

A better approach to protection and care

A submission to the Protecting Victoria's Vulnerable Children Inquiry



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Coalition forming this Submission

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- MacKillop Family Services
- Berry Street
- Salvation Army
- Victorian Aboriginal Child Care Agency

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Executive Summary

Anglicare Victoria, Berry Street, MacKillop Family Services, the Victorian Aboriginal Child Care Agency, the Salvation Army and the Centre for Excellence in Child and Family Welfare, have come together to present this submission to the Protecting Victoria's Vulnerable Children Inquiry.

We are responsible for the majority of the foster care and residential care services provided in the State of Victoria for children and young people removed from their families. We know the issues faced by the families of these children, because we are also responsible for providing services to support such families.

We have worked collectively over the last two months to identify practical ways to strengthen Victoria's response to vulnerable children and young people in our community. We believe we need to build on the scaffolding already developed as part of the reform process commenced under the *Children Youth and Families Act (2005)* while concurrently enhancing our capacity to collectively respond to those most in need.

Earlier intervention, a focus on growing resilience and protective capacities before risks emerge, and a more holistic localised suite of responses for the most vulnerable underpin our forward directions.

Our vision

Our vision is simple and straightforward.

The future that we desire for vulnerable children and young people is that which we desire for all children and young people on our community. That is that:

"All children and young people in Victoria have the opportunity to grow up in a safe and stable environment so that they are able to achieve the levels of health, wellbeing and education appropriate for their age, and be proud of their culture."

Outcomes to be achieved

Our starting point in designing the system of the future is building on the success of the current reform process. We have identified the outcomes that we must achieve if are to better protect and care for vulnerable children and young people in Victoria as follows:

- *For vulnerable children and young people* – that they are safe, nurtured and engaged so that they can achieve better outcomes in terms of their physical and mental health; safety and security; culture, spirituality and community; identity; learning and participation and family and relationships.
- *For vulnerable families* –that they are strong, connected and free from abuse and able to effectively parent and support children and young people in their care so they experience a positive childhood and are well equipped for the transition to adulthood.

- *For communities* – that they are caring and responsive and provide access to the necessary infrastructure and support to ensure that vulnerable children, young people and their families are connected, included and can participate, increasing their resilience and capacity for self management and reducing the impact of risk factors in their lives.
- *For the service system* – that it is flexible and responsive and has a strengthened and authoritative capacity to intervene earlier and more effectively through multi-disciplinary responses to reduce the need for statutory intervention and long term removal of children and young people from their families.
- *For the community services sector* – that it is the primary vehicle by which services are provided as part of a balanced and effective partnership with government to achieve positive outcomes for vulnerable children, young people and their families.
- *For the government* – that it has overall responsibility through an effective partnership with the community services sector to reduce the incidents of harm and the numbers of children and young people requiring protection and care.

Priorities for action

To give effect to our vision and the outcomes we must achieve we have identified 12 priorities for action. They are:

Priority 1: A strong legislative basis that specifies the roles and responsibilities of all government agencies to protect and achieve positive outcomes for vulnerable children and young people.

Priority 2: Integrated, multi-disciplinary local service systems that intervene earlier to strengthen resilience and self-management capacities and mitigate risk.

Priority 3: Comprehensive resource allocation models that establish a continuum of care and support at a local level for children, young people and families, linked to population and need.

Priority 4: Improve the capacity of the secondary and statutory service system to provide earlier support to children, young people and families experiencing family violence.

Priority 5: A reoriented and effective statutory child protection response supported by an effective community services sector.

Priority 6: A more contemporary multi-disciplinary inquisitorial model for determining protective applications for vulnerable children and young people.

Priority 7: A stronger focus on preventing long-term removal of children and young people from their families.

Priority 8: A better gateway into out of home care.

Priority 9: Higher quality of out of home care services that work to support children and young people to achieve a positive life course.

Priority 10: An expanded culturally competent suite of solutions for Aboriginal children, young people, families and communities underpinned by a focus on self-determination.

Priority 11: A system that is governed effectively and without compromise, where responsibilities for policy, funding, regulation and service delivery for vulnerable children and young people are clear and understood.

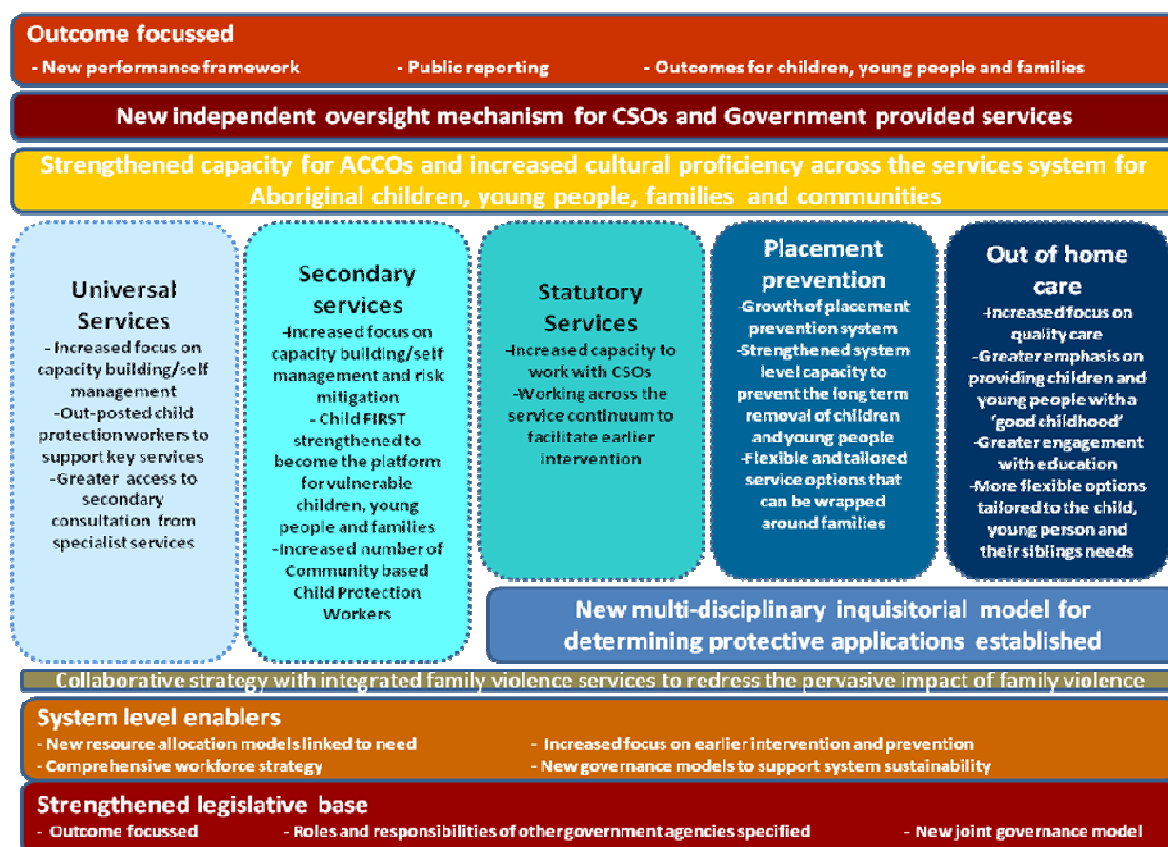
Priority 12: A comprehensive workforce strategy to guide the development of a skilled and effective workforce across the system.

Each of these priorities for action is supported by specific recommendations for reform and these are outlined in the body of our submission.

A new service system

We believe that a comprehensive approach encompassing changes in legislative authority along institutional reforms and a strengthening of the universal, secondary, statutory and tertiary sectors is required. The service system we envisage is summarised in Figure E.1 below.

Figure E.1: A new protection and care system



1 Introduction

1.1 A joint submission

This submission to the *Protecting Victoria's Vulnerable Children Inquiry* has been developed by the community service organisations in Victoria that look after the majority of Victoria's vulnerable children and young people – Anglicare Victoria, Berry Street, MacKillop Family Services, the Salvation Army and the Victorian Aboriginal Child Care Agency, together with the Centre for Excellence in Child and Family Welfare.

A submission of this nature is unprecedented in our history. We have taken this joint action because we believe that the judicial inquiry into how to protect Victoria's vulnerable children and young people provides a fundamental opportunity to re-examine the basis of our system, and because we share a vision for how it might operate more effectively for children, young people and families.

We currently operate in a system that is largely bound by administrative processes; our vision for a new approach focuses on achieving positive outcomes for children and young people. We propose a way to achieve these outcomes that is based on more collaborative arrangements and recognition of the joint responsibility of government and the community services sector for achieving better outcomes for vulnerable children and young people across Victoria.

Collectively our community service organisations are responsible for the majority of the foster care and residential care provided in the State of Victoria for children and young people removed from their families. We know the issues faced by the families of these children and young people, because we are also responsible for providing services to support such families. In discharging these important responsibilities we work with each other and with many other parties – the Department of Human Services (DHS) and its child protection workforce, other community service organisations, volunteers in our community who take the children and young people entrusted to our care into their homes, and the many other human service organisations that provide specialist services required by those for whom we care.

While we are separate organisations with our unique histories, cultures and service configurations, we share the objective of wanting the best outcomes for those for whom we care. It is this objective that lies behind this joint submission, for we also know that collectively we face many similar issues, issues that frustrate our endeavours and impact on the extent to which we can provide effective responses for vulnerable children, young people and families.

1.2 Our process

We commenced development of this submission in March 2011. We have met weekly since that time to share our experience, better understand the issues we encounter and identify ways in which we think these issues can be ameliorated. KPMG was contracted to help facilitate our discussions.

This submission is the outcome of those meetings and discussions. We have considered the Victorian reforms of the past decade, their intent and our experience; we have looked to see what is happening in comparable jurisdictions; we have considered how other sectors provide care and support to vulnerable citizens, to arrive at a series of recommendations that, we think, will enable the State of Victoria to better protect vulnerable children and young people.

The directions outlined in this submission have our full support. As a group we are committed to achieving better outcomes for vulnerable children and young people and we are therefore committed to the changes presented in this submission to achieve these improvements.

Our joint submission is supported by individual submissions from each of the organisations that we represent. Our supplementary submissions outline specific and particular issues that are relevant to our stakeholder cohort or to the services individual agencies provide.

1.3 Our submission

In preparing our submission we have chosen not to re-state the evidence but to provide references as footnotes. We have taken this approach because we believe that the strengths and weaknesses of Victoria's child protection and care system are well known and have been well documented and described elsewhere – over the past decade there have been a large number of reviews including child death reviews, investigations, and inquiries and the findings and outputs of those activities have been well publicised.

This submission is structured to give a comprehensive overview of the protection and care system for vulnerable children and young people we would like to see in place. This submission presents:

- the experiences of vulnerable children, young people and families;
- our collective vision for the future;
- changes to strengthen the legislation and the service system;
- a new approach to legal matters;
- new approaches in child protection and out of home care;
- ways of strengthening responses for Aboriginal children, young people and families;

- proposals to improve system wide governance and ensure independent oversight and improved accountability; and
- approaches that will build a stronger workforce.

It is important to note that the solutions we propose are inter-related and inter-dependent. Too often with system reforms in the protection and care system for vulnerable children and young people change or reform has focussed on one part of the service system only. A comprehensive solution is required and that is what we outline.

We seek the opportunity to present our proposals to the Inquiry, so that we can discuss the comprehensive solution we propose.

2 Experiences of vulnerable children, young people and their families

The service system we work within exists to serve the interests of the most vulnerable children, young people and their families in Victoria. It intervenes in their lives, often coercively. The children and young people who come into the system do so because they have experienced profound neglect, trauma or abuse, or are at extreme risk of doing so. The system intervenes to protect them and provide a safe environment. Sadly this does not always happen.

The service system should aspire to achieve more for its children and young people. At a minimum it should aspire to 'do no harm'. A mature and confident service system should aspire to improve the lives of vulnerable children and young people so that they can transition effectively to adulthood and lead positive and productive lives. A mature and responsible service system is what Victoria must have. It is what we aspire to; it is no less than vulnerable children and young people in Victoria in 2011 deserve.

2.1 What we know about the children and young people we look after

Overwhelmingly those who come into our care are young. Approximately 39.2 percent of all children admitted to out of home care in Victoria in 2009–10 were aged less than 5 years, with 12.8 percent aged less than 1 year and 26.4 percent between 1 and 4 years. Almost one-quarter (23.14 percent) of children admitted to out of home care were aged between 5 and 9 years and a further quarter (24.9 percent) were aged between 10 and 14 years. Children aged 15–17 years represented 12.7 percent of all children admitted in 2009–10.¹ Boys make up a slightly higher proportion (51.3 percent) of the total number in out of home care.² These cohort data broadly reflect the national trend.

We know that, in general terms, the children and young people for whom we care do not do well in life. It is widely reported that children and young people in out of home care have poorer life outcomes when compared to other children and young people³, and that there is a worrying trend of increasingly complex behavioural and emotional problems and extensive

¹ Australian Institute of Health and Welfare 2011. Child protection Australia 2009–10. Child welfare series no. 51. Cat. no. CWS 39. Canberra: AIHW, p. 47.

² Ibid, p. 83

³ Bromfield, L., & Osborn, A. (2007), 'Getting the big picture': A Synopsis and Critique of Australian Out-Of-Home Care Research, Australian Institute of Family Studies, Melbourne, <http://www.aifs.gov.au/nch/pubs/issues/issues26/issues26.html>, accessed April 2011

placement instability, with problems increasing the longer a child or young person is in indefinite periods in out of home care.⁴

We know that the children and young people we look after are likely to have experienced significant life disruption before they come to us, and are likely to require support to catch up on developmental stages. The Australian Institute of Health and Welfare confirms that children come into our care because they are the subject of a child protection intervention, because their parents are incapable of providing adequate care or because alternative accommodation is needed during times of family conflict.⁵

We know that the children and young people we look after have parents who have very significant issues and that 'parental risk factors'⁶ are often present in cases where children and young people are placed in out of home care.⁷

And we know only too well that the disadvantage experienced by children and young people in our care is pronounced when looking at educational outcomes. Young people leaving care have lower educational attainment levels, are younger parents, are more likely to be homeless and have higher levels of unemployment, offending behaviour and mental health issues.⁸ The health outcomes generally of young people in our care are poor.⁹ Particular health challenges include illness and disability, higher rates of teenage pregnancy, risk-taking behaviour and self-harm, and poor access to dental, optical and aural health services.

We also know that Aboriginal children in Victoria continue to be over represented in the child protection system and that Aboriginal children continue to be more likely to be removed than non-Aboriginal children. Despite being a relatively small percentage of Victoria's overall population outcomes for Aboriginal children across a range of indicators are poor.

2.2 The voice of the child

The child or young person is at the centre of the services we provide. Maintaining their safety and wellbeing is the critical focus of the work we undertake. The *Children Youth and Families Act 2005* (CYFA) requires us to act always in the best interests of the child or young person. It is

⁴ Bromfeld L, Higgins D, Osborn A, Panozzo S, & Richardson N, (2005) Out-of-home care in Australia messages from research, Australian Institute of Family Studies, , p. 41

<http://www.aifs.gov.au/nch/pubs/reports/outofhome/outofhome.html>, accessed May 2011

⁵ AIHW, op. cit. p. 44.

⁶ Risk factors in parents are commonly understood to include mental illness, drug and alcohol abuse, domestic violence, and disability including intellectual disability, and are often present in combination.

⁷ Victorian Ombudsman (2009), Own Motion Investigation into the Department of Human Services Child Protection Program, Victorian Ombudsman, Melbourne, p. 61.

⁸ Stein M, (2006), 'Research Review: Young People Leaving Care', Child and Family Social Work 2006, 11, 3, 273-9.

⁹ Harvey, J & Testro, P, (2006), CREATE Health Report Card, Sydney, CREATE Foundation.

essential that the service system and the services we provide enable us to do so. Our experience is that all too often they do not.

Research tells us that decisions made in line with children's and young people's wishes result in them being more cooperative in placement and obtaining more preferable placement options, and that they are more likely to benefit psychologically if their views are taken into account.¹⁰ Despite this, when we compare the child and family welfare sector to its sibling sectors, such as disability or mental health, it is clear that the child and family welfare sector comes a long way back when it comes to consumer/client input into program improvement. Much of the development of program improvement in the mental health or disability sectors has been as a result of talking to parents or the individuals themselves on their experience of the system. While there are some exceptions¹¹, this practice is limited in the child and family welfare sector. Paradoxically, community sector organisations are strong advocates for their clients but generally poor implementers when it comes to seeking regular input from children and young people. Seeking feedback from families involved in the system is even more rare.

2.2.1 The voice of the child in child protection practice

Article 12 of the UN Convention on the Rights of the Child¹² requires that a child who is capable of forming his or her own views has the right to express those views freely in all matters affecting them, their views being given due weight in accordance with their age and maturity. The Article is explicit about the child's right to express their views and to have an opportunity to be heard in any judicial and administrative proceedings affecting them.

Current system arrangements for the protection and care of vulnerable children and young people do not accommodate the voice of the child well. The best that we can say is that it is piecemeal. Cashmore (2010)¹³ has observed that the domination of child protection systems by investigation and assessment, with a largely coercive approach, puts at risk the critical network of relationships surrounding children in their families and communities, particularly when they are removed from their families. The approaches give little opportunity for those affected by decisions to be heard, and this applies to children and young people, as well as to their parents.

