General

Early Childhood Intervention Australia – Victorian Chapter (ECIA-VIC) welcomes the opportunity to submit its views on the current issues facing infants and young children who have disabilities or developmental delays and their families. As identified in the Terms of Reference, vulnerable children include those with disabilities and developmental delays.

About ECIA-VIC

ECIA-VIC is the peak body of professionals that promotes the interests of infants and young children with developmental delays and disabilities and their families. Our members are based in urban, rural and regional areas throughout Victoria. The association has State and Territory chapters and a National body (ECIA Inc). Our central focus is to advocate for the provision of quality, comprehensive early childhood intervention (ECI) services that are accessible on an equitable basis and which offer responsive support to young children with disabilities and developmental delays and their families.

General observations

The provision of early childhood intervention services is a fundamental human right. Intervening early when a concern is identified to support children's development, is not only humane and ethical, but in the interests of the community, generally. ECI is evidence based as effective in promoting children's functioning, well-being and learning, their quality of life and sustainable outcomes for children and families. ECIA-VIC advocates that governments promote the optimal development of all young children through well-funded initiatives that effectively support the foundations of learning, family resilience and social inclusion. In relation to the Vulnerable Children Inquiry ECIA-VIC notes that:

Whilst children and young people with disabilities are referred to in the Vulnerable Children Inquiry Terms of Reference, there is no specific reference to many of the issues that most affect this group of children and their families. These issues may result in increased

incidence of abuse, neglect, chronic mistreatment or cumulative harm to children with disabilities and developmental delays.

Issues pertinent to abuse in children with disabilities include:

    a. Parental distress
    b. Health and care issues
    c. Financial issues, inability to have two income household
    d. Child disregulation and behavioural challenges
    e. Communication challenges
    f. Child development misunderstanding, lack of knowledge
    g. Parenting issues
    h. Family unit impacts (e.g. family cohesion, sibling relationships)
    i. Discrimination, rejection and lack of access
    j. Lack of support, isolation, loneliness, frustration
    k. Lack of opportunities and experiences

The protective issues for children with disabilities and developmental delays and their families are complex. On the one hand, families are over identified by the community as displaying concerning behaviours. For example, carers quite frequently find they have been reported or that they are threatened with report by members of the public. Reports occur when the public notices carers attempting to manage the behaviours of children with conditions which include social-emotional behavioural challenges such as Autism Spectrum Disorder (ASD), or when using atypical methods for managing other issues.

On the other hand, the cumulative harm experienced by some children with disabilities can be undetected, misunderstood or not prioritised, and so does not always result in adequate protective action from the community. For example, young children with disabilities have additional dependencies and often communication difficulties, so they are especially vulnerable to their wishes always being over-ridden, to routinely harsh treatment, and to community and system wide abuse (e.g. they are over represented in out-of-home care), and in need of proactive protection.

Further, there are no widely agreed community standards about the appropriate care of children with disabilities. So when carers behave in ways they personally regard as appropriate they may still sometimes violate the expectations of others, or even at times the standards expected under Victorian law.

Children with disabilities come from all parts of the community. Different cultural groups understand disability differently and hence respond differently. There are clashes between what is an appropriate response in some cultural groups and in Australian Law.

The incidence of developmental delay and disability is relatively higher in lower socio-economic-status families, who are often under educated and who may not regard their children as needing developmental support without guidance. (Hebbeler et al, 2004) In addition, in Victoria young children are often not given access to supports which might have been beneficial for them. For example, access to Early Childhood Intervention often involves a lengthy waiting period after being recognised as eligible.

