

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

The System

Victoria's Child Protection system while it has a necessary role within the state is not fulfilling this role; rather it is becoming the abusers it is trying to stop. Finger pointing, Intimidation, Assumption, Suspicion, Clinical Paranoia are the main stays of this state there is far too little early intervention services, there are far too many gate keepers to hinder access to screening and far too great a gap between signs being seen of issues and eligibility to access services, between screening and a crisis being declared that enables treatment and services.

Mandatory Reporting

Victoria's Mandatory reporting laws are brilliant if only the NT had had them back when we needed them, BUT they are ineffective when the response to reports is assumption, poor investigation, lack of burden of proof, and families are left no forum in which to defend themselves effectively against allegations without incurring great cost. It is literally impossible to prove a negative which is why legal systems in the western world require a burden of proof to substantiate allegations. The Child Protection System needs to be held to a burden of proof or the mandatory reporting laws dropped....we cannot sustain both. While you attempt to sustain both child abuse will continue, the only difference is these children will be refused access to support services and medical treatment by their abusers in order to avoid detection and honest families who are doing the best to encourage and support their children will be reluctant to utilise services for fear of malicious reports or children being misunderstood and inaccurate reporting.

The Family is the Client

For the sake of the best interests of children, departments should NOT be handling its own complaints, they also need to stop hiding behind the claim that because parent's are not the client it is impossible to discriminate against a family. The Ombudsman does not seem to be able to do anything to place a check on misconduct, inaccuracies, and false reporting and the VEOHRC seems to be impotent. The Client is the family not just the "child" a child is part of a "family" and it is the "family" that is the client in assisting a "child", regardless of what they may want to limit in the way of liability and responsibility. If communication, cooperation, and interaction is influenced or hindered by a department's failure to acknowledge disabilities of a parent, then the treatment of a child's case by the department is unduly discriminated against. In order for a child to not be discriminated against limitations and disabilities of a parent, sibling or relative must be acknowledged and accommodated in order to facilitate appropriate standards of care on the part of the department for the children involved. Most disabled parents will find ways, one way or another in order to communicate, and manage the day to day needs of their child, just as they make adjustments and find ways to maintain their own independence in spite of living with a disability. If the department ignores a parents hearing loss or poor eyesight, and insists on all communication either by phone or written, in spite of the parent's disability, the child is receiving a poor standard of care as a client of that department, an adequate standard of care would be for the department to facilitate a reasonable quality of communication between ALL members of a child's support network. If you are serious about wanting to stop abuse you need to support and educate families not accuse

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

and intimidate, you need to support and extend a child's support network, reinforce it, enable communication. These steps alone can vastly reduce neglect and abuse, without traumatising children.

Quality Care

We need Quality Assurance Audits to be conducted on the Department of Human Services and sister agencies by a private third party firm at least monthly to begin with, with summaries published for the public, until services are brought up to a reasonable standard of care. This isn't just about not letting children die, Children need GOOD QUALITY care and services, if they are not good quality, don't bother. It is common knowledge that poor quality mental health care is worse than going without mental healthcare, and mental health care is not the only sector in which the lesson is relevant.

Financial Burden of Involvement

Particularly where Neglect can be caused by financial pressures particularly in this economic climate child protection procedure should not be pushing parents into court and compounding the already existing issue with additional costs for multiple lawyers and court appearances just for the sake of obtaining access to a rational ear. If the department does wish to pursue action the department should foot the costs of all legal proceedings including all lawyers required by the family or provide an equitable cheaper alternative to court where the child protection system is held to the same burdens of proof as if it was taken to a court. I don't drink and I am not a drug user, my pension pays a mortgage and a regularly rising power and gas bill, what is left buy's food and clothing etc. for my children there isn't a lot left over after that I now have to accept two additional caveats on our home which will ONLY cost an additional \$100 to have removed according to legal aid once I have paid off the entire legal bill. Whereas most pensioners only have to pay a contribution of approximately \$130, because we are paying off a mortgage (doing everything possible in spite of our limitations to improve independence and security for my children) we have to pay the lot eventually. The financial burdens placed on a family by child protection system involvement, is COUNTER PRODUCTIVE to children's welfare. The system should in fact cover all costs of complying with department requests in order to minimise negative financial impact on a family due to department involvement. You will find there will be less resentment of their involvement across the board and resistance. The department does not take into account aims and goals of families in considering their requests, they do not realise that their involvement and demands could hinder the planned purchase of a laptop computer for a student in the household, or to pay for an upcoming surgery with a Private hospital due to extensive public hospital wait times. It is not in their mandate to care what your priorities, goals and aims are, or your budget and planning. They are narrow minded they only want what they want from their pin hole perspective and as such the demands of the department should be financed by the department themselves. Such policy may also assist in keeping the departments demands more reasonable and considerate of possible costs.

