Submission to the Protecting Victoria's Vulnerable Children Inquiry
April 29, 2011.

Child & Family Services Ballarat Inc (CAFS) is pleased to submit to the Inquiry. CAFS provides a full range of out of home care and family services, including Child FIRST, in the Greater Grampians catchment of Grampians Region. In addition, CAFS provides Commonwealth-funded and family violence services, services for people at risk of homelessness and a range of community services.

CAFS has chosen to focus its response on the Inquiry Terms of Reference 1, 2, 3 and 5 and some specific questions relating to these, however the submission will also apply to other of the Terms of Reference and will comment briefly on some of these.

We recognise that some specific issues and relationships may be unique to this particular region, however believe that most of our experience is common across the State.

Preamble:

CAFS believes the broad reform agenda in services for children youth and families in Victoria, begun in 2002, and that included changes to the legislation and the Every Child, Every Chance implementation program, laid the foundations for soundly based systems change.

The key concepts at the heart of these reforms were:

1. placing the best interests of the child at the centre of decision making;
2. separating child safety from child wellbeing concerns and the creation of Child FIRST as an entry point for the latter;
3. legislated protection for information-sharing in the best interests of children;
4. recognition of the need for stability to aid child development;
5. the clear expectation of collaboration across the service system;
6. and naming cumulative harm as a serious form of child abuse

The acknowledged failure of the reforms to produce better outcomes for children and young people is best explained by inadequate resourcing of the programs accompanied by an increase in demand that is mirrored around the nation and in other parts of the world. A metaphor might be that we hired a good architect, produced a good design then had to compromise the building due to lack of resources!

Accordingly, CAFS does not believe the problem is with the design of the system but rather with its implementation.

Term of Reference 1:

Question 1.1.1:

The Victorian government has attempted to enshrine child protection as 'everybody's business'. However several significant studies challenge the effectiveness of this policy outside of the welfare service system.

The 2006 Australian Childhood Foundation survey of community attitudes towards child abuse found that child abuse was perceived as less concerning than the rising cost of petrol and problems with public transport and roads, and 31% of respondents stated that they would not believe children's stories about abuse.

The more recent National Association for Protecting Children from Abuse and Neglect (NAPCAN, 2009) survey of community attitudes to abuse and neglect highlighted a number of areas for action at the community level if government policy is going to be translated into reality. Even though most respondents to the survey had a professional background (60%), many did not think that certain sections of our community had any responsibility at all for protecting children (businesses, media, and neighbours). Furthermore most indicated they would not directly intervene to help a child in clear situations of abuse or neglect.

Education campaigns targeting the population at large ('neighbours') as well as specific groups (media, businesses) would appear apt. In relation to campaigns at the population level, Tomison and Poole (2000 National Child Protection Clearinghouse, AIFS) make comment that is still relevant and that provides a balance to the more negative 'children see/ children do' television ads highlighting violence:

… What appears to work best are programs that provide alternatives to inappropriate behaviour, and those campaigns that promote positive, healthy interactions and the valuing of children. Thus, one option for future work would be to further extend the health promotion approach, as applied to community education, such that messages of 'positive relating' and/or child empowering stories become 'mainstream' messages in the media.

Question 1.1.3:

The Access Economics (2008) study of the annual cost of child abuse and neglect found that in 2007 the cost was $10.7 billion, but could be as high as $30.1 billion. Furthermore, the cost that will be incurred by the Australian community over the lifetime of children who were first abused or neglected in 2007 is $13.7 billion, but could be as high as $38.7 billion. This costing for ONE year of abuse is staggering, and we understand the imperative to find the most cost-effective ways of reducing the incidence of child abuse. The following comments relate only to early childhood services and Family Services.

Given the brain research that is now widely known, many have commented on the need to invest in **early childhood services**, and Professor James Heckman, Nobel Laureate in economics in 2000, has shown that investment in the early years gives a much higher return for governments than expenditure on trying to fix problems after they have developed.

