Submission to the Protecting Victoria's Vulnerable Children Inquiry

In developing this submission EACH is guided by the principle that protecting Victoria's Vulnerable Children is a community responsibility. It recognises that children will only be safe when each individual, agency or organisation recognises the role that they have to play in creating a community where children are valued and protected, whatever the manner in which we work or come into contact with children.

The submission will focus largely on the role of universal services in relation to early intervention and their potential for protection which are the issues raised by points 1 and 2 in the inquiry's reference. The submission is informed by the work that we do through EACH on a daily basis, and what we have learnt from the hundreds of families that we come into contact with each year, particularly through our Child, Adult and Families services, an integrated child and family service that includes Long Day Care with 3 and 4 year old kindergarten programs, Early Childhood Intervention, Community Health child psychology and speech pathology and adult and family counselling with a specialist family violence counsellor and a Family Support worker partially funded through the DHS Family Services program. The submission is also informed by some of the findings of the Early Childhood Development (ECD) project funded by DHS and hosted by EACH for the Outer East Family Services Alliance which covers the Local Government Areas of Knox, Maroondah and Yarra Ranges. The submission focuses on early years as the most effective time for developing preventive strategies, intervening to protect children and building resilience in families.

Access to universal early years services as a key prevention strategy

On a broad level, raising awareness of risk factors and prevention strategies throughout the community, but particularly within professionals and agencies that work with families and children in the early years is a strong and effective preventative strategy. At the moment, most education for early years services focuses on the role of Child Protection and Child First and the reporting processes where there are concerns about risk of harm or wellbeing of a child. However, there is insufficient education or information for professionals in early years services about the role they can play in recognising signs of vulnerability, engaging with families where children are potentially vulnerable, or building protective factors around the child in the way they connect with families. Models such as Kids Matter Early Childhood (KMEC), which are currently working with early years services around Australia to increase the emotional and psychological well-being of children, provide a possible way forward in promoting the role of early years services in protecting children through the way that early years services work with families. KMEC is currently being piloted in EACH and a number of other agencies across Victoria and evaluated through Deakin University. www.kidsmatter.edu.au/ec

While early years services can play a vital preventive role there are a number of barriers to vulnerable families engaging with these services. The ECD project in the Outer East survey of early years services identified the following barriers to vulnerable children and families engaging with services:

- Waiting lists for services
- Lack of information for families
- Perceived or actual cost of the service
- Personal motivation or capacity of the family
- Fear of judgement of parenting capabilities
- Parents/carers not knowing about the benefits of the service for child
- Limited capacity to provide a service to vulnerable children
- Parents having difficulties navigating the system[1]

Our experience of an integrated child and family service has been that we have the ability to identify concerns about children and families early and offer support in a timely manner. Workers in the Long Day Care and Early Childhood Intervention Service know that if they have a concern about a family they have a range of professionals they can consult with and are able to work across disciplines to offer families a range of support that will most appropriately meet their needs.

An example of how this can work is a young child who has attended our long day care centre over the last three years. In that time she has had 4 different carers 3, within her family and one foster care placement. Attendance at our centre has provided her with consistent carers over that time. However, not surprisingly she has at times behaved in ways which have challenged the skills and expertise of the staff. Having access to child psychologists to get advice on strategies to support the child has assisted the staff in being able to meet the child's needs.

Last year we employed a kindergarten teacher who had previously worked in a sessional kindergarten managed by a parent committee. She constantly said that while the children she worked with in our centre had more complex needs, she felt confident in being able to support them because of the professional advice and expertise that she could easily call on.

However when we employ new staff whether they are certificate, diploma or degree qualified, they have received little or no education in identifying, engaging with or supporting families with complex needs. We therefore argue strongly for improved education at the tertiary level of education for people who will work with children and for resources for ongoing professional development that would enhance the ability of early years staff to recognise the potential for vulnerability in children and families and to provide effective support to vulnerable families at earlier stages. This issue was also identified as a key factor in the ECD survey responses:

> *There needs to be more training on responding to vulnerable families and working with difficult families, mediation type conversations. Piggy back on existing training, training*

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[1] Wendy Roberts, Outer East Early Childhood Development Project Scoping Study, EACH March 2011 p49

> *calendars and opportunities – on topics such as early brain development, child focussed/family centred practice, develop a resource create links fro professionals*[2]

One of the burdens that supporting vulnerable children and families can place on a universal early years service is the proportion of children with complex needs that may be in a centre at any one time and the lack of additional support for services to respond to those needs. As respondents to the ECD Early Years survey noted:

> *The cost on us to support vulnerable children is quite high as extra support staff is needed*…

> *Hard to know how to support (vulnerable families) all the time as there is a lack of support for us in our efforts*[3]

A parallel can be drawn with the support available for children with developmental delays. Where a child has an identified developmental delay or disability and is attending Long Day Care or Kindergarten, the centre can apply for and receive additional funded support (Inclusion Support) to allow for the child's additional needs to be met. However for families who have a range of complex needs including family violence, substance abuse or mental health or are simply not coping well with the demands of parenting, there is no additional support. Yet we find that the children of those families often have very specific needs and very challenging behaviours. Meeting those needs and supporting the families appropriately can place huge demands on workers time.

A funding model similar to Inclusion Support could allow for centres to apply for additional funded support to allow the time needed to work with families that have already engaged and developed a trusted relationship with the centre. This would build resilience within the family in the longer term and prevent the need for referral to Child First or a report to Child Protection. This would be more cost effective than the 'ambulance at the bottom of the hill approach' of relying on reports to child protection once a crisis develops, rather than developing support networks around children and families to reduce the need for reports to child protection and reduce expensive interventions required to bring families back from a crisis point. An approach to build the capacity of early years services to support potentially vulnerable children and families could prevent the development of an entrenched pattern of child rearing that is abusive and damaging for the child.