2

Duty of Care

Police have a duty of care (or should have in spite of their track record), when a person is in their custody or control it is their responsibility to ensure that person's safety, needs and welfare. When

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

the DHS removed my partner from my home the DHS members were unconcerned that he became suicidal and went into shock at their accusations. Instead telling me to make him walk down the freeway (oh yeah great suicide prevention procedure's seen there), responsible people would have contacted the Psychiatric team at the local hospital and had him admitted to be placed under observation as at risk. Such situations are a no brainer, there needs to be onus of duty of care placed on all child protection staff to do no harm, and when someone is at risk to do the responsible thing. I was a custodial officer before I had children, life is precious you do NOT ignore the natural response of such a news bomb under any circumstances unless you want to be sacked and charged! Such emotional responses are common amongst people who are accused and in criminal settings regardless of evidence or lack of it, regardless of history of mental illness or lack of it, such responses are actually expected and standard procedures are written taking such expected emotional responses into account! Such attitudes displayed only reflect extremely poor training.

Maintain Existing Support and Reinforce

When DHS removes a child from their home or removes family members from a child's home they are literally damaging a child's support network and this actually makes them vulnerable to abuse and neglect and reduces their ability to get help, this is one of the many ways in which DHS enables abuse.

The department of human services needs to begin to Value family units as a whole for the sake of the welfare of children. They need to understand that intimidation and threats are not conducive to cooperative environments and will only achieve the same in response.

Not All Symptoms are Abuse

I personally fear for the sake of the children of Victoria currently in state care and have grave concerns for the possible number of children suffering from genetic mental illness who have wound up in state care due to the assumption by DHS staff that behaviour which indicates the early development of genetic mental illness is assumed by DHS staff members to be evidence of child abuse or child sexual assault in and of itself without seeing any need to investigate further as the existence of the symptoms they consider evidence enough. I also have grave concerns that DHS also assumes that normal childhood development is concrete EVIDENCE of child sexual assault, which is in fact not the case at all. Short of a Psychotic Crisis by young teens or a blanket assumption of overactive kids having ADHD and drug them up, the state of Victoria seems to be to a large extent in denial of most early onset mental health disorders, while internationally the world is acknowledging extremely high rates of misdiagnosis of early onset bipolar disorder with it frequently mistaken for ADHD, Victoria refuses to even acknowledge the disorder exists. I have grave concerns that at a time when families need the greatest support and understanding to learn about and understand their child and obtain psychiatric care (which is extremely elusive in Victoria for children) for their children, they are instead being Grilled, Accused, Isolated, Separated, and what emotional security and support network the child had taken from them at a time when they need it most.

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

Appropriate Conduct

I am concerned that Child Protection employees have little to no actual experience or knowledge of children. They are all extremely young; obviously not parent's themselves, with no life experience of children. The misconceptions and assumptions which arise from their lack of knowledge undermines their ability to recognise abuse and is one of the major reasons DHS fails in their aims to such a severe extent. The best social workers and Psychologists are those who lived their lives before pursuing the profession. Even if you had them work in child care for a year or two before employing them it would be an improvement, as many of their misconceptions are obvious to any child care worker. Also a great deal of their misconduct could be avoided if they were exposed to children long enough that adjusting their conduct to be appropriate around young children became habitual, you can tell people how to conduct themselves and do all the role play you like but when it comes to the day unless they have had to be careful of little peepers and the fact that children will always assume the worst of any scenario they do not witness in full, fear for their parents and jump to conclusions, they will not realise the importance of treading carefully around children in order to adjust their own behaviour when around children. While many of the families they interact with may not care about how people conduct themselves around their own children that is in fact not the majority of families in Victoria, and just because some don't care does not mean such behaviour is acceptable. Traumatizing children is still traumatizing children, putting on a suit of legal armour and invading a child's home and becoming aggressive and intimidating a child's parent's is abuse, and it traumatises children. Saving one child in 10 does not justify traumatizing 9 children.