In the southern Grampians region, the experience of CAFS in working with the Department of Education and Early Childhood Development has been positive, but hampered by the capacity of DEECD to invest in all but small and non-recurrent programs. This is frustrating. Much of the work that we do in the early years area is unfunded or under-funded, and we struggle to keep services going due to the high demand for them in the community. These services include Day Stay for parents struggling with babies and infants, and a range of specific interventions

for vulnerable families and especially those with disabilities/ learning problems. The issue here is clearly that resourcing is not yet matched to the higher policy profile given to early years service provision.

Our comments in relation to **Family Services** are about the need for investment in research. Research into effectiveness of practice models in Australia or elsewhere is scarce. There is an ongoing global debate about how and what to measure in Family Services. Even where the focus of measurement (eg parent education work) can be agreed, the difficulty of measurement is highlighted by this comment from June Stratham's (UK, 2000) research overview of studies into the effectiveness of family support services, where she has this to say about 'parent education':

> *Most research into the effectiveness of parent education has been carried out in the USA, although even there few studies meet the 'gold standard' of the randomised controlled trial. Barlow (1997) identified 255 studies of group based parenting programmes which aimed to improve the behaviour of children aged three to ten, but only 18 of these met her criteria for providing evidence of effectiveness. In the UK, Smith (1997) found 15 evaluations of parenting programmes, including those aimed at all parents as well as parents experiencing difficulties with their children. However most did not have a control group or compare before and after measures.*

In addition to methodological difficulties, rigorous and convincing studies cannot easily be afforded by agencies relying mostly on government funding. Strictly speaking, effectiveness studies involve not just outcomes measurement but being able to make claims about the ***causes*** of various outcomes, and so require a careful research design that will enable any change to be attributed to a particular intervention. At CAFS it has only been possible to approximate this kind of design, including detailed videotaped and coded evidence (for a support service called 'Growing Together' targeting parents with learning difficulties), with finance from a philanthropic fund with a particular interest in rigorous evaluation.

In short, to answer this question, far more partnership and real investment by government/s, universities and agencies is required to decide what works, properly fund what works, and continuously evaluate whether the expected outcomes are being met by funded agencies.

Question 1.1.5:

Dr. Dorothy Scott's discussion of a public health response to child protection could serve effectively to define the model. In a conference presentation on this subject, Dr. Scott commented that by understanding the underlying determinants of child abuse, we might develop targeted strategies to reduce risk factors and enhance protective factors. A public health model could therefore be defined as one which targets the underlying determinants of child abuse/ neglect.

There is research which suggests what some of these determinants are. Pursuing this approach would therefore seem beneficial. However this pursuit would require good epidemiological analysis and planning by government and, as pointed out already, sound investment in research also about how to target effective interventions for highly vulnerable populations.

Term of Reference 2:

Question 2.3:

There could be a number of priorities across all time frames, but CAFS believes the following are the most important. Further details about each of these are provided throughout the Submission:

Immediate Priority:

Intake services are overwhelmed by an increase in demand resulting in a transfer of risk from Child Protection to Child FIRST and a progressive removal of services for families whose needs are rated at the lower end of the risk continuum. This is a matter of acute under-resourcing. Resources need to be immediately boosted at all levels, namely:

- Child Protection Intake and Response
- Child FIRST Intake and Holding
- Family Services as the outlet point for Child FIRST

Medium Term Priority:

Determine the most appropriate alternative to adversarial processes in aspects of the Children's Court, especially:

- to ensure access between children in care and parents is determined with the best interests of the child foremost;
- and to resolve apparent differences in opinion or interpretation between child protection and legal practitioners re the effects of cumulative harm as a child safety concern and the need for stability to enable healthy child development through permanency planning.

We should consider alternative processes based on evidence about what works from overseas and include the Victorian Law Reform Commission's report and recommendations.

Longer Term Priorities:

Determine the most appropriate service responses to two major drivers of increased demand, namely children coming to the notice of Child Protection at younger ages and those remaining in care for longer periods.

We must commit to resourcing a comprehensive system for providing targeted secondary support services for families with pre-school age children and increase throughput to permanent care with adequate follow up support for permanent care families.