'In particular, providing families and children affected by the decision-making process a chance to be heard; protecting children's relationships with those who are important to

¹⁰ Bromfeld et al (2005) op. cit., p. 15

¹¹ Work undertaken by CREATE and the development of the *Charter for Children in Out of Home Care* by the Office of the Child Safety Commissioner are examples.

¹² <http://www2.ohchr.org/english/law/crc.htm>, accessed April 2011

¹³ Cashmore, Judith, *Relational Aspects in the Regulation of Systems for Protecting Children* (October 19, 2010). *Communities, Children and Families Australia*, Vol. 4, No. 1, pp. 31-35, 2009; Sydney Law School Research Paper No. 10/98. Available at SSRN: <http://ssrn.com/abstract=1694880>, accessed April 2011

them; and building networks around children in care are essential relational features of a system that is respectful and supportive’.¹⁴

We have some effective practices examples in Victoria that we need to develop and extend. Alternative dispute resolution processes like family group conferencing facilitate more inclusive and responsive decision-making, and we support these approaches as processes that give voice to views of the child or young person and their family. These kinds of approaches support and prioritise the broader network that sits around a child or young person and their family, leading to better decision-making and case practice. They are also consistent with the inquisitorial approach to protective applications that we advocate in section 8 of our submission.

2.2.2 The voice of the child in out of home care

Contemporary case practice approaches that emphasise the need to maintain and build a ‘life story’ for a child or young person are important strategies for incorporating the longitudinal views and experiences of children and young people. Life stories have been recognised as providing a therapeutic benefit as well as a means of ensuring that the voice of the child is given prominence.¹⁵

The Looking After Children Assessment and Progress Records (formerly the Assessment and Action Record) encourage the completion of life story books, and completion rates in Victoria have been found to be encouraging¹⁶, but too often the voice of the child in out of home care is silent or silenced. Research undertaken by CREATE, the peak body for children and young people in out of home care, indicates that children and young people in out of home care have little say in what happens to them.¹⁷ The research has identified a range of issues experienced by children and young people:

- They want more of a say.
- They have limited support to maintain contact with people who are important to them.
- They need to know their identity and their story.
- They have poor planning and support during the years when they are transitioning from care to independent living.

¹⁴ Ibid

¹⁵ Co-constructing Who Am I? Ensuring the voice of the child or young person is at the heart of ‘the record’, 2009 [http://research.cwav.asn.au/AFRP/OOHC/Who%20Am%20I/Discussion Papers and Reports/CollaborativeLifeStory Archive.pdf](http://research.cwav.asn.au/AFRP/OOHC/Who%20Am%20I/Discussion%20Papers%20and%20Reports/CollaborativeLifeStoryArchive.pdf), accessed April 2011

¹⁶ Wise, S and Egger S, *The Looking After Children Outcomes Data Project Final Report*, undated, p. 16, http://www.cyf.vic.gov.au/_data/assets/pdf_file/0020/260390/DHSLAC_ED_3copy.pdf, accessed April 2011

¹⁷ For more information refer to <http://www.create.org.au/wp-content/uploads/OOHC-Submission-Human-Rights-Charter.pdf> accessed April 2011

We acknowledge that there is a need to listen more to what children and young people say about the services they receive. Young people know what is wrong and are able to articulate this clearly. A CREATE summit presenting the views of young people on what makes a good out of home care experience, found that what was required was:

- constant review of placement;
- equality/welcoming/respect/courtesy;
- stability;
- a family environment;
- open communication;
- support with life skills, practical things and emotional support;
- being encouraged to be yourself;
- access to birth family;
- families working with the carer and/or case worker and young people;
- staying with the foster carer after they attain 18 years of age¹⁸.

We acknowledge that we need to work to embed these features into all protection and care services for vulnerable children and young people we provide, so that our most vulnerable children are provided with a safe and stable childhood. These factors are essential if we are to provide children and young people with the best possible outcomes while in care.

Recommendation: That the voice of child inform our planning and the way that all protection and care services for vulnerable children and youth are provided, and that the views and preferences of children and young people are regularly sought and considered during the life of the service intervention.

2.3 What we need to achieve for the children and young people we look after

We know what can make life better for the children and young people in our care. In 2006, the Social Work Inspection Agency in Edinburgh identified five factors that are critical to success: having people who care about you, being given high expectations, receiving

¹⁸ For more information refer to http://www.create.org.au/files/pdf/2009%20NYAC_report%20FINAL2.pdf, accessed April 2011.

encouragement and support, being able to participate and achieve, and experiencing stability.¹⁹

For Aboriginal and Torres Strait Islander children and young people a key factor to success in out of home care is active connection to culture and community, including a well-matched placement with an Aboriginal or Torres Strait Islander family in line with the requirements of the Aboriginal Child Placement Principle.²⁰

*'Kids need to know their culture, otherwise all the things they have inside them don't mean anything.'*²¹

Accessing the voice of an Aboriginal child requires culturally appropriate engagement and communication.

We need to build a service system that can provide these factors. On the face of it, they should not be hard to provide – they have an 'ordinariness' and 'everydayness' to them which suggests that they should occur as a general consequence of a child's or young person's interactions with those who care for them. However we do not currently have a system that is organised to deliver these positive experiences – the instability in the system, the various and differing points of decision-making, the sheer number of people with whom a child or young person interacts, combined with the absence of some very basic and essential services results in these factors rarely being present. In addition to this, the extent of the trauma and attachment issues faced by the children and young people for whom we care requires 'extraordinary' responses.

¹⁹ Happer, H, McCreddie, J & Aldgate, J (2006), Celebrating success: What helps looked-after children succeed, Edinburgh: Social Work Inspection Agency.

²⁰ Secretariat of Aboriginal and Torres Strait Islander Children (2005), Achieving Stable and Culturally Strong Out of Home Care Policy Paper, p.15.

²¹ Secretariat of Aboriginal and Torres Strait Islander Children (2005), Achieving Stable and Culturally Strong Out of Home Care Policy Paper, p. 14.

3 Our vision

Our vision is simple and straightforward.

The future that we desire for vulnerable children and young people is that which we desire for all children and young people in our community. That is that:

“All children and young people in Victoria have the opportunity to grow up in a safe and stable environment so that they are able to achieve the levels of health, wellbeing and education appropriate for their age, and be proud of their culture.”

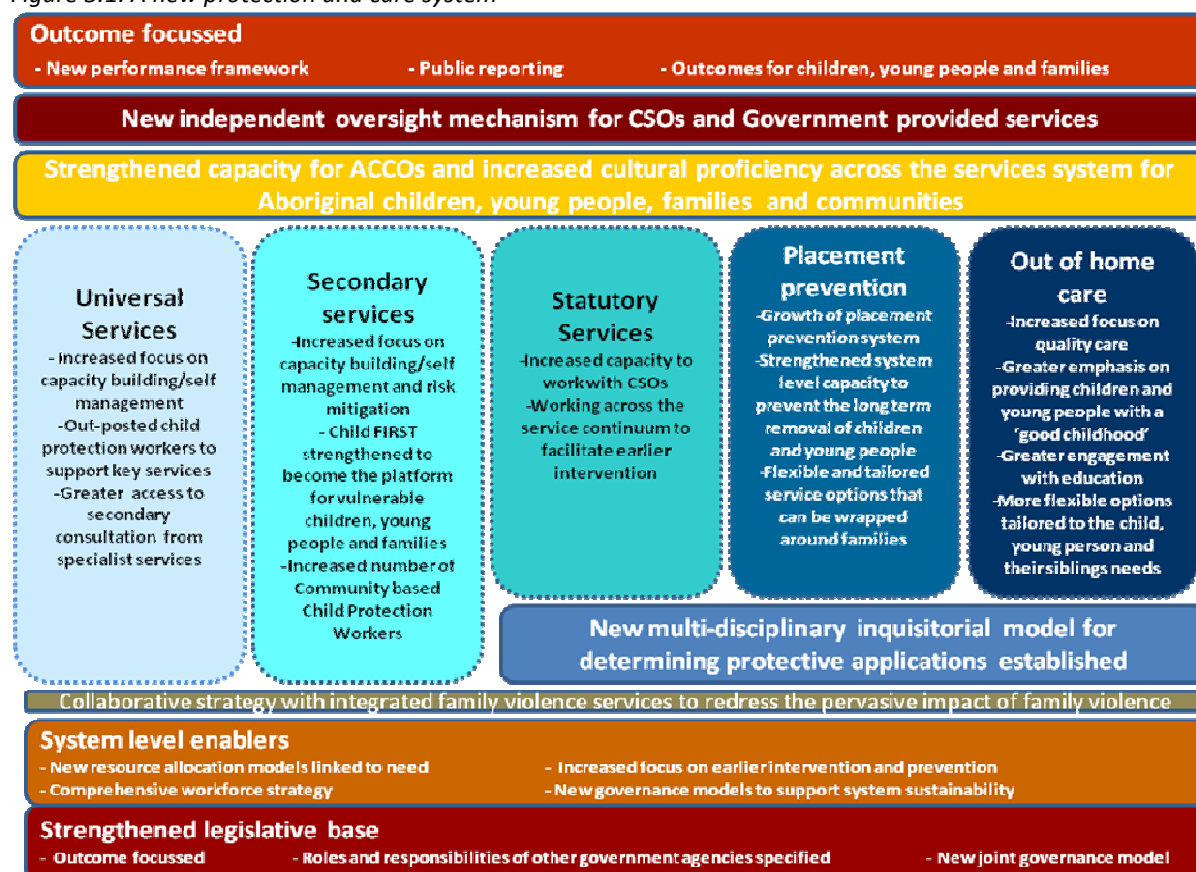
Having the opportunity to experience a safe, stable and positive childhood is fundamental to ensuring that children and young people are able to make a successful transition to adulthood and lead productive lives. This is central to breaking the cycle of inter-generational disadvantage that so often typifies the lives of vulnerable children and young people in our community.

For vulnerable children and young people there is need to ensure that there are adequate supports and services available at an individual, family and community level to address their factors that lead to their vulnerability and to mitigate any emerging risks.

3.1 Priorities for action

To achieve this end we believe that a comprehensive approach encompassing changes in legislative authority along institutional reforms and a strengthening of the universal, secondary, statutory and tertiary sectors is required. Our vision for the future service system is presented in Figure 3.1 below.

Figure 3.1: A new protection and care system



We have identified 12 priorities for action. Each of these is describe below and discussed in more detail in the following sections of our submission:

Priority 1: A strong legislative basis that specifies the roles and responsibilities of all government agencies to protect and achieve positive outcomes for vulnerable children and young people.

Priority 2: Integrated, multi-disciplinary local service systems that intervene earlier to strengthen resilience and self-management capacities and mitigate risk.

Priority 3: Comprehensive resource allocation models that establish a continuum of care and support at a local level for children, young people and families, linked to population and need.

Priority 4: Improve the capacity of the secondary and statutory service system to provide earlier support to children, young people and families experiencing family violence.

Priority 5: A reoriented and effective statutory child protection response supported by an effective community services sector.

Priority 6: A more contemporary multi-disciplinary inquisitorial model for determining protective applications for vulnerable children and young people.

Priority 7: A stronger focus on preventing long-term removal of children and young people from their families.

Priority 8: A better gateway into out of home care.

Priority 9: Higher quality of out of home care services that work to support children and young people to achieve a positive life course.

Priority 10: An expanded culturally competent suite of solutions for Aboriginal children, young people, families and communities underpinned by a focus on self-determination.

Priority 11: A system that is governed effectively and without compromise, where responsibilities for policy, funding, regulation and service delivery for vulnerable children and young people are clear and understood.

Priority 12: A comprehensive workforce strategy to guide the development of a skilled and effective workforce across the system.

3.2 Desired outcomes

In giving effect to these priorities we are confident that the following outcomes are more likely to be achieved:

- *For vulnerable children and young people* – that they are safe, nurtured and engaged so that they can achieve better outcomes in terms of their physical and mental health; safety and security; culture, spirituality and community; identity; learning and participation and family and relationships.
- *For vulnerable families* – that they are strong, connected and free from abuse and able to effectively parent and support children and young people in their care so they experience a positive childhood and are well equipped for the transition to adulthood.
- *For communities* – that they are caring and responsive and provides access to the necessary infrastructure and support to ensure that vulnerable children, young people and their families are connected, included and can participate - increasing their resilience and capacity for self management and reducing the impact of risk factors in their lives.
- *For the service system* – that it is flexible and responsive and has a strengthened and authoritative capacity to intervene earlier and more effectively through multi-

disciplinary responses to reduce the need for statutory intervention and long term removal of children and young people from their families.

- *For the community services sector* – that it is the primary vehicle by which services are provided as part of a balanced and effective partnership with government to achieve positive outcomes for vulnerable children, young people and their families.
- *For the government* – that it has overall responsibility through an effective partnership with the community services sector to reduced the incidents of harm and the numbers of children and young people requiring protection and care.

4 Strengthening the Victorian legislation

We believe that the fundamental directions of Victoria's strategy for protecting and caring for vulnerable children and young people are the correct ones.

The recognition that the best interests of the child are paramount, the recognition that the protection and care of children is a community responsibility and is dependent on the input of a range of service systems and not just the child protection and care system, the establishment of integrated, placed-based entry and service access points, and the requirement for government to work in partnership with the community services sector to ensure support for vulnerable families and the protection and care of children and young people are, in our collective view, directions that should be maintained. They are also the directions that require strengthening.

We believe that the scaffolding that we have in Victoria for the protection and care of vulnerable and at-risk children and young people is fundamentally sound, but there are too many parts that are unfinished and too much of what is required that is missing.

Many of the reforms of the past decade have strengthened Victoria's response to vulnerable children and families. The establishment of the Child and Family Information Referral Support Teams (Child FIRST), the out-posting of child protection workers to Child FIRST teams, the establishment of therapeutic services for children and young people, the development of therapeutic models of foster care and residential care and professional models of foster care have been significant and important developments. They have been valuable in showing us what services are required, how to work together more effectively and have resulted in us being able to provide more effective interventions. They show us glimpses of a future-state service system, but such glimpses have not been enough.

4.1 The outcomes we are seeking

Our starting point is that we need to be clear about what we want to achieve for the children and young people in our community. We need to consider the next stages of evolution in the design of our response to these needs.

We believe that the Victorian Government needs to strengthen Victoria's service system so that it can achieve outcomes related to safety and stability and health and wellbeing across the service continuum for all children and young people – not just for those who are at risk or vulnerable.

The outcomes for the six areas of child wellbeing identified by the National Standards for Out of Home Care²², developed under the National Framework for Protecting Australia's Children²³, provide an excellent beginning.

Area of Wellbeing	Desired Outcomes
Physical and mental health	<ul style="list-style-type: none"> • Attainment and maintenance of good physical and mental health
Safety and security	<ul style="list-style-type: none"> • Stability in environment • Social connections developed
Culture, spirituality and community	<ul style="list-style-type: none"> • Strong cultural identity and pride • Participation in community or other groups
Identity	<ul style="list-style-type: none"> • Stability in behaviour²⁴ • Connections to significant others
Learning, participation and achieving	<ul style="list-style-type: none"> • Achievement of developmental milestones • Achievement of literacy and numeracy milestones • Achievement of education potential • Participation within the community • Life skill development
Family and relationships	<ul style="list-style-type: none"> • Positive relationships with family and friends

These six areas of child wellbeing have application whether we are aiming to provide support in the universal, secondary, statutory or tertiary levels of the service system. What varies is the degree and nature of the interventions that are required and the degree of risk that needs to be mitigated.

²² http://www.fahcsia.gov.au/sa/families/pubs/kpmg_final_report_nsfohc/Pages/p4.aspx#4a, accessed April 2011

²³ http://www.coag.gov.au/coag_meeting_outcomes/2009-04-30/docs/child_protection_framework.pdf, accessed April 2011

²⁴ This outcome seeks to develop pro-social behaviour that is not subject to extremes.

These six areas of child wellbeing should underpin all services targeted at supporting children and young people in our community.

Recommendation: That the child wellbeing outcomes identified by the National Standards for Out of Home Care, developed under the National Framework for Protecting Australia's Children, are embedded in legislation as the key outcomes to be achieved in supporting children and young people in Victoria:

- Physical and mental health
- Safety and security
- Culture, spirituality and community
- Identity
- Learning and participation
- Family and relationships

4.2 Enshrining joint responsibility

The *Child Youth and Family Act 2005* (CYFA)²⁵ is central to Victoria's child protection and care system. It establishes the authorising environment that directs the work we undertake. We believe the CYFA must be strengthened to give greater effect to its power to care and protect.

4.2.1 A new set of Principles for the CYFA

We hold the view that the protection and care of vulnerable children and young people ought to be based on a fundamental set of principles that establishes the State's intentions for those children and young people, and establishes the parameters within which services for those children and young people will be delivered. We acknowledge the importance of the Best Interests Principles of the CYFA and the impact of these principles on the focus of the protection and care system over the past five years. However the principles of the CYFA are not sufficiently comprehensive to ensure that the best interests of the child or young person are always paramount.

