemented across the whole spectrum of program management including evaluation design, staffing model, stakeholder engagement , contractual arrangements and funding formula and design.
- 13** ... more preventative, strength-based programs for young people be piloted and provided in the north east region of metropolitan Melbourne.
- 14** ... formal strategies to better include the views of service users and community members are explored, piloted and supported.
- 15** ... social welfare professionals working in community service organisations be given greater recognition of their skills and expertise, in particular through substantially increased remuneration.
- 16** ... models of dedicated administration support for professional child and family support teams be considered.
- 17** ... current research and evaluation practices be reviewed, including:
- a. more research into capacity building strategies and integrated service models for children, youth, families and communities;
 - b. collaboration between CSOs, government departments, and interested sectors to ascertain areas for inquiry and to explore possible synergies for research design and implementation;
 - c. implementation of participatory, reiterative and triangulated research methodologies;
 - d. implementation of holistic developmental/ formative evaluation approaches for child, family and related services, with less emphasis on narrow service segments and targets;
 - e. greater involvement of social welfare professionals in the design of evaluation, collective sense-making/ analysis and the integration of findings into ongoing practice and programs.
 - f. greater exploration and implementation of research and evaluation methodologies that integrate service user and community views and facilitate translation of findings into action; and
 - g. convening of regular professional forums wherein relevant research, evaluation and related methodologies may be shared and discussed.
- 18** ... out of home (OOH) care options in the region are improved and increased through:
- a. more thorough assessment and better preparation and training for potential foster families;
 - b. establishment of a Protecting Victoria's Vulnerable Children Round Table involving coordination across government portfolios, partnerships between spheres of government (State, Local and Federal) and between government, business and community;
 - c. exploration and piloting of community development models of foster care whereby communities are enabled to take responsibility for foster placements and provide collective support to fostering families; and
 - d. exploration and piloting of community development peer mentoring models to assist young people in OOH placements and, perhaps, for families to mentor other families.

- 19** ... we deliberately and collectively build on the learnings and strengths of existing programs as part of the ongoing development and sustainability of the sector, thereby avoiding the dangers of fracturing the system and losing the benefits of experience in our attempts to constantly introduce innovations.
- 20** ... potential partnership arrangements between government and corporate bodies to jointly fund and support programs for children, young people, families and communities be explored.
- 21** ... more resourcing be provided to psychologically prepare and support children, young people and families before their cases go to court and for young people reading court reports when parents are not present.
- 22** ... family and child support services be resourced adequately to build and maintain good working relationships with other relevant services and governments over time, leading to the streamlining and consolidation of networks.
- 23** ... risk averse protocols are kept to a minimum to enable responsive, innovative and locally relevant services that have optimal resources and service flexibility to support families and children.
- 24** ... more funding be provided for community service organisations to allocate to families on the basis of service need rather than the narrow criteria of different funding streams and that Family Coaching's brokerage model be expanded to other programs.
- 25** ... a Protecting Victoria's Vulnerable Children Round Table be established, involving coordination across government portfolios, partnerships between spheres of government (State, Local and Federal) and between government, business and community.
- 26** ... State Government prioritises and places greater emphasis on sustainable strategies rather than 'one off' projects that recognise the ongoing interdependencies of social, economic and environmental connectedness and vulnerability.
- 27** ... Funding and Service Agreements reflect and enable flexible approaches that take account of the multifaceted nature of problems and opportunities that face particular communities and emphasise the importance of continuous critical reflection and system/service improvement.
- 28** ... that: both tertiary and secondary services are strengthened to respond to the needs of vulnerable families coming to the attention of the combined Child Protection and Child FIRST intake points.
- 29** ... options for better career pathways for social work professionals be explored to enhance staff morale and retention and the experience and quality of the workforce.
- 30** ... resourcing for ongoing professional development be increased, including more cross disciplinary training and supervision for family support and associated professionals.
- 31** ... an independent Children's Commissioner be appointed to report directly to Parliament in order to ensure a greater degree of oversight and accountability.
- 32** ... the Children's Commissioner has their own independent investigative and administrative support staff and has the capacity to conduct independent audits of family service cases in order for learnings to influence ongoing policy and practice.

