



Submission to the Victorian State Government's Protecting Victoria's Vulnerable Children Inquiry

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Further Information:
Jacinta Waugh
Senior Project Worker
Social Policy and Research Unit
Good Shepherd Youth & Family Service
Ph: 9418 3023
j.waugh@goodshepvic.org.au

Mission

'We are Good Shepherd. Our mission is shaped by our inheritance of the vision, courage and audacity of St Mary Euphrasia Pelletier and the Good Shepherd tradition she began. Ours is a vision of promoting a world of justice and peaceful co-existence. Ours is the courage to embrace wholeheartedly innovative and creative ways of enabling people of all cultural, religious and social backgrounds to enjoy the fullness of life, which is the right of every human being. Ours is the inheritance to boldly challenge those structures and beliefs that diminish human dignity. We work to ensure the value of every human being, the communities that enable us all to thrive and the integrity of the environment that guarantees both.'

Summary of Recommendations

Recommendation 1

In order to prevent further marginalisation of Victoria's vulnerable children we strongly recommend that the government:

1. increase the supply of safe and affordable housing including by implementing supply side housing strategies
2. improve housing support services to homeless families and young people
3. develop a whole-of-government and long-term strategy for women and children who have been victim of or who are escaping family violence .

Recommendation 2

1. Build on and integrate services at the universal platform level – mainly in maternal and child health services and in schools
2. Continue to develop strong links between universal and secondary services.

Recommendation 3

Preserve clear boundaries in the work done with vulnerable families, children and young people between the government and the community sector by:

- State Government maintaining their statutory and monitoring roles in families and children, foster care and youth welfare fields.
- Community service sector maintaining their early intervention and supportive roles while working with families, children and young people.

Recommendation 4

The government develop strategies and funding to integrate services including:

- education, child protection and family services
- housing, child protection and family services
- mental health and drug and alcohol services and child protection.

Recommendation 5

1. A diversity of respite care models is required for a diversity of need and should be provided in a continuum across the service system

2. Respite care be appropriately funded to become an integrated service
3. Planned and preventative respite care should be a standard service which families, foster carers and workers for their clients, can easily obtain.

Recommendation 6

1. Provide adequate payments for foster carers with high need children.
2. Raise the profile of foster care work in the community.
3. Increase resources to recruit and train foster carers.

Recommendation 7

The Victorian government collaborates with the out-of-home care sector to develop a model that conceptually encompasses the support required by young people leaving statutory care.

Recommendation 8

1. Continue to increase the cultural competency of workers at mainstream organisations through training.
2. Continue to fund specific services for people of Aboriginal heritage and for people in CALD communities.
3. Extend funding for English lessons for newly arrived migrants and refugees.

Recommendation 9

Evaluate and monitor family support programs in terms of the outcomes for families and children rather than number of throughputs and outputs.

Recommendation 10

Remunerate community sector workers in close parity to other professionals who do similar work in government or the private sector.

Introduction

The child protection and welfare system has been under pressure for many years so Good Shepherd Youth & Family Service welcomes the Victorian's government's inquiry into protecting Victoria's vulnerable children. We believe that reasoned public discussion is the best foundation for providing policies and programs which value children. We affirm the fundamental role of parents and families in securing both children's immediate needs and their long term welfare. In this submission, we specifically provide feedback on:

- prevention strategies, including affordable housing
- universal services and early intervention strategies
- working with an 'involuntary' client base
- integration of services
- respite care
- foster care
- leaving statutory care
- culturally competent services
- meeting demand
- retention

We agree with the Inquiry panellists in acknowledging street level workers as key informants to the inquiry. They are likely to know the system very well and have a good working knowledge of the lived experience of vulnerable children and families because of their work.

We will be commenting on parts of Terms of Reference (TOR) one to seven. No comment will be made on the legislation per se. Our recommendations will be based on the experience of Good Shepherd frontline workers and managers working with vulnerable children. Case practice knowledge was obtained by a questionnaire designed around the terms of reference. The policy and systems analysis is taken from this practice experience and other research.

Capacity to comment

Good Shepherd Youth & Family Service provides for and advocates on behalf of those at the very fringes of society. Each year we support over 12,000 women, families and young people. Central to our work is the strong belief that everyone - regardless of age, sex, culture or religion - has the right to basic quality of life; adequate income, shelter, opportunities for education and employment, quality health care and nutrition, healthy relationships and access to affordable products and services.. Our inheritance of the mission and vision of the Good Shepherd Sisters informs our advocacy and direct service work.

Principles

*The Familiaris Consortio of Pope John Paul II, Apostolic Exhortation Nov 22, 1981*¹ informs our thinking on how children need to be treated, the role of the family and the role of the state in the lives of families. We specifically note

26. In the family, which is a community of persons, special attention must be devoted to the children by developing a profound esteem for their personal dignity, and a great respect and generous concern for their rights. (p. 16)

45. By virtue of this principle [of subsidiarity], the State cannot and must not take away from families the functions that they can just as well perform on their own or in free associations; instead it must positively favour and encourage as far as possible responsible initiative by families. In the conviction that the good of the family is an indispensable and essential value of the civil community, the public authorities must do everything possible to ensure that families have all those aids – economic, social, educational, political and cultural assistance – that they need in order to face all their responsibilities in a human way. (p. 28)

Alongside the notion of subsidiarity, the final part of this papal statement discusses the state's role through its public authorities in the family. An appropriate level of government intervention is clearly seen as important to the wellbeing of families and children and to their potential as citizens of a community. The dignity of the person is fundamental, and because people are social by nature, individual development

¹ Familiaris Consortio of Pope John Paul II, Apostolic Exhortation Nov 22, 1981

requires parallel social development. The purpose of government is therefore to work for the common good by actively intervening in society, including the economy, to promote and ensure justice.

