



MALLEE FAMILY CARE

towards stronger more caring communities

SUBMISSION TO PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

Submitted by:

Mallee Family Care

PO Box 1870, Mildura Victoria 3502

122 Ninth Street, Mildura Victoria 3500

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Contributors to this submission are:

Question One: Patrick Timmons, General Manager Client Services (Victoria)

Question Two: Metaxia Tsoukatos, Director Client Services

Question Three: Lois O'Callaghan, Manager Family Services

Question Five: Fiona Harley, Deputy Executive Director

For further information please contact:

Fiona Harley, Deputy Executive Director – 03 50235966 or

Metaxia Tsoukatos, Director of Client Services – 03 50235966.

Mallee Family Care

Mallee Family Care is a highly respected community based welfare organisation that has worked with the people who live in the remote regions of North Western Victoria and South Western New South Wales since 1979.

The organisation employs more than 150 staff and has some 500 volunteers supporting the various activities which the organisation is involved in. It delivers a broad range of services under contract from the Commonwealth, Victorian and New South Wales governments, in addition in delivers a variety of Early Intervention programs which are funded by Philanthropic Trusts and through local community endeavours.

The organisation has its initial history in the delivery of Out of Home Care and Family Support services. Early on in our establishment we recognised the importance of the need to develop a more comprehensive service system that addressed the broader issues that impacted on families. As a result Mallee Family Care is now a provider of a broad range of services which includes; Financial Counselling, Community Legal Services, Supported Accommodation and Assistance Programs, Services for people with a Mental Illness and their families and carers, Drought Support Services, Family Relationship Centre, Child Contact Services, Early Intervention Services for families who care for a child with a disability, Services for people with an Intellectual Disability, Settlement Services for recently arrived refugees, Communities for Children, Intensive Supported Playgroups, Family Strengthening programs, Indigenous Parenting Support Program, Safe Aboriginal Youth services, Men and Family Relationships Counselling, Post Separation Cooperative Parenting Programs, Chances for Children, Reading Discovery, Koori Mentor Program, Total Learning Centre and E-Mentor program.

In order to prepare our submission to the Inquiry we invited all our staff to participate in a whole of staff forum where we could draw on their practice experiences and understanding of the service system. As the scope of the Inquiry was comprehensive as an organisation we decided to focus our attention on Questions One, Two, Three and Five from the Terms of Reference.

The information and responses gathered from our staff have been incorporated into the following responses which have been prepared by four senior staff members within the organisation (consequently there is some variation to the written style of this submission).

In addition to our written submission Mallee Family Care would be eager to support the Inquiry to consult with children and young people, vulnerable families and volunteer out of home care providers who have had direct first hand experience of the system. We would be happy to facilitate an opportunity when the Inquiry visits our community or at an alternative time.

Question One. The factors that increase the risk of abuse and neglect occurring and effective preventative strategies.

1.1. What are the key preventative strategies for reducing risk factors at a whole of community or population level?

- Incorporating effective parenting, with a of whole community approach.
- Embrace other risk factors involved in people becoming effective parents
 - drugs, alcohol, mental illness.
- Engaging with extended family or community for support - when there is a problem we often go to the child welfare 'experts' – lose sight of what traditional resources exist.
- Concern that it is government taking 'control' away from parents. For example, parents fear of consequences of 'smacking'.
- Community approaches – caution of interfering with other families.
- Not just about Family Services, Education and Employment are vital:
 - increasing self worth of individuals and families,
 - providing positive role models for children,
 - ensuring 'breaks' and time away from children to reduce crises.
- Embrace housing and transport as key impacts on family wellbeing
 - Pursue access to adequate transport.
 - Localise service delivery within communities
 - community hubs
 - playgroups, child care,
 - Maternal and child health

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

Immediate

- Give ownership of the problem back to families and communities.
- Invest in the child and community.
- Focus resources to build skills of the child.
- More mandated professionals and community members for reporting Child Abuse.
- Focus Child Protection work more toward assisting children move forward
- Have crisis funding available **before** statutory intervention – preventative!

Medium

- Turn resource focus around (again) to the primary / preventative levels.
- Ensure a strength based / whole of family approach providing both skills and empowerment.

- Ensure resources are available to meet the needs of parents (such as mental illness).

Long-term

- Generational Poverty: invest in the children.
- Develop a trans-discipline model – with lowered workloads, allowing a team focus to empower and address identified vulnerabilities, giving the Family Services sector AND Child Protection /DHS services a broader mandate to strengthen families.