While we support the Best Interests Principles²⁶, the Decision-making Principles²⁷, and the Additional Decision-making Principles for Aboriginal Children²⁸ established by the CYFA, we

²⁵ *Children, Youth and Families Act 2005*, Act No. 96/2005, Part 1.2—Principles, Division 2 – Best Interests Principles

²⁶ *Ibid*

²⁷ *Children, Youth and Families Act 2005*, Act No. 96/2005, Part 1.2P—Principles, Division 3 – Decision-making Principles

believe that the Principles for Children established by the *Child Wellbeing and Safety Act 2005* (CWSA)²⁹ should also apply for the CYFA. The Principles for Children provide outcome expectations for vulnerable children and young people, recognise the totality of effort that is required to protect and care for vulnerable children and young people, establish a more comprehensive basis for the provision of services, give precedence to the need to provide services for these groups and provide clear guidance for the delivery of such services. The CWSA Principles emphasise the multi-disciplinary requirements for protecting and caring for the most vulnerable – the need to provide for ‘a child's safety, health, development, education and wellbeing’.

To illustrate this point the Principles for Children are reproduced here.

4.2.1.1 *Principles for Children*

- (1) The development and provision of services for children and families should be based upon the fundamental principles that—
 - (a) society as a whole shares responsibility for promoting the wellbeing and safety of children;
 - (b) all children should be given the opportunity to reach their full potential and participate in society irrespective of their family circumstances and background;
 - (c) those who develop and provide services, as well as parents, should give the highest priority to the promotion and protection of a child's safety, health, development, education and wellbeing;
 - (d) parents are the primary nurturers of a child and Government intervention into family life should be limited to that necessary to secure the child's safety and wellbeing, however, it is the responsibility of Government to meet the needs of the child when the child's family is unable to provide adequate care and protection.
- (2) Services for children and families should be designed and developed—
 - (a) to readily identify harm and damage to the child and to provide for intervention by providers of services to remove or ameliorate the causes of that harm or damage and to strengthen the capacity and efforts of parents, their families and communities to support the child as early as possible in the child's life;

²⁸ *Children, Youth and Families Act 2005*, Act No. 96/2005, Part 1.2P—Principles, Division 4 – Additional Decision-making Principles for Aboriginal Children

²⁹ *Child Wellbeing and Safety Act 2005*, Act No. 83/2005, Part 2—Principles for Children

- (b) to accord with the needs of each local community with the active involvement of that community's cultural groups, and to be accessible and responsive to the particular cultures, languages and circumstances of the community and to be properly planned and co-ordinated with services provided by other local and regional communities;
 - (c) to give the highest priority to making appropriate and sufficient levels of assistance available to children and families in communities or population groups that are known to have the greatest need;
 - (d) to promote continuous improvement in the quality of those services, based on the best available knowledge of the needs of children and their stages of development.
- (3) The providers of services to children and families should—
- (a) protect the rights of children and families and, to the greatest extent possible, encourage their participation in any decision-making that affects their lives;
 - (b) acknowledge and be respectful of the child's individual identity, circumstances and cultural identity and be responsive to the particular needs of the child;
 - (c) make decisions about intervention by the providers of services into a child's or family's life and about access by a child or family to those services in a timely manner being mindful of any harmful effects that may be caused to the child by a delay in making decisions or providing services;
 - (d) ensure that families are made aware of the services available to them and of the benefits these services can provide, especially to those families in most need of assistance;
 - (e) co-operate with other services or professionals to work in the interests of the child and family.

The inclusion of the CWSA Principles will achieve the dual objectives of more clearly defining the State's intentions for the children and young people it takes into its care, and provide greater directions for determining the 'best interests' of the child or young person.

Recommendation: That the *Child, Youth and Family Act 2005* is amended to incorporate the Principles for Children established by the *Child Wellbeing and Safety Act 2005*.

4.2.2 New Objects for the CYFA

Following on from the need to incorporate within the CYFA a broader set of principles, our view is that the Objects of the CYFA also require revision to give effect to the new set of principles.

The Objects of the CYFA are as follows:

Part 3.1.21 The object of this Part is to enable the provision of funding and resources for community-based child and family services and other services for families.³⁰

Part 3.2.27 The object of this Part is to enable a confidential report or referral to be made about a child if there is a significant concern for the wellbeing of the child.³¹

Part 3.3.43 The object of this Part is to provide for the establishment, registration and monitoring of community services.³²

Part 3.4.73 The object of this Part is to provide increased protection for children in out of home care through the registration of persons who are, or are to be, approved or employed or engaged as out of home carers.³³

Part 3.5.133 The object of this Part is to regulate arrangements for voluntary child care agreements to place children in out of home care.³⁴

4.2.2.1 Broadening the Objects

The Objects of the CYFA are too narrowly focussed. Broadening the Objects of the CYFA so that they guide and provide clarity on the roles and responsibilities of other government funded services for the protection and care of children and young people will strengthen the State's capacity to protect and care.

We know that children and young people in the protection and care system are missing out on services that are essential for their health, wellbeing and transition to a positive adulthood. At a minimum, early childhood services, education services, and health services (including mental health services and alcohol and drug services) have significant roles to play in building resilience and mitigating risk not only in the current generation but also into the future. Specifying in legislation the respective responsibilities of these sectors for ensuring the welfare and healthy development of the children and young people in the protection and care system will provide a basis for guaranteeing their provision.

³⁰ *Children, Youth and Families Act 2005*, Act No. 96/2005, Part 3.1—Support for Community-Based Services and Families

³¹ *Children, Youth and Families Act 2005*, Act No. 96/2005, Part 3.2—Concern About Wellbeing of Child

³² *Children, Youth and Families Act 2005*, Act No. 96/2005, Part 3.3—Community Services

³³ *Children, Youth and Families Act 2005*, Act No. 96/2005, Part 3.4—Out of Home Carers

³⁴ *Children, Youth and Families Act 2005*, Act No. 96/2005, Part 3.5—Child Care Agreements

Child protection thought leaders, have acknowledged the role of the broader sector, and the requirement for coordinated, multi-disciplinary effort:

“Many of the functions that improve outcomes for high-risk children, youth, and families require action across programs, policies, disciplines and systems, including actions that change institutional cultures and neighbourhood norms”³⁵

We acknowledge the implications of such changes, which are likely to require policy and service delivery changes in other sectors, particularly the education sector. However unless, and until, the requirement for other human services sectors to contribute to the healthy development of children and young people at risk of abuse and neglect is specified, there will be no progress in improving outcomes. To date the capacity of these sectors to acknowledge their role and implement strategies to give effect to their role has been extremely limited. We believe that the time has come to establish their roles in legislation.

Recommendation: That the Objects of the *Child, Youth and Family Act 2005* be strengthened to acknowledge the roles and responsibilities of government funded services (specifically early childhood services, education and health services [including mental health and alcohol and drug services]) for the protection and care of vulnerable children and young people in Victoria.

4.2.3 Other legislative changes

We believe that there are other areas in which legislative change is required, and these areas are discussed in the following sections of this submission. In summary they relate to:

- the need for greater clarity about ***the respective roles and responsibilities of government and community services parties*** for delivering better outcomes children and young people (refer to section 12 of our submission for further details);
- the need for greater clarity about the ***protection of children where there is an intersection with family law and family violence*** (refer to section 6 of our submission for further detail)
- the need to reorient the Children’s Court to an inquisitorial model (refer to section 8);
- the need to strengthen the capacity of Aboriginal Community Controlled Organisations (ACCOs) to be self-determining (refer to section 11); and

³⁵Schorr, L, The Pathways Mapping Initiative, Presentation to the ARACY ARC/NHMRC Research Network, August 2007, at http://www.aracy.org.au/index.cfm?pageName=publications_library&theme=8650C625-1EC9-79F9-59668800BC86FA1F&startrow=151 viewed March 2011

- the need to establish an independent regulator for services supporting vulnerable children and young people (refer to section 12).
- extending the responsibility of government for young people in out of home care to 21 years of age (refer to section 10).

5 A strong service system that intervenes early

5.1 Developing local, integrated, multi-disciplinary responses

We believe strongly that the directions established by the current arrangements in Victoria are the right ones. We believe that the protection and care of vulnerable children and their families is best served through earlier intervention and prevention. Services need to be provided early in the life of a child likely to experience vulnerability, and quickly when issues in vulnerable families become apparent. In too many instances responding after issues emerge requires a more complex and costly intervention. The services that provide support early in the life of a child are critical in this regard – the antenatal, maternity, maternal and child health, preschool and childcare services, and primary school education. These services play an important role in building a child's and a family's resilience and capacity for self management and are instrumental in preventing the emergence of vulnerability. They play a vital protective role. It is critical that the importance of this role is recognised both in legislation and in the service delivery context.

5.1.1 Child FIRST, a local response

The CYFA permits reports concerning the welfare of children to be made to Child FIRST. We believe that Child FIRST has been largely successful in diverting families from child protection and providing a mechanism for child protection in supporting families. It has resulted in many vulnerable families being identified earlier and has linked them with services that help them to self-manage. It has strengthened the role of the secondary service system in supporting vulnerable families and up-skilled the workers in that sector. It has shown us how government statutory services, through the community based child protection worker (CBCPW), and community service organisations can work together to identify and manage risk more effectively to strengthen vulnerable families and build their resilience³⁶.

Child FIRST is not perfect however. It is experiencing difficulties in managing demand³⁷, and is often unable to implement obvious solutions. The lack of authority or a formal capacity to work with other government agencies to implement obvious solutions results in an increasing burden on the child protection and out of home care system and other service systems. The family evicted from public housing, who end up homeless and whose children end up in out of

³⁶ KPMG, *Child FIRST and Integrated Family Services – Interim Report 1*, 2009, at http://www.cyf.vic.gov.au/_data/assets/pdf_file/0009/459459/child-first-report-september-2009.pdf, accessed April 2011

³⁷ Ombudsman Victoria, *Own motion investigation into the Department of Human Services Child Protection Program*, November 2009, page 31 http://www.ombudsman.vic.gov.au/resources/documents/Investigation_into_the_Department_of_Human_Services_Child_Protection_Program.pdf, accessed April 2011

home care is one example, the young person in residential care who is expelled from school and who cannot be enrolled elsewhere and ends up engaging in criminal activity is another. These are service system issues we think can be overcome. Child FIRST should be maintained, and it must be strengthened. We propose the following ways in which this should occur.

5.1.2 Strengthening the local response

A great strength of Child FIRST is its design and location – it is **local**, supports **integrated** responses and is **multi-disciplinary** in its focus. We believe that all of these aspects are important, and that they should all be strengthened.

The benefits of a service system that is locally organised are several: the services that children, young people and families need are close to them; the organisations that provide these services are located near to each other making it easier for personnel to coordinate responses and work together; and effective relationships between service delivery personnel and between children, young people and families have a greater chance of both being established and being maintained. But the greatest benefit is that children, young people and families who require assistance are less likely to fall through the cracks – local coordination of services means that families are less likely to be assessed out of a service and ‘moved on’ to another. When agencies are working together they all ‘own’ the clients and the solutions; all parties have a vested interest in achieving the outcome.

Moving to a more localised response will require some change in the way in which DHS, with its large regional focus, is organised. In a collaborative service system where responsibility for outcomes is shared between government and the community services sector, it is important that all agencies with service delivery responsibility operate within the same framework. In order to operate in the framework we envisage, DHS workers will need to be re-organised into teams of workers within designated areas – either at a catchment or sub regional level.

Developing a geographic response

Child FIRST exists within a geographical area (a catchment). Through this place based approach, services are coordinated, integrated and delivered. The decisions about how Child FIRST will operate, where to refer families and how to work with them are all made locally. We are committed to maintaining this approach. We have watched with interest the sharp rise in notifications to child protection authorities that occurred in Queensland and New South Wales from the mid-2000s when these jurisdictions moved to a centralised or statewide child protection intake and referral system³⁸. Our experience of Child FIRST is that the relatively local base of the access or service entry point is the best means of guaranteeing that a report

³⁸ AIHW 2011. Child protection Australia 2009-10. Child welfare series no. 51. Cat. no. CWS 39. Canberra: AIHW, p 16

concerning a vulnerable family or child will receive a timely and effective response. For most of the families with whom we work, the timeliness of the response they receive is a critical factor – delaying the response can exacerbate the problem requiring often more invasive forms of intervention. A localised service configuration has the greatest chance of being able to provide the right assistance and support in the shortest amount of time.

The development of local, integrated responses is an emerging feature of contemporary system support for vulnerable families. We have noted the similar system responses in other Australian jurisdictions:

- the Gateway Service model in Tasmania³⁹ that provides a single entry point to all family and disability services within a geographic area;
- the Family Referral Services in New South Wales (modelled on Child FIRST) provides early intervention for families in need of assistance that sit below the statutory reporting level⁴⁰; and
- the Family Support Hubs in Western Australia⁴¹ to be piloted in 2011-12, will comprise of a range of family support services within a geographic area and with a specific focus on developing relationships with education services, health services, and early childhood services.

5.1.3 An integrated response

Child FIRST provides an integrated response. It can do this because its governing mechanism brings together the statutory and non-statutory service providers that work with vulnerable families and their children. Some commentators have proposed that this type of formal 'system integration' should be the preferred strategy for children and families who are highly vulnerable, and have cited the current arrangements in Victoria as exemplifying this approach⁴². We support this argument. The current approach has been recognised for achieving earlier intervention, stronger partnerships between the agencies that work with vulnerable families and their children, and a more comprehensive and effective response for these clients through shared and coordinated approaches to casework and service provision⁴³.

³⁹ Information about the model can be found at http://www.dhhs.tas.gov.au/disability/gateway_services, accessed April 2011

⁴⁰ Information about the Keep them Safe Strategy can be found at <http://www.keepthemsafe.nsw.gov.au/>, accessed April 2011

⁴¹ Information about the Hubs can be found at <http://whereto.org.au/files/StatePlan-15June2010.pdf>, accessed April 2011

⁴² Winkworth G & White M, Australia's Children 'Safe and Well'? Collaborating with Purpose Across Commonwealth Family Relationship and State Child Protection Systems, in *Australian Journal of Public Administration*, vol. 70, no. 1, p 8.

⁴³ Ibid

It provides a tangible mechanism by which services can be ‘wrapped around’ families in a manner tailored to needs and circumstance.

The evaluation of Child FIRST has found that the support provided by the CBCPW to family support services provides a direct link with child protection and enhances the capacity of workers in both sectors to manage risk and complexity⁴⁴. Our experience is that the co-location of child protection workers and community sector workers has contributed to two-way capacity building through the transfer of knowledge and skill, and has therefore been a particular factor in strengthening the service response for vulnerable families. It has also led to more effective decision-making on the part of child protection workers, as their knowledge of people and available services grows. In another study the CBCPW was found to have been effective in providing a consultation service to agencies about the best level of intervention to assist vulnerable children⁴⁵. It was reported that co-location and collaboration enabled the right course of action to be determined quickly. As we all know, timeliness is essential in working with vulnerable families.

We believe this approach should be extended. Our experience of the CBCPW is that it has helped to build a service response that manages risk more effectively; it has built a much stronger service system. Rather than referring all concerns to a statutory service, the Child FIRST approach identifies and responds to risk earlier. This approach is effective. Adequately resourced, it is a structure that has a capacity to build resilience and protective capacities in families while also ensuring that there is capacity to respond when issues arise. It is a structure that has the capacity to do more.

5.1.3.1 *Piloting a new approach to child protection intake*

Our view is that consideration should be given to piloting the relocation of the child protection intake point so that it is co-located with the community services sector – possibly using the Child FIRST platform as the basis for co-location. This would involve the relocation of child protection intake teams from the large DHS regional offices to enable them to work alongside the broader services sector.

We are not proposing the transfer of the function to the community services sector. Intake teams would remain DHS employees but would be re-located to undertake this work alongside the service delivery sector. We advocate this change because we believe it will continue to strengthen the service system by improving the timeliness of decisions and responses provided, and further strengthen both the child protection and the community sector workforce through the transfer of knowledge and skill. It will contribute to improved decision-making of child protection intake teams by placing them closer to the service delivery point so that they have more direct contact with those providing services to the families of children and

⁴⁴ KPMG, op. cit., p. 33

⁴⁵ Winkworth & White, op. cit., p 7.

young people who are the subject of notifications. It will facilitate a much stronger focus on earlier intervention for those families in need of support that sit below the threshold upon which a statutory report should be made. Co-location of the child protection intake services at a local level will also enable a more holistic view to be developed about the health and wellbeing of children and young people in their local communities and the ability and capacity of those communities to ensure their protection. It will also assist in better identification of the impact of cumulative harm due to the local perspective available to the intake teams.

We understand that this view is likely to be controversial, and that many will see a potential blurring of the distinction between the statutory child protection service and other service sectors. Some will argue that such co-location is likely to mean that some families – perhaps the most highly vulnerable – will be reluctant to seek assistance. We therefore argue that the approach should at least be piloted, to test the arguments and to determine the benefits, because there is evidence elsewhere that such approaches are bringing benefits.

Our view is based on our experience but also on successful approaches elsewhere. Cross et al (2010)⁴⁶ have reported on a new approach in the London Borough of Hackney where ‘social work units’, comprising a consultant social worker, a social worker, a child practitioner, a clinical therapist and a unit administrator, were working more effectively with families. The approach had helped develop an organisational culture that improved safety, provided greater support to workers, lowered worker turnover and fostered an environment in which individuals could learn. Strong comparative outcome measures were associated with the approach – the rates of children involved with child protection plan was lower, the number of children in care had dropped by a third, there was an improvement in placement stability and very low numbers of children in residential care. The new approach provided evidence of value for money – overall the cost of children's services in Hackney had fallen by 4.97 per cent. Multi-agency working had also been strengthened. In particular working with the courts was found to have improved both in terms of quality of the work and process.