It is essential that a public health campaign is implemented to counter destructive messages about childhood, parenting and child protection that are conveyed through the media (see Question 8.1.4 below).

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Term of Reference 3:

Question 3.1:

We question whether Victoria has been developing a particularly integrated service delivery approach to the support of vulnerable children and families. While the introduction of community based child protection practitioners has aided communication between Child Protection and Child FIRST/ Family Services and provided a vehicle for joint work, this innovation has not succeeded in markedly changing the culture or attitudes of the wider Child Protection workforce towards the community sector, and has perhaps deepened divisions while confusing the wider community.

For example:

- Given the now highly specialised forensic focus of Child Protection, there is a lack of shared priorities, language and case practice with Family Services casework staff. Child Protection work has become increasingly crisis driven and responsive to the most critical cases, with a sharpened orientation to high risk that leaves little room for more holistic considerations of the best interests of children or for the legislated requirement to consider cumulative harm.
- The tensions between the sector staff arising from the above are exacerbated greatly by under-resourcing of the child protection system and high staff turnover there. So that the system itself is often in crisis and unable to respond in an effective and timely manner to the level of risk being managed by Family Services staff. There is a lot of frustration with this.
- Family Services practitioners often feel under-valued by Child Protection staff, and their skilled work, as well as their perspectives, requests and recommendations, are often ignored. For example they are typically not invited to case plan meetings. Furthermore there appears to be a view within Child Protection that if Family Services staff were 'doing their job properly', the demands on Child Protection would not be so high when highly vulnerable and risky families bounce from Family Services to Child Protection and back again.
- Community based child protection workers generally engage very effectively and supportively with Family Services staff when they have the capacity to, but their voice within Child Protection itself has not appeared strong and they have had limited impact to date on changing its culture.
- We find that other community agencies as well as clients increasingly fail to differentiate between Family Services and Child Protection. This is largely because so many of the cases now handled by Family Services are also involved with Child Protection or should be. The confusion also results from the fact that Child FIRST in effect no longer accepts cases that are any less than alarming due to resourcing issues, and there is huge community frustration that family support is no longer available to prevent families reaching breaking point. That clients also perceive community services as Child Protection in disguise is understandable, and worsens our difficulties effectively engaging needy but suspicious or hostile families in a voluntary system.

- While Family Services staff members are asked to do the work that Child Protection would once have done, they are not paid at the same level. This seems to staff at times like Child Protection 'on the cheap'. Sometimes Child Protection staff attempt to direct Family Services practitioners, for example asking them to transport or supervise access for families, to do a 'safety check' on a family that has been reported (particularly in rural areas), or to hand over all their case notes. This directive approach may be a symptom of the absence of equality between staff in Family Services and Child Protection, and the not quite professional status of Family Services practitioners in spite of their considerable range of interventions and multiple skills.

Integration with Out of Home Care services is also problematic. There are limited resources for collaborative work such as placement prevention and family reunification. The Kinship family support service is a positive innovation in terms of building an integrated approach, though it does not as yet engage with Family Services as a norm.

To address these issues, a range of initiatives are required including:

- Address pay inequity and enhance professional standing of Family Services practitioners.

- Further resource community based child protection teams so that genuine cultural change within regional Child Protection offices can be tackled.

- Provide resources for a range of early intervention and prevention services and a broad 'family support' response capability within Child FIRST/Family Services, to address determinants of abuse/neglect and reduce the escalation of families towards vulnerability. This would take the pressure off Child Protection and Family Services at the front line and create scope for genuine collaborative work (including other service systems) to address issues facing the most vulnerable families.

- Provide resources for intensive and specialised therapeutic work to assist the whole workforce to address families affected by trauma, clinically significant attachment problems, mental health issues, learning problems or intellectual disability, and substance abuse. Vulnerable families may be the shared focus of Child Protection and Family Services, but without the resources to deal effectively with vulnerability, practitioners from Child Protection and Family services will continue to blame each other and experience frustration with the low level of progress made with many of these families.