> *Funding staff to provide support for vulnerable children to be able to attend children's services with appropriate transitional information to their families and to the children's services so that breakdowns don't; occur or are actively supported when difficulties arise*[4]

We are constantly noticing the value of having a Family Support Worker on staff who provides immediate support, advice and consultation to other staff, and who can easily engage with and support families who have already developed a trusting relationship with the centre. The worker

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[2] Wendy Roberts, op cit p67
[3] Wendy Roberts, op cit p47
[4] Wendy Roberts, op cit p60

being on site also allows for close collaboration between all the staff and teams involved ensuring that the suite of services required by the family is available and coordinated.

> *The family support role is critical. Having that person to work with vulnerable family works well, so there is time to follow up and visit the family and work with them to identify their needs.[5]*

Some of the enablers that will best support vulnerable children and families to participate in early years services include welcoming, safe, comfortable and non-judgemental playgroups as a soft entry into the early years system. Supported playgroups have the capacity to bring additional supports and services (such as dental and MCHN) to families who have engaged with the established and well attended playgroups. This type of model clearly reduces risk factors for children and families. The playgroups are offered to families in situations where they feel comfortable and can make connections within their local community.

EACH provides a number of supported playgroups including Parent Child Mother Goose Program, Playcounts for vulnerable children and families and one focused on young mothers. The feedback from participants indicates they help them connect with other families and develop peer supports in their own area, increase attachment and bonding with their children and facilitate access to professional support and other services as required. Key factors of such groups which facilitate access and support are:

- Assisted referral processes to kinder/childcare etc by trusted source/person

- Leaving middle class attitudes at the door and building up services/supports that are "authentically inclusive and welcoming"

- A systems approach for keeping in touch with families over time

- 'Progressive universal support' – the ability to pull in the professionals when needed to create a team around the child and family

- The key worker model – identifying a worker who can assist the families find their way through the maze of services available to them and support them as needed while they are on waiting lists for services

On a more community wide level, ensuring families have access to secure income, housing and transport, which enables them to link into universal early years services is critical to protecting vulnerable children. Research suggests that participation in high quality early childhood education enhances all round development and improves outcomes for children in the longer term. Participation in early childhood education allows for support for families in the very complicated process of caring for children, and for the children to be observed and their wellbeing monitored, both of which are key ingredients in protecting children. Research shows us that families who are homeless, transient, or in temporary or insecure accommodation arrangements are much less likely

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[5] Wendy Roberts, op cit p61

to participate in early years services and make the connections required to allow them and their children to build resilience and ensure that the best interests of the child are considered.

Public Health Model

As could be gathered from our response above we would strongly support the introduction of a Public Health Model in relation to child protection. This would allow us to clearly target the factors at a Universal/Primary, Secondary and Tertiary level to build in protective factors at all levels and to ensure that services operating at the Universal and Secondary level have the capacity to intervene appropriately with families at an earlier stage to prevent their progression to the expensive tertiary end.

It would allow for strategic planning to focus on primary interventions and universal services as the largest component of a system with the necessity for tertiary services such as Child Protection diminishing over time. We would argue that universal Early Years services such as Supported Playgroups, Long Day Care, Kindergartens and Pre Schools, Maternal and Child Health Nurses and services supporting children with developmental delays and disabilities such as the Early Childhood Intervention Services have a critical role to play in Primary prevention.

Strengths and weaknesses of integrated service models

A clear weakness in the current system of Child First/Family Services and Child Protection is the lack of a uniform and consistent data collection and analysis. The current data platforms of CRISP and IRIS do not have the capacity to provide sufficient data to facilitate adequate planning and appropriate targeting of services at a catchment, regional or state-wide level. Providing Family Services Alliance catchments with the resources of a coordinator who can bring together the various sources of information including the AEDI, census and local agency data is an important component to address the lack of capacity of the existing systems.

Would it be appropriate for a service such as Child First to be the first point of notification for referrals

Our experience in the sectors with which we are involved indicates there is considerable confusion about the distinction between Child First, Family Services and Child Protection. Some workers will feel safer and more comfortable making a report directly to Child Protection even when it may more clearly be a family that where the intervention and support of family services may be adequate to address their needs. Others are fearful of making reports to Child Protection because of the families suspicions about the Child Protection response or fear that a report will disrupt their engagement with the family.

Developing a standard response where a referral to Child First as the first point of contact may make it easier for families to engage with the system and for professionals to take the step of facilitating that engagement. The development of guidelines supporting collaborative work practices to build a support system around the family would assist this process. Our experience is that it can be difficult to develop a collaborative approach because of a lack of commitment to sharing information

between Child Protection, Child First, family Services and Early Years Services. The analysis of responses from Early Years Services to the ECD survey identified this as a key issue:

> *There is a gap in cross service communication in relation to when referrals have been made and associated follow up*
>
> *Some professionals felt there was a lack of feedback and inclusion in discussions on shared clients*
>
> *Some services don't know that their families have Child First workers unless the families tell them. Staff felt that they should know sooner, to better support the families.[6]*

Child First as the first point of contact would allow the decision making about the level of risk and the support required by the family to be made by people with expertise in the area. It would clearly identify that building the resilience and capacity of families to properly care for their children is the appropriate starting point, while also providing the expertise to recognise the need for immediate and protective intervention where the family did not have the capacity or willingness to engage with appropriate support.

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[6] Wendy Roberts, op cit pp65 - 66

Submitted by EACH (Child Adult and Families Program)