Protecting Victoria's Vulnerable Children Inquiry – Terms of Reference

To inquire into and develop recommendations to reduce the incidence and negative impact of child neglect and abuse in Victoria, with specific reference to:

1. The factors that increase the risk of abuse and neglect occurring, and effective preventive strategies.

1.1 Given the different forms which child abuse and neglect may take, and the very broad range of risk factors involved (for example, parental substance misuse, domestic violence, socio-economic stress, inadequate housing, availability of pornography, parental history of child maltreatment, poor parent-child attachment, social isolation etc):

1.1.1 What are the key preventive strategies for reducing risk factors at a whole of community or population level?

A. Greater community knowledge about child development, children's needs and behaviours, attachment, and parenting as well as about disabilities/ delays and their impacts are urgently needed. Increasingly in the Australian community, people become parents with very limited experience of children in the early childhood years, and isolated from the support of older generations who have experience of parenting.

   Providing readily available parenting education in school and again as people are about to and have just become parents, when people are most likely to need, be responsive to and apply information would greatly increase parenting understanding. At present, the support provided addresses issued at the time of birth and the only routine support after birth is through the MCH service. It is essential to increase the community's understanding of the needs of infants and young children to support their parenting behaviours generally and more specifically if they have infants with concerns or disabilities.

B. The community in general is not familiar with the profoundly important and compelling evidence about the importance of the early years, of attachment and gentle parenting and their influences on brain development. This evidence shows that responsive parenting and care and attention are foundational to the health and well-being of infants and young children in the present and to their outcomes later in life. There is a gulf between prevailing community understanding and the knowledge of academics such as neurologists, economists, education and mental health professionals etc.

C. The importance of the early years as foundational to a better life has led services to develop coordinated, collaborative, tiered support and intervention to assist families to support children, especially those with vulnerabilities, whether in the family or in the children. Such initiatives require systemic support and coordination from all levels of government to avoid creating greater complexities for families.

D. Points A-C highlight the need for greater inter-service knowledge between tertiary services (including Child Protection, Child First, Early Childhood Intervention, Maternal and Child Health [Enhanced Home Visiting], Family Services, Adult Services, Health Services) and understanding of each others' service frameworks. There is too little understanding between service types of the opportunities potentially available for support for children and families, especially those with disabilities.

E. Specifically in Early Childhood Intervention, issues that need to be addressed to reduce child protection issues include:
- The need for preventative services and service frameworks
- Waiting lists which mean that families wait for support/ services
- Limitations of ECI service provision - insufficient frequency/ intensity of services

1.1.2   What strategies should be given priority in relation to immediate, medium and longer term priorities?

A. Specific training of Child Protection, Child First and Integrated Family Services staff members to have greater knowledge, skills and understanding in identification of children with developmental delays and disabilities and the reactions of their families would ensure that their developmental challenges are recognised earlier. This would increase the support available to some vulnerable families.

B. The social workers and welfare officers in Integrated Family Services, Child Protection, Child First along with the families may not recognise the need for potential benefit/ opportunity for developmental support and knowledge of the ECI services.

1.1.3 What are the most cost-effective strategies for reducing the incidence of child abuse in our community?

C. As above, community education and prioritisation of the importance of the early years and of responsive parenting are crucial to protective outcomes for children community wide, especially for those with disabilities.

D. Greater supports for children with developmental challenges and their families.

1.1.5 Some in the sector have argued for the introduction of a 'Public Health Model' in relation to child protection. What might be the benefits of introducing such a model in Victoria? What are the main characteristics of such a model?

A. There is need for an increase in skill and support for services targeted at prevention, to use a Health Protection Model (Scott, 2006). In the before school population this means greater emphasis on connecting to services the most vulnerable children, the 1.9% of children who are completely unconnected to the protective influence of early years services. In addition, to maximise the protective benefit of these services they should be:
    i)   Better connected to adult and integrated family services
    ii)   More aware, recognising signs of and understanding about child protection issues
    iii) More knowledgeable about how to engage vulnerable families and
    iv)   More skilled at taking action to support them to get help when they and their children are in need

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

2.1 What is the appropriate role of adult, primary and universal services in responding to the needs of children and families at risk of child abuse and neglect? Please provide comment in relation to any of the services listed below or any additional services that you regard as relevant to this Term of Reference.