Anonymity

I also find it rather ridiculous that "anonymous" policies surrounding reporting actually results in malicious reports when people decide they just don't like you or don't agree with the recommendations of a child's paediatrician of 2 years after seeing a child for less than half an hour and having only a fraction of their "history", and phone calls received within days of the receipt of a report by the person reported with the accuser stating "I suppose your life has been turned upside down lately," and the accuser openly admitting to making the malicious report should literally set off ALARM BELLS, not result in that person being subject to legal protections.

Inappropriate Response to Referrals

And situations where the person who actually made the original report being accused of the abuse.....it is extremely inappropriate for the department of human services to respond to intercept referrals for disability services, and trigger an investigation only to have the determination that the children are not at risk without allowing the referral to continue any further in relation to accessing disability services. It gives the impression that such referrals are made under false pretences and used to deny access to appropriate services. With SO MANY services accessible through the one office, referrals are far too easily misconstrued and services from the appropriate division of the office far too confusing to obtain, Leaving Families fearful of making any further attempts to access appropriate services.

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

Evidence Based Policy

Far too many of DHS policies and assumptions about abusers are in fact not supported by the statistics and research; it is only supported by Theories of the social sciences and the arts. Please always keep in mind that Psychology is in fact an Art not a Science, they do not maintain standards of empirical evidence, if they can get 10 people to agree with them that is all the "scientific evidence" they need to declare it "supported by scientific research". Victims are not abusers, and research has shown that while many abusers' claim to be victims few of their claims are ever substantiated, majority of such claims are made for the purpose of mitigating sentence. The vast majority of abusers never reoffend, This is not just because they don't get caught; this is in spite of the increased monitoring within the community of such people and restrictions placed on them, recent research shows that it is possible the extremely low rate of re-offense by nonviolent hand's off offenders is actually due to learning that the crime has a victim and identifying with the Victim and learning that what they did is in fact wrong, as until caught most such offenders perceive the offense as a victimless crime. Unbiased research is extremely limited as research programs are reliant on funding and unless the research supports the status quo and popular belief's researchers are unlikely to obtain funding, and it is far too easy in Psychology to write research in a manner to prove any point you want to, as it is all about research design.

Accuracy and detail in reporting and research

Statistically not all offender types have the same risk of reoffending however; classification of offenders is exceptionally general when compared to how many different types of offenders there are and they are all tarred with the same brush. A 15 yo having sex with his 15 yo girl friend is not the same as the 40 yo man prying on 5yo's in shopping centre dressing rooms, or the coach prying on his team, or teenagers sharing massive discs of Pornography with their mates which unknowingly contain fewer than a handful of child pornographic images amongst the thousands of legal pornographic images contained on the discs.

For example International Analysis of crime statistics shows that the advent of the internet and ease and increase in accessibility of both legal and illegal pornographic material has in fact seen rates of violent sex crimes reduced, they have reduced the LEAST in areas where mandatory internet filters and opt in ISP internet filtering is in use, which directly contradicts the federal government's current child protection pursuits. Statistically reporting all sex offenders under the same "sex offender" label in fact artificially inflates statistics and generates moral panic amongst populations fearful of the big bad bogey man trolling parks in his trench coat looking for kiddies to fiddle. We need accuracy in reporting of sex offences and sex offenders, differentiating between types, recognising that they are different and need to be handled differently. To assume that the 15yo who had sex with his 15 yo girlfriend and is now 30 years old and a parent will pray on his infant children is only victimising a family, yet that is what is happening in Victoria today, he wears a sex offender label so must be a bogey man in a trench coat. We need accuracy in statistical reporting and evidence based policy, we need to track whether or not children with DHS involvement are actually seeing better outcomes than those without it, it is not just about keeping children alive, if you want to tell people how to live you need to be achieving better outcomes than if they were left to their own devices, Child Protection whether you like it or not is a form of social engineering, and we need to know at the end

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

of the day what the actual outcomes of such social manipulation is. While such processes trample all over family traditions, culture, religious beliefs you need to be able to prove at the end of the day that the ends justified the means, because the children they intervene on behalf of will hold them accountable.