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

- Ensure there is community ownership and community involvement
 - change the social media message to be more positive
 - invest in *Early Intervention*
 - linking throughout community during early years
 - give positive messages to children at early primary years
 - Send positive messages through Maternal and Child Health, playgroups, etc...
- Build community perceptions of good parenting with less judgement.
- Creating friendly environments for ‘vulnerable family’.
- Teaching social rules and conventions.
- Sharing experiences and training.
- Streamline reporting: IRIS reporting, stats reporting to provide more skilled worker time with families.
- Give protective behaviours a higher profile with kids and families.
- Involve community in education & group work, and develop child centred services.
- Providing longer-term support or address wider/deeper issues to prevent re-notification.

1.4. Do the current strategies need to be modified to accommodate the needs of Victorian Aboriginal communities, diverse cultural groups, and children and families at risk in urban and regional contexts?

- The system needs to adapt readily to cultural needs and cultural considerations.
- Interpreter services and other language resources need to be readily available to complement the work.
- Ensure English classes for parents from CALD backgrounds.
- There are plenty of alternative options for Aboriginal clients and their families but government is unwilling to resource better ideas and better solutions due to perceived risks - should be challenged.

- There is mistrust, and poor understanding of confidentiality issues.
- We need more cultural promotion, to give a positive view of culture
- We need to foster empathetic understanding, share stories and share culture
- Our current resourcing model is based on 'complexity' of clients. Children from Aboriginal and other cultures already experience 'complexities' in our society before they may come to the attention of the welfare system. We should conclude that their presence in our Child Protection system automatically indicates 'highly complex needs' and that individual cases are resourced fully on that understanding.

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?*

- Better focused resources at a primary level, to decrease need at secondary and tertiary levels.
- The service sector meeting the expectations of children and families.
- Creating an overarching **Vulnerable Families Policy** for government programs. Would like to see the placement of targets against Vulnerable Families for Universal and Primary service providers.
- Turn the social model of health upside down and shift resources away from the tertiary end.

Question 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.

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.

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.

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

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

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

Responding to the needs of children and families at risk of abuse and neglect is a complex issue. We can't assume that children's best interests are at the core of all service providers. For example a person accessing a Community Legal Service in response to family violence issues is seen as the client – what is happening for the children is not necessarily a consideration for the solicitor unless there is a disclosure of direct harm or abuse of the children. We need to develop a system where vulnerable families and in particular children are a consideration for all service providers.

We have examples both locally and internationally of overarching frameworks which go some way in addressing this issue. For example we can look at the community of Bendigo, Victoria and its commitment to the creation of a "Child Friendly City" and to the

development of an “Early Intervention” approach being proposed by Graham Allen MP – the Early Intervention Review Team to the UK Government.

In the Bendigo example the sheer fact that local and state government and community service organisations are analysing data relating to the wellbeing of children in their community goes a considerable way to ensuring that the needs of vulnerable families are being addressed.

The Adult Mental Health system has undergone significant changes in the last thirty years, from people with a mental illness living in large institutions to community based mental health services. As a provider of Psychiatric Disability Rehabilitation and Support Services we are involved in the support of many families where a parent has a mental illness and are successfully managing the care of their children. Important to our work with these families is that of working together as part of a team and taking a holistic approach to service delivery – focusing on the whole person, rather than just their illness.

Approximately twelve years ago Family Sensitive Practice – within the Mental Health context - was rolled out by the Victorian government this resulted in a significant shift in recognising the needs of families and children of people with a mental illness. A simple change of including a question about the person’s children on the Intake form resulted in significant referrals and supports being sought for families. However, the acute system does remain predominantly a client centred service and further work is required to view the client within their whole environment.

Locally in our community there has also been significant work undertaken with Victoria Police on the issue of referral pathways. Work has been undertaken by the Integrated Family Violence network to ensure that attempts are made to link victims of family violence into support services and perpetrators of family violence into behaviour change programs.

Our community is also currently participating in the ‘Support Link’ pilot project. SupportLink Australia Ltd (SupportLink) is an organisation based in Canberra Australia. SupportLink works alongside Emergency Services to deliver early intervention support for vulnerable families and individuals who have been affected by an emergency or crisis. The Pilot trialling a managed e-referral framework enables Victoria Police Service to establish referral pathways between operational areas of the Police service and key service providers within the social support sector. The framework delivers a single referral gateway for Police officers. Although still in its infancy the pilot is already seeing an increased number of vulnerable families accessing community supports.