The following principles are reflected in the way we work with vulnerable children and their families:

- responsive and act with therapeutic intent in the best interests of children and young people
- intervening at the earliest opportunity to make a positive difference
- flexible with the capacity for innovation
- cost effective
- integrated – linking across systems and services
- transparent and accountable
- able to balance competing interests and manage all risks
- inclusive of families
- listening to the voice of children and young people².

We acknowledge our obligations under a range of legislative frameworks and Acts of Parliament, including the Child Wellbeing and Safety Act 2005 and the Children, Youth and Families Act 2005. Our commitment to children, young people and families is made directly through a range of service programs and is made indirectly through our research and advocacy. Our commitment to developing our capacity to provide services to children, young people and families includes:

- placing the well being of children, young people and families at the centre of decision making and program planning, delivery and review
- providing avenues for inclusion and participation, including listening to the voice of children, young people and families
- supporting and encouraging cultural responsiveness and diversity in decision making and the provision of services
- promoting integrated service provision through partnerships, collaboration and shared responsibility between us, families, local communities, community service organisations and government³.

Our code of conduct and service policy requires us to maintain the highest quality of service provision.

² These are significantly drawn from MacKillop Family Services (Vic)

³ Drawn from Good Shepherd Youth & Family Service policy, *Commitment to children, young people and families*

Programs

At Good Shepherd Youth & Family Service, we have seven service delivery locations: two in Collingwood, one in St Albans, three in Peninsula and one in St Kilda. We have various programs that are mainly funded by state, and a few programs that are funded by federal and local governments. We also receive philanthropic and private donation funding to top up these programs or to fully fund other programs. The programs include:

- **Children's programs:** these include group work for children aged 0-8 years and their parents and community development work for children aged 8-12 years. **Group work** includes parents learning to develop strong bonds with their children via various 'play' activities. It also has the purpose of developing the child's social, intellectual and motor skills, helping them becoming prepared for pre-school and primary school. This work is mainly done with young parents and their children and with families from culturally and linguistically diverse (CALD) communities. **Community work** includes a leadership, teambuilding and community action program focussing on 9 and 10 year old students and a transition program for primary to secondary school for students in year 6. It aims to equip Year Six students with the skills and confidence to cope with changes associated with transition. The other community development program in partnership with another primary school focuses on engaging newly arrived communities.
- **Family service programs:** these include family support (including in-home support), child and family counselling, parenting groups, parenting strategies through education and casework, volunteer mentoring support programs and referral, support and advice. Two of our family service programs (St Albans and Peninsula) take part in Child FIRST partnerships. This includes work with statutory clients.
- **Respite Care program:** this program provides regular planned weekend (and in some cases week day) overnight care.
- **Foster Care program:** this matches children and young people with accredited foster carers who provide a secure, safe and nurturing environment which seeks to meet the physical, emotional, social, intellectual and identity needs of a child or

young person who lives with them. Foster care can range from a short overnight stay to long term placements.

- **Youth service programs:** these programs include housing and school support, help to re-engage with school, individual counselling and group work. The programs aim to improve access for young people to a range of different services, including health, education/training, legal/financial, therapeutic and recreational. School support programs provide individual one-to-one support and counselling to young students, helping them to stay at school and connected to their community.
- **Women's programs:** these include a domestic violence refuge and outreach service, counselling support for young women, creating pathways between individuals and their communities through educational, employment or social opportunities, post prison release support and creating links and opportunities for women through participation environmental projects.
- **Community strengthening and financial inclusion:** these include financial counselling, microcredit programs, community house programs and a neighbourhood renewal program

All of these programs offer a service to families. These are mainly secondary or tertiary prevention interventions. Where opportunities exist, we develop innovative primary interventions at the community level.

Good Shepherd Youth & Family Service family programs are generally at the secondary and tertiary intervention levels of service, that is, the aim is to prevent the maltreatment of children and to prevent further deterioration of families where abuse and neglect has already occurred. Particularly in programs to do with families and young people, the work includes both risk assessment and strength-based interventions. Risk assessment mainly involves examining the lack of protective factors in the family. Strength-based work mainly involves supporting the family and individual member's strengths. This type of work also identifies and supports the protective factors already occurring and builds upon these. While we undertake risk assessments we mainly use a strength-based approach in our work. In a public health model the vast majority of our programs would be in the secondary prevention

tier. Some of the work we do could be considered 'post statutory care' support. At times, we have children and especially young people who have recently left care using our services. For various reasons many young people leaving care can call on little, if any, direct family support or other types of support to ease their way into independent living. We also have programs that are universal in nature. Our community work with children falls into this category. This work is mainly done with the 8-12 years age group and is preventative in nature.