- Provide more resources for collaborative work particularly to meet the need for more intensive placement prevention and reunification work.

Question 3.2:

The strength of the current Family Services workforce includes:

- Flexibility to undertake a variety of roles and tasks

- Engagement and relationship building skills
- Understanding of vulnerability and the impact of trauma
- Comprehensive assessment skills and common best interests assessment framework
- Case planning and case management skills
- Common theoretical perspectives including systems theory, strengths based practice, family violence risk assessment and intervention, group work theory and practice, 'best interests' framework, parenting support models and child development theory.
- Single referral point to assess priority--Child FIRST (also a vulnerability for rural agencies/ families who may prefer to deal with someone local)
- Shared focus on planning and collaboration by all Family Services funded agencies via regional Alliances

The weakness of working conditions has been commented on above in terms of salary and professional recognition. Career paths are limited within the sector as a continuum of more to less complex and sophisticated options for professional practice is not generally available. Staff members who gain specific training and status as therapists generally leave the service for better paid work. Staff members who wish to pursue further education are limited by the high cost and remoteness of quality courses, and few pursue Social Work or Masters degrees. While short training courses paid for by the agency are widely attended and helpful, they do not substantially add to professional recognition. Diploma courses in Welfare, or the BA in Rural Social Welfare, are more affordable but provide limited preparation for the demands of practice in the field. Substantial agency resources are involved in mentoring and supporting inexperienced staff, especially in outer regional offices, due to the difficulty of attracting staff to these locations given the challenges of the work.

Helpful ways to address these weaknesses might include:

- Availability of advanced practice courses in the regions, e.g. Family Therapy
- Subsidies or scholarships for practitioners to promote further education
- Resources for regional orientation and mentoring programs for Family Services and Child Protection staff
- Resources for a wider variety of complex as well as preventive services to provide experienced staff with more advanced practice options and pathways

Question 3.3:

Child FIRST is becoming a well known and more easily accessed gateway for Family Services and other referrals and this is one of its key strengths in the community. It provides a screening function and hence a buffer between Family Services and Child Protection, and ensures that assessment is thorough and priority is given to the neediest families. It is strengthened greatly by the legislative provision for information sharing and identity protection where required, so that the issues affecting the best interests of vulnerable children can be more fully understood and responded to.

Child FIRST is weakened by several key factors:

- Low resourcing and staff levels considering demand. In Greater Grampians for example, 3EFT are employed (including Coordinator); they currently have 46 cases in assessment stage and 23 in 'holding' (i.e. case managed while awaiting allocation to Family Services). These few staff are responsible for the initial assessment and planning for around 160 children. As assessments are not always able to be processed quickly, this means long waits to complete assessments at times while children's wellbeing and safety may deteriorate.
- Low throughput capacity into Family Services, where a trend is for a small number of complex families to take up a lot of casework time and need long term intervention to prevent the 'revolving front door' syndrome. Many families can wait months for an allocated Family Services worker, creating a backlog in Child FIRST.

Question 3.3.1:

These weaknesses are largely attributable to inadequate resourcing. As Child Protection is the biggest referrer amongst agencies in the Greater Grampians region, it is essential that the team works effectively with the community based child protection staff to help manage or divert demand and to support decisions made at Child FIRST allocation meetings. For this reason the community based team is included in all case discussions at allocation meetings (with client knowledge and consent).

Question 3.3.2:

Child FIRST is a tool of Family Services Alliances in each catchment, and works closely with community based teams in the space between Child Protection and Family Services. This structure works very well, resource issues aside, because it helps to link agencies with a common focus together. A difficulty is that other critical service systems (e.g. mental health; drug and alcohol services) do not necessarily share the same imperatives or perspectives, which makes collaborative work to address the most intractable issues much harder to achieve. This problem can only be resolved by government attention to reducing policy silos and leadership from the top to ensure everyone recognises that child welfare is actually everyone's business. Resources must also be attached to rhetoric, so that skills and capacity are also built to help other parts of the service system respond in a child focused way.