5.1.3.2 Redeploying child protection workers to the broader services sector

We believe that the deployment of child protection workers to locally based community service organisations and other organisations should be extended beyond considering co-location of intake teams and beyond the placement of a CBCPW with Child FIRST. Placing small teams of child protection workers in community locations so that they provide secondary consultation services, undertake investigative functions and undertake casework by working alongside the community services workers who also work with families will have a number of

⁴⁶ Cross S, Hubbard A and Munro E, Reclaiming Social Work: London Borough of Hackney Children and Young People's Services, April 2010, at <http://www.whatdotheyknow.com/request/51132/response/130736/attach/4/1%202816227%20RSW%20FINAL%20Report%20Sept%202010.pdf>, accessed March 2011

benefits for families and their children, the quality of the services they receive and the effectiveness of those services:

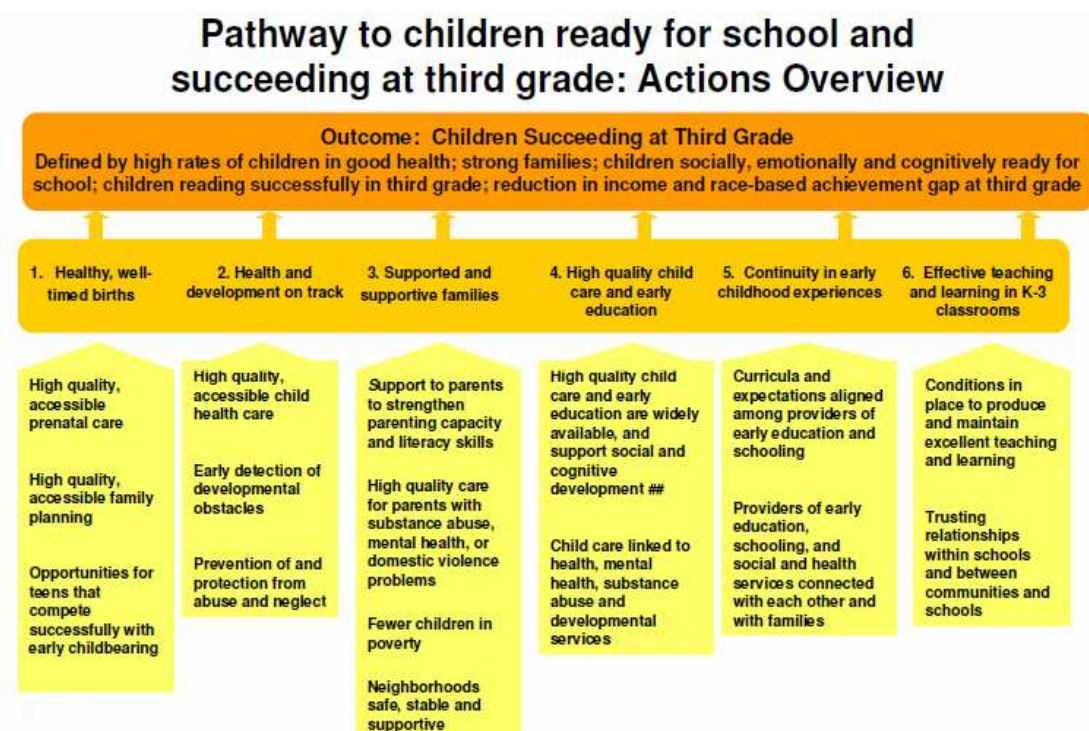
- It builds a focus on growing resilience and in developing the protective and self-management capacities of families to support their children and young people by strengthening the universal service system.
- It builds a systemic response where vulnerabilities emerge with the capacity to identify and manage risk at the earliest point rather than responding when a crisis occurs.
- It is more effective in enabling a timely response to be provided to families.
- It streamlines and coordinates services delivered to families by reducing the number of 'separate' organisations with which they come into contact.
- It ensures that families receive a more skilled response as a result of the improved capacity of the community services sector to identify risk and build resilience in families and the improved knowledge of child protection workers of the broader service sector.
- It diverts vulnerable families from statutory services.
- It provides satisfying work for both child protection workers and community workers and is therefore likely to contribute to a more stable workforce⁴⁷.

Schorr's work (2007)⁴⁸ supports the view of developing a strong service continuum when supporting vulnerable children, young people and families. Her work highlights the value of mapping the key transition points across the life cycle to gain a better understanding of what is required to effect a successful transition. For example in considering what makes a successful transition to grade 3 the following key elements were identified.

⁴⁷ Unpublished data provided to the Child FIRST evaluation. CBCPWs have reported higher levels of job satisfaction

⁴⁸ Lisbeth Schorr, Harvard University – Presentation to ARACY ARC/NHMRC Research network 2007 – The Pathways Mapping Initiative

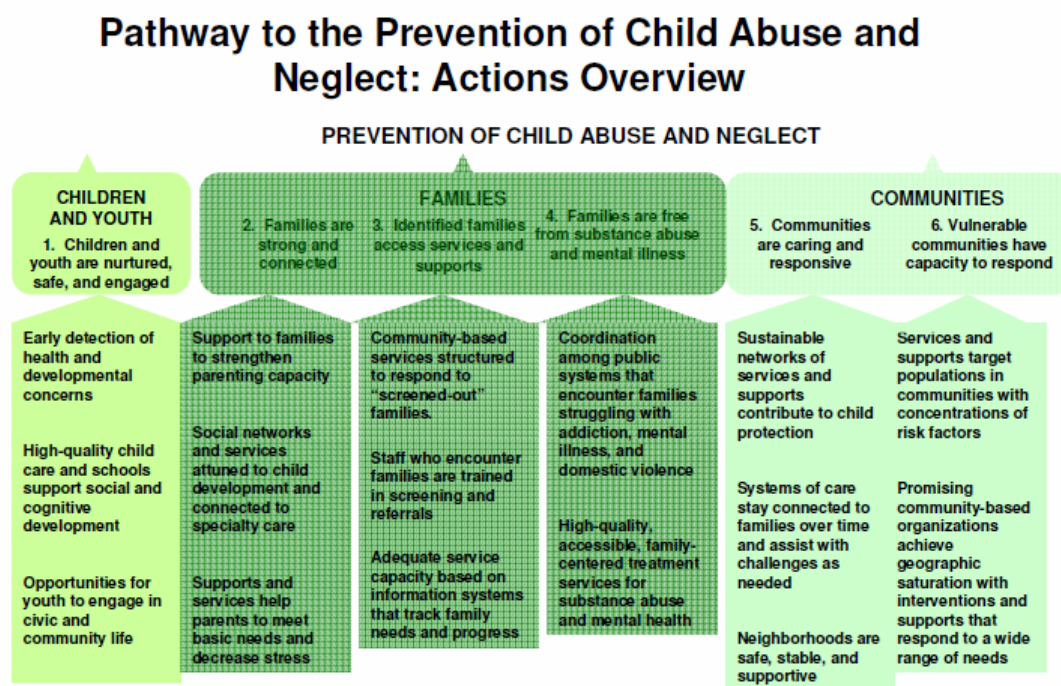
Figure 5.1: Pathway to children ready for school and succeeding at third grade
Source: Schorr (2007)⁴⁹



Schorr's further analysis considers such transitions from the perspective of preventing abuse and neglect. This analysis highlights the range of services that come into play when considering the safety and healthy development of children and young people. This analysis is outlined in the following diagram.

⁴⁹ Ibid

Figure 5.2: Pathway to the prevention of child abuse and neglect
Source: Schorr (2007)⁵⁰



This framework has relevance for Victoria. It provides a means for identifying the range and breadth of services required to support the needs to vulnerable children, young people and families. It highlights the potential for earlier intervention through a multi-disciplinary suite of responses and reinforces the need for greater flexibility across the service systems.

Similarly the experience of New Zealand suggests a broader approach is likely to provide improved and more tailored responses for families, through the emergence of a range of service trajectories or pathways. Child welfare law in New Zealand strongly directs family involvement and participation in matters relating to the care and protection of children, and family group conferencing is established in law. In recent years New Zealand has introduced an Integrated Support System⁵¹ to provide a differential response model to create alternative pathways for families to access services across the service continuum. The differential response creates greater flexibility and multi-disciplinary responses. Evaluations of the differential response model are reported to have been positive, with good outcomes for child safety, family engagement, community involvement, worker satisfaction and cost effectiveness.

⁵⁰ Ibid

⁵¹ Connolly M & Smith R, Reforming Child Welfare: An Integrated Approach, *Child Welfare*, vol 89, no. 3

We recognise that the deployment of child protection intake and investigation teams and case workers to the broader services sector will require some job redesign, some service re-configuration and some transfer of resources, and that these changes may need to be piloted in the first instance, however we believe that the success of Child FIRST and the success of new approaches in the United Kingdom and New Zealand warrant consideration of a move in this direction.

The communities in which vulnerable families reside are known. Vinson (2007)⁵² identified areas of concentrated disadvantage by postcode, and we suggest that this work could be considered as a guide for identifying communities where the deployment of Child Protection investigation teams would bring benefit.

The obvious vulnerability of very young children and very high rates of 0 to 4 year olds involved with child protection⁵³ suggest that, as a first step, the out-posting of infant investigative teams or Specialist Infant Protective Workers (SIPWs) to Maternal and Child Health (M&CH) services should be considered. Co-location of SIPWs with M&CH would bring about improved identification of high-risk infants, a more integrated and timely response to families of very young children, an improved capacity to link M&CH services with family support agencies, and provide an effective consultation service for M&CH nurses that will improve their capacity to identify risk and work with vulnerable families to build their resilience and self management capacities.

5.1.3.3 Increase the capacity Aboriginal organisations to fully participate in Child FIRST across all LGAs

Funding for Aboriginal organisations to participate in Child FIRST alliances across the state varies. In some alliances Aboriginal organisations are full partners with funding provided to undertake this role however this is not replicated across all alliances and some have no Aboriginal organisations participating in the Child FIRST alliance. Many do not have Aboriginal organisations engaged as service providers for Aboriginal clients of Child FIRST. This is a particular concern where there are high numbers of vulnerable or at risk Aboriginal families who could be diverted from child protection through early engagement.

There is a need to address these limitations through a targeted strategy aimed at strengthening the numbers and capacity of Aboriginal organisations across Victoria so that they can be full participants in Child FIRST alliances working in areas with identified Aboriginal communities. Child FIRST is only as effective as the capacity to refer families for family support

⁵² Vinson T, 2007, *Dropping off the Edge: the distribution of disadvantage in Australia*, http://bgkllen.org.au/images/stories/pdf/externalresearch/socialdisadvantage/dropping_off_the_edge.pdf, accessed May 2011

⁵³ AIHW 2011. Child protection Australia 2009-10. Child welfare series no. 51. Cat. no. CWS 39. Canberra: AIHW, p 25.

services. For Aboriginal families, the limited nature of family support provided by Aboriginal organisations means that many Aboriginal families do not get adequate support.

Recommendation: That the Child FIRST platform is strengthened to enable a greater focus on capacity building, earlier intervention and risk mitigation at a catchment level. This can be achieved by:

- Piloting the co-location of child protection intake teams with Child FIRST to strengthen a local catchment focus.
- Increasing the numbers of Community Based Child Protection workers working in Child FIRST.
- Re-locating child protection workers along the service continuum into new roles that allow them to better support the work of key universal service transition points such as Maternal and Child Health Services, Children's Services and Education Services.
- Strengthening the knowledge and skills of the child protection and community sector workforce.
- Strengthening the capacity of Aboriginal organisations to participate in Child FIRST alliances in areas with identified Aboriginal communities.

5.1.4 Building a multi-disciplinary response

The capacity of Child FIRST to achieve timely and accurate responses for vulnerable families and children at risk is strengthened by the multi-disciplinary nature of the alliance that has emerged in some locations. This unique feature of the Child FIRST response is one that should be further developed as it provides a real means by which wrap around service responses can be effectively delivered.

Winkworth and White (2011)⁵⁴ describe the effectiveness of multi-disciplinary approaches in Wodonga and Frankston that build off Child FIRST. In both locations Child FIRST convenes a larger alliance that involves the broader service sector, such as health, mental health, education, housing, Police, Indigenous services, M&CH, to better manage complex cases. Such forums facilitate information sharing and problem solving; they enable services within a local area to better manage and provide service to vulnerable families and at risk children and young people.

We hold the view that there are many areas in the State where families would benefit from a multi-disciplinary approach. Such an approach would be consistent with the legislative principles and objects set out earlier, and would provide a framework within which those

⁵⁴ op. cit., pp 7-8.

human service sectors that we have identified as being essential in providing support to vulnerable families and for the protection and care of children could operate.

5.2 Growing the local response – a new resource allocation approach

We know that Child FIRST is under particular strain, and that the demand for its services exceeds the capacity to provide a response⁵⁵. The growing demand means that the needs of Victoria's vulnerable families are not always being met in a timely way. Frequently vulnerable families are having the support they require curtailed as more families needing help are identified. We also know that, on the supply side, the location of services for vulnerable children, young people and families is largely historically driven and that the distribution of services has not matched patterns of population shift and growth. The result of this is that there are large areas of the State, often the very areas where vulnerable families reside, that have no support services available.

There is only one certain way to fix this and that is to expand the supply of services that work with these families, the State's secondary family support services.

Secondary family support services provide vulnerable families with vital, practical support and assistance. Sometimes it is the relatively simple things that are required to stop a family disintegrating, to prevent the likelihood of abuse and neglect. The supports these families require are often straight forward: such as transporting a single mother living on the edge of town with no transport to do her supermarket shopping, or arriving at the family home early in the morning to assist the young mother with depression to get her children up and off to school and / or arriving at the home when the children return home from school to help her organise dinner. Sometimes relatively low cost interventions like these can help avoid family disintegration; when the car breaks down in the same week as the rent is due and the breadwinner cannot get to work, the financial strain on a family can lead to its disintegration.

We see these sorts of events in families lives all the time. We know that they can have dire consequences for children and young people if they are not addressed. We know how family support services can help them. We also know that not enough of that kind of support is provided in the State of Victoria, or that the support is often not available where the families are, and that this is one reason why so many children in families in these kinds of circumstances end up in the child protection system and in our care.

Family support services also provide support to families with many complex needs, who may have significant histories of abuse and neglect. For these families the capacity to provide a therapeutic response is critical to maintaining children and young people at home.

⁵⁵ Ombudsman Victoria, op. cit., p. 31

http://www.ombudsman.vic.gov.au/resources/documents/Investigation_into_the_Department_of_Human_Services_Child_Protection_Program.pdf, accessed April 2011

We understand that what we are advocating here is for the State to invest additional resources in services that support vulnerable families, however we advocate this because we think the evidence is strong that investment in early intervention and prevention will reduce the need for the State to continue to grow investment in statutory child protection services.

Given these supply and demand issues, and our experience of the impact of piecemeal and inadequate funding, we believe that a new resource allocation approach to the funding of universal, early intervention and prevention services, and statutory and tertiary services is required.

Figure 5.3: A new resource allocation model

A new resource allocation model					
Service Continuum	Universal services	Secondary Services	Statutory Services	Placement Prevention Services	Out of Home Care services
General population resource allocation	Resource allocation linked to population of 0-18 year olds at a catchment level	Resource allocation linked to population of 0-18 year olds and weighted for disadvantage e.g. AEDI factors	Resource allocation linked to population of 0-18 year olds and weighted for disadvantage e.g. AEDI factors And Family Tax Benefit A	Resource allocation based on demand	Resource allocation based on demand
Aboriginal population resource allocation	Additional weighting given to resource requirements to reflect the unique requirements of Aboriginal children, young people and families.	Additional weighting given to resource requirements to reflect the unique requirements of Aboriginal children, young people and families.	Additional weighting given to resource requirements to reflect the unique requirements of Aboriginal children, young people and families.	Additional weighting given to resource requirements to reflect the unique requirements of Aboriginal children, young people and families.	Additional weighting given to resource requirements to reflect the unique requirements of Aboriginal children, young people and families.

5.2.1.1 A new approach to resourcing universal services

We believe that the universally available services – the key transitional services such as early childhood and education services – should be funded on a population basis and recommend implementation of a population based resource allocation methodology based on the numbers of children aged 0 to 18 years within defined catchments. As the literature has shown it is critical that universal services are available equitably, providing a strengthened capacity for growing the capacities and resilience required to meet the challenges associated with childhood and sustaining family life.

5.2.1.2 A new approach to resourcing early intervention and prevention services at the secondary level

Early intervention and prevention services require a different resource allocation approach, so we can be sure that services will be available for the families that will require them.

Contemporary approaches to measuring health and wellbeing and community strength tell us much about where vulnerable families are located and the issues they encounter. We believe the indices that are currently in use should also guide resource allocation to ensure services are available for families that need them where they need them.

The Australian Early Development Index (AEDI)⁵⁶ is a population measure of children's development in communities across Australia. It provides a picture of children's health and development at a community level and identifies strengths in a community as well as the things that can be improved. It tells us which communities require assistance. We believe that the AEDI should be used to guide the State's investment in early intervention and prevention services. This approach would result in a resource allocation methodology for secondary support services, such as family support service described above, based on numbers of children aged 0 to 18 years within defined catchments weighted for factors associated with disadvantage as measured by the AEDI.