Research and advocacy

The research and social policy activities undertaken by Good Shepherd provide evidence of the need for reform. In St Albans, we were trial sites for Child FIRST and Opening Doors, the Victorian government's pilot on better access to community housing. Based on the experiences of children, young people and families using our direct services, our empirical and policy research have over many years been the basis for advocating systemic reforms. The research takes account of society's most vulnerable members when advocating for changes in public policy and social arrangements. While vulnerable children and young people are not always directly targeted, our research usually encompasses their needs. Some recent research and advocacy papers produced by Good Shepherd Youth & Family Service:

- **Response to the Commonwealth Government's Green Paper on Homelessness 'Which Way Home? – A New Approach to Homelessness' (June 2008) and the submission to improving public housing responses strategic project – new segmented waiting list proposal (January 2010)**

These submissions discuss the reduced community and public housing options for disadvantaged families. Housing stress and homelessness have dire consequences for children.

- **A Response to Australia's Children: Safe and Well. A National Framework for Protecting Australia's Children. A Discussion paper for Consultation (July 2008) Response to National Council Plan to Reduce Violence against Women and Children (July 2008)**

This submission examined how to secure children's immediate needs and long term welfare. It provided feedback on prevention, collaboration between services and improving responses for children in care and leaving care.

- **Under Pressure: Costs of living, financial hardship and emergency relief in Victoria (2009)⁴**

Findings from this research show how the high cost of living disproportionately impacts on socio-economically disadvantaged families. Children from these families are not likely to be able to participate in activities such as sport, excursions, and social events resulting in disconnection from the community.

- **Researching the Gaps: The needs of women who have experienced long-term domestic violence (2009)⁵**

This research examined the deleterious impact and long term needs of women and children who have experienced long-term violence. In working with children who have experienced domestic violence, it recommended a co-worker model in which one staff member works with the child (or children) and another with the mother (assisting her to support her child or children).

Recently, we have partnered with other agencies in developing a model for integrated post crisis response for women and children who have experienced domestic violence. This model with accompanying information is yet to be published. It takes account of the impact of violence on children and its purpose is to provide a range of longer-term, women-centred, case management and support options for women and children who have experienced family violence and are in the process of re-building their lives.

- **Sudanese Scoping Project: the needs of Sudanese refugees in Yarra and Brimbank (August 2010)⁶**

This scoping project examined the needs of the Sudanese communities in Yarra and Brimbank. Its findings included the need to strengthen parenting, provide support to families and to more actively engage Sudanese children and young people in education and training. It is from this scoping project that we have developed a

⁴ Engels, B, Nissim, R, and Landvogt, K, (2009), *Under Pressure: Costs of living, financial hardship and emergency relief in Victoria*, ER Victoria, RMIT University, Good Shepherd Youth & Family Service, Melbourne

⁵ Healey, L, (2009), *Researching the Gaps: The needs of women who have experienced long-term domestic violence*, Good Shepherd Youth & Family Service, Melbourne

⁶ Endalkatchew B. G. B., Landvogt, K, and Farrier, W, (2010) *Sudanese Scoping Project: The needs of Sudanese refugees in Yarra and Brimbank*, Good Shepherd Youth & Family Service, Melbourne

community development model working with young students in partnership with a Collingwood primary school.

Respite care (ongoing)

Good Shepherd Youth & Family Service is the lead agency of a consortium of agencies with a specific interest in developing respite care as an early intervention option uniformly available across the spectrum of child and family welfare services. The Respite Care Project Consortium has engaged in scoping the need, undertaking a literature review and ongoing advocacy work for respite care. We strongly endorse the Consortium’s recommendations to this inquiry in relation to respite care as we believe it is integral in meeting the safety, stability and development needs of vulnerable children and young people.

Using a public health model

Good Shepherd Youth & Family Service uses the ‘Promotion, Prevention and Protection Continuum’ model⁷ (shown below) in its program delivery. This model considers protection of children and young people at the primary or universal levels as well as the secondary level and the tertiary level.

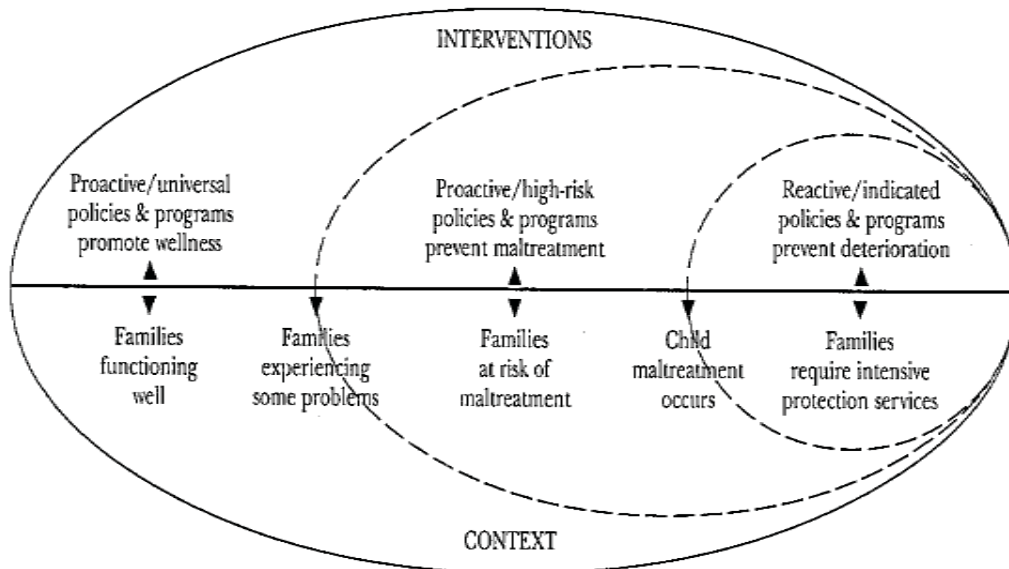


Figure 1: The Promotion-Prevention-Protection Continuum

Source: Prilleltensky, Nelson and Pierson, 2001, p. 13

⁷ Prilleltensky, I, Nelson, G, and Pierson, L(eds), (2001), *Promoting Family Wellness and Preventing Child Maltreatment: Fundamentals for Thinking and Action*, University of Toronto Press, Toronto