Question 3.3.3:

Services are currently struggling to meet the requirements of registration standards in this area of cultural competence. It can only be acknowledged that as a comprehensive framework is not yet in place, the services provided to culturally diverse populations are not yet of a high standard. Aboriginal families in particular do not utilise Child FIRST/ Family Services in high numbers. Fully remedying this situation does require a comprehensive and resourced training strategy, which is not yet available. It also requires better resourcing for aboriginal and culturally diverse organisations to more fully collaborate.

Question 3.3.4:

There is no doubt that most aboriginal families prefer to work with people that they know and trust, and who understand their particular history of dispossession and trauma and its impacts. It is important for mainstream agencies to obtain Aboriginal staff, though doing so is difficult without access to funding for scholarships and capacity for traineeships and comprehensive mentoring arrangements, especially in rural areas given poor educational outcomes for aboriginal people. At the same time, the Aboriginal Coops are the preferred sites for service delivery for Aboriginal people in regional Victoria. As we know from discussion with them, the funding they receive for Family Services is extremely minor while their case load is extremely high. Hence while they provide a culturally appropriate and preferred service, they do not and cannot provide a comprehensive or even barely adequate one for most families.

The quality, structure, role & functioning of c) out of home care including permanency planning & transitions

Question 3.5

Strengths:

- Many fantastic carers who build strong, long-lasting and nurturing relationships with children and young people
- Not all residential units are problematic. There are really well-functioning, stable and secure units where children are safe and nurtured, and not exposed to the extremes of behaviour. This is still a very relevant model of care.
- Dedicated and committed staff who genuinely care about the children and young people on their caseloads, who are strong advocates for them, and who continually seek professional development in order to increase the effectiveness of their work. Staff tend to be long-standing in this area.
- Cases contracted to CSOs allowing flexibility and advocacy for children, and carers

Weaknesses:

- Never enough carers to meet demands for placements and difficult to see how this scenario can change
- Not enough funding to creatively support carers, to comprehensively recruit carers and to increase staff to provide placements with more support
- Increasingly inconsistent packages to carers, that is, it's positive that there are now Tailored Care Packages and other enhanced payments, but it is becoming an inequitable system that will inevitably feed into the dissatisfaction of some carers
- Ever increasing scrutiny by DHS leads to an uncertain and fearful environment. Boundaries between agencies and DHS are often blurred. Many processes such as Terms of Reference of Accreditation panel, use of restraint or self-defence for residential care staff, police check recording procedures etc, have no "rules" or the "rules" are unclear and ill-defined, yet DHS increasingly criticises rather than supports CSOs when these

issues emerge and expects that things should have happened in a certain way.

- Permanent Care:
  Lack of post-care support when required. This is often required several years post- Permanent Care Order and there is a lack of clarity around who should and could provide support and resources.
  Significant "shift in the goalposts" around Custody/Guardianship orders, and access, without supporting policy and research.
  Increased access for children in permanent care, now typically 12 times per year or more.
  Despite the Best Interests and timelines outlined in the CY&F Act, it is typically taking longer than ever for children to be placed in Permanent Care Placements.
  Permanent Care decisions and placements for Aboriginal children face the same issues but are even more drawn out.
- Lack of an out of home care network for senior staff, managers and agencies. Specific areas such as Therapeutic Foster Care, Adoption & Permanent Care and Resicare tend to have centralised activities and/or reference groups. However for the biggest program, Foster Care, there is no organised and supported reference/advisory/practice group. This means that agencies often don't have a sense of what the rest of the State is doing, or learning from each other, or receiving support.
- Lack of clear guidelines in residential care around such issues as restraint, behaviour management and self-defence for staff in residential units in particular.
- Out of home care staff, particularly case workers, are under-valued generally. Their input is sometimes overlooked by Child Protection workers, for example, they are not invited to best interests planning meetings or are not told about them in a timely way. They are generally not perceived as having any expertise, particularly by the Childrens Court, yet they are trained professionals who know the children and carers well. This is a significant waste of an excellent resource. Further, they are significantly under-paid in comparison to their colleagues in Child Protection.