Justifying Intervention

The standard of expected outcomes of intervention by the child protection system must be kept to be HIGHER than that of the general population, children "saved" by the system are to achieve good mental health, good health, achievement in spite of disability, and they are to achieve the state's highest test scores as their youth was socially engineered according to what this state considers the "best". There are to be NO MORE lost children, social services atrocities or stolen generations. Either you attain greater standards than if the system never existed, or it does not justify funding. The "saved" population are to achieve better results than the general population, as abuse and/or neglect is not the only trauma and challenge children will ever experience in their lives to hinder them, the general population will contain the statistics of the children you missed, the children who encounter disability, ill health, congenital disease, allergies, genetic mental illness, Vehicular accidents, School bullies for which there is no cure, loss of a loved one, they will encounter the stress of expectation and deadlines, the trauma of failure and losing, they are at risk of being preyed upon by unrelated people in authority, to accept outcomes of a lower standard is to declare knowing best, when in fact they don't know best. So ultimately it is a reasonable benchmark. Who knows by the end of it someone might realise that a child's family members are more valuable to a child than is currently recognised and it may finally knock the nature v's nurture debate on the head once and for all, which is what the entire child protection concept is founded on. And at the very least we will find out to what extent you just can't counter genetics. It may actually be discovered that such invasive intervention is in fact counterproductive to children's welfare, and investigation of Crimes be left to police who have the training to investigate crimes and a reasonable level of burden of proof to attain in order to lay charges. Yet child protection in Victoria kicks in without a crime actually being committed, without right to defence, without restrictions placed on those persecuting families, and without them needing to substantiate their allegations, even when unsupported by the person they claim to be a "victim" and championing the imagined cause of with support of the victim.

Fact is if the stats don't budge the money needs to be spent where it will actually make a genuine difference. It is all well and good to write feel good knight in shining armour policies which placate voters on principle but if the execution does more harm than good, it isn't any good hence why the voters are ANGRY.

Stereotyping and Stigma

Violent repeat child sex offenders are in fact extremely rare, unfortunately I can lay claim to knowing more than one in the flesh and not being victim of any of them, and yet they seem to think that the fact that I do have a hide of leather, am protective, and aggravated, irritated and reject attitudes and behaviours which mimic predators as a sign that I won't protect my children, which is REALLY funny because I already have. The information in this letter includes recommendations based on my experience and means I used to avoid becoming a victim of theirs and tools I have

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

provided to strengthen my children against being an attractive victim. From what I have seen of Child Protection staff, if they ever came across an actual predator they would be chewed up and spat out or drowned in honey and absolutely blinded to their true nature. SOCIAL WORKERS, are not equipped to encounter predators, it is a simple reality. The problem with a Witch Hunt is the possibility that you may actually find a real one!

I find it disgusting that the DHS appears to have a preference for single mother families; I have been in contact with a number of mothers who are single because they were forced to become single by DHS based on allegations which were unsubstantiated and associated with diagnosed paediatric mental illness. I am gravely concerned at the attitudes I was first presented with by DHS it seems they had assumed that if they removed my partner that I would become geographically and socially isolated and they seemed to be quite disappointed when my family and friends presented as a united front displaying clearly that I am in fact not socially or geographically isolated. I believe they thought due to my physical disabilities that I would be a push over if only they could remove him from the house. Isolation is a tool of abusers; try not to let them become their own nemesis.

How Harmful are Unsubstantiated Allegations if given weight?

False allegations of sexual abuse can in fact lead to misdiagnosis and inappropriate treatment's being provided to children, which can seriously hinder their development and ability to get through school by preventing families gaining access to appropriate therapies and treatment's, obtain employment and to live independently later in life. SANE Australia state that a 10 year gap between first presentation of symptoms and accurate diagnosis of bipolar disorder is not uncommon (http://www.mja.com.au/public/issues/184_09_010506/ber10975_fm.html). If the child protection system is actually interested in the welfare of children they need to realise that their "red flags" they chase are not evidence in and of themselves but can in fact be red flags for more than a dozen other conditions medical and psychiatric which are equally urgent and important that it be detected and early intervention/treatment provided, I know the issues my children have are not from abuse, because it was detected and cause Identified and treatment commenced long before any abuse occurred. Unfortunately child protection is far too focused on pointing fingers and these other conditions leave no one but genetics to point a finger at without the presence of screening in this state to otherwise detect early signs of serious health, developmental, behavioural and mental health disorders, as such the child protection system cannot afford to jump to conclusions of abuse simply because it goes undiagnosed, and for many of these conditions the blemish of abuse accusations without substantiation is enough to prevent accurate diagnosis by medical and psychiatric professionals, the investigation needs to be thorough, stress accuracy and include medical and psychiatric investigation before any allegations are made, it is a serious matter and one which should never be rushed into due to the profound impact it can have on the children involved and their welfare.