It is a model that may be considered aligned with a public health model of the prevention of maltreatment of children and young people. The Australian Institute of Family Studies provides concise definitions of these levels:

- **Primary/universal interventions** are offered to everyone – they provide support and education before problems arise
- **Secondary interventions** are targeted at families in need – they provide additional support or help to alleviate identified problems and prevent escalation
- **Tertiary interventions** are comprised of statutory care and protection services – they provide services to help keep children safe and well where abuse and neglect has already occurred.⁸

A fourth dimension could be added to this continuum of promotion, prevention and protection, and that is 'post statutory care'.

Good Shepherd Youth & Family Service advocates for a public health model to protect Victoria's vulnerable children and young people which we believe has a greater potential to reduce the level of child abuse in the community. Such a model would seek, through sharing 'outcome goals', integration across allied services such as domestic violence, mental health and drug and alcohol treatment services. It would also develop strategies to address primary health issues such as housing and poverty. Finally, it would require secondary and tertiary services to respond to those children most at-risk and provide therapeutic supports to ameliorate the impact of abuse and neglect.⁹

Identified needs and proposed changes and recommendations

Workers identify many reasons that families, children and young people come to our attention. Key amongst them are:

- parental mental health problems with a consequent reduction in parenting capacity which has resulted in or has the potential to result in child neglect and/or abuse
- social isolation and lack of connection to services

⁸ Taken from www.aifs.gov.au viewed on 5 April 2011

⁹ See Flanagan, K, and Forbes, A, *Family Services Policy into Action*, Connections UnitingCare Child, Youth and Family Services, Melbourne; Scott, D, 'Towards a public health model of child protection in Australia, *Communities, Families and Children Australia*, Vol 1, No.1, July, 2006

- lack of suitable housing
- poverty/financial hardship
- family breakdown
- lack of knowledge of appropriate parenting strategies
- parental drug and alcohol misuse to the point of reduced parenting capacity which has resulted in or has the potential to result in child neglect and/or abuse.

The main reasons children and young people specifically come to our attention are:

- undeveloped social skills
- disability/medical conditions
- school refusal
- adolescent risk taking behaviours such as drug and alcohol misuse

Prevention (TOR 1.1.1)

A common theme to emerge is the need for a whole-of-government approach to achieving better outcomes for vulnerable children. This should include strengthening service infrastructure, increasing social housing and expanding employment opportunities. Adequate infrastructure means access to public transport as well as to education and decent, affordable health services. Adequate employment opportunities mean suitable working conditions, more predictable hours and greater job security. By any measure, however, the service infrastructure problem in most urgent need of redress for vulnerable children and young people is the lack of affordable housing. The inability of successive governments to provide for this most basic need has been particularly damaging for the children affected. Research indicates that disrupted schooling, decreased socialisation, reduced access to important health care services, a lack of identity and connection to a safe and supportive community are characteristic of children in homeless families.¹⁰ This is a matter of real concern because homeless families with children in Australia comprise 26 per cent of the homeless population (AIHW, 2009)¹¹

¹⁰ Le Bon, G and Boddy, J, 'Working with Vulnerable Primary School Aged Children and their Families' in *Journal of Social Inclusion* 1 (1) 2010, pp.55-56. Please refer to this for a comprehensive literature review on the negative effects of homelessness on vulnerable children.

¹¹ See Le Bon, G and Boddy, J

Family and youth support workers are seeing an increasing number of families and single young people without safe, long-term, affordable housing. The demand for public and community housing is high and getting higher. The demand for case management services associated with housing support is similarly high. The waiting list for both housing and housing support is so long it has caused blockages in the system. In our research paper *Under Pressure: Costs of living, financial hardship and emergency relief in Victoria*, emergency relief workers routinely commented that if there was one structural change above all others that would reduce the demand for emergency relief, it would be an increase in the supply of affordable housing. The persistence and severity of this shortage of affordable housing cannot be understated, nor the severity of the ill-effects that flow from it. And yet, due to the residual nature of public housing in Victoria, only those with the most complex issues tend to be 'housed' in public housing.

It is likely that the statistics disguise the true depth of the housing problem. One group not included in the statistics of people facing homelessness are women who stay in violent relationships or return to violent relationships because they see no other choice for themselves. Increased waiting lists and an overall shortage of public and community housing, together with a paucity of affordable private rental properties, has created a bottleneck in the Supported Accommodation Assistance Program (SAAP) system, resulting in women and their children being unable to move on from supported accommodation. Women and children are forced therefore to make the untenable choice between living with violence or living without a home. Good Shepherd workers are also encountering an increasing number of young mothers with children, even infants, living in blatantly inappropriate lodgings, such as rooming houses, sharing facilities and sometimes rooms with people unknown to them of either gender, and at high cost.

Recommendation 1

In order to prevent further marginalisation of Victoria's vulnerable children we strongly recommend that the government:

1. increase the supply of safe and affordable housing including by implementing supply side housing strategies
2. improve housing support services to homeless families and young people
3. develop a whole-of-government and long-term strategy for women and children who have been victim of or who are escaping family violence .