3.5.1 How might weaknesses be addressed?

Increased number of Tailored Care Packages (TCPs) should be made available to assist with recruitment and retention of carers. The professionalisation of carers appears to be the most effective way of maintaining any sort of pool of carers.
Issues with the Australian Taxation Office should be addressed as a matter of urgency so that CSOs are clear about how to pay carers, and taxation rules are both reasonable and transparent. It appeared that TCPs were released without prior consideration of and finalisation of taxation issues, which make both carers and agencies vulnerable

"Partnership" between DHS and the CSOs needs to be analysed and redefined. The current climate of increased accountability and scrutiny is not healthy for so-called partnerships, and not necessary for agencies who have achieved registration and who are functionning well with experienced

professionals in key positions.

DHS should develop an effective and supportive network of Foster Care providers in the State of Victoria, and resource it adequately. DHS appears currently to be reacting to Ombudsman and media pressure; whilst this is probably inevitable they also should become proactive and address issues via an effective and regular forum.

There needs to be a full and comprehensive review of the Permanent Care program. The "old" program guidelines and philosophy no longer match the practice expected by Child Protection and parents. Permanent Care programs are flying in the dark. It should be reviewed whether there is even a place for Permanent Care in the continuum of service delivery. Have we moved into a model that is more akin to long-term Foster Care?

Further, Permanent Care program funding should be reviewed and significantly increased. This is a program area where CSOs have not seen any funding boosts for many years, yet each year the number of children on Permanent Care Orders increases cumulatively and post PCO support is required more often. Families require genuine and available support when placements experience difficulties, which frequently happen as young people move into adolescence. Without adequate assistance placements become very vulnerable to breakdown. Permanent Care teams do what they can but are not resourced for this component. DHS is in a similar position with no clear mandate when young people are post the legal stage.

DHS should work together with the non-Government providers of residential care services (including, or especially, the very small ones) to develop cohesive and consistent guidelines across the State. For example, staff are consistently physically attacked in some resi units yet when they attempt to restrain a young person so that others or themselves are not injured, or they take some other type of evasive action such as absenting themselves temporarily from the situation, this is often turned into a Quality of Care issue. When CSOs request more guidance and training as a result of these situations, DHS is typically unable or unwilling to provide this. Use of physical restraint, or physical assistance, with young people is not to be encouraged and clearly must be used wisely and as a last resort, but it must be accepted by those reading Incident Reports that staff in resi units are subject to some very difficult and violent situations. Good training with a good package would help to ensure appropriate behaviour by staff. Anecdotally, it appears that young people have become more and more empowered, as staff have been effectively disempowered, yet clearly they often do not have the insight developmentally or intellectually to use this empowerment in a positive way. In short, young people know that staff are limited in their responses and this makes for ineffective behaviour management at times. This training approach must be accompanied by more consistent, local education about understanding trauma and behaviour, engaging effectively with young people and other such positive approaches.

3.5.2 The overall structure of out of home care services is appropriate, although as accountability and demand increase exponentially agencies are really feeling the lack of resources. These are particularly in the areas of recruitment and assessment, quality of care and quality assurance. Registration standards, though generally positive, have been an enormous imposte on agencies and they require financial assistance to focus adequately on quality. The growth in the quality of care review requirements has significant resource implications for agencies.
Each CSO should be funded for adequate infrastructure to effectively manage these emerging policies. It is simply not viable for DHS to continually increase compliance demands and expect CSOs to meet these from existing resources.
The provision of after hours support, 24 hours per day, is also a significant infrastructure issue for agencies. Child Protection teams have dedicated after hours resources, but agencies generally don't have the critical mass to adopt this model. A small number of staff being "on-call" for a significant number of days and weeks each year creates enormous stress. Out of home care clearly belongs in the non-Government sector and is more successfully delivered there, but there is no doubt that increased compliance and expectations (not necessarily a bad thing) are severely impacting on day to day service delivery.