5.2.1.3 A new approach to resourcing statutory services

We know that the greatest single indicator of involvement with the child protection system in Victoria is a family's income level. A good proxy measure for family income level is Family Tax Benefit A (FTB A) and this index has guided the State's investment in child protection services for more than a decade. FTB A is paid to low income families with school age children⁵⁷. It is paid to the families to whom we provide services; it is paid to the families most likely to encounter difficulties. The resource allocation methodology for statutory child protection services should be based on numbers of children aged 0 to 18 years within defined catchments weighted for factors associated with disadvantage as measured by the AEDI and FTB A.

5.2.1.4 A new approach to resourcing tertiary services

For tertiary services, such as placement prevention and activity based out of home care, the resource allocation methodology should be demand driven, with appropriate gateway controls. Such controls are discussed in the next section of this submission.

⁵⁶ Information about the AEDI can be found at http://www.rch.org.au/aedi/index.cfm?doc_id=13051, accessed April 2011

⁵⁷ Information about FTB A can be found at http://www.centrelink.gov.au/internet/internet.nsf/payments/ftb_a_iat.htm, accessed April 2011

Figure 5.3 illustrates this proposed resource allocation approach across the service continuum. The diagram also illustrates the expanded role proposed for child protection workers in supporting the universal and secondary platforms in building resilience and protective factors in individuals and families and in responding to emerging issues related to risk.

Recommendation: Develop and implement new resource allocation methodologies for universal, secondary, statutory and tertiary responses that recognise the real demand for support across the service continuum:

- For universal services – allocate resources on a population basis for 0-18years olds in a catchment;
- For secondary services – allocate resources on a population basis for 0-18 years olds in catchment weighted for AEDI outcomes;
- For statutory services – allocate resources on a population basis for 0-18 years olds in catchment weighted for Family Tax Benefit A; and
- For tertiary responses such as placement preventions services, case management and out of home care – allocate resources based on demand.

5.2.1.5 Funding for Aboriginal organisations

Funding for Aboriginal organisations to deliver services to Aboriginal children and their families should be based on the resource allocation methodology described above. However, there are a range of factors that uniquely affect Aboriginal Victorians that indicate the need for funding services for Aboriginal people to be weighted, whether the service is provided by mainstream or Aboriginal organisations. Aboriginal children, young people, families and communities experience ongoing trauma arising from past policies and practices. For Aboriginal children who connect with child protection, their experiences of the trauma of abuse and neglect are wrapped in other trauma – the trauma of history, of ongoing racism and discrimination, the trauma experienced by their carers, by their family and within their community. Healing and building resilience for Aboriginal children and their families begins through cultural strengthening activities and processes. These provide a safe platform for relationship based practice to assist Aboriginal people deal with trauma including inter-generational trauma.

- Aboriginal families are complex in terms of family size and structure and high levels of disadvantage are experienced both within families and across communities.
- Aboriginal staff and carers are often part of the community they work in, facing the same issues of grief, loss and trauma that they are seeking to address with the Aboriginal children, young people and families with whom they work. This can create the need for added support and debriefing to ensure the good health of staff and carers.

- Aboriginal communities have more limited fundraising capacity. Unlike many Victorian CSOs, Aboriginal organisations do not have a church base. They arose from community concern about Aboriginal children in poor communities with limited fundraising capacity to generate funds to supplement government program funding.
- Aboriginal organisations are frequently called upon to advise mainstream organisations and government departments about services for Aboriginal people. While the opportunity is welcomed, this comes at a cost for Aboriginal organisations that is rarely acknowledged in funding methodologies.

The weighting of the resource allocation for Aboriginal services would carry added responsibilities for ensuring expenditure was matched to need and we propose that this would be established, monitored and reported by the Deputy Commissioner for Aboriginal Children.

Resource allocation should be weighted to ensure organizations can optimise their ability to make a difference to vulnerable Aboriginal children and young people.

Recommendations:

- That the resource allocation for Aboriginal services is based on the methodology for mainstream services and weighted in recognition of the particular factors that uniquely affect Aboriginal Victorians,
- That responsibilities arising from the resource allocation weighting are established, monitored and reported by the Deputy Commissioner for Aboriginal Children

6 Responding to family violence – a pervasive problem

Due to the pervasive and significant impact of family violence on children and young people we collectively believe it warrants special mention as a fundamental issue that needs to be addressed if we are to better protect and care for our children and young people.

6.1 The scale of the issue

One in three Australian women have experienced physical violence since the age of 15 years, and almost one in five have experienced sexual violence, according to the Australian Bureau of Statistics. In 2005, 350,000 women experienced physical violence and 125,000 women experienced sexual violence. Up to one-quarter of young people in Australia have seen their mother or stepmother physically or sexually assaulted⁵⁸. Of those women who reported experiencing partner violence in the 2005 Personal Safety Survey, 34 per cent said their children had witnessed the violence.⁵⁹ Children and young people who have witnessed family violence require access to services that meet the needs that result from this experience.

In Victoria, family violence is associated with half the child protection cases and occurs disproportionately in our Indigenous communities.⁶⁰

Mainstream, specialist and statutory services are critical to helping women and their children rebuild their lives following violence. *Time for Action* (2009), the report from the National Council for Reducing Violence against Women and their Children⁶¹ reported on the challenges facing the domestic violence and sexual assault sector in meeting the needs of victims. These included the inability of services to meet the holistic needs of victims and their families and over-stretched and stressed services with long waiting lists.

Time for Action also reported the need for the first door to be the right door. A 'first door approach' means that for women who have experienced violence their first point of contact should provide professional, capable and compassionate assistance. Improving collaboration between services means that women do not have to repeat their stories. Services supporting victims of violence must be flexible in meeting the diverse needs of their clients, including children and young people.

⁵⁸ <http://www.homelessnessaustralia.org.au/UserFiles/File/Federal%20Labor's%20National%20Plan%20to%20Reduce%20Violence%20against%20Women%20and%20their%20Children.pdf> – accessed April 2011

⁵⁹ Australian Institute of Health and Welfare, 2006

⁶⁰ http://www.familyviolenceservices.com.au/documents/ifvs_risk_assessment_and_risk_management_framework.pdf accessed April 2011

⁶¹ <http://www.fahcsia.gov.au/sa/women/progserv/violence/nationalplan/Pages/default.aspx#numbersix> accessed April 2011

6.2 The need for an integrated response

In Victoria there is a need to strengthen the response for children and young people who are victims of, or witnesses to, family violence. There is an increasing pressure on services at the secondary level – specifically the specialist family violence service system – to respond to the needs of children and young people, and they are not sufficiently resourced or equipped to do so. Structural barriers impede access to the necessary supports from the statutory child protection system due to concerns that children and young people will be removed from their mother inappropriately.

Consistent with our earlier view that there is a need to deploy child protection workers across the service continuum to build capacity and resilience and to mitigate risk, there is similarly a pressing need to better support the specialist family violence sector in working with children and young people. New integrated approaches need to be developed between family services, child protection and specialist family violence services

Recommendations:

- That structural barriers (for example the need to make a report when seeking advice from child protection, the need to have a family accepted as a client by Child FIRST to be able to access secondary consultation by the CBCPW) impeding specialist family violence services in seeking advice from child protection are removed so as to encourage secondary consultation and improved responses for children and young people who are witnesses to or victims of family violence.
- That opportunities are explored to deploy child protection workers to improve the support available to the specialist family violence service system (similar to the role the CBCPW has in Child FIRST).

6.3 The rights of children and young people

Too often children and young people who are witnesses to or victims of family violence have their rights ignored, and the State fails to protect them adequately (for example in relation to custody and parental access) as the needs of parents are seemingly given primacy.

We recognise that this is a complex arena with the intersection of a range of State and Commonwealth civil and criminal legislation impacting on those experiencing family violence, as well as those men using violence.

In 2010, the Attorney-General of Australia, asked the Australian Law Reform Commission (ALRC) to inquire into and report on the treatment of family violence in Commonwealth laws, including child support and family assistance law, immigration law, employment law, social

security law and superannuation law and privacy provisions in relation to those experiencing family violence.

This inquiry is currently underway and it is critical that Victoria proactively seek out solutions in response to the ALRC's recommendations to ensure that our children and young people are adequately protected through whatever legislative means deemed necessary.

Recommendation:

- That in responding to the outcomes of the ALRC inquiry into family violence, Victoria ensures that our children and young people are adequately protected through whatever legislative means deemed necessary.

7 The role of Child Protection

We recognise that Child Protection has been under serious pressure and that recent inquiries (for example the Victorian Ombudsman 2009⁶² and 2010⁶³) have highlighted a range of systemic issues including access to resources, workforce capacity, the interaction of child protection with the legal system, capacity to comply with internal practice guidelines and statutory obligations, information management and privacy, accountability and transparency. It is not our intention in this submission to reflect the issues that others have identified and examined in detail – rather we acknowledge that there is need for fundamental reform of the way Child Protection services are provided and delivered.

7.1 The need for fundamental redesign

Outlined below are our collective views about the directions that should be pursued to ensure that Victoria has the necessary capacity to protect and care our most vulnerable – our children and young people.

We are committed to ensuring that the Child Protection workforce is adequately skilled and supported to deliver the statutory response that must be in place if we are to protect and care effectively for all of our children and young people. In recent years the Child Protection workforce due to demand pressures, high rates of turnover, poor job design and unwieldy and cumbersome administrative layers, has been hampered in its capacity to deliver an effective statutory response. The level of unallocated cases – identified by the Ombudsman's review attests to this. We also recognise that there has been little willingness from government to reform Child Protection. The lack of support for reform of the Child Protection service denies the interdependency of the statutory response as part of the overall strategy for improving outcomes for vulnerable children, young people and their families.

If we are to effect real change we must reform all elements of the service continuum in tandem, so that each part of the continuum can reflect the role that it is intended to play as part of a holistic response. As outlined in our earlier discussion about the value of earlier intervention, a multiplicity of factors can impact on children, young people and their families that, if not effectively managed, can increase the likelihood of risk and ultimately create vulnerabilities that result in children and young people requiring protection and care. We must intervene as early as possible to ensure that our children and young people have every chance to have a positive childhood. Where risks eventuate and protection and care is required, we must ensure that our response is:

⁶² http://www.ombudsman.vic.gov.au/resources/documents/Investigation_into_the_Department_of_Human_Services_Child_Protection_Program.pdf, accessed April 2011.

⁶³ http://www.ombudsman.vic.gov.au/resources/documents/Own_motion_investigation_into_child_protection_out_of_home_care_May_2010.pdf - access April 2011

- timely so as to reduce the potential threat of harm;
- effective so that no more harm is done; and
- protective so that children and young people have access to a range of resources to support them, so that they can positively continue their journey through childhood and adolescence.

7.2 Strategies for change

To achieve this end we firmly believe a range of changes are required to the Victorian Child Protection service as it stands today. Some of the changes we have previously identified – such as the wider deployment of child protection workers across the service continuum to provide support at the key transition points for children and young people – but there are other reforms in addition to these that warrant further consideration:

- Firstly there is a need to focus the work of the Child Protection service in the statutory arena on the forensic work of child protection. To achieve this end the responsibility for casework with children, young people and their families should become the responsibility of community service organisations with appropriate oversight by the Child Protection service.
- Secondly, there is a need to fundamentally redesign the jobs undertaken by the Child Protection workforce so that they reduce unnecessary bureaucracy, so that responsibility and accountability for decision-making occurs as close as possible to the child, young person and their family.
- Thirdly there is a need to consider the deployment of the Child Protection workforce so that it is more flexible and available when families are available. Consideration should be given to staggered hours so that a core of Child Protection workers can be available in the evenings and on weekends to meet with families. Such flexibility also needs to be mirrored by the workers in the community services sector if they are to take on responsibility for casework from Child Protection.
- Fourthly there is a need to strengthen the practice support available to Child Protection workers on the front line. Recent learnings from the pilot of a new operating model for child protection should underpin these strategies for practice improvement with specific attention give to:
 - The use of pathways to define and organise service offerings, i.e. response for a child, young person and family who have only been referred to Child Protection for the first time will by necessity be different from children, young people and families that have been in and out of the Child Protection system over a number of years.

- The use of specialist roles to support Child Protection workers in managing complex cases. For example the development of Senior Practitioners and Principal Practitioners has provided additional practice capacity along with capacity development at the individual worker level.
- Improved use of supervision through the use of reflective practices to support practice improvement.
- Fifthly there is a need to ensure that earlier action is taken to reduce the likely need for the long-term removal of children and young people from their families. For example – family group conferencing should be mandated much earlier in the process to prevent placement in out of home care.

Finally, as discussed previously (in section 5), there is also a need to ensure that the Child Protection service is adequately resourced to meet current and emerging demands.

Recommendation: That the Child Protection service be fundamentally reformed by:

- focussing the work of the Child Protection service in the statutory arena on the forensic work of child protection.
- transferring the responsibility for casework with children, young people and their families to community service organisations with appropriate oversight the Child Protection service.
- fundamentally redesigning the jobs of the Child Protection workforce so that they reduce unnecessary bureaucracy, so that responsibility and accountability for decision-making occurs as close as possible to the child, young person and their family.
- deploying the Child Protection workforce so that it is more flexible and available when families are available.
- strengthening the practice support available to Child Protection workers on the front line by building on the recent learnings from the pilot of a new operating model for child protection.
- ensuring that earlier action is taken to reduce the likely need for the long term removal of children and young people from their families. For example – family group conferencing should be mandated much earlier in the process to prevent placement in out of home care.

8 The role of the legal system - an inquisitorial approach

We believe that determining the appropriate level of protection for children and young people in need of care must recognise the complexity of the decision-making process. Historic, adversarial mechanisms associated with the Family Division of the Children's Court we believe have little role to play in a contemporary child protection system.

We need to give real consideration to a radical reform of the system of removing vulnerable children into a protected environment to an environment which offers a tangible improvement in the life of the vulnerable child (and where relevant that child's family).

This is not about a review of the law and practice⁶⁴, which currently governs the Children's Court's hearings and the applications made concerning the protection of children⁶⁵. Rather we are questioning the fundamentally adversarial nature of our current system, which is currently employed for the determination of those applications. How can such a system continue to be considered the most effective, efficient and appropriate method for dealing with such complex and problematic situations?

Historically our accusatorial system of justice evolved from trial by battle. We do not believe in 2011 that this is an appropriate basis for determining what is in the best interests of vulnerable children and young people in our community.

We question why the Family Division of the Children's Court remains the most effective arbiter on issues of child protection. We firmly believe we need to consider more contemporary approaches to making such decisions – ones that recognise the breadth of expertise that is required to make the right decision in light of the child's safety, health, development and wellbeing. We firmly believe experiences in other jurisdictions internationally have shown that other methods can be more effective and lead to better decisions.

Section 10 of the CYFA requires the Court to give the child's best interests paramount consideration on any application for protection⁶⁶. This type of direction emphasises the inadequacy of the adversarial process to facilitate the performance by government of its social responsibility to deliver to all children (and families) a minimum standard of care, be that by the government itself, or by the facilitation of such care by the community agencies.

⁶⁴ Such a review was undertaken by the Victorian Law Reform Commission, which published its report on 30 June 2010. That review suffers from the vice of being a review of the law by lawyers and fails wholly to grapple in a real manner with the recommendation of the Victorian Ombudsman that the legal framework for the protection of children be reformed. No "reforms" in the true sense emerge for the VLRC review.

⁶⁵ Protection applications; irreconcilable difference applications; permanent care applications; temporary assessment applications; therapeutic treatment order applications.

⁶⁶ A complete list of the best interest principles prescribed by ss 10 to 14 of the *Children, Youth and Families Act 2005 (Vic)* is at Appendix I to the VLRC report.

Protection applications are brought where a child protection practitioner considers on reasonable grounds that the child is in need of protection. The majority of applications made to the Court involve the involuntary removal of the child into protection⁶⁷, where there exists unacceptable risk of harm to the child.⁶⁸ Where such applications are made, children over the age of 6 must attend court. We can only imagine the adverse impact this experience has on a child who has already been subjected to such a multiplicity of traumatic experiences that they have been considered by a trained professional to be in need of immediate removal from their “home” environment.

These protection applications commenced by safe custody are accompanied by interim accommodation order applications. These are contests. Most often these contests give rise to a highly charged competition with the Magistrate called upon to make a determination, which will leave one party considering themselves the “loser”. That outcome is a natural and inevitable consequence of the adversarial process and is perfectly appropriate where two well resourced parties are competing over the proper construction of a contract, or where the State is pursuing the alleged rapist or alleged murderer. It is not however appropriate where we are seeking to remove vulnerable children from the circumstances of their vulnerability before they are lost to the community.

8.1 An alternative model

We need to recognise that those most in need of care have experienced significant levels of trauma and often have a complex array of needs. Such needs are best understood by multi-disciplinary experts skilled in a broad range of disciplines.

We recognise that the Victorian Law Reform Commission has recently reviewed the Children’s Court processes in relation to child protection matters and has presented five options for the Government’s consideration. We would like to present a sixth. We are strongly of the view that radical reform is required in relation to the decision-making surrounding protective applications – without such the pervasive impact of the court process will continue to inadvertently undermine the capacity of our system for protecting our most vulnerable children.