2.1.1 Universal and primary children's services such as general medical practitioners, antenatal services, maternal and child health services, local playgroups, early childhood education and care services, primary schools, secondary schools, and telephone and internet based services for children and young people seeking information and support.

Universal services have a crucial role in supporting children and helping families to protect them. Universal services such as early childhood education and care services are in very complex relationships with families often, and find as a consequence that it takes significant time to refer for ECI.

2.1.2 Targeted child and/or family services such as enhanced maternal and child health services, children's disability services, specialist medical services, child and adolescent mental health services, family support services, family relationship counselling services and Aboriginal managed health and social services.

The Early Childhood Development initiative currently being undertaken by DHS with DEECD, is revealing needs and opportunities between services to better protect vulnerable children.
    A. Firstly, early years services do not have support systems in place when they make reports. So professionals are usually very hesitant to make reports. Childcare staff in

particular may have their management actively discouraging them, as the source of a report is likely to be deduced by families and create difficult to manage issues between staff and families, and staff anxieties. The consequent probable withdrawal of children from services will affect childcare income.

B. In addition, if reporting is not effective, early years' professionals are aware that for families' who were already displaying protectively concerning behaviours (from the staffs' perspective) the withdrawal of children from service may leave the family more stressed, more isolated and the children at even greater risk. The risks are exacerbated for those with additional needs and disabilities.

C. Thirdly, Child Protection (CP), and Child First's (CF) responses to early years' staff can be very off-putting. For example, they inevitably ask questions at the edge of the early years' staff knowledge and feelings of competence to make comment. CP and CF staff members necessarily ask questions in somewhat inquisitorially. Once the early years' staff members have revealed what they know/ believe they may get no follow-up from CP. Privacy dictates that early years' staff will generally not know what has eventuated. So often they can be left feeling very uneasy, lacking confidence in the CP-CF system and feeing that their relationships with the families have deteriorated without benefit to the children.

D. So opportunities exist for training of early childhood staff, and in mutual education and information sessions between early years and family services, for example.

E. Finally, the appointment of staff in a supportive liaison role between early years and family services would:
   a. assist families in vulnerable circumstances to access early years services
   b. help them understand how early years services operate
   c. Help them persist in taking their children to services when times are tough
   d. Help early years service to understand the issues, needs and perspectives of vulnerable families and their children,

2.1.3 Specialist adult focused services in the field of drug and alcohol treatment, domestic violence, mental health, disability, homelessness, financial counselling, problem gambling, correctional services, refugee resettlement and migrant services.

A. Apart from perhaps Financial Services and Migrant Services, most adult focussed services are generally not known to generic early years' staff including ECI. Also these adult focussed services are often overwhelmed with referrals and do not publicise their existence and service types proactively to early years' staff.

B. Again most early years' staff and ECI do not have pre-service or in-service training about adult focussed services, parenting etc.

2.2 How might the capacity of such services and the capability of organisations providing those services be enhanced to fulfil this role?

Prioritising impacts on infants and young children at the top of adult services' outcomes when children are involved would have a profound effect. It would send a crucial message about the importance of children and about the current understanding of the impacts of trauma on them. At present, early years' staff members are the professionals who see the impacts of trauma and abuse on children's well-being and functioning on a day by day basis.

And yet they are disconnected from Integrated Family Services (IFS) and Child Protection (CP). For example, IFS have family in their title yet until the recent legislative changes they have been focussed on the adults and teenagers in the families they serve rather than younger children. The changed recognition of the devastating flow on effects of trauma and cumulative harm in early childhood, now needs to extend to all adult services, when the adults served are caring for children.

2.3 What strategies should be given priority in relation to immediate, medium and longer term priorities?

A. As above this would mean:
    a. information transfer and collaboration between adult and early years services
    b. prioritisation of outcomes on children in adult services
    c. greater training and direct feedback about the impact of decisions to parliamentarians and court personnel (including those presiding) about cumulative harm, the importance of the early years, and the effects of trauma on children, parents and Parent-Child interactions.

2.4 What are the most cost-effective strategies to enhance early identification of, and intervention targeted at, children and families at risk?