3.5.3 Education- children in care should have access to private schools if this is the best fit for them; agencies should not have to fight with DHS over payment of fees. The Partnering Agreement requires consistent attention and support to ensure that it is implemented.
Health- entry to care assessments need to be implemented immediately including developing easier access to appropriate medical and primary care staff.
Mental health needs- Take 2 need more capacity so that children aren't waiting literally years for a service. Child and Adolescent Mental Health Services need to be more responsive to children in out of home care and at least provide consultancy and referral pathways if they are unable to provide a service.
Developmentally appropriate access--children's court magistrates and solicitors need to understand that it is not developmentally appropriate to bring a little baby into access every day of the week no matter what his/her sleeping and eating pattern is- it is so disruptive to routine and good care. Older children often become extremely distressed by access and demonstrate this through refusal to attend, aggressive behaviour or depressed behaviour. Sadly there are instances where they are forced into attending by staff who do not have the authority to go against Court requirements (and strong demands by parents). This is by no means the experience of the majority of children however Courts may need to be advised by child development experts or at least children's advocates (as opposed to children's legal representatives who don't always appear to understand and do not have expertise in child development).

3.5.4 Children and young people almost always have legal representation per policy, however, anecdotally, it *appears* that solicitors can have their own strong views which aren't always a helpful interpretation of the child's wishes. Children need advocates who can take a systemic approach, who

know how to talk with children and who understand children's developmental needs. A child's advocate could also take on the role of talking with the carers of the child and gaining a very accurate view of the child's behaviour and views that can inform decision-making.

3.5.5 Placement instability can be reduced by regular, consistent and inclusive care team meetings; more flexibility and funding for CSOs to pay out of pocket expenses for carers so that there are not irritations caused by unpaid accounts for fuel, childcare, clothing etc (This would not require much funding- for example a $10,000 flexible funding pool for an out of home care provider would make an enormous difference); much faster responses to referrals for therapeutic treatment for children; dedicated CSO resources to support regular respite and support of respite carers;

3.5.6 Children can achieve permanent care in a way that is timely, by adherence to the timelines specified in the Act (Section 319 "the child's parent has not had care of the child for a period of at least 6 months or for periods that total at least 6 months of the last 12 months" and by the development of sense of authority by the Court and DHS that "draws a line in the sand" with parents. Permanent Care is an area where parental rights are apparently given far more weight than the best interests of the child. What appears to happen in reality is that children appear to sometimes be "forgotten". That is, they are in relatively stable foster care placements and time slips away as does any sense of urgency, as crisis work overtakes methodical case planning in the Child Protection system. Secondly, parents are given lengthy periods of time in which to demonstrate their capacity to have their child returned to them, often with all parties having very little expectation of this happening. Parents typically appeal through the Court and the Department and these processes tend to take years to work through. Meanwhile there is no movement towards permanency for the child. This is exacerbated even further if the child is Aboriginal. Again the Act is clear about what must happen before an Aboriginal child is placed on a PC Order, however the process of identifying almost always that there are no Aboriginal placements available and then working through the Aboriginal Family Decision Making process and VACCA, and developing a cultural plan can linger on for a very significant length of time. These are rarely straightforward and timely processes.
Grampians Region Child Protection has recently instigated a 12 month project position that is dedicated to identifying and then moving children through the Permanent Care process. A dedicated resource may be the only way in which the needs of these children are met in a more timely and cohesive way.

There are two other major issues that impede timely Permanent Care Outcomes:

The drift over the last few years from the use of Guardianship Orders to Custody Orders has underpinned the strong parental rights environment. Whilst maintaining parental involvement in children's lives is philosophically positive, what has happened in reality is that there are constant points of conflict regarding everything from permission for

haircuts through to educational choices, which serves to both drag out any movement towards permanency and, it can be argued, give parents false sense of power and hope. It is also terribly destabilising for carers and children.