Any changes to the Child and Family Services system can’t be made in isolation to this system alone – meeting the needs of vulnerable families requires a much broader approach, from education, income support, housing and employment.

Over the years we have seen a progressive move towards a 'Case management' model. This has resulted in greater emphasis on referrals to services rather than actually providing hands on support to families. To develop a case plan and then not support families to attend to the multitude of changes that are often required will lead to failure. We also need to be mindful that at times what we are asking families to address for example drug and alcohol issues, family violence, mental health, financial concerns all at the one time; can be overwhelming. Take for example recovery from an episode of a serious mental health issues can take two years, our current service system struggles to meet both the needs of the child and the parent in this context. How can you achieve stability for the child while providing an opportunity for a parent to recover from their illness? This is a challenge that we face on a regular basis.

We can't underestimate the importance of the work that happens directly with families; the importance of effectively engaging with vulnerable families to make the changes that are required to address the issues which are impacting on their capacity to care for their children is paramount. When a service is voluntary this can impact on their capacity to effectively engage with a family, one phone call from a family violence service offering support may not be sufficient to engage with a young mum in a violent relationship, yet this tends to be the practice.

It needs to be acknowledged that engaging with vulnerable families maybe a challenge, particularly for universal services, where specialist support and capacity has not been fully developed, not because of an unwillingness to learn but because they are providing a broad range of services to the whole community. Farmer, E. Et al (2008) Reunification of Looked-After Children with their Parents: Patterns, Interventions and Outcomes states that "the highest success rate for reunifying children to their birth families was 64% while the lowest was 10% with the key determinant being the skill and investment of the social work team." Where vulnerable families have an established relationship with a service provider we should be up-skilling, supporting and providing the flexibility for that service or professional to provide the support that is required to prevent an escalation of issues.

We have already mentioned the importance of the relationship in achieving positive outcomes. This extends beyond the worker - client relationship to the relationship amongst service providers. Valuing and respecting each others differences and contributions is fundamental to this relationship. Not all services have the same assertive outreach model of the Integrated Family Services or Child Protection system so to expect this from them will only lead to conflict. The alternative is that we look at legislative reform for these services specifically for vulnerable families. However any change would also need to be accompanied with training and additional support.

Confidentiality and sharing of information between service providers was identified as an issue which impacts on workers providing the best response they can for families.

Wherever possible it was acknowledged that client consent to sharing information was paramount, however, when this is not forthcoming or families are fearful or suspicious of information being shared, some workers felt this compromised their ability to speak with other service providers in order to coordinate the best service response for the family.

Access to secondary consultation for workers engaged with vulnerable families was also identified as a benefit to service providers but at times confidentiality hindered this from occurring. Discussion occurred around the possibility of legislative changes occurring to free this up in relation to vulnerable families; however, concern was also expressed about discriminating against the rights of vulnerable families.

Understanding the Family Support Service system is a real challenge, services are provided by all levels of government, non government organisations, community groups and private providers. Establishing a single entry point for family strengthening services would be of significant value particularly for services which have traditionally targeted adults or taken very much a client centred approach, for example medical practitioners, correctional services etc. Although there have been efforts to do this at both the State and Federal levels the resources have not followed to make this effective. For example when Family Relationship Centres were initially established they were to be a source of information and confidential advice for families at all stages in their lives. Whether starting a relationship, wanting to make your relationship stronger, or having relationship difficulties, the Centres were there to assist. Where families separate, the Centres provide information, advice and dispute resolution (such as mediation) to help people reach agreement on parenting arrangements without going to court. Unfortunately as the demands and needs of separated families have increased their capacity to be that single entry point has been diminished.

In Victoria we have seen the establishment of ChildFIRST. ChildFIRST teams provide a consolidated intake service to Family Services within sub regional catchments. These arrangements reflect the new provisions in the *Children, Youth and Families Act 2005*. A key objective of the legislation is to create an integrated Child Protection and Family Service system that provides improved supports to vulnerable children, young people and their families. Within a relatively short period of time ChildFIRST and the Integrated Family Services system has reached capacity and is now struggling to respond to the complex needs of families that are requiring support across the catchment.