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

Honesty, Accuracy and Accountability

Honesty

Honesty needs to be stressed within the child protection system, effective communication by the various sections of the system needs to be stressed, they need to learn how to effectively communicate with the families they deal with including communication in writing and not exclusively face to face or over the phone. FOI requests should not take 6 months; paperwork would be freely distributed amongst those it involves, particularly as reports are "anonymous", child protection staff needs to be instructed on how to use the mail service, how to use registered post, how to use a fax machine, and how to place the correct letter in the correct envelope. Because honestly they don't know how.

Hazards of Rewriting

Reports by Police and various sections NEED to be attached to all court applications, Copies of the ORIGINAL document, not two to three lines summarising what it states within the application written in the words of the submitting social worker. DO NOT leave room for mistakes, abuse, misuse, and misrepresentation. These people do not even know the meaning of the word COOPERATION; they keep mistaking its use for that of Demand and Direction. Do not assume that they have English skills of a standard that they can accurately summarise a report, National Literacy Standards have dropped too far to make that assumption. Always use the original documents, if it requires a summary for submission have the police attach a summary of the report to all detailed reports for use in court applications.

Accuracy

Accuracy in reporting needs to be stressed by the DHS, Typos, inaccurate notes and report writing lead to misconceptions, false reports, and trauma to children. It is extremely important that the records and notes kept are accurate and not misleading for the sake of the children involved.

Appropriate Diverse Resources: one size does not fit all

I am also concerned that the only "therapies" available to the DHS is sexual abuse counselling, sexual abuse counselling is extremely traumatic for victims and its effectiveness is heavily debated. To provide sexual abuse counselling to children who have not been abused is even more traumatic and can produce false memory syndrome, the only benefit of sexual abuse counselling is to obtain a name to point a finger at for the purpose of legal action, and its track record in relation to providing accurate reports is extremely poor, its benefit to victims is severely limited. The education department in various regions are looking towards cognitive behavioural therapy to assist in classrooms with bullying and behavioural issues. There is also research currently being conducted in relation to early onset mental illness and early intervention with Cognitive Behavioural Therapy, showing the possibility that early intervention with such resilience therapies can interrupt the development of mental illness in children. And the long term benefits to patients of Cognitive behavioural therapy is profound, reducing the number of psychotic episodes, reducing the number of admissions, and improving overall mental health.

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

Solution: Genuine Prevention

I have the benefit, unlike most Victorians, of having experienced brilliant child early intervention programs which were non-invasive, supportive, encouraging, educating and beneficial to my children and our family on a whole, I know how good it can be, I know how painless and beneficial and I am in fact infuriated at the contrast in services I have found between Victoria and The NT, a place which most Victorians consider a backwater is in fact far superior when it comes to Paediatric health care. The challenge the NT faces is the logistics of having a significantly smaller population dispersed over a much greater area and not having the revenue to employ enough people to bring that level of service to all remote communities. Victoria does NOT have that challenge. Victoria needs to learn to realise a great deal of its population is NOT in its capital city rather than continuing to treat "Victoria" as "Melbourne" and ignoring the rest, Melbourne itself has many options available to residents in the way of paediatric care not the least of which is the royal children's hospital on their door step, although routine screening is desperately needed. Paediatric early intervention teams are desperately needed in every regional town and city of Victoria along with other support services.

"In Victoria and in South Australia, for example, they are investing in child health nurses; in Victoria, by the time a baby is four months old they will have seen a child health nurse four or five times, in Western Australia it's likely to be 18 months if you're lucky," she said. Read more:

<http://www.abc.net.au/news/stories/2011/04/04/3181569.htm>

The above is not a figure to be held up as a shining example of quality care, by the time an infant is 4 months old it should have had 13 Visits with the health nurse not 4 or 5.