- 33** ... the Children's Commissioner is required to highlight any findings regarding systemic issues and failures, in particular: for unborn children, infants who have been notified to Child Protection in the first year of their life, children who have been repeatedly re notified and children who were not notified to Child Protection when they should have been, and that these findings be broadly shared to improve child protection and child safety practices.

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ATTACHMENT:

Kildonan's Core Services & Networks

Core service activities to address the holistic needs of the communities and clients we serve include:

- Integrated Family Services for Families known to Child Protection and Family Services
 - Families First - an intensive family preservation service targeting Child Protection clients who are either at risk of removal from their parents due to protective concerns or who are being reunited with their parents following a period in out-of-home care;
 - Strengthening Families - supports children and families who may be vulnerable because of poverty, substance abuse, family violence, trauma, mental illness or other factors;
 - Family Coaching Victoria - Integrated Placement Prevention and Reunification Service, expands family-based services, and prevents at risk children being removed from home for the first time or reunites removed children with their families as quickly as possible;
 - Men's Behaviour Change including the recent awarded DOJ Heidelberg Family Violence Court Intervention Project (HFVCIP) - for mandated (Heidelberg Courts) and non-mandated men with anger and violence issues. The focus is on enabling men to change whilst ensuring safety and support is paramount to (former) partners and any children involved;
 - Kids Me and Family – counselling and support services to Women and children living at the Salvation Army Bridgehaven site with a focus on drug and alcohol addiction/s and life support services;
 - Kinship Care - aims to assist extended family networks to provide the best possible kinship care arrangements for children and young people unable to live with their own parents and establish, monitor and support the placements
- Youth Services
 - Youth Connections – supports young people aged 13 to 19 who have disengaged or are disengaging from school and works to reengage them with more flexible education options or to start training or work.
 - Adolescent mentoring – provides young people who have a history of protective services involvement with the opportunity to connect to an adult role model/mentor over a long period of time through joint participation recreational activities.
 - Reconnect – provides counseling, mediation and outreach support to young people aged 12 to 18 who are homeless, or at risk of homelessness. Reconnect assists young people stabilise their living situation and improve their level of engagement with family, work, education, training and their local community.
 - DHS Youth Counselling – provides long term counselling support to young people aged between 10 and 17 who live in the Northern Region and have had protective services intervention for long periods of their lives.
 - Youth Rebuild - outreach support to young people aged 10 to 26 who were affected by the February 2009 Bushfires.

- Financial Inclusion Services Counselling
 - Energy Efficiency Audits – provision of energy audits for households experiencing financial hardship across Victoria
 - Sustainable Families – provision of a series of sustainability visits to vulnerable families to assist with reduction in household energy, water and waste;
 - Generalist financial counselling services – including a range of targeted programs provided at outpost locations such as Royal Children's Hospital and the Aborigines Advancement League
 - Financial literacy – provision of financial management education sessions to vulnerable communities across Melbourne's North West
 - Microfinance services including the No-interest loans, StepUp and Adds up program
 - Organisational capacity building – partnerships with other community service organisations to develop their capacity to respond to financial hardship.
- Counselling Services
 - Counselling program – Providing external counselling services, secondary consultations and training on trauma informed practice;
 - Housing services – provision of community housing for low income families
- Enterprise Services, Corporate Training and Community Development Services
 - Significant work in the area of economic violence and hardship for women and families;
 - Training analysis, training and development across Australia in the specific areas of financial awareness and literacy for disadvantaged communities
 - Other services and programs
- School based activities
- Community hubs
- Community Peer Support After Natural Disaster Networks
- Training and consultancy

Kildonan is a member of the following (but not limited to) core networks:

- Member of The Centre for Excellence and the No To Violence (NTV), the Male Family Violence Prevention Association;
- A foundation member of the North West Men's Behaviour Change and Emergency Accommodation Partnership;
- Member of LGA family violence networks: Darebin, Moreland, Yarra , Whittlesea Banyule and Hume;
- Northern Family Violence Strategic Network (NIFVS);
- Active member of the new Think Child Alliance – reform direction for Family violence, child protection and family services.
- North East Metro Child and Family Service Alliance;
- Men's Active Referral Service;
- Family Violence Court Division Court Users Group (Heidelberg);

- Culturally and Linguistically Diverse MBCP Reference Group; and
- Victoria Police Family Violence Advisors.