A. An enhanced role for all Maternal and Child Health (MCH) in following up those identified as vulnerable and active capacity to work together with IFS in the interests of children without adult privacy being an obstacle to information sharing partnerships.
B. Clarity about the role of Enhanced MCH (EMCH) so that staff are not asked to go beyond their expertise.
C. Greater capacity for MCH and IFS to follow up episodically those known to be vulnerable and at risk including those with disabilities.
D. Greater availability of ECIS and the development of integrated support systems between ECI, MCH, IFS, CF and CP.

3. The quality, structure, role and functioning of: family services; statutory child protection services, including reporting, assessment, investigation procedures and responses; and out-of-home care, including permanency planning and transitions; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families.

3.1 Over recent years Victoria has been developing an increasingly integrated service delivery approach to the support of vulnerable children and families. From a systems perspective what are the strengths and weaknesses of this approach? How should any identified weaknesses be addressed?

The purpose of increased service integration is to:
-   Improve the accessibility of services
-   Enhance knowledge of the referral pathways between services and
-   Promote the coordination of services' responses to children's and families' needs.

There are great benefits from these initiatives and few disadvantages.
The disadvantages most likely are:
  A. Expecting integration without funding and time to promote it
  B. Diversion of staff activities to service integration without maintaining sufficient of their focus on outcomes for children and families
  C. Lack of privacy for families in accessing services that are collocated may mean that despite services being known and accessible they are un-utilised when needed

a. Family services

3.3 What are the strengths and weaknesses of current services designed to assist families who are at risk of becoming involved in the statutory child protection system (for example ChildFIRST)?
  A. The system is better than it was, in that CF and Community CP workers exist to coordinate between CP and IFS and are more informed.
  B. However, there's just not enough of the CF and IFS staff to support the most extreme cases and training and mentoring to work at this level is not available in sufficient quantity.
  C. The CP, IFS, CF staff are relatively poorly trained and paid, so there's difficulty obtaining and retaining good staff.
  D. Knowledge that outcomes for children are not better in foster care has led to inaction about removal from family of origin without sufficient service intensity to support families and improve outcomes for children.
  E. There is need for parallel staff/ systems to CF and Community CP linking IFS to ECEC.

3.3.1 How might the identified weaknesses be best addressed? Are there places where some of these services work more effectively than elsewhere? What appear to be the conditions associated with this and how might these conditions be replicated elsewhere in the State?
All services and staff need to be focussed on outcomes for children and families. They need to be aware of the importance and effectiveness of Family Centred Practice, including alliances with families, promoting carers and children's skills in mutual resolution of issues and realistic self-efficacy beliefs. Measuring these factors will lead to knowledge of whether interventions are likely to be effective and lead to sustainable outcomes.

b. Statutory child protection services, including reporting, assessment, investigation procedures and responses;

3.4 What are the strengths and weaknesses of our current statutory child protection services in relation to responding to and assessing suspected child maltreatment?

3.4.1 How might the identified weaknesses be best addressed? If there are places where some statutory child protection services work more effectively that elsewhere, what appear to be the conditions associated with this and how might these conditions be replicated elsewhere in the State?
  A. Statutory CP services are relatively isolated from other services, by necessity. They have great difficulty retaining staff because the work staff are engaged in is relatively depressing and difficult work and in adversarial relations with families. However, this

means that at times their practices can be poor. The consequences of poor practices in CP are devastating for the children and families they serve, and for the ongoing confidence in them of the other services with whom they interface.

B. It is essential that they are highly trained in advanced family centred practice and have access to the highest quality support and mentoring. This is not the case at present.

3.4.3 What has been the impact of the Victorian system of mandatory reporting on the statutory child protection services? Have there been any unintended consequences from the introduction of the Victorian approach to mandatory reporting and, if so, how might these unintended consequences be effectively addressed?