A significant body of work has already been undertaken through the National Framework for Protecting Australia's Children 2009 – 2020. The Report from ARACY (Australian Research Alliance for Children and Youth) on behalf of the Common Approach to Assessment, Referral and Support Taskforce indicates that we need to progress shared responsibility across universal services for the safety and wellbeing of children, young people and their families. It has received support from those most likely to use it – health and teaching professions, counselling services, children and family sector, Centrelink and state and territory governments. Implementation of the recommendations would assist in significantly strengthening the capacity of universal services to respond to the needs of vulnerable families.

An early identification – early response approach is needed that provides children and families with the assistance they need before problems escalate into crises. There is widespread consensus that the required shift can be achieved through enabling universal service providers to take a more proactive role in promoting child wellbeing and responding early to signs of vulnerability than is currently the case. Service providers in the universal sector, who come into regular contact with children and families, are ideally placed to identify, at an early stage, that additional supports are required. However, we also need to ensure that there are services out there that can provide the necessary supports required by the family. With the recent shift in Victoria of Integrated Family Services moving further towards the tertiary end of service response we are finding a gap in early response services. As an organisation Mallee Family Care has been proactive in responding to these needs by establishing programs such as the Total Learning Centre, Reading Discovery Program and becoming a provider of family support services through the Commonwealth Government – programs such as Intensive Supported Playgroups, Locational Supported Playgroups and the Indigenous Parenting Support Program. A key feature of these services is that we are taking the service to the communities most in need and valuing and respecting parental strengths rather than working from a deficit model.

Opportunities for agencies to get together to share information about what each service provides has been identified by our staff as a useful tool for enhancing the service system. One would think that something as simple as this could be achieved but as many services are operating at capacity it is these activities which are neglected while the focus shifts to direct service delivery with families.

In the 'Role of Schools in Tackling Disadvantage', Professor Deborah Cobb-Clark from the Melbourne Institute of Applied Economic and Social Research (presentation given at the Northern Mallee Local Learning Network, Annual General Meeting, 2011) identifies that schools should be the frontline for meeting the challenges of vulnerable families with school age children. However, it is also acknowledged that schools are not currently resourced or trained to do this job themselves. With additional supports schools can become more proactive in responding to the needs of vulnerable families and assisting them either directly or by supporting them to access the supports that they require. However, some would argue that our resources should be targeting children aged 0 – 3 years of age. Graham Allen MP (UK) states that "Early Intervention is an approach which offers our country a real opportunity to make lasting improvements in the lives of our children, to forestall many persistent social problems and end their transmission from one generation to the next, and to make long term savings in public spending. It covers a range of tried and tested policies for the first three years of children's lives to give them the essential social and emotional security they need for the rest of their lives."

Research into the cost-effectiveness of early intervention programs has shown that \$1.00 spent in early life, can save \$17.00 by the time the child reaches mid-life (Blakester, 2006).

But more importantly, investment in primary prevention programs has the greatest likelihood of preventing problems from escalating and protecting children from the harmful consequences of abuse and neglect (Holzer, 2007).

Without significant investment in the sector we will see a system where children and young people at low levels of neglect are being caught up in the Child Protection System, primarily because the alternatives are not available. What we want to see is a more robust system at the Primary, Secondary and Tertiary level that can meet the needs of vulnerable children and families.

With limited resources it becomes a competition between Universal, Primary and Tertiary services bidding for the same piece of the pie. However, if we are to achieve a robust and responsive system that will actually make a difference to the lives vulnerable children and families we need to grow the pie with a spread of services across the spectrum. The Munro Review of Child Protection in the UK (2010) clearly states that the most effective means of intervening in families is to try to provide the breadth of professional expertise that meets the breadth of their needs.

Question 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 The current system

Strengths

- In rural practice, the local network of service providers is well known and understood.
- The system in its current design has resulted in less children and families being involved with CPU.
- ChildFIRST has provided a 'softer end' approach to engaging children and families.
- There can be a variety of response options which can be adjusted to meet the needs of children and families
- The individual needs of the child have become the primary focus of service delivery

Weaknesses

- High case loads in CPU results in high demand for service in Family Services – resulting in making it difficult to provide a quality service.
- Ability to do preventative work within family services reduced due to more complex families being core business.
- Children and young people in OoHC can experience multiple placements and multiple workers – stability for children and young people compromised as a result.
- Number of foster carers trained in trauma limited.
- Children coming into care are increasingly complex having experienced significant trauma.
- CSO and CPU definition of 'vulnerable families' are conflicted.
- The dominant culture of child protection practice results in the practice wisdom of CSO's not being respected and is often over-ridden by the statutory view. Finding a shared view can be difficult.
- Due to limited financial resources, the voice of the child does not necessarily equate to the best interests of the child. The imperatives of the funder (both CP and CSO) can get in the way of good work.
- A punitive approach endorsed by the child protection system still exists and impacts on good outcomes for children and families.

