Protecting Victoria's Vulnerable Children Inquiry

A response from Gippsland Centre against Sexual Assault- 23rd of April 2011

Introduction
A system developed for protecting children needs to acknowledge that without other systems functioning well the task will be vey difficult. Child abuse is connected to many other social issues that act as stressors on individuals and the community, support services in these areas need to be funded appropriately and functioning well. These include housing, family violence, sexual assault, drug and alcohol, etc. All areas and all levels of analysis need to be taken into consideration with an emphasis on a systemic approach. It is a whole- of- community issue and as such a whole-of- community approach is needed.

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 preventative strategies for reducing risk factors at a whole of community or population level?

a) Targeting education at primary and secondary school levels. The education needs to be comprehensive and embedded into the curriculum to ensure widespread coverage and consistent messages. It should be a program that starts in primary schools and builds the information over age appropriate levels through to secondary school. It needs to focus on respectful relationships (interpersonal skills), life skills, sexual education, using IT responsibly, family violence prevention and sexual assault prevention. As this build into secondary school levels there should be parenting education.

b) Parenting education and support services are crucial and should be strengthened in terms of resources in particular for outreach and intensive in home assistance.

c) Censorship regarding implicit and explicit sexualisation of child

d) At present, accessing mental health services is difficult unless a crisis point is reached, this needs to be addressed so that people can access services before that point and this may prevent reaching crisis and the complexity this brings for individuals and the service systems.

e) It needs to be acknowledged that schemes such as Medicare better outcomes do fulfil a community need but often a single practitioner is not sufficient for complex social issues which often require longer term work, working with other systems at a level much more intense than these schemes can accommodate. Complex social issues need a coordinated and integrated system- A multidisciplinary centre is ideal for fostering relationships between service providers in a specialist are and ensuring that accessing support is easier for people.

f) Multidisciplinary centres need to be rolled out across the state. CASA, Victorian Police and DHS working together in a centralised location strengthens the relationships between agencies and also makes responding to intense periods of support easier (ie. Accessing care plan meetings, taking statements, providing information). This model could also be applied to other areas of complex social issues.

g) Funding models need to be looked at and revised. For example sexual assault services not adequately resources equates to long waiting lists and increased waiting times result in people not obtaining a service which often results in situations worsening and reaching a crisis point that may have been avoided. In particular a rural funding model needs to consider distances required to provide outreach services, limited referral options which results in longer support, recruitment and retention issues.
h) The above also relates to sexualised behaviours that when an immediate service can not be provided often results in family breakdown and the need for out of home care. If funding was strengthen this pressure on the family and the service system can often be avoided. There is also a significant gap in service for adolescence displaying sexualised behaviours age 15-17. This urgently needs to be addressed.

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

Immediate: Systemic strategies strengthening coordination, such as the multidisciplinary centre model. Systemic work that looks at how the agencies/ sectors work in synergy with each other to avoid overlap or duplication of service, simplify coordination by creating specialised areas that can support each other and individuals, and agencies providing prevention work should also be included in the specialised centres as a priority of linking direct service and prevention to ensure knowledge diffusion occurs in all areas. Reviews of funding models need to be addressed at this stage in line with any restructuring.

Medium: Consolidation, review and evaluation of the above. Development of prevention programs and parenting programs linkages to specialised centres.

Long term: The aim is for cultural change. Review and evaluate and perhaps further develop the model to other areas.

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

Coordination and specialisation of services to avoid overlap and ensure the service provided is of a high quality.

Ad hoc prevention programs appear to waste resources and produce inconsistent results. Aiming for a prevention framework that can be applied consistently across the state with flexibility to adapt to regional "stages of change" or readiness to embrace programs. Ensure evaluation is a consistent, built in component. Look at prevention in terms of primary, secondary and tertiary initiative.

1.1.4 Do the current strategies need to be modified to accommodate the needs of Victoria's Aboriginal communities, diverse cultural groups, and children and families at risk in urban and regional contexts?

Not in terms of the strategies, but in terms of content yes. Funding needs to take into consideration engaging specific groups that have multiple barriers to accessing the service is often much more difficult and often requires additional resources to outreach and build trust and relationships. A specific example would be funding to provide Aboriginal worker to engage their community. Mainstream

service specialisation is cost effective and if resourced accordingly, could provide a more flexible service for people who need it. This is also really important for regional and rural areas.

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?

We would agree that a social (public) model of health be applied to the child protection system. Child abuse is a symptom and therefore a reflection of our society. Social issues such as poverty, homelessness, mental health, drug and alcohol, sexual assault and family violence are intrinsically connected. It would be helpful to map sectors into primary, secondary and tertiary spheres that link to child protection. For instance child protection, Child FIRST could be regarded as tertiary, sectors such as sexual assault and family violence could be seen as secondary within homelessness, poverty, drug and alcohol, mental health, etc.…as primary. This may be a method of classifying multidisciplinary service systems.

A crucial part of this model in building capacity within families to address and mange life stressors. Amongst other intervention a comprehensive approach to prevention might see an educational program within the education system.

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 play groups, 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.

Professional develop needs are consistent and widespread so that everyone is receiving the same message. The guidelines around mandatory reporting can not be ambiguous and everyone needs access to regular training and follow up to ensure the training has translated into practice.

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.

As above.

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.

As above.

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

- Child protection systems need to respond to assessments of these organisations, including sexual assault. All to often, an assessment is requested and recommendations are not followed up. This can be a waste of resources. In event that requests are not realistic then this should be discussed and communicated.
- Comprehensive professional development calendar
- Resources (funding, access to wider service systems)

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

Mapping and coordinating the service system should be prioritised to ensure the most efficient use of resources. All other areas are important.