Mandating of service reporting is incomplete and unlikely to be universally applied. Early years services including childcare, perhaps the ones that should be involved the most, are not mandated. This has had the unintended consequence of isolating these services from the process. New processes are required that are effective and apply equally to all service types. Whatever the processes they should not leave staff and children at risk. This caveat includes Family Day Carers who provide services from their own homes, are relatively untrained, often from cultures in which women are not equal with men and are isolated from supports.

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

4.1 Given the very broad range of professions, services and sectors which need to collaborate to achieve the best outcomes for vulnerable children:

4.1.1 Are current protocols and arrangements for inter-organisational collaboration in relation to at-risk children and families adequate, and how is the implementation of such protocols and arrangements best evaluated?

The current arrangements for inter-service collaboration do not work adequately for children and families. Family Service staff members generally do not treat early years' staff as equals in the support of children. These staff can use parent confidentiality as a means to preserve their authority and control over information compared to early years' staff. Appropriate protocols need to be developed to avoid and minimise such issues.

4.1.2 What needs to be done to improve the quality of collaboration at the levels of policy development and implementation, local and regional service planning and delivery, and direct service to individual children and families?

The ECD initiative needs to be built upon by ongoing activities to include initiatives such as:

A. Childcare Links which is targeted at ensuring that families in vulnerable areas are able to link with family services
B. Nurse Family Partnerships

The key features of an effective home visiting strategy include:7
- The ability to accurately identify and target families who need more intensive support;
- Programs where services are delivered by more highly trained and qualified home visitors;
- Programs where home visitors are experienced in dealing with the complex needs of many 'at risk' clients;
- Programs of long enough duration to impact upon parenting or risk factors that contribute to child maltreatment;
- Programs that match program designs to the needs of the client group and
- Programs that focus on improving both maternal and child outcomes.

4.1.4 How might professional education prepare service providers to work together more effectively across professional and organisational boundaries?

It is essential that pre-service and in-service training for services for adults (which includes parents) and children provide training about families, parents and children. Staff of each service type should know enough to be able to understand, respect, complement and work effectively with the other. Children's services should be able to recognise and prioritise the needs of parents and families and family services should recognise and prioritise the developmental needs of children.

4.1.5 How might the current funding approach to support vulnerable children and families, which is often based on very specific service types and activities, be adapted so that resources are more effectively allocated and service delivery more integrated?

Support funds need to be allocated to all service types to support the extra responsibilities and requirements of identified children and families, not just to Family Services and Child Protection. Funding should support ECI with those identified children with disabilities and their families.

6. Possible changes to the processes of the courts referencing the recent work of and options put forward by the Victorian Law Reform Commission.

6.1 In light of recent child protection legislative changes, trends in other jurisdictions, and in particular the options put forward by the Victorian Law Reform Commission1:

6.1.1 What changes should be considered to enhance the likelihood that legal processes work in the best interests of vulnerable children and in a timely way?

A. Although the Law about chronic issues and cumulative harm has changed, this is not yet reflected in almost all Court decisions. The law about cumulative harm should be implemented to make prioritising absolutely first, support for the well-being of children. For example, recognising chronic neglect in children with disabilities, and recognising the need to intervene in situations of repeated failure to take action in

relation to children's health or disability issues. Children should be protected and families should be supported in relation to chronic traumas such as incessant shouting, aggression and demeaning/ denigration. There is a need to actively prioritise "the best interests of children" in decision planning and implementation, and to provide appropriate supports.

B. Lack of action in relation to cumulative harm and lack of prioritisation of children's needs in courts has led to awful situations such as of early years' and ECI staff knowing of domestic violence and having made reports without the courts taking action to protect the children from the ensuing trauma. So the early years' staff members have resorted to teaching the children self-soothing and self-protective behaviours rather than being able to obtain the help the families need, to learn adequate parenting and personal self-regulatory behaviours. Such outcomes are wholly unsatisfactory from every perspective - children, families, staff members and communities.

C. Legislation mandating children's right to early intervention support to help them overcome their challenges whether they are from disability or trauma, would go some way to reducing their impacts.

References

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