- Low amount of community awareness about the system and how it now works differently.
- Lack of time to build long term relationships with families.
- Implementation of ChildFIRST has resulted in more pressure on primary services as they seek to refer families earlier and prior to statutory intervention.

Solutions

- Implement models and practice approaches which target placement prevention and intensive support for families and parents within their home or natural environment.
- Identify appropriate models of 'key worker' or 'single worker' approaches.
- Extending the current family services system to have the ability to respond out of office hours.
- Training of foster carers in trauma informed practice which will reduce multiple placements for children and young people.
- More realistic expectations on families where there is inter-generational experience of trauma and abuse.
- Challenging the dominant culture of child protection and moving towards a practice culture which acknowledges and embraces the practice wisdom of the CSO sector. This will enhance the ability of the system to pursue genuine collaboration.
- Community education and empowerment. Placing more responsibility on the community to understand and support families to assist with facilitating long term change – "it takes a community to raise a child".
- Adequately resource primary and entry level program and services such as Family Relationship Services and Early Intervention Services.
- Educating the community that they can refer children and families to Family Services before referring to DHS.
- Creating 'vulnerable families' targets for the primary sector.

3.2 The current workforce

Strengths

- There is a diversity of current workforce in Family Services and Child Protection which attempts to undertake collaborative practice.
- Current workforce is committed – across the board. There is a genuine passion for the work which focuses on the adaptability required for the work.
- CSO's are particularly skilled at supporting their staff and looking after their workforce.

- Local training providers (TAFE and Universities) contribute to ensuring there are new staff entering the sector regularly.

Weaknesses

- In rural practice, limited availability of CBCPW to Family Services as they often juggle other roles as well.
- Conflict of philosophies of practice. Family Services operates from a Strengths Based Philosophy, Child Protection operates from a Risk assessment framework. This results in using a problem saturated view, rather than exploring hope and change.
- High caseloads results in poor motivation and impacts on the quality of service that staff desire to deliver.
- In rural practice, staff often working alone and in isolation.
- Equity in pay – not paying staff according to the type or importance that the community places on this type of work. This can also mean that we promote good staff out of the system – as they can get better pay in other sectors as their skills grow and develop.
- In rural practice, there are limited career paths.
- No minimum qualification or core competencies for the sector.
- Compassion fatigue.

Solutions

- Better resources for retaining staff – making the work more manageable.
- Genuine collaboration between the workforce.
- Ensuring appropriate supervision which captures reflective practice.
- Implement minimum qualifications or core competencies for the sector which observe other factors such as cultural knowledge and life experience.

3.a Family Services

Strengths

- Operate from a strengths based perspective.
- Engage with primary services well to ensure preventative work is successful with children and families.
- Active hold ensures ongoing triage and prioritisation of the needs of families.

Weaknesses

- Limited training which observes the ethnic and cultural backgrounds of vulnerable children and families.
- Aboriginal specific services stretched in their capacity to meet the needs of their community.

Solutions

More proactive work for primary and early intervention services in the family's natural environment.

3.b Child Protection

Strengths

- There has been improved understanding of mandatory reporting requirements within the community
- ChildFIRST has created an alternative to Child Protection which is more palatable to families and the community more broadly.
- Feedback mechanism for mandated reporters has attempted to ensure accountability for the system.
- Increased support and training for mandated professionals.

Weaknesses

- High turnover of Child Protection staff results in poor morale and continuity and quality of service for families is disrupted. As a result, Child Protection relies, inappropriately, on the CSO to become their 'eyes and ears'.
- High caseload requirements results in minimal contact with families.
- Combination of high caseloads and high turnover of staff has resulted in increased threshold for risk and tolerance to children within Child Protection practice.
- Feedback often not provided to notifiers who are unsure about what has been implemented as a result of their concern.
- Cumulative harm concept overlooked or not applied as the evidencing of this type of abuse is difficult to prove in its own right. Difficult to persuade the judicial system about this concept when attempting to demonstrate harm to children.
- Mandated notification has shifted the responsibility to specified groups – rather than focussing on the importance of the community to look out for all kinds of risks to children
- Legislative framework can restrict or limit what is 'in the best interest of the child'.