The other key issue is the drift towards Permanent Care Orders with significant amounts of access, up to monthly and even fortnightly. This doesn't appear to have been a change that is underpinned by research and policy, rather it has emerged as a response to pressure from parents, and Magistrates. Permanent Care programs continue to recruit and train potential carers based on a model of stability and Guardianship, with high emphasis on the Permanent Carers creating a family unimpeded by frequent access. Potential Permanent carers are often people faced with their own infertility issues, and who don't have a background in "the system". They are not signing up to complex and ever-present and destabilising extended family issues yet this is often what they end up with. Alternatively they don't wish to sign up to this and therefore we lose a pool of potential excellent carers. The Permanent Care program as it currently exists should be thoroughly reviewed and any review must be underpinned by good research, e.g., does it really benefit children to have 12 accesses per year as they try to be members of a new family? What does it mean to have that much contact with their parent/s? What say should children have in access arrangements?

3.5.7 The current Victorian Adoption legislative framework appears adequate enough for the small number of adoptions that we see. It is to be noted however that "spousal adoptions" seem an anachronistic undertaking. Adoption and Permanent Care teams really aren't resourced to undertake this work, and it is not a priority. This should probably be considered a "user pays" service if it is to exist at all.

Term of Reference 5:

Question 5.1:

We take the position, echoed in a paper written some time ago by Toby O'Connor and Marise Sacco (1993) called 'Market Principles and Welfare', that while privatisation (services tendered out to for-profit organisations), per se, is not wrong,

…it is argued that when privatisation is applied to the welfare sector care needs to be taken to ensure that the needs of people and their dignity do not become subservient to privatisation's market principles. This application needs to take account of certain guidelines which ensure that social welfare services are maintained for all people at all times.

The guidelines referred to include the role of government and non-government organisations. O'Connor and Sacco comment:

…Governments should contribute to determining priorities in conjunction with the non-government sector and the people who are being assisted; the allocation of

adequate funding and resources; and, ensuring that there are adequate measures of accountability in place. These functions fulfil the role of government.

Privatisation must not be seen as a means to justify any abrogation of responsibility by Governments or any diminution of Government resources.

Non-government organisations should continue to: direct services to people in need; advocate on behalf of people; and, identify unmet human needs. In providing these services in partnership with Governments, non-government organisations need to operate with the knowledge that the culture and philosophy of organisations will be respected by Governments and their agents.

The Productivity Commission Report into the Not for Profit sector (2010, Overview) stated:

The efficiency and effectiveness of delivery of services by NFPs on behalf of governments is adversely affected by inadequate contracting processes. These include overly prescriptive requirements, increased micro management, requirements to return surplus funds and inappropriately short-term contracts. Substantial reform of the ways in which governments engages with and contract NFPs is urgently needed (Overview XXIV).

And…

Relational governance needs to improve across all models of engagement, and at all stages of engagement (from design, through delivery, to evaluation). At present, there is too much of a 'command and control' element to the relationship (Overview XXXIX).

Later…

Partial government funding is undermining the viability of some NFPs by making it difficult for NFPs to plan (to) invest in developing their capabilities and attract and retain staff (overview LIX).

The prominence of the Not for Profit Sector in Victoria is seen as a strength of the system, not a weakness. CAFS believes that rather than explore the entry of for-profits into the sector, the Government would be better served by addressing the issues identified by the Productivity Commission above.

Term of Reference 8:

Question 8.1.4

CAFS has partnered to develop a media guide for reporting on family violence ("Family Violence in the News"). This provides a resource for journalists on the responsible reporting of family violence. We believe a similar resource is needed for reporting child safety and wellbeing issues. Ill-informed, selective reporting has dominated the media coverage in recent years, creating a constant

impression of a child protection system in chaos or crisis. Children and young people and their families have often been victimised in this process.

An initiative that informs journalists about the complexity of issues in a comprehensive, educative way and that alerts them to the consequences of negative, sensationalist reporting would improve understanding and de-stigmatise child protection work.

Public health promotion of positive parenting and clear, simple health messages regarding child development and protecting children from trauma are required to counter popular misconceptions arising from the numbing of reactions to violence through exposure on TV and the sexualisation of young children through advertising.

Conclusion:

CAFS respectfully provides this Submission as what we hope is a constructive commentary from a regional "coal-face".

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