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

As above

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?

Although an integrated service delivery system has been the aim, this is not the reality. All to often demands on child protection practitioners means that important aspects such as coordinating regular case planning/ care team meetings. This is imperative when working with traumatised and complex family systems. Again it is work best undertaken as a team to support the professionals and give the families the best possible care and accountability.

Having a group of professionals attend regular meetings is possible with: Good communication and organisation, advance notice, a systemic appreciation of the importance of the role played by each of the players- parent/caregiver, fostercare field worker, teacher, family support worker, paediatrician, counsellor, CALD worker etc. Clear allocation of case management responsibility around either the protective worker or the contracted agency provider e.g.: Foster care agency, child first etc. This will again be the most efficient and effective way to devote resources with clear roles, overlap of service in minimised and accountability is maximised.

In order for respect and communication to develop certain aspects of practice should not be negotiable such as professional assessments being presented as a complete document to the court (say as an appendix) rather than summarised, as this can be taken out of context and lead to

relationship breakdowns. Simple process changes should be developed that are aimed at relationship enhancement and also efficiency.

3.2. Providing a quality service to vulnerable children and their families is dependent on having a skilled workforce. What are the strengths and weaknesses of current workforce arrangements? e.g. working conditions, training and career paths? How might any weaknesses be addressed?

I believe this is crucial, as the child protection workforces instability leaves little space to develop as professionals and provide the best service to people, to re structure arrangements that place significant stress on worker and have a way of keeping experienced practitioners actively working with families (incentives to do so). It can be difficult for other organisations when the best way to work together is through strong professional relationships, these can not be fostered with a high turnover.

Protective workers and their supervisors and unit managers all need a solid integrated knowledge of the primal role of early attachment in brain development. Thus to have an understanding that both attachment trauma and other relational trauma including neglect, emotional, physical, sexual and psychological abuse affect the wiring of the brain and the ability for self regulation, learning from new experience etc. This knowledge needs then to be actively applied in understanding the developmental needs of the children notified or under DHS care.

a) Family Services

3.3 What are the strengths and weakness of current services designed to assist families who are at risk of becoming involved in the statutory child protection system (for example Child FIRST)?
It is the writer's opinion that this system is working relatively well and with the enhancement of other parts of the system, I am sure it will continue to improve.

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?

Overall the child protection systems functions well in light of wider systemic problems. These need to be addressed in order to improve the service. Retention and recruitment seen to be the most vital and providing a structure that allows experienced staff to remain in the valuable position of working directly with families. The strength of the systems is that it is Government run and therefore accountable in many ways. The public need to understand that child protection is a last resort service not a prevention service. Prevention of child abuse is everyone's responsibility. We could think of the community as letting child protection down by allowing children to get to the point where they need this service.

There is often much media coverage when something goes wrong but it is unrealistic to blame child protection for the issue of child abuse. What about the statistics of how many children have been protected and placed in safe nurturing environments because of the good work that gets done. Perhaps an immediate strategy should be pushing the benefit child protection provide to the community through the media in attempts to balance the coverage.

3.4.1. How might the identified weaknesses be best address? 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?

I think child protection services work more effective when the service system is coordinated and this is often dependant on relationships.

3.4.2 Is the overall structure of statutory child protection services appropriate for the role they are designed to perform? If not, what changes should be considered?

Yes overall there are many examples of good practice however areas that need to be improved:

- Coordination of systems
- Clear roles and responsibilities
- Recruitment and retention
- Relationship development with community organisations
- Job structure for CP practitioners (stress, case loads, recognition)

Protective workers cannot do this work properly if their case loads are too high; they have too much court work, too much access supervision, little understanding from their supervisors about their own wellbeing needs and the impact of the work upon this.

It is an inditement on our state systems' inability to retain experienced workers that has necessitated recruitment of workers from overseas. We need to look at how we fail to support our workers adequately in this very difficult task of caring for the most vulnerable children and young people and their families, if we want to have a vibrant child protection system.

If the system was working well for the children it is trying to protect, external professionals would feel informed, involved and part of a wide system around the child.

Whilst there are case examples of things working well, all too often, due to inadequate support within the system, and also lack of resources external to the system, workers are feeling defensive in their dealings with one another, communication is very poor or sporadic or does not occur at all, and informed systemic discussions are not occurring regarding the case management of a child or young person.

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?

b) Out-of-homecare, including permanency planning and transitions

3.5 What are the strengths and weaknesses of the range of our current out-of-home care services (including respite foster care, foster care of varying durations, kinship care, permanent care and residential care), as well as the supports offered to children and young people leaving care?

This area needs adequate funding and attention paid to therapeutic placements as children in out of home care often have complex histories and behaviours, the placements need diversity to match these needs, and recruitment and training of carers, again to match these needs, needs to be considered.

As mentioned in 1.1.1 h) is areas such as sexual assault services are adequately funded then prevention of out of home care can sometimes be avoided. However often the behaviour make placement difficult

regardless, in these cases a pool of specialised carers are required. These carers could develop relationships with the specialised services and have access to specialised training that supports this role and acknowledges and allows for the psychological impacts of caring for these children.

3.5.1 How might any identified weaknesses be best addressed? If there are places where these services work more effectively than elsewhere, what appear to be the conditions associated with these successes and how might these conditions be replicated elsewhere in the State?

As above