Solutions

- Defining cumulative harm in concrete terms.

- Providing more resources for primary and secondary services – understanding the ‘economics’ and value of investing earlier with families.
- Identifying models of ‘case contracting’ where Family Services (Integrated Family Services and Out of Home Care) are able to take more responsibility from Child Protection.
- Possible exploration of web-based referral and assessment tools for the broader sector.
- Better financial resourcing of the system as a whole.
- Increase the number of CBCPW available to the sector.

3.c Out-of-home care

Strengths

- Quality of carers within the system are of a high standard.
- Caregivers are passionate about what they do.
- Recent introduction of therapeutic approaches to out-of-home care.

Weaknesses

- Expectations on carers higher than that of the parents.
- Standards of kinship carers less than those carers registered under the Act.
- Caregivers often feel undervalued and underpaid for the complexity of the work they are required to now undertake.
- Children ‘bounce’ around the system – particularly those who are 12 years and older due to their significant experience of trauma which has not been ‘healed’.
- Caregivers often raise concerns about transparency of practice with child protection.

Solutions

- More investment in primary and secondary services
- Expand the range and model of services which provide ‘widest possible assistance’ and secure a focus on flexibility, trauma informed practice, intensive support and wrap around services focused on the child.
- Explore models of care which, if required, take the child out of their family to ‘heal’ and then places them back in the care of their family.
- Hear the voice of the child through involving children in their own case planning. Explore models of advocacy where adults who may have experienced care take on the role of ensuring the voice of the child is heard and understood.

- Focus reunification efforts on therapeutic models of care where this includes the child and their family.
- Establish therapeutic practice with all caregivers across the board.

Question five. The appropriate roles and responsibilities of government and non-government organisations in relation to Victoria’s child protection policy and systems.

5.1 Given Victoria’s distinctive history in relation to the role of not-for-profit community service agencies in caring for children and families in need, and the recent emergence of some for-profit organisations in the sector:

5.1.1 What is the most appropriate role for government and for non-government organisations (both for-profit and not-for-profit) in relation to child protection?

Children grow and thrive in the intimacy of the family circle. Children have a right to have their basic needs met – including their needs for food, clothing, medical care, and housing. They have a right to be educated and trained for independent citizenship. They have a right to a name and family identity and to preservation of family ties. They have the right to be protected from harsh treatment and exploitation. Government, non-government organisations, community and family share in the duty of assuring that these and other rights are respected and fulfilled.

But sometimes government intervention in the family, against the wishes of a parent or other family member is necessary to protect children’s rights. Children have a right to be safe and secure in their own homes and government has an obligation to assure their safety. Government has a responsibility to ensure that appropriate legislation is in place to protect the rights of children.

A strong child protection system should focus its efforts on identifying children “at risk” of abuse and in partnership with non-government organisations offer voluntary family support services to these families before coercive intervention becomes necessary.

Locally based non-government organisations are best placed in ensuring that families are supported within their own communities, by providing a range of early intervention prevention support services that intervene in a timely manner with families and strengthen their capacity to parent in the long term.

Education also has a significant role to play in tackling disadvantage and identifying vulnerable children and families. Recent research (OECD 2007. *Intergenerational Transmission of Disadvantage: Mobility or Immobility across Generations*) highlights the potentially important role that schools can play in identifying vulnerable families and ensuring that support services are in place. As the OECD report points out “Schools are the only public institution that is exclusively centered on children and young people and deals with families – parents and other siblings – in a way that other public institutions do not”.

5.1.2 What roles currently performed by statutory organisations, if any, might be more effectively and efficiently performed by non-government organisations and vice versa?

Child Protection practitioners are highly skilled in the forensic work required to ascertain the level of risk for children notified – this role could not nor should not be performed by the non-government sector.

However the non-government sector has a highly skilled workforce who could take a much stronger role in the work of supporting the family to gain the necessary skills to have their child/ren remain in their care or returned to their care.

A stronger emphasis on case contracting families currently being managed by child protection to non-government organisations would allow child protection practitioners to get on with the job of investigating notifications in a timely manner while the supportive work in families is undertaken in parallel through the work of the non-government organisation.

Non-government organisations know and understand their community and understand the need to engage with a number of service providers to work collaboratively with the family to bring about long term sustainable change.