As long ago as the mid 1960s, a Scottish committee headed up by Lord Kilbrandon recommended the usurpation of the court’s role in determining questions of the protection of vulnerable children by a system of panel tribunals⁶⁹. That system remains effective today. That system should be considered by this inquiry to be a suitable model to warrant further

⁶⁷ See ss 240 and 241 of the *CYF Act*.

⁶⁸ See paragraph 10(3)(g) of the *CYF Act*.

⁶⁹ Scottish Home and Health Department, *Children and Young Persons Scotland* (1964)

investigation and refinement, such that the protection application orders cease to be decided by the Family Division of the Children's Court.

As our starting point we believe that such applications should be referred to appropriately skilled persons who can deal with them, in the first instance at least, in an administrative manner. The common law of Australia is now sufficiently advanced to ensure that the rights of all are more than adequately protected by the adoption of administrative processes to determine the questions of what is best for the child.

Such models have been successful overseas and there are sufficient protections through the developments in common law to ensure that individual rights can be adequately protected.

The panels in Victoria might well follow the volunteer model of the Scottish system where, volunteers constitute the panels and decide the protection applications. The Scottish volunteers, although unpaid, are highly trained and dedicated to the community outcomes of securing a better prospect for vulnerable children. Alternatively a variation on the Scottish system could be considered by the Inquiry, where the panels are made up of full time professionals across a range of relevant disciplines and involve one or two volunteers. Within such a model volunteers would be assessed and credentialed, and undergo continuous training. It would be critical that panels comprise members with the appropriate mix of skills who possess a high level understand their responsibilities and their operating environment, and that panels include Aboriginal expertise when dealing with Aboriginal children and families.

Recommendation: That the Family Division of the Children's Court no longer be responsible for determining protection applications and that alternative administrative models supported by multi-disciplinary experts be investigated as the preferred model for determining protection application for vulnerable children.

In addition to the need to strengthen the decision-making processes surrounding protective applications through a multi-disciplinary non adversarial model, there is also need to ensure that the decisions made by this body are enforceable. Historically decisions made by the Children's Court have been constrained by their inability to ensure that the full breadth of the order made is acted upon. Issues related to resource constraints are often the presenting rationale for such in action.

There is need to address this critical limitation in any future arrangements if we are to ensure that we have a robust system available to effectively protect our vulnerable children and young people. Individualised funding packages along with strengthening the legislative obligations of other human services and health systems to respond to the needs of this cohort (as outlined in the preceding sections of this submission) should go a long way to providing a solution.

Recommendation: In making protective applications, that recommendations made to support the decisions are enforceable.

9 Preventing long-term removal of children from their families

“Fifty-six per cent of children and young people entering care for the first time leave care within six months. This suggests that with more support, these children and young people may be able to stay at home”.⁷⁰

9.1 Preventing long term removal

DHS has received approximately 700 notifications of unborn children since the CYFA was proclaimed⁷¹. DHS reports that approximately 75 percent of the unborn reports have resulted in statutory intervention. The notification of unborn children serves as an ‘early warning mechanism’, however the service system has no capacity to provide an early response that would prevent these infants from going into out of home care.

A stronger out of home care system also begins with prevention and, wherever possible, should be focussed on keeping infants, children and young people with their families and connected to their families.

The experiences of the Stolen Generations and the Forgotten Australians have told us a great deal about the long term and damaging effects of the separation of children and young people from their parents and siblings. We know we need to try to prevent such damage. One way of doing this is to develop and put in place approaches and service responses that prevent the long-term removal of children and young people from their families. Orienting the system in this way makes great sense on a range of fronts – it is better practice, it strengthens families, it maintains relationships, it increases the likelihood that out of home care may be needed only temporarily if at all, and it is lower cost.

Coordinated, systemic approaches to achieve this objective are not in place in Victoria. We do not have a suite of prevention services and strategies that sit at the out of home care ‘gateway’, and nor do we have adequate gateway controls on entry into out of home care. This has two effects:

- Services that may prevent the removal of children and young people from home, such as intensive and sustained family support or ‘whole of family’ care are not available. The effect of this is that removal of a child or young person from home and placement into out of home care is generally the only response available.
- Decisions about entry into out of home care in Victoria are ad hoc. This is not to say that such decisions are made in the absence of due consideration or application of a decision-making framework or approach. The resulting impact is that the rates of removal of

⁷⁰ Department of Human Services data 2009 – Directions for out-of-home care. Victorian Government: Melbourne

⁷¹ This advice has been provided by DHS in briefings to the CSOs making this submission.

children vary widely across Victoria, suggesting that differences in the capacity for diversion, entrenched cultures and practices may be driving decision-making.

9.2 Services to prevent long term removal

Service responses that aim to prevent the long-term removal of children and young people from their families are not new; they are just not generally available. Such service responses may provide a residential response⁷² or a centre-based response⁷³. A key characteristic of these kinds of service responses is that support, intervention and treatment is provided for both the parent and the child, that they generally provide a suite of services that 'wrap around' the child and family, and that follow-up services are provided over a period of time.

Victoria's early parenting centres are one example of a residential service response for families. Their origin as 'mothers and babies hospitals' has confined their focus to mothers of infants and very young children, however these services provide a blueprint for responses that work with families to prevent removal of children from their parents. We note however that these services have not been successful historically in engaging Aboriginal families, and recognise that culturally specific parenting responses must be developed if such services are to provide greater reach and be effective for Aboriginal families.

The Scandinavian countries have a strong preference for this service orientation and 'family preservation' services are preferred over placement in out of home care, and are much more commonly provided. The features of such services include provision of in-home services and support, the availability of 24-hour emergency assistance, a service model based on family empowerment and a view that children and young people are best raised by their own family⁷⁴.

9.3 Practices to prevent long term removal

The processes associated with establishing greater 'control' on entry into out of home care are not new, and they have been proposed previously⁷⁵. They begin with carefully assessing each child's suitability for out of home care, determining whether out of home care is the preferred option, and matching to a suitable placement. A critical factor in such a process is the skill and experience of the decision-maker.

⁷² Victoria's Early Parenting Centres are an example of a residential family care service response.

⁷³ For an example of a centre based intervention see National Child Protection Clearinghouse, Newsletter, Vol. 8 No. 1 Autumn 2000 at <http://www.aifs.gov.au/nch/pubs/newsletters/nl2000/nlautumn2000wor.pdf>, accessed April 2011

⁷⁴ A description of this approach is available in Department of Human Services, *Public Parenting: A review of home based care in Victoria*, 2003, p. 100.

⁷⁵ Ibid, p121

Establishing greater ‘controls’ on entry into out of home care (refer to section 8) will have a positive effect: it is likely to reduce the number of children entering out of home care, which will in turn reduce the call on out of home care places. Notwithstanding the predicted significant increase in demand for out of home care services in Victoria⁷⁶, with improved diversion responses in place, one can envisage greater control over demand for out of home care places that may over time generate funding that can be redirected to the provision of placement prevention services.

Recommendation: That a suite of placement prevention services focussed on providing support to the children, young people, their parents and their family as a whole, is established across Victoria to provide an alternative solution to the long term removal of infants, children and young people from their families.

⁷⁶ Victorian Ombudsman (2010), *Own Motion Investigation into the Department of Human Services Child Protection - Out of Home Care*, Victorian Ombudsman, Melbourne, p 66.

10 Strengthening out of home care

The current arrangements for out of home care in Victoria have an historical basis that has led to services struggling to cope with contemporary issues and growing demand. The models of care have largely been in place for decades, and they are models that are ill equipped to manage the issues that children and young people bring with them. We need to re-think the types of out of home care that are provided, how they are provided and how they are funded. In particular we know that out of home care cannot deal with all the issues alone, and that we have to find ways of providing therapeutic responses for vulnerable children and young people in out of home care.

10.1 A new funding approach for out of home care services

The current funding agreements that we have with DHS are highly specific. We are contracted to deliver specified services in specified quantities to specified levels of quality. The funding agreements are focussed on control and outputs.

Consistent with the new governance approach (refer to section 12), we believe that there is a need to move to funding for outcomes, and with greater flexibility at the service delivery level for implementing the necessary service mix to achieve outcomes. Within such an approach we would receive specified levels of funding from government based on the new resource allocation methodologies for the achievement of outcomes. The outcomes for children and young people that we would be contracted to work towards would focus on areas such as those set out earlier in legislation, and would concern health, wellbeing and emotional development, being looked after, safety, educational attainment, and participation in social and community life.

A focus on achieving outcomes would require a change in the funding basis. For example, it would require DHS to move away from requiring us to deliver specified levels of foster care and residential care (i.e. 'bed days'), and instead provide us with the flexibility to allocate funding to the services that will most effectively meet the needs of the children, young people and families with whom we work. We would continue to provide out of home care services and would expect to continue to provide these services at high levels, but a more flexible approach to funding would permit us to offer and implement an alternative course of action if this was determined to be in the child's best interests.

Under the new operating arrangements, a more tailored service response or course of action would be developed in conjunction with child protection to support placement prevention. An example of an alternative course of action might concern a depressed single mother whose two primary school age children are not getting regular meals or attending school. Under the current funding approach, if the assessment is that the children are suffering significant harm and there are no suitable relatives to provide care, foster care may be considered the only

option.. Under a more flexible funding approach an alternative pathway could be developed that could include intensive family support with a worker visiting daily and assisting in parenting tasks and caring for the children by, for example, preparing the evening meal and supervising homework, working with the mental health worker to link the mother to a community centre or neighbourhood house, and providing some short term respite foster care if the mother required in-patient support. In our experience such interventions could be provided over an extended period of time for the same cost as a short-term placement in foster care.

Such client-based or person-centred funding approaches are already in place in Victoria in the ageing, disability and home care sectors, and the experience of these sectors provides insight into the effectiveness of alternative and tailored responses. A person-centred approach allocates resources more strategically by allowing individually tailored responses to be developed, it also allows resources to be distributed more transparently and more equitably, it encourages consideration of options and flexibility, and it can involve the service recipient in the decision-making about how the service system supports them. This would be an important change for the services we manage as it would enable families to take on a greater role in the development of their self-management capacities.

Recommendation: That individually tailored funding approaches be developed to allow services to better respond to the unique needs of children, young people and their siblings requiring placement prevention services or out of home care support.

10.2 Placement assessment

We advocate a return to the comprehensive placement assessment approaches that operated in Victoria in the past, but using a more contemporary model. The significant benefit of a comprehensive approach is that it permits placement in out of home care to be planned and managed much more effectively. Under this model a child or young person is comprehensively assessed in terms of their health, wellbeing, and education needs prior to their entry into an ongoing out of home care placement (refer to section 10.4 for further details). For Aboriginal children and young people, the placement assessment approach would also include Aboriginal expertise.

The Stargate Early Intervention Program⁷⁷ for children and young people in out of home care, formerly funded by DHS, is an example of the sort of comprehensive placement assessment process we envisage. Stargate provided a multi-disciplinary therapeutic assessment and

⁷⁷ Milburn N, Lynch M, and Jackson J, 2008, Early Identification of Mental Health Needs for Children in Care: A Therapeutic Assessment Programme for Statutory Clients of Child Protection, *Clinical Child Psychiatry*, vol. 13(1): 31-47

integrated case planning and service delivery approach for infants, children and young people entering out of home care. The key features of this model were:

- Multi-disciplinary assessment, including physical and mental health, emotional, behavioural, cognitive and educational functioning as soon as possible after entering out of home care for the first time.
- Comprehensive verbal and written feedback to children and young people, their parents and carers, child protection and community sector workers.
- Participation in the case planning process.
- Post-assessment follow up.

We believe such an approach provides the much needed assessment and leads to more suitable placements, which in turn provide greater stability for the child or young person, and the system. We believe that the establishment of such placement assessment processes, combined with the introduction of processes to establish greater 'control' on entry into out of home care described in the following section, will lead to a much more managed and effective out of home care system.

Recommendation: That comprehensive placement assessment approaches are established across Victoria to ensure that appropriate holistic assessment is undertaken before decisions are made about the nature of placement required by a child or young person.

10.3 Strengthening decisions about placements

Under current arrangements, the decisions about where to place a child or young person are made by the DHS Placement Coordination Unit, with decisions based on views about the 'availability of places' or 'vacancies'. This is not an optimal arrangement as it often results in poor decisions about where to place a child, young person and their siblings, and can result in inappropriate placements, which in turn leads to consequent placement changes.

We believe that the placement coordination function should be a joint responsibility between the community services sector and the statutory child protection system and recommend the establishment of what we are calling Placement Coordination Committees. This change would strengthen local decision-making and integrate it more closely with those responsible for service delivery.

Within a more collaborative approach careful consideration could be given to finding a placement solution that is tailored to the needs of the individual and, as appropriate, their siblings. In conjunction with the comprehensive placement assessment approaches described above, it would ensure better matching of the child or young person to the placement, which

would contribute to a more positive experience for the child or young person, and a more stable out of home care system.

These integrated Placement Coordination Committees, which would also include Aboriginal expertise in decisions about Aboriginal children and young people, will allow decisions at a case level about the services that are to be provided to be made in a more integrated and collaborative manner. The approach will also ensure that decisions to place a child or young person in out of home care are made by skilled and experienced practitioners with knowledge of the child or young person, and their culture, and the service that is to be provided.

This change would occur as a natural consequence of the new governance and operating arrangements we have proposed and it would be supported and strengthened by the move to more flexible funding approaches.

Recommendation Under the joint governance framework established by the Children’s Council (see Section 12.1), establish joint Placement Coordination Committees at a catchment level, comprising the statutory child protection services and community services providers, to determine the most appropriate placement options for children, young people and their siblings requiring such support.

10.4 A therapeutic response

As highlighted earlier in this submission, we believe that all children and young people who come into out of home care should receive a comprehensive assessment of their health, wellbeing, and education needs. Such assessments, undertaken by skilled professionals, would assist us to identify the immediate care and services required and allow us to plan for meeting the longer-term needs of the child. Additionally, the out of home care system must have a capacity to meet these needs by providing a therapeutic response. A therapeutic response is one that responds to the complex impacts of the abuse and neglect, and seeks to address concerning issues and behaviours exhibited by the child or young person. Services to achieve this end may be required over an extended period of time to be effective, and may be required periodically as transition points are reached or critical events occur.

Victoria already has effective therapeutic services in place, however their availability is limited. The success of the statewide intensive therapeutic service, Take Two⁷⁸, has demonstrated the value of dedicated therapeutic input for children and young people in the child protection system. In addition to direct work with the child or young person, the clinicians provide secondary consultation and assist carers (parents, foster carers and residential carers) with strategies to understand the child’s or young person’s trauma and respond to their needs. The small number of therapeutic foster care and residential programs that are in place confirm

⁷⁸ Information about Take Two can be found at <http://www.berrystreet.org.au/Therapeutic>, accessed April 2011

that the outcomes we can achieve from such an approach are significantly better than a 'standard' program.⁷⁹

For Aboriginal people, including children and young people, healing begins through cultural strengthening activities and processes. These provide a safe platform for relationship based practice to assist Aboriginal people to deal with trauma including inter-generational trauma, and build resilience.

We are convinced that if therapeutic care was more readily available earlier in the life of the child, many of the challenging behaviours and requirement for high cost services in the teenage years could be averted. The demand for such services currently significantly exceeds supply and many children and young people do not receive the specialist care that they need. Therapeutic care should become the norm, not a luxury granted to a few.

Recommendation: All children and young people entering out of home care undergo a comprehensive health, wellbeing and education assessment and where needed receive timely access to therapeutic services.

10.5 A new type of foster care

Highly valued members of our community have provided high quality foster care placements for many, many years, and there are a large number of foster carers who have made a 'career' of providing foster care. Their efforts in caring for some of the most vulnerable children and young people are fundamental to the out of home care service system. Without these volunteer foster carers, the State could not fulfil its statutory obligations and would be forced to return to the old days of children's homes. As organisations once responsible for operating such children's homes, this is not a direction we advocate or support.

We believe that the time has come to professionalise foster care. In 2011 it is no longer tenable for the State to depend on a small group of volunteers to care for highly vulnerable children and young people. Some commentators have put the view that the traditional model of foster care belongs to another historical context⁸⁰ and that it should be reconsidered as a contemporary service response because it does not pass the 'my child' test⁸¹. Notwithstanding the considerable efforts of our many foster carers, it is difficult to argue with this view.

⁷⁹ Verso Consulting Pty Ltd, 2011, *Evaluation of the Therapeutic Residential Care Pilot Programs Quantitative Survey Progress Report*.

⁸⁰ Little M, Looked After Children: Can existing services ever succeed? *Adoption and Fostering Journal*, vol 34, no. 2, pp 3-7, at <http://www.dartington.org.uk/sites/default/files/Little%20Adoption%20Fostering.pdf> viewed March 2011

⁸¹ The 'my child' test asks the question 'Would I be happy for my child to receive this service?'

Placement in out of home care is described by the AIHW as a service of last resort.⁸² When it is required the State must have confidence that it is providing a high quality substitute home placement and that the person that the State is using to care for the child in place of the parent has the skills and abilities to do so. We believe that foster carers generally possess these skills and abilities; we believe that they provide an important, professional service in exercising their care duties and we believe that they should be properly recognised and recompensed for the work they perform.