Universal services and early intervention (TOR 2.1)

The major changes suggested by programs workers to improve protection of vulnerable children and young people are:

- re-focussing on early intervention within the family services area
- funding early intervention and prevention programs for young people with a focus on personal development
- re-focusing the attention onto the 'whole family', inclusive of the children, and not the individual parent

Good Shepherd strongly endorses the approach of building on universal family service platforms – such as Maternal and Child Health Service (MCHS), preschools or child care centres and schools. Priority should be given to the preventative potential of early childhood services, particularly preschool education. Early intervention services aimed at young mothers have demonstrated success in longer term outcomes for children and for mothers themselves, for instance, engaging in the labour market. Good Shepherd's young mother's group and Vietnamese women's group are good examples of professional and peer support that have contributed to results such as parents finding work or undertaking study, reducing isolation and increasing emotional resilience. This, in turn, helps build the parent's capacity to develop strong bonds with their children.

Nurse home visiting programs have existed in a small way in Australia for many years and we have an excellent reputation for our maternal child health services. However, nurse home visiting programs could be expanded. Such expansion has had success in the USA and in Britain. Young mothers are visited at home through their pregnancy and into the child's early years. Nurses are more likely to convey authority and trustworthiness to mothers and lack the stigma of social worker visits. In 2007, in investigating the British expansion of such a program, Rand Corporation estimated that every dollar invested in the program returned \$5.70 to society.¹² Such a program should be delivered as an extension to the universal child and maternal health program, begin in the early stages of pregnancy, rely on outreach for other types of service provision, and be trialled in areas of high child protection reports. As Good Shepherd workers note, integration of service provision could occur with linkages to family support and respite care programs as a standard suite

¹² Lavin, T, 'Life Choices', *The Tablet*, 28 June 2008

of programs that are easily obtainable for vulnerable families. For instance, only when necessary would a family worker attend with the visiting nurse.

Another area for preventative work is in the schools. School hubs seem to be a way to connect schools to multiple services that are closely located. Schools need to be funded adequately to meet the holistic needs of the child or young people by ensuring that each school has a qualified social welfare staff member to provide a response to the child or young person's social and emotional needs, rather than utilising an existing teacher qualified person to fulfil this role. A major strength of the current family service system is that it permits the in-home family support to be a holistic intervention which focuses on the child or young person's needs under the Best Interest Case Practice Model. Child FIRST has a process in place to consult with DHS Child Protection workers to help determine the need for statutory intervention. What seems to be working well is family workers having easier access to the child protection service because community based child protection workers (CBCPW) regularly attend community organisations. With an adequately funded welfare support team located in schools these types of links could be extended with DHS Child Protection. This may satisfy mandatory reporting requirements as well as enhancing supports at this universal level. Other suggestions are increasing out-of-school hour programs and holiday programs, and increasing health programs including dental services coming to schools.

Good Shepherd have two good models of practice of work being done in primary schools. In collaboration with teachers and the school's psychologist, a Good Shepherd family support worker works in a St Albans local primary school with at-risk families. This is secondary preventative work which aims to curtail the escalation of family problems, child neglect and child abuse. The other example is the work done with the Grade 4 and Grade 6 students at an Elwood primary school. This work is, in essence, primary or universal work. The programs relate to the whole of the student body in those years. Instead of working with children individually on, for example, issues of bullying, leadership work is done with the whole grade. This universal approach means no one is stigmatised which contributes to the outcome of positive cultural change. Parents and teachers report the positive changes of behaviour in the children, saying they are more relaxed and outgoing; there is reduced fighting and bullying. The children themselves have reported new friendships and discovered the benefits of team work. A local high school which this primary school feeds into reports that the children from this primary school are

confident and supportive of each other. This could be a best practice model for universal preventative work in schools that should attract long term government funding.

Another in-school, community development program with students has been implemented in partnership with a Collingwood primary school. It focuses on engaging newly arrived communities. The need for this came out of our findings from the *Sudanese Scoping Project: the needs of Sudanese refugees in Yarra and Brimbank*.

Recommendation 2

1. Build on and integrate services at the universal platform level – mainly in maternal and child health services and in schools
2. Continue to develop strong links between universal and secondary services.

Working with an ‘involuntary’ client base (5.1.1, 5.1.2, 5.1.3)

Research suggests long term and often multiple factors contribute to the vulnerability of children in Victoria’s most marginalised families:

‘Families with low incomes that are reliant on pensions and benefits, those that experience alcohol and substance abuse, or a psychiatric disability and those that have a family history of domestic violence are over-represented in the families that came into contact with the protection and support services systems’ (Department of Human Services 2002)

These people are often reluctant to want services intervening in their lives particularly if they have had bad experiences with statutory authorities like the DHS child protection service or the income support system, Centrelink.