A greater emphasis needs to be placed by both government and non-government organisations on respecting the integrity and professionalism of practitioners from child protection and non-government organisations. They are all highly skilled practitioners, who are very committed to making a difference in the lives of children in the community.

In Victoria children are required under legislation to attend school until 17 years of age. As previously stated this places the education system in an ideal position to identify vulnerable families. Anecdotal evidence would suggest that when families need assistance the first point of call is contact with their child/rens school. Non-government organisations need to partner with schools and provide a range of services based in the school that support vulnerable families.

Mallee Family Care currently has partnerships with Swan Hill North Primary School and Mildura Primary School to operate Total Learning Centres in the grounds of the school. These centres aim to engage families in their child's early learning and ensure a positive transition to school. They also offer parenting programs and adult learning opportunities. The aim is for them to become a community hub where all families (but specifically vulnerable families) can go to access a range of support services and learning opportunities for both their children and themselves.

5.1.3 What is the potential for non-government service providers to deal with some situations currently being notified to the statutory child protection service, and would it be appropriate (as is the case in Tasmania) for referrals to a service such as ChildFIRST to fulfill legal responsibilities of mandated notifiers?

The key to any intervention would be having a quality intake and assessment service that has the ability to accurately assess the current risk. One of the strengths of Gateway (Tasmania) and ChildFIRST (Victoria) is the co-location of a community based child protection worker. These practitioners are highly skilled in risk assessment and would be

able to recommend where more forensic investigations by child protection are required or where a referral to a non-government organisation for support services would be more appropriate.

For community, having one entry point into the system should provide a clear understanding throughout a community about how and where notifications can be made. This entry point should be actively marketed through all media to ensure that any person in the community who has concerns about the safety and well being of a child/ren knows where they can contact for assistance. This should also lead to earlier notifications being made; thereby reducing the cumulative harm of neglect and abuse sustained over a long period of time.

The government must ensure that there are adequate resources invested in non-government organisations that auspice ChildFIRST to enable all calls from concerned community members to be actioned in a timely manner. An adequately resourced ChildFIRST could become the gateway to access health and welfare services in a community.

Sitting alongside this needs to be the concept of “no wrong door” where if a family goes to a service seeking assistance for a family related issue they will receive an initial assessment and a “warm” referral will be made to the appropriate service provider. This will ensure that the person does not have to tell their story again and that they will be referred to the most appropriate service. Ideally, the practitioner who conducts the initial interview will follow-up to make sure the person attended the appointment and that they have found the intervention supportive and helpful.

5.1.4 Is it necessary to strengthen the capability of organisations in the non-government sector to better equip them to work with vulnerable children and families and if so, how?

There is clear evidence nationally and internationally that the earlier intervention occurs the better the outcomes and the less costly it is to the state. For example, research into the cost- effectiveness of early intervention programs has shown that \$1 spent early in life, can save \$17 by the time a child reaches mid-life (Blakester, 2006).

An Independent Report to Her Majesty’s Government by British MP, Graham Allen (January 2011) points out “early intervention is an approach which offers our country a real opportunity to make lasting improvements in the lives of our children, to forestall many persistent social problems and end their transmission from one generation to the next, and to make long term savings in public spending. The rationale is simple: many of the costly and damaging social problems in society are created because we are not giving children the right type of support in their earliest years, when they should achieve their most rapid development”.

Currently in Victoria there is a large range of non-government organisations offering support programs for families, however over the years this focus has tended to be on tertiary services due to the increasing demand and a lack of resources for early intervention and

prevention programs. The irony of this is that the families with children who are the subject of repeat notifications are more likely to receive these services, not the families who are expressing concern about their ability to parent. It goes without saying that the children who are the subjects of repeat notifications have been subjected to abuse and neglect and consequently these cases are more complex with cumulative harm, some of which can not be reversed.

Mallee Family Care family workers express frustration at not being able to work with these families at an earlier point. The ability to undertake early intervention and prevention work is non-existent given the high numbers of families requiring tertiary intervention.

The adoption of a public health model with a community development orientation would ensure that there was focus across the primary, secondary and tertiary spheres in respect of protecting Victoria's children. The adoption of such a model would require greater coordination of existing services in a community, along with additional training for existing staff. If this model is to be successful then there would need to be an investment of significant resources, particularly in the initial stages as the demand at the high cost tertiary end will not dissipate immediately. However