Professionalising foster care could involve paying foster carers an annual salary with all of the usual conditions that apply for Australian workers, such as superannuation guarantee, annual leave, and long service leave, or by securing their services on a contractual basis. Foster care reimbursements to meet the expenses associated with looking after a child would be additional to the salary paid.

Under a professionalised foster care system new conditions and arrangements might apply. Foster carers would be required to possess a set of basic skills and to participate in professional and personal development programs to maintain and grow skills over time. We also propose that under a professionalised system, limits would apply to the number of children in the care of any one foster care family to prevent the small number of instances where a large number of children reside with a foster carer.

Recommendation: That foster care is professionalised by paying foster carers an annual salary with all of the usual conditions that apply for Australian workers, such as superannuation, annual leave, and long service leave. Foster care reimbursements would be additional to the salary paid, and would be paid for the number and length of foster care placements provided.

As we know foster carers play an important role in the lives of the children and young people they support. At times foster care placements become the permanent caring arrangements for a child or a young person in care and yet the processes to secure a permanent care order are not given effect. Too frequently the decision surrounding this change relates to financial considerations rather than the caring role. There is a need to redress this situation if we are to provide stability and certainty for children and young people in long-term care. Consideration should be given to exploring how best to remove this barrier so that, where appropriate, permanent care orders can be given effect.

Recommendation: That barriers to foster carers seeking permanent care orders are removed to encourage greater up take of permanent care orders where appropriate.

⁸² AIHW, op. cit., p.44

10.6 Resourcing kinship care

As with foster carers, the extended families of children requiring placement play a central and important role in providing such care. Grandparents, uncles and aunties and older siblings frequently take on the caring role when parents are not able to do so. The role of kinship care is critical to providing the degree of stability and connection with community and family that is so central for a child's development. Often it is the preferred option for a child requiring out of home placement.

Kinship carers are not currently adequately resourced and supported to take on the caring role. Many older kinship carers, particularly grandparents, rely on Centrelink benefits for their income. Many Aboriginal families have low levels of household incomes. Kinship carers should be adequately resourced to take on the caring role, and we advocate that they receive a reimbursement that compensates them fully for the cost of caring for a child or young person. As well as financial support, kinship carers require 'wrap around' services – the full suite of support services available to all foster carers - to sustain placements.

Recommendation: That kinship carers be adequately resourced to take on the caring role by reimbursing them fully for the cost of caring for a child or young person .

10.7 Residential care

Residential care, the provision of care by rostered staff in a residential unit housing up to five young people, is generally used for those aged over 12 years, often when attempts at home based care (foster care and kinship care) have failed, or in instances where home based care is not suitable or achievable, such as providing care for a large sibling group or young people with multiple needs such as drug and alcohol use, mental ill health and/or exhibiting sexually abusive behaviours. Residential care is an essential part of the out of home care system.

Young people in residential care are generally the most challenging to look after and will often test the boundaries at every opportunity. We have made considerable progress in recent years in improving the skill level of residential care staff through competency based training to equip them to provide therapeutic care. Every day we see the efforts made by our dedicated residential care staff to form relationships with these young people and help them work through their trauma and re-engage in education. But even with our best efforts, the outcomes for many young people are not good.

We believe that the children and young people who reside in residential care should be cared for by well qualified and trained staff, and believe that the efforts to upskill residential care staff must be continued and expanded. We have been assertive in training residential staff for the past several years, and can provide impressive numbers on how many staff have been trained. Residential care staff from every community service organisation in Victoria have

received Certificate IV level training and/or the therapeutic "With Care" training, however staff retention remains an issue. The observation of trainers, reinforced by our own experience, is that there is high turnover of staff in residential care services.

The lack of staff continuity has an impact on young people by impacting on the consistency of care and predictability of people in their life. Staff turnover results in our having to make use of agency staff that may not have the same training or commitment as ongoing employees. A comprehensive workforce strategy is needed to assist us to develop strategies to attract and then keep competent staff.

We also believe that the residential model requires review to provide increased flexibility in the service response. At this time the constraints on providing flexible residential care responses reflect a profound weakness of our system of care. Single sex residential services may be safer for some young people; smaller units are preferable for others, more structured residential models are preferred by many young people⁸³, and tailored residential models are required for large sibling groups. A review should also consider the staffing and rostering arrangements, which are critical for services where the quality of the relationships between child or young person and carer are so critical to both a high quality service and longer-term outcomes. Residential care models should be flexible and adjusted based on the presenting needs of the young people requiring care and support and not as a consequence of what is most programmatically expedient.

Children and young people in residential care require access to therapeutic responses as part of their care. Recent trials of therapeutic residential care, though in their early days, are starting to show benefits, with client improvement identified over a range of domains.⁸⁴ Difficult to care for children and young people often exhibit behaviours as a consequence of the trauma they have experienced through abuse, witnessing family violence, neglect and deprivation. If these children and young people are to have any chance of a positive life course, we must respond to this trauma through appropriately therapeutic responses.

We believe that residential care may be the most appropriate option for a small number of young people and that it could achieve better outcomes if:

- the system were not so overloaded that there is no capacity to match the care option to the needs of the individual;
- the resources and supports are in place to create a therapeutic environment;
- there is greater flexibility in the residential care model, eg two bed units; and
- residential care staff are valued for their skills and commitment, professionally qualified and appropriately remunerated.

⁸³ We note that some young people in our care report that they like the more structured secure welfare model.

⁸⁴ Verso Consulting Pty Ltd, op. cit.

Recommendation: That workforce strategies for the recruitment and retention of appropriately qualified and experienced residential care staff are developed

That the model of residential care is reviewed so that more flexible and tailored care models are available to meet the varying needs of young people coming into residential care.

That all residential care models for children and young people are therapeutic in their orientation and assist children and young people to redress the impact of the trauma they have experienced.

10.8 Out of home care for Aboriginal children and young people

The rate of Aboriginal children and young people in out of home care in Victoria is 53.7 per 1000 children, compared to 3.7 per 1000 children for non-Aboriginal children and young people, 14.3 times higher. This is the highest ratio of Aboriginal children and young people in out of home care to non-Aboriginal children and young people of any Australian jurisdiction.⁸⁵

The Aboriginal Child Placement Principle outlines a preference for the placement of Aboriginal children with other Aboriginal people when they are placed outside their family⁸⁶. The Principle has an order of preference for the placement of Aboriginal children with the child's extended family, within the child's Aboriginal community, and with other Aboriginal people. The Aboriginal Child Placement Principle is established in legislation and has guided policy in Victoria. The effect of the Principle is that many Aboriginal children and young people are placed in kinship care, the least well resourced and supported type of out of home care.

On 30 June 2010 there were 814 Aboriginal children and young people in out of home care in Victoria, but only 475 or 58.4 percent were placed with relatives or kin, or other Aboriginal caregivers⁸⁷. This compares to a national figure of 70.5 percent placed with relatives or kin, or other Aboriginal caregivers⁸⁸.

The impacts on the Stolen Generations and their descendents of separation from family, community and culture have been devastating and are prominent in our minds. It is clear to us that we must do more to support Aboriginal families and communities to nurture and care for their children and young people, and to increase the capacity of Aboriginal organisations to undertake this support work. In particular it is important that Victoria improve compliance with the Aboriginal Child Placement Principle. In this regard increasing support to Aboriginal organisations to support Aboriginal placements, particularly kinship care, is an important step.

⁸⁵ AIHW, op. cit. p. 55

⁸⁶ Ibid.

⁸⁷ Ibid, p. 85

⁸⁸ Ibid.

Recommendation: That a strategy to increase Victoria’s compliance with the Aboriginal Child Placement Principle is developed and implemented.

10.9 Guardianship – holding us accountable

When a child enters out of home care, guardianship for that child becomes the responsibility of the State. There is need to ensure that there is public scrutiny of how well the State performs this role either directly or through the services that are contracted to provide out of home care support.

As is proposed in the National Out of Home Care Standards it is essential that there is public reporting of the outcomes the State delivers for children in its care. It will only be through such public reporting that the impetus for improvement will be strengthened and the Government made accountable for the quality of care that is delivered for our vulnerable children and young people.

To achieve this end we believe that the State should report every year on the outcomes achieved for children in its care. This report should be made public. It should compare the outcomes for children in care to those of the Victorian population of 0–18 year olds so we can be clear how well our vulnerable children are faring. Annual reporting would be consistent with the public reporting on the National Standards for out of home care, where annual reporting has been agreed to ensure transparency and drive continuous improvement in child protection systems⁸⁹.

Recommendation: That the State report every year on the outcomes achieved for children in its care, comparing and contrasting these results against the Victorian population of 0–18 year olds.

10.10 Supervised access

Many children and young people in care are subject to court orders that require ‘supervised access’ between the child or young person and their parents. Supervised access requires a parent—child contact visit to be supervised by a child protection worker, and may be ordered to maintain the relationship between parent and child or young person. It can also be a means of assessing a parent’s readiness for the return of the child to family home. We do not believe the current arrangements for supervised access operate to achieve either of these ends, or

⁸⁹Information on reporting on the National Standards for Out of Home Care can be found at http://www.fahcsia.gov.au/sa/families/pubs/nat_std_4_outofhomecare/Pages/default.aspx#sec_25, accessed May 2011

operate in the best interests of the child or young person. We believe that the issue of supervised access needs to be reviewed.

There are many issues with supervised access, but key among them are the following:

- The Court orders how often and when access visits are to occur, and this is usually during office hours which requires a child or young person to be absent from school, sometimes two or three times per week. This is clearly not in a child's or young person's best interests.
- Court ordered high frequency access can have negative impacts on the child, e.g. disruption to an infant's sleeping and feeding routines through frequent car travel.⁹⁰
- Access visits are often adversarial in nature as a result of the involvement of the child protection worker, who is not viewed by the parent as someone who is working to assist them.
- Access visits are often unsupervised as a result of a child protection worker being unable to attend.
- Access visits usually occur in unfamiliar or artificial settings that are not conducive to effective parent-child relationship development.
- Supervised access occurs in the absence of support being provided to parents, so has little hope of succeeding as a reunification strategy.
- Supervised access is often left to 'drift'; there is no periodic re-assessment of its efficacy or long-term benefit.

We believe that access visits must be more balanced in order to be effective as a strategy to support reunification. What we mean by this is that they must occur in a service response context that provides support for both the child or young person and the parent. We believe that the supervision of access visits between a child or young person and a parent should be transferred to community service organisations, which can work with both the child or young person and the parent, and integrated into case planning. This shift would also remove the adversarial nature of current arrangements.

Recommendation: That current arrangements for supervised access, including its efficacy, are reviewed, and that responsibility for supervised access is transferred to community services service organisations

⁹⁰ University of Melbourne, 2008, *Baby on Board: Report of the Infants in Care and Family Contact Research Project*, p. 5.

10.11 Leaving care

Young people leaving care are one of the most disadvantaged groups in our society. They experience significant deficits; they may have health and mental health issues, usually have low educational attainment levels, often have nowhere to live, and rely almost exclusively on government financial assistance. The disadvantage experienced by young people leaving care has been well documented⁹¹. Many young people leaving care end up in the mental health system and / or are supported by the homelessness sector. Some end up in the prison system.

More needs to be done for young people leaving care to reduce the demands they place on other service sectors. Our view is that this needs to be achieved either through the development of minimum standards for leaving care, or through legislative change or both. Either way, it will require the State to increase its investment in young people leaving care.

Given their poor life outcomes, we believe that the State has an extended responsibility for those who grow up in out of home care. They require ongoing support throughout their adult life, sometimes intermittently, but sometimes quite intensively as past trauma returns. This need has been recognised for the Forgotten Australians. We believe that it should be extended to all those who have grown up in care.

Recommendation: That there is adequate investment in leaving care support for young people up to the age of 21 years to ensure that the process of transition from care is successful and that young people have adequate access to housing, education and employment to support their successful transition to adulthood.

⁹¹ Bromfield et al (2005), op. cit., pp. 44-45.

11 Strengthening responses for Aboriginal families and their children

Many Aboriginal children experience serious disadvantage – health outcomes, preschool attendance, and educational engagement and attainment levels are all below those for the non-Indigenous population⁹². Many Aboriginal families experience multiple disadvantages – low income, unemployment, poor health and inadequate housing. The impact on families of multiple disadvantages can be unremitting and exhausting. For some, family violence and drug and alcohol misuse create further vulnerability for Aboriginal children.

Aboriginal children are over represented at every point of the child protection system. In Victoria in 2009-10, an Aboriginal child was ten times more likely to be subject of substantiation, 13.7 times more likely to be subject of a protection order, and 14.3 times more likely to be in out of home care⁹³. Significantly, Aboriginal children under 5 years make up 52.1 per cent of all child protection substantiations for Aboriginal children.⁹⁴

Services for Aboriginal children and families can be inappropriate, inaccessible and not responsive to their unique situation. One third of Aboriginal children at school report that none of their teachers know they are Aboriginal⁹⁵. Aboriginal people regularly report they will not identify as Aboriginal at health services⁹⁶. In such situations, culture becomes a source of vulnerability rather than strength.

Despite reforms, including important legislative reforms, the ‘gap’ for Aboriginal children remains of growing concern. Because we are truly serious about ‘closing the gap’ for vulnerable Aboriginal children, we believe we need a new approach to realise the reforms established through legislation, particularly the CYFA.

⁹² The disadvantage experienced by Indigenous Australians is comprehensively reported on through the Productivity Commission’s *Overcoming Indigenous Disadvantage* reports at <http://www.pc.gov.au/gsp/reports/indigenous>, accessed April 2011

⁹³ AIHW, 2011, op. cit., p. 28, p. 43, p. 55.

⁹⁴ Ibid, p. 71

⁹⁵ Department of Education and Early Childhood Development, *The state of Victoria’s children 2009*, Aboriginal children and young people in Victoria, Melbourne, 2010

⁹⁶ An individual’s identification may change over time or in different circumstances. Aboriginal and Torres Strait Islander people may be more willing to identify themselves as such in circumstances where they feel comfortable that they will not be discriminated against. See <http://www.dhs.vic.gov.au/ahs/archive/hdss/koori.pdf>, accessed April 2011

11.1 Governance for Aboriginal people

*To be unable to speak leads to a silencing of voices and that leads to learned helplessness. If you give up and feel helpless you lose resilience, you cease to become the key player in your future.*⁹⁷

Services for vulnerable Aboriginal children and families are developed by government departments and delivered primarily by mainstream organisations. Aboriginal advice can be required but can be ignored. Responding to the needs of Aboriginal communities also requires an understanding that mere service provision alone does not address the issues that influence the health and wellbeing of communities. Making decisions and controlling their implementation has been repeatedly identified as being critical to the future wellbeing of Aboriginal people.⁹⁸ Here and overseas self determination has been shown to be effective.⁹⁹

Critical to changing outcomes for Aboriginal children is the establishment of a service system that is more responsive to Aboriginal children and families. , Achieving this requires requires input from Aboriginal people, to facilitate planning and implementation of services for Victoria's vulnerable Aboriginal children.

To date, the protection of vulnerable Aboriginal children has been limited by practices that deny the importance of culture. Legislation that mandates consultation with an Aboriginal organisation about the protection of an Aboriginal child, adherence to the Aboriginal Child Placement Principle and development of cultural support plans for Aboriginal children in out of home care has not translated well into practice. Yet it is these practices that are the basis of an Aboriginal child's safety. To change practices across our child protection service system, we propose the appointment of a Deputy Commissioner for Aboriginal Children within the Office of the Commissioner for Children (see Section 12), with oversight of outcomes and services for vulnerable Aboriginal children and young people.

The Victorian government must commit to outcomes and targets for vulnerable Aboriginal children, young people and their families, including a responsibility to work with Aboriginal communities to improve outcomes.

⁹⁷ Bamblett, M., 2006, Culture as Strength, Culture as Resilience—Strengthening Culture as the Service Response for Koorie Kids, VACCA.

⁹⁸ Royal Commission into Aboriginal Deaths in Custody Bringing Them Home report, April 1997. The Victorian Children, Youth and Families Act 2005 recognises the principle of Aboriginal self-management and self-determination as a key principle when determining decisions that concern Aboriginal children and families.

⁹⁹ Various sources confirm this claim. See Commonwealth of Australia, Department of the Prime Minister and Cabinet, April 2008, Australia 2020 Summit—The Future Of Indigenous Australia, at: http://www.australia2020.gov.au/docs/final_report/2020_summit_report_full.pdf, accessed April 2011, and McKenzie, B., 'Connecting Policy and Practice in First Nations Child and Family Services: A Manitoba case study', 1997 in Pulkingham, J. and Ternowetsky G. (eds) Child and Family Policies,

Recommendations:

- Appoint a Deputy Commissioner for Aboriginal Children within the Office of the Commissioner for Children with responsibility for oversight of outcomes and services for vulnerable Aboriginal children and young people.
- Commit to outcomes and targets for vulnerable Aboriginal children, young people and their families.

11.2 Aboriginal services for Aboriginal people

“Failure to understand the cultural background of children and their families can lead to unhelpful assessments, non-compliance, poor use of services and alienation of the child and family from the welfare system.”¹⁰⁰

Aboriginal organisations have existed in Victoria now for many years, successfully providing some services to their communities. However there are a large number of services they do not provide; services that only mainstream organisations are funded to provide. Many are services that Aboriginal children and families would benefit from, such as early childhood services and family support services, as these early intervention services may prevent the need for child protection involvement. Many Aboriginal people have had generations of experience that leads them to be distrustful of mainstream support services. Aboriginal people may fear that any request for help may result in the removal of the child in their care. They may feel disempowered, ashamed or fearful. They may delay seeking help until there is a crisis.