The Best Interest Framework (2007) helps workers to concentrate on the safety, stability and development of the child in a holistic way. Good Shepherd obviously works within this framework. Work carried out is child centred, family focussed and community based.¹³ It is our strong view that monitoring families where abuse and

¹³ See Prilleltensky et al (2001), p. 9

neglect has already occurred (or where there is potential for this to occur) to help keep children safe and well is the role of the government as official protective carer. This type of service is required 24 hours a day, seven days a week. Morally, it is one of the very few legitimate direct interventions in family life that the government is required to handle as part of its mandate to protect its most vulnerable citizens, i.e. children, from abuse and neglect. This sort of monitoring is not the role of the community sector. The Best Interest Framework is intended to focus on early intervention with the family. Within this framework, the family services component is intended to be a set of voluntary programs for clients. Yet workers are operating with an increasing 'involuntary' (reluctant) client base. Family services have moved further away from being able to provide an early intervention service as they work with increasing numbers of statutory clients. This is similarly claimed by Kimberley Flanagan and Angela Forbes who describe the child protection system as being 'forensic' and designed to focus on and identify risks, while the community sector is meant to be 'therapeutic' and focus on strength based interventions. They further state that a criticism of the current system is that the community sector's intake and response model has led it to becoming a 'de facto child protection agency', reducing the government's child protection burden (Campbell, L and Mitchell, G, 2007). They state that 'understanding family services from this perspective places the foci of operation on a service design (and subsequent practice) that co-opts a forensic focus on risk assessment and risk management rather than the 'therapeutic' needs of vulnerable children and families or the strengths based practice model of family services'.¹⁴

The common experience in Good Shepherd family services is that these clients are often in a crisis situation at the time of service provision, thus it is reactive rather than early intervention. Increasing complex family situations is likely to result in a need for more intense and longer provision of service.

Recommendation 3

Preserve clear boundaries in the work done with vulnerable families, children and young people between the government and the community sector by:

- State Government maintaining their statutory and monitoring roles in families and children, foster care and youth welfare fields.

¹⁴ See Flanagan and Forbes, pp. 8-9

- Community service sector maintaining their early intervention and supportive roles while working with families, children and young people.

Integration of services (TOR 4.1.3)

The major changes suggested by programs workers to enhance integration of services are:

- better liaison and more open communication with DHS child protection workers and other professionals prior to closing cases
- greater flexibility around the provision of service, i.e. adequate funding to support shift work / 24 hours service
- a 'care team' approach that provides professionals with an opportunity to collaborate and with greater support in their work with families
- more open channels of communication between our services and DHS child protection services
- increased communication about referrals and more collaborative case plans

As well as bonding with like services, bridging with different organisations may be a cost efficient method of service integration. Developing protocols at local levels between, for example, housing and mental health services, ensures clients receive a joined-up service that reduces red tape. Flexibility of program structures rather than heavily relying on bureaucratic and rigid procedures may allow for creative problem solving between agencies and aid referrals. One example of different types of services working together is family service workers (Brimbank/Melton partnership) regularly meeting with Families where a Parent has a Mental Illness (FaPMI) coordinator (Department of Health) to improve the way support is provided to families and children where a parent has a mental illness.¹⁵ At each meeting, mental health topics are combined with practical ways to assist families and children dealing with parental mental illness. This is a cost-effective and high quality professional development for family service practitioners.

Women and children escaping domestic violence

It is useful to look at the model of the prevention of family violence for two reasons. First, family violence is a significant factor in making children vulnerable and second, there have been major reforms in creating a whole-of-government approach and an

¹⁵ Taken from <http://www.bouverie.org.au/programs/mental-health-team/fapmi>, viewed on 26/4/11.

integrated service system. In Australia, more than one in three women are subjected to intimate partner violence in their lifetime and approximately one in four children and young people witness family violence. Each year, violence against women – which includes family violence - costs Victoria around \$3.4 billion. By 2021, this figure is expected to rise to around \$3.9 billion.¹⁶ The presence of violence has a highly detrimental impact on the developing child.¹⁷ The trauma of family violence on children is frequently extended in the post crisis period, particularly where there is financial hardship, difficulty in maintaining stable, affordable housing and isolation from other immediate and/or extended family members. This frequently results in on-going changes to children’s schooling or care arrangements, isolation from peers and established relationships with significant others and lack of specialist support for children’s physical and mental health, wellbeing and critical development.¹⁸

Research shows that women benefit from long term domestic violence specific counselling and group work, integrated with broader support, such as financial counselling, education and skills retraining, appropriate cultural and/or linguistic support and safe, affordable and appropriate housing.¹⁹ These integrated supports help to protect children. Family violence and Child FIRST reforms are instructive in the way that integrated services are helpful in protecting vulnerable children.

Recommendation 4

The government develop strategies and funding to integrate services including:

- education, child protection and family services
- housing, child protection and family services
- mental health and drug and alcohol services and child protection.

Respite Care (TOR 3.5)

¹⁶ A Right to Safety and Justice: Strategic Framework to Guide Continuing Family Violence Reform in Victoria 2010-2020 (2010), Office of Women’s Policy, Department of Planning and Community Development

¹⁷ See above, A Right to Safety and Justice: Strategic Framework to Guide Continuing Family Violence Reform in Victoria 2010-2020 (2010)

¹⁸ Researching the Gaps: The needs of women who have experienced long-term domestic violence (2009), Good Shepherd Youth & Family Service. Mind the Gap: Addressing service gaps in family violence – immediate crisis and post crisis support (2006) Mercy Care and Western Women’s Domestic Violence Support Network. Women’s Journey away from Family Violence (2004), Community Care Division, Victorian Department of Human Services

¹⁹ Gorde, M.W, Helfrich, C.A and Finlayson, M.L, ‘Trauma symptoms and life skill needs of domestic violence victims’, *Journal of interpersonal violence*, 19, 2004, pp. 691-708

The Respite Care Consortium submission discusses the principles that inform practice excellence in respite care, which include building social capital, local care for local kids, integration, coordination and networking. Feedback from Good Shepherd workers is that planned and preventive respite care should be a standard service in which families and workers can easily obtain. Respite care is required for families involved in care and/or protective services, for families in the process of reunification, and for families involved with family services as a diversionary and/or preventative measure. Respite care should be positioned in the service system within family services as a potential diversion from child protective interventions and in all types of out-of-home care as standard support to carers and children.