Improve Access to Support, Screening and Early Intervention Services

If you want to reduce child abuse, you need to improve access to psychiatric services for children, youth and adults throughout the community, you need to improve access to QUALITY early intervention services in order that families do not reach "crisis" point before being able to access any qualified care at all. You need to make screening universal and routine, for Hearing, Dental, Optical, Development, Behavioural, Mental Health, Language and Speech, throughout Paediatric health Clinics and Schools. GP's should not be responsible for early psychiatric care the drugs they can prescribe can cause quite dangerous side effects when prescribed irresponsibly and unmonitored, particularly when a patient's condition is misdiagnosed which will place children and families at risk for no fault of their own.

If you are serious about reducing child abuse, drug and alcohol rehabilitation centres and programs need to be more readily available, and access easy to obtain.

Parenting courses provided by Child first should not involve a Child Protection referral to sign up, instigating a child protection investigation, and not being provided with access to the original course requested simply because your children are not at risk. Such parenting courses should be open to EVERYONE in order to reduce the stigma surrounding participation in such courses as ALL children can benefit from such parental involvement no matter how refined or unrefined a parent's skills are, and doing so will increase accessibility and utilisation while reducing costs of those courses per head.

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

If you want to prevent child abuse, parents need to be praised for asking for help not punished as they currently are, parents need to be supported and educated, not ordered, threatened and intimidated as they currently are.

resources need to be put into Dental care (at least throughout Gippsland and Ballarat area's I know they are bad there and likely no better in other regional area's), Speech Therapy, Occupational therapy, and other paediatric therapies, in the Northern Territory prime example is the Palmerston community care centre, that was where all infant monitoring, immunisations and assessments were done weekly from birth then extending to fortnight monthly and three monthly until they started school at 0 cost to parents no extended delay for referrals they would just walk next door and mark a spot in for the following week for their Wednesday's reserved for assessment appointments. Children only saw a Doctor (of which a GP was always available within the building or there was the option of the family doctor) if they were physically ill and yet were subject to screening in a casual non-invasive supportive environment FREQUENTLY with home visits openly offered if the mother was ever unwell or physically unable to attend herself with mobile scales and vehicle available to the infant health nurse to conduct morning and afternoon visits without complications. It was also the location of the early intervention team a team of paediatric specialists who covered a range of specialisations they conducted both group sessions with small groups and one on one session. but it provided the resources and insight of all those specialisations with one referral and it could be as intensive or casual as necessary for the child's needs and children with Development delays which were merely suspected were included in these services as why deny such therapies only assist early development whether delayed or not. One concern I have is where is it here? there is nothing, everything is private or with waiting lists so long that children have already entered school before they reach the end of the que. For a state with apparently the best health system in the country WHERE is your paediatric care? Such services SHOULD NOT be means tested, to qualify for access a client should merely be born, and it be the STANDARD of care and screening for all children regardless of health or family medical history without need of medical referrals, the first appointment and clinic details should be provided before a mother is even discharged from the hospital whether private or public. Such facilities prevent the stigma of perceived income/social status/ or racial benefits developing surrounding such services to ever present as a hindrance to child attendance, build them and they will come. The NT has these clinics BECAUSE of the high number of aboriginal infants to screen for health risks but they are open to EVERYONE and EVERYONE uses them, that is where you obtain ALL first stage paediatric care. I haven't been able to find any of the other specialists they used to have, I have been told it can be referred through the school but other than speech therapy SO MUCH is missing, where is it? I feel blamed and accused by DHS because they don't have it, and they don't have it because it is inaccessible and DHS are not interested in making it accessible. Children here have to be SEVERE as in deaf, mute and immobile to warrant a referral, what is going on here you don't have cracks you have chasm's for kids to fall through, I feel terrible at the inability to get the girls into services they need because they are reserved only for children in crisis. WHY are you refusing care except to children who are at risk of suicide or profoundly disabled? I can understand the fear of the cost, BUT if you provide the care early on before the problem hits crisis the overall cost of treatment is SIGNIFICANTLY REDUCED,

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

there is less developmental ground to make up, educational delays are reduced or completely avoided, development delays become little more than a footnote on medical records compared to what blips the Victorian health system picks up. Excuse my French but WTF are they doing? If you had the services accessible to children in early stages it wouldn't have to get that far!!!! and the same goes for adult mental health care, unless people are absolutely and completely isolated without a carer or family member the hospital don't want to know about them no matter how serious it is, I had to badger Ministers just to get the door open a crack. If you only step in at its worst you will only ever see it at its worst. You need to step in when a guiding hand can make all the difference you need to be there available accessible with appropriate supportive non-invasive services to actually prevent.