Aboriginal people are most likely to access services provided by Aboriginal organisations. These services are more likely to be effective as they understand Aboriginal people, their cultures and histories and deliver relevant services. They understand the vital importance of programs and services for Aboriginal children and families that are therapeutic and promote resilience.

Strengthening responses for Aboriginal families and their children requires the development of Aboriginal organisations so that they are able to provide a range of universal, secondary and tertiary services for Aboriginal children and families. To achieve this end we are committed to the development and implementation of a ten year strategy to strengthen the capacity and coverage of Aboriginal organisations focussed on supporting children, young people and families in our communities.

¹⁰⁰ Dominelli L, 1988, in Bamblett M, Frederico M, Harrison J, Jackson A and Lewis P, 2008, *Not one size fits all—Measuring the social & emotional wellbeing of Aboriginal children*, School of Social Work and Social Policy, La Trobe University, Melbourne, page 32.

Recommendation: Establish and implement a ten-year strategy to strengthen responses for Aboriginal families and their children by developing Aboriginal organisations so that they are able to provide a range of universal, secondary and tertiary services for Aboriginal children and families.

We acknowledge that such a development is aspirational and will take some time to achieve. In addition, Aboriginal people will always need to access some mainstream and government services. Such services will require an improved level of knowledge and skill – of cultural competence – for their services to impact on outcomes for vulnerable Aboriginal children. We therefore further propose:

- The immediate implementation of an Aboriginal agencies first principle; that is, when it comes to services for Aboriginal children and families the first port of call is an Aboriginal organisation.
- Within two years, the commencement of Section 18 of the CYFA, which allows the secretary of DHS to authorise the principal officer of an approved Aboriginal agency to perform guardianship functions for Aboriginal children and young people on protection orders.
- The implementation of a minimum suite of culturally appropriate services for Aboriginal children, young people and families, delivered by Aboriginal organisations, available in all Victorian catchment areas with identified Aboriginal communities.
- The immediate establishment of a minimum level of cultural competence consultation and training for all government departments and mainstream service providers. Cultural competence consultation and training must be delivered by Aboriginal organisations.
- Through the Deputy Commissioner for Aboriginal Children, the establishment, monitoring and reporting of outcome benchmarks for all services delivered to vulnerable Aboriginal children and young people, whether by mainstream, government or Aboriginal services.

Recommendations:

- Immediately implement the Aboriginal agencies first principle.
- Commence Section 18 of the *Children, Youth and Families Act, 2005*, within two years.
- Implementation of a minimum suite of culturally appropriate services for Aboriginal children, young people and families, delivered by Aboriginal organisations, available in all Victorian catchment areas with identified Aboriginal communities.
- Establish a minimum level of cultural competence consultation and training, to be delivered by Aboriginal organisations, for all government departments and mainstream

service providers.

- Through the Deputy Commissioner for Aboriginal Children, establish, monitor and report on outcome benchmarks for all services delivered to vulnerable Aboriginal children.

12 New governance and accountability arrangements

Within current arrangements, and beyond Child FIRST, there is very limited coordination of the child and family welfare service response. Compared to other sectors, the child and family welfare sector has no authoritative ‘presence’ at a local and regional level. We need to build a strong governance framework that establishes a strong and more effective interface between the child protection and community services sectors, and works more effectively with those sectors, such as health and education, whose services we have identified as being essential for the achievement of better outcomes for vulnerable children and young people.

To give effect to these directions we have proposed changes to the current governance arrangements, the replacement of some governance mechanisms and the need for greater role clarity between government and the community services sector. We have also proposed the need for an independent oversight mechanism that overviews the work of both statutory services and the community services sector.

12.1 Children’s Councils

We have proposed the establishment of operating structures that give effect to a multi-disciplinary response. The operating structures that we envisage – which we call Children’s Councils – could be aligned to Child FIRST catchments. While roles and responsibilities would need to be formalised, what we are proposing are joint governance arrangements at a local, regional and statewide level to deliver better outcomes for children, young people and families.

Children’s Councils would be led by the government and community services sector jointly, and comprise all services that work with children and families including education and early childhood and health (and mental health) services. Children’s Councils would be responsible for developing a plan for addressing outcome deficits, implementing changes and approaches to address established in legislation.

Children’s Councils could be organised locally, along existing alliance lines, or regionally. As argued in section 5, we favour a localised organisational and service delivery framework because of the benefits it brings to children, young people and their families, the organisations providing services, and the improved service delivery that results. We consider that these features are far less likely to emerge in a large regional framework. To illustrate the issues relating to scale, we would draw your attention to the population of one (the northeast catchment) of the four catchments of the North West Metropolitan Region. The northeast catchment has a population equivalent to the population of Tasmania.

As outlined previously moving to a more localised response will require some change in the way in which DHS is organised.

We consider that a local organisational and service delivery framework will, within the new funding approach that we have presented in this submission, build a more agile and flexible service system that can more effectively plan for and respond to growing demand and patterns of population shift and growth because of the proximity of the Children's Councils to emerging issues.

12.1.1 A governance framework

A new governance framework would establish a new authorising environment with the government and the community services sector sharing responsibility and working jointly to improve outcomes for children and families within a community. The effectiveness of this approach would be measured over time by monitoring community level outcomes. Children's Councils would be required to report annually on the work they undertake to improve outcomes in their communities to the Children's Services Coordination Board (which has already been established but has yet to prove its effectiveness).

The work of local Children's Councils will need to be coordinated at the regional level and we are proposing that this could become a key role for DHS regional offices in providing the support necessary to ensure that the Councils are effective in administration of their accountabilities. Developing a coordinated child and family welfare focus in Victoria in this way will provide a strengthened platform from which the sector can interface in a mature way with the other service sectors with which must work collaboratively if we are to serve vulnerable children and families well – the health, mental health, Indigenous, housing, drug and alcohol, justice, early childhood and education sectors.

Recommendation: Establish in legislation a new joint governance mechanism to be known as Children's Councils that report to the Children's Services Coordination Board, that are responsible for monitoring outcomes for children within a defined geographic region, and for developing and implementing action plans to improve outcomes as needed.

12.2 The DHS role

Under the arrangements that we have proposed in this submission DHS would have its role in responding to the needs of vulnerable children, young people and families changed and refocused. We want to remove the current conflicts that DHS experiences on a day-to-day basis as a policy developer/ funder/ regulator and service provider. To redress the inherent conflicts in these roles we propose that DHS retain the following key functions:

- DHS would retain its responsibility for **policy development** for vulnerable children young people and families in Victoria. This policy responsibility would encompass both strategic

policy as well as operational policy as it contributes to the establishment of quality service provision

- DHS would remain the **resource allocation and funding** body, however we are proposing in this submission a new purchasing approach which would result in DHS becoming a purchaser of outcomes rather than outputs.

As part of this process we would continue moving towards funding processes that support collaboration and partnerships between providers and across the service continuum.

We propose that the Children's Councils would have a role to play in identifying emerging areas of demand along strategies to improve outcomes for children in their catchment, This along, with the proposed resource allocation models identified earlier would inform the resourcing needs of individual catchments. The process by which resources are then allocated to providers would then be linked to agreed pricing structures for individual outcomes to be delivered

The allocation of resources across the service continuum would aim to build a minimum level of human services infrastructure within catchments in order to strengthen local social capital and community connectedness – two factors that contribute to informally strengthening community resilience.

- DHS would remain the **provider of statutory child protection services**. While we are proposing the re-location of statutory child protection workers to the community services sector, we are not proposing the transfer of the statutory function. We believe that government must retain the role of intervening in the life of a family when a child or young person has suffered abuse or neglect.

Under this approach services will continue to be provided by community services agencies, within guidelines developed by DHS, but the quantum and mix of services provided will be determined by the service delivery agencies. This will permit a degree of flexibility that is currently absent from the child and family welfare system, and allow us to tailor the service response to each case / family to better meet their needs. As outlined earlier this approach will be developed within the broader context of regional plans for improving outcomes, with plans endorsed by the local Children's Council.

Recommendation: That the DHS role in protecting and supporting vulnerable children and families be refined and focussed on policy development and implementation; resource allocation and funding and the provision of statutory child protection services.

12.3 The role of the community services sector

Within this new governance framework the community service sector would become equal partners with government services. There would be joint responsibility and accountability for ensuring the attainment of outcomes at a local and regional level for vulnerable children, young people and their families.

A key element of the joint governance framework would be to recognise the equal but different roles that government and the community services sectors play.

For the community services sector, they would have primary responsibility for service delivery across the service continuum – from the universal platform through to the secondary service system, placement prevention and out of home care.

Funding agreements, consistent with the strengthened legislative base, would be framed around the outcomes to be achieved. They would provide greater flexibility to allow community service organisations to develop and tailor models of support in a manner that best suits the child, young person and their family.

Community service organisations would need to meet minimum standards set by government, to ensure quality service provision and care. The exact design of the services to be provided would be informed by contemporary evidence as well as the particular client needs to be met and the circumstances within which the service is to be provided.

To facilitate these new responsibilities a new performance management framework will need to be developed and embedded in funding agreements. Community service organisations would be accountable for their organisation's performance.

Recommendation: That new performance requirements for CSOs, focussed on minimum standards and outcomes, are established to increase flexibility, responsiveness and performance achievement.

12.4 The need for independent oversight

A hierarchy of regulatory mechanisms apply to the community services at the present time:

- The DHS Funding Agreement, which specifies, amongst other things, the services to be delivered, the target group for the services, the quantum of services, a range of other performance measures that may relate to timeliness or quality, and the data to be collected and reported to DHS.

- The Registration Standards for CSOs¹⁰¹ which establish the performance standards to be met by registered organisations delivering out of home care and family services.
- Acts of Parliament, principally the CYFA and the CWSA and the *Working With Children Act 2005*.

DHS statutory child protection services are governed by legislation and by internal DHS practice guidelines. The management and conduct of child protection services are subject to the independent oversight of the Victorian Auditor General¹⁰².

12.4.1 Independent oversight

Under current arrangements there are two bodies that have varying capacity to provide independent oversight of issues arising in the child and family welfare system:

- The Child Safety Commissioner¹⁰³ who reports to the Minister for Community Services. The Child Safety Commissioner monitors out-of-home care services delivered by the Department of Human Services and by contracted community service organisations, investigates deaths of children known to child protection, and conducts inquiries into matters that concern the out-of-home care system or into other matters relevant to the safety of a child as directed by the Minister.
- The Victorian Ombudsman¹⁰⁴ who reports to the Victorian Parliament. The Ombudsman has the power to investigate decisions, actions and conduct of Victorian government departments.

12.4.2 An independent Commissioner for Children

We believe that Victoria lags behind other jurisdictions and that the time has come for an independent Commissioner for Children to be established in the State of Victoria. We note that the Victorian Government is committed to the establishment of an independent Commissioner for Children and we wholeheartedly support this initiative. As part of our new governance framework an independent Commissioner for Children would:

- be independent of government;

¹⁰¹ The Registration Standards for CSOs can be found at http://www.cyfa.vic.gov.au/_data/assets/pdf_file/0003/46722/gazetted-standards-dhs-version.pdf, accessed April 2011

¹⁰² Information about the role of the Auditor General can be found at http://www.audit.vic.gov.au/about_us/role_of_the_auditor-general.aspx#WhatdoesAGdo, accessed April 2011

¹⁰³ Information about the role of the Child Safety Commissioner can be found at <http://www.ocsc.vic.gov.au/>, accessed April 2011

¹⁰⁴ Information about the role of the Ombudsman can be found at <http://www.ombudsman.vic.gov.au/www/html/7-home-page.asp>, accessed April 2011

- report to Parliament;
- set standards for service provision in Child FIRST, statutory child protection services and out of home care services;
- independently oversight and review the quality of Child FIRST, statutory child protection services and out of home care services;
- receive and investigate complaints relating to the care and protection of children and young people and investigate any deaths that occur where there is protective involvement;
- have own motion powers of investigation, so as to be able to investigate and report on broader matters; and
- comprise an office that would consist of the independent Commissioner for Children and an independent Deputy Commissioner for Aboriginal Children. As identified previously we believe the appointment of an independent Aboriginal Commissioner for Children is required because of the very significant and continuing over-representation of Aboriginal children and young people in Victoria's child protection and placement system.

We would see the independent Commissioner for Children subsuming the functions of the Office of the Child Safety Commissioner with its role established through amendments to the CWSA 2005.

Recommendation: That an independent Commissioner for Children be established that is:

- independent of government;
- report to Parliament;
- set standards for service provision in Child FIRST, statutory child protection services and out of home care services;
- independently oversight and review the quality of Child FIRST, statutory child protection services and out of home care services;
- receive and investigate complaints relating to the care and protection of children and young people and investigate any deaths in care that may occur;
- have own motion powers of investigation, so as to be able to investigate and report on broader matters; and
- comprise an office that would consist of the independent Commissioner for Children and an independent Deputy Commissioner for Aboriginal Children.

The governance framework described above is summarised in Figure 12.1 below.

Figure 12.1: A new governance framework

A new governance framework					
Service Continuum	Universal services	Secondary Services	Statutory Services	Placement Prevention Services	Out of Home Care services
Statewide	<ul style="list-style-type: none"> - Children's Services Coordination Board oversees delivery and outcomes for vulnerable children youth and families - Commissioner for Children independently oversees and reviews the quality of Child FIRST, statutory child protection services and out of home care services for children, young people and families - Deputy Commissioner for Aboriginal Children independently oversees and reviews the quality of Child FIRST, statutory child protection services and out of home care services for Aboriginal children, young people and families - DHS responsible for policy development, resource allocation, funding and service agreements for services for vulnerable children, young people and families 				
Regional / Sub-regional	<ul style="list-style-type: none"> - Children's Council – oversight integrated delivery of supports to vulnerable children, young people and families in their communities. Key services across the service continuum are members - DHS oversees sub-regional level funding agreements for integrated family services, Child FIRST, placement prevention and OOHC 				
Child FIRST Catchments	Govt agencies oversight funding agreements Local CSOs and Government Agencies oversee delivery	Govt agencies oversight funding agreements Child FIRST oversees integrated family support services	Child Protection intake services aligned with Child FIRST DHS sub-regional delivery of statutory services	Joint DHS/CSO Placement Coordination Committee established to oversee placement prevention and OOHC	
Local level	Direct service delivery Co-location of Child Protection Workers with key transition services	Direct service delivery by CSOs Improved support for integrated family violence services	Direct service delivery Improved secondary consultation support for integrated family violence services	Direct service delivery by CSOs Improved integration with family services, education, health, alcohol and drug services, mental health	Direct service delivery by CSOs Improved integration with family services, education, health, alcohol and drug services, mental health

13 A skilled and professional workforce

The child protection and out of home care system lacks a comprehensive workforce strategy. There has never been a comprehensive overview study of the role and responsibilities of the child protection workforce and / or the community sector workforce, no assessment or consideration of their intersecting roles and the consequences of this for requisite skills, further skills development, training, career structure, salary levels, and employment conditions. Given the increasing collaborative nature of the work undertaken by both sectors, we believe the time has come for a comprehensive workforce strategy.

13.1 A comprehensive workforce strategy

A comprehensive workforce strategy covering both the child protection workforce and the community sector workforce would need to consider a range of areas including:

- structural issues such as working conditions and remuneration;
- qualifications, pre-service training and continuing professional development;
- career pathways, both within each sector and between sectors;
- the role of volunteers, including foster carers and kinship carers, and the 'conditions' of their volunteerism;
- strategies to build a skilled and experienced workforce in both sectors, including at executive levels; and
- the role of supervision and communities of practice.

This submission has earlier outlined proposals to fundamentally redesign child protection roles and new community services sector roles both in terms of the work undertaken and their deployment in the broader service system. We believe that such changes would go some way to addressing issues of work satisfaction and staff retention.

In the community services sector the fundamental workforce issues to be addressed concern accredited staff training and remuneration. We note the current pay equity case (due to hand down its decision in February 2012) and consider that our funding capacity to comply with that decision will be critical in addressing workforce issues in our sector.

Recommendation: That a workforce strategy covering both the child protection workforce and the community sector workforce is developed which reflects the changing roles of child protection and roles in the community sector.

13.2 Strengthening the capacity of Aboriginal organisations in our community

Development of a skilled workforce is critical to strengthening the capacity of Aboriginal organisations to provide a comprehensive range of services for Aboriginal children and families..

Many Aboriginal staff have not had the opportunity to study and gain formal qualifications, however they bring unique life experiences and cultural and community knowledge and understanding to their jobs. Developing the professional capacity of our Aboriginal workforce must encompass staff working in client facing roles and organisational development areas, such as finance and human resources management.

We propose that the comprehensive workforce strategy include a specific focus on the Aboriginal workforce, and that this focus values the life experience, personal skills and cultural competence that Aboriginal staff bring to the workplace. The strategy must also identify initiatives to build the capacity of staff, including mentoring to develop leadership and management capacity.

Recommendations:

- That the comprehensive workforce strategy include a specific focus on the Aboriginal workforce.