Good Shepherd's foster care team sees respite care as the 'preventative face of foster care' where the placement is offered before, rather than after the situation is approaching breakdown. By maximising the use of family and individual support services, such as community-based respite care, this model of respite care successfully diverts children and young people away from more intrusive placement interventions.

Recommendation 5

1. A diversity of respite care models is required for a diversity of need and should be provided in a continuum across the service system
2. Respite care be appropriately funded to become an integrated service
3. Planned and preventative respite care should be a standard service which families, foster carers and workers for their clients, can easily obtain.

Foster care (TOR 3.5)

Major weaknesses reported by workers are:

- pressure to meet targets which are often experienced as unrealistic
- low public profile of what foster carers do for the community
- child protection services do not seem to appreciate exactly what foster carers do – that they are providing 24 hour care often to highly damaged children and young people on a shoe-string budget as well as needing to care for their own children, and often expect them to do the foster care with little support

- foster care agencies are not adequately resourced for advertising for foster carers and raising the profile of their work
- the high demand for foster carers
- problems with matching children with foster carers
- inadequate payments for foster carers especially when looking after children with high needs.

Research informs us that children and young people in out of home care are best supported if they can remain in their local communities, and can retain their connection to extended family and friends. The major strength of foster care is that it is a normative, non-intrusive and early intervention that can help to protect children against neglect and abuse.

Recommendation 6

1. Provide adequate payments for foster carers with high need children.
2. Raise the profile of foster care work in the community.
3. Increase resources to recruit and train foster carers.

Leaving Care (TOR 3.5)

Economic research on young people leaving out-of-home care depicts a high financial cost related to inadequate support for children who are in transition from care to independence. The costing takes into account housing, the justice system and corrective services, police, drug and alcohol services, mental health, health, employment, and lost GST revenue and was estimated to be, on average \$738,741 per care leaver per annum (Raman, Inder and Forbes 2005). 'The authors cautioned that this represents a conservative estimate of the direct cost to state governments of providing services to care leavers and argue that savings could be made by better supporting young people as they transition from care to independent living.'²⁰

Previously it has been mentioned that a fourth dimension could be added to the continuum of promotion, prevention and protection model, and that is 'post statutory care'. Perhaps a weakness at the point of service delivery is the lack of a theoretical model that conceptually encompasses the support required by those who are leaving

²⁰ Bromfield, L, Holzer, P, Lamont, A, (April, 2001) *Resource Sheet: The economic costs of child abuse and neglect*, National Child Protection Clearinghouse

statutory care. As mentioned many care leavers do not have the adult support enjoyed by other young people who have healthy relationships with significant adults in their lives. Support is needed to help care leavers with daily living such as shopping, cooking, budgeting, banking and paying rent and bills on time. As well as learning these adult skills, they may still need to continue schooling, do their homework and learn healthy ways of living such as good nutrition, personal hygiene and getting regular exercise. They need to feel physically safe and emotionally secure. If a young person leaving care is having housing difficulties they are spending their energy getting a house; coming to terms with their homelessness is suppressed. Once they have found stable accommodation support may need to be nurturing and intensive. A model or program for 'post statutory care' needs to encompass these elements in establishing key objectives for program development.

A practice that Good Shepherd is currently investigating is the *Mirror Families* model which features in the work with vulnerable children done by Post Placement Support Service (Vic) Inc. This model reflects what occurs within *natural extended* family structures. It is an extended family for life, offering children positive role models and support into the future.

Recommendation 7

The Victorian government collaborates with the out-of-home care sector to develop a model that conceptually encompasses the support required by young people leaving statutory care.

Culturally competent services (TOR 3.3.3 and 3.3.4)

Workers suggested the following to improve protection of children from diverse cultural backgrounds:

- extended funding for English lessons for newly arrived migrants and refugees
- increased numbers of workers from same cultural backgrounds working with the families
- ensure appropriate culturally and linguistically diverse (CALD) services are available locally

Changes that could be made to improve protection of Aboriginal children are:

- more consultation by mainstream organisations with members and elders with an Aboriginal heritage

- ensuring that families of Aboriginal origin are included in decision making on issues that directly affect them
- workers to seek links with the Koori court
- increasing the number of workers from an Aboriginal heritage in the child and family welfare field
- continue to develop culturally sensitive practices
- support Aboriginal agencies to build capacity
- the education system should include in its curriculum information about Aboriginal history and culture
- Aboriginal cultural activities in the community would provide opportunities for all people to participate and learn.

The fundamental argument is that mainstream organisations need to acknowledge the unique and diverse nature of the Aboriginal and refugee experiences to become more relevant to them. Some may argue that everyone is at the same vantage point and, hence, can be treated the same because formal justice has provided equal opportunity and removed discrimination. However, the formal removal of discrimination is only one part of social justice and differences still need to be taken into account in service delivery.²¹ When mainstream services fail to take account of different circumstances when necessary may lead to inadvertent discrimination. As well as a continuation of culturally competent training in mainstream organisations, funding for specific services continues to be a high priority. Research shows this is a particular need in small rural communities.²²

Recommendation 8

1. Continue to increase the cultural competency of workers at mainstream organisations through training.
2. Continue to fund specific services for people of Aboriginal heritage and for people in CALD communities.