The team format provides insight and a comprehensive therapy program which can be managed by only one of the team members incorporating all of the specialities between assessments and reviews of their program maximising resources, whereas here each individual specialist takes an individual referral with months or years of waiting, they don't communicate effectively and never are in the same room and never able to provide direct two way input into something which may be noticed. It makes SUCH a difference when these specialties work as a team. In Victoria I have found professional ego's and opinion's clashing, isolated in their offices, sitting king of the hill while none of them actually get down and speak to and properly relate to these kids, they interview, they interrogate, they assess, remaining aloft.

The fact that it is easier to obtain sexual abuse counselling for a TODDLER in this state than Speech Pathology should send shudders down your spine! Almost purely for the fact that sexual abuse counselling is ENTIRELY INAPPROPRIATE for children of that age!

The Child Protection System needs to stop dictating that people fit inside their box of what they consider a normal family should be and consider instead how they can educate parents and families in relation to hygiene care and diet stick within their mandate, in order to improve standards in the home and which support services are necessary and in fact this isn't even the role of the DHS it is the role of non-existent PAEDIATRIC HEALTH SERVICE. People don't fit into cookie cutter shapes.

These clinics also run Infant Mother's morning tea's as introductions which mothers are directed too from the hospital prior to discharge, and by the time the children are 9 months they progress to the early stage's Playgroup session, and at 2-3 they progress to the Terror tots playgroup session.

CONTACT is maintained right through until a child begins school with specialist health care only a door and a note away without any need of a formal referral and ALL the records are kept in a central database accessed by the entire service. All that is necessary to access the clinic is to walk in the door, give them your name address number and child's details and sit down, even if you only relocated to the area yesterday. The fact that children age out every year and each clinic services its own local area keeps the numbers flowing through each stage with appointments for entry level weekly visits being reopened every month by babies ageing to the next frequency of visits.

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

The referring to the triage nurse by the Latrobe hospital in relation to mental health triage as the "gate keeper" is quite apt because that is exactly what they do, they decide if you shall gain entry or not and more often the answer is not, this needs to change, and Gippsland needs more mental health beds, more outpatient clinics open not only a few days of the week, it needs drop in centres and or day wards for mental health care open daily where patients can go to share information and support, experiences, and perhaps even make friends in the community who understand what it is like. The state needs to stop threatening and rattling its stick to obtain compliance from families. You will never stop the true predators, they are the people who will refuse a child medical care to avoid detection, they are the people who will keep a child locked in a basement to avoid detection, they are the people who will kill to avoid detection, and they are the people who will bury a body to avoid detection. These are the children which hit the headlines, please stop letting hysteria write our states policies. Stop the punishment and terrorising of our states families, support and educate families and ensure there are at the very least adequate even if not world leading mental health services for children, youth and adults in this state throughout all regions of a capacity able to cater to the population, and ensure there are drug and alcohol rehabilitation facilities and rather than letting it reach a crisis, provide the services before rather than after, and put an end to penalising families for asking for help.

Conclusion: A growing culture of Fear

Since arriving in Victoria I have heard nothing but horror stories of children taken from disabled parents for no other reason than the parent is disabled and considered "dysfunctional" for that very fact, mothers who are forced to be single parents because they have children with a genetic mental illness or developmental delays and the assumption is that the cause is their partner whoever that may be at the time and so they no longer date.

Having a Home which does not strictly fit the criteria of a perfect home according to DHS does not constitute abuse and neglect. Even the world's top Psychologists DO NOT KNOW what a perfect home is, too clean isn't perfect it causes anxiety and stress in children and hinders the development of their immune system and can lead to exposure to higher levels of cleaning chemicals and pesticides which are linked to ADHD, development delays and cancer, severely unhygienic conditions cause ill health.