²¹ Coffey, A. (2004), *Reconceptualizing social policy: sociological perspectives on contemporary social policy*, Open University Press, Maidenhead, UK., p.65

²² Currie, G, Gammie, F, Waingold, C, Paterson, D & Vandersar, D 2005, *Rural and Regional Young People and Transport*, National Youth Affairs Research Scheme (NYARS). Davies, L, Jukes, J, Hodges, C & Crosby, J 2002, *Rural life of us: Young people and workers with young people in country Victoria*, Youth Affairs Council of Victoria and Centre for Adolescent Health, Melbourne. White, R & Wyn, J 2007, *Youth and Society: Exploring the social dynamics of youth experience*, Oxford University Press, South Melbourne.

3. Extend funding for English lessons for newly arrived migrants and refugees.

Meeting demand (3.4, 7.1)

One of the main strengths reported by workers is that DHS Child Protection workers can respond quickly if the situation is urgent. The new Child FIRST (referral, assessment and intake process) provides a better response for children and young people as it allows for a timely assessment and referral process for those children and young people at lower risk. A major shortcoming is a chronic shortage of workers in the child protection service system. Workers also indicated that bureaucratic processes can get in the way of workers using professional discretion. Child protection workers seemingly are constantly managing very high workloads. This submission has discussed prevention, early intervention and the integration of services. We strongly argue these courses of action are required to meet demand pressures. Prevention and early intervention aim to prevent the escalation of problems. As previously mentioned in relation to a public health model, through sharing 'outcome goals', allied service integration is a means to respond to children most at-risk and to provide therapeutic supports to ameliorate the impact of abuse and neglect.

In relation to accountability the pressure to meet funding targets can have a negative impact on 'quality of service'. Flanagan and Forbes argue that DHS funding to family services is dissonant 'with the differential demand experienced at the individual catchment level' . They go on to say:

'There has been an allocation shift of brief intervention targets to the Child FIRST community based intake end of the spectrum, which appears to have led to a distortion of the services being delivered, in order to meet the funded target and hours. This has been further impacted on by and is particularly problematic in areas of rapid population growth and/or high levels of socio-economic disadvantage as the model does not allow for any predictive population growth or for particular pockets of disadvantage...The demand and subsequent increased workload has had the effect of limiting the capacity of family services to provide families most significantly at-risk with adequate responses, or to undertake preventative and early intervention responses for others in need.'²³

²³ See Flanagan and Forbes

Often it is essential to work with vulnerable families with complex needs in a flexible manner. The funding provides for three levels of intervention funding for the community sector:

- Brief interventions - (up to 10 hours)
- Short term interventions – (up to 40 hours of service)
- Long term interventions – (up to 110 hours of service delivery)

Even though ‘cumulative harm’ has been recognised within the Children Youth and Families Act 2005, and that multiple incidences of neglect and emotional abuse can have a profound effect on the development of children and young people, this has not translated into any benefits for those children and young people who have suffered ‘cumulative harm’. The judicial system continues to only consider ‘single incidences’ of physical or sexual abuse as harmful to children and young people. It is now well known that exposure to family violence has long-term psychological, emotional and behavioural consequences for children. Moreover, research indicates that children do not even need to be physically present when violence occurs to suffer significant negative consequences. The cumulative impact of trauma on children can be profound and exponential, diminishing a child’s physical and mental development, sense of safety, stability and wellbeing.²⁴

To achieve lasting development of protective factors for vulnerable children sometimes intense and lengthy intervention is required. Inadequate resources and targets that are not in accord with local demand lead to a focus on *through-put* rather than *good results*. This situation also risks episodic interventions (families churning through the system) which are counterproductive responses to chronic neglect and cumulative harm and may undermine good practice with chronically dysfunctional families (Australian Public Service Commission, 2007:24).²⁵ The same could be said for workers in the youth housing and foster care systems.

Recommendation 9

Evaluate and monitor family support programs in terms of the outcomes for families and children rather than number of throughputs and outputs.

²⁴ See Researching the Gaps and other research on domestic above

²⁵ See Flanagan and Forbes

Retention (TOR 7.1.3)

Good Shepherd workers said that weaknesses of the Child Protection services include the inability to retain staff which may result in unallocated cases and increased risk to children and young people. This puts Child Protection staff (and Family Services staff) under increasing pressure, and results in a further inability to retain staff due to burnout.

All Good Shepherd workers, whether in family services, in the foster care team or in youth services said that to retain and attract highly qualified staff proper remuneration for their work is required. This makes a lot of sense. Already the part-time nature of community sector work restricts savings and superannuation contributions. The current pay rates have a significant effect on working conditions and the work-family balance of families reliant on these incomes. Given the high rates of women in the community services sector, its level of pay significantly contributes to the gender gap in pay in Australia. Limited tenure and contract work are also features of the community service sector as government and project funding are time limited. Workers often have to leave organisations when programs conclude.

Recommendation 10

Remunerate community sector workers in close parity to other professionals who do similar work in government or the private sector.

Conclusion

This submission contends that a public health model for the protection of Victoria's vulnerable children is the way forward. Good Shepherd holds the view that the public health model is a powerful way to meet demand pressures because it prevents the escalation of problems reaching the point of child abuse and neglect.

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