So far research has shown; Children need to be allowed to get dirty, children need to be allowed free play hours in the week where their activities are unstructured, children need ample time for sleep, hygiene and homework, children need to eat a balanced diet of whole foods, meat, dairy, fruit and veg, just those few things alone leave little time remaining in the week for structured activities outside of school times. personally if a child comes out of their youth with a broken bone or two maybe some stitches and quite a few bruises and scrapped knee's they have presented at least a minimal attendance at the school of hard knocks, at which they learned to ride a bike, skate board or scooter, tumbled on the trampoline, ran through parks and garden's, climbed play gyms, and enjoyed their childhood. Children with a genetic predisposition to mental illness will develop a mental illness in spite of having good parents (even without mental illness, it can skip generations), a clean home, good diet, routine, and activity line up. because all it takes is stress to trigger the onset

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

of such mental illness, no more stress than is experienced studying for exams, managing deadlines at school, experiencing your first relationship break up, or simply relocating to the next town and having to start at a new school, if we are not careful we may very well find in 50 years' time mental health patients click and sue the government for their mental health disorders thanks to mandatory schooling.

Currently the standards presented to me by the child protection system seem to insist on some sort of immaculate home where not a book is out of place (BTW books are for reading not decorating walls in bookcases) children don't dump their school bags by the door the moment they walk in from school, children don't kick their shoes off into the nearest corner as they bolt through the house to the backyard to jump on the trampoline or dig in their veggie patch for potatoes or pick an afternoon snack of fresh peas, children don't present with body odour at the end of the school day, and you shouldn't be stunned by the scent which arises from their month old shoes when kicked off. In the world of Child Protection parent's don't get sick with the latest virus going through the school ground and NEVER spend the day while their children are at school sweating out a fever in bed between throwing up and should you ever tell them that you have been sick with a virus they will look at your fevered expression as if you must be lying and be high on some drug they are yet to discover.

Well the perfect home according to DHS simply doesn't have children living in it from what I can tell.

Research has also shown that children from families where members have disabilities and chronic conditions become more compassionate adults and in a world where compassion is lacking one must ask why? Is it because homes with members with disabilities and chronic conditions are considered inferior or of poor standards and the children removed?

I have tried really hard to find evidence of children being helped and assisted and instead only found tales of abuse in foster care, children taken from homes without any substantiation of abuse or neglect but rather because they BELIEVED something was happening without any substantive evidence. Children removed from homes only to be placed in the care of people who had previously been the cause of the child being hospitalised with severe extensive injuries which caused the child's cognitive impairments'. These are not stories from Random people online, this is what I have witnessed in the homes of friends and distant relatives since arriving in Victoria, if it wasn't for the fact that buying a home in Darwin will cost four times as much as it does here I would pack up and leave rather than risk my children being caught up in the madness of what has all the appearance of a Modern Day Witch Hunt. But my children need the stability Bricks and Mortar brings, so be it if I have to fight with every ounce of my being to keep the lynching's from our door. I am left reeling in disbelief fearing that perhaps I am seeing the future stolen generation where equality has only lead to the spreading of the wrong done to our children.

13

Foster care needs to stop, for children with families they need to be with their families, unless abuse is actually proven in a criminal court, families need to be supported and educated as the priority not the last resort, Families need ready access to outpatient and inpatient mental health care and health care for all ages, they need access and support to participate in drug and alcohol programs where it

Protecting Victoria's Vulnerable Children Enquiry Submission 2011

is relevant, they need access to support services, they need to be able to access therapies and services.

Victoria has the revenue per capita to provide appropriate services without locking them all away with gate keepers and reserving them only for crisis care. This state needs to start spending where it really matters.

Even the children considered to be the systems success stories cannot see how such intervention is justified "Lee, an 18-year-old who did not want his real name used, was in and out of foster care since he was three and regrets not being able to spend more time with his siblings.

Although he is regarded as a success story, working steadily as a plasterer and now in touch with his family, he said he regretted his childhood.

"I don't really know what it would have been like to stay at home because I never had the choice," he said.

"As I grew up, Mum had lots of boyfriends who were drinking every night, beating her or me or the other kids.

"Growing up the way I did means it's hard for me to trust people or get close to them and I think I would have turned out exactly the same if I'd stayed in the family environment."

Read more: <http://www.news.com.auhttp://www.heraldsun.com.au/news/more-news/help-before-crisis/story-fn7x8me2-1226032547343#ixzz1IRMBLfy>

I do not regret my childhood; I am proud of my achievements, strong in my relationships, and confident in my abilities in spite of, or perhaps even due to the challenges my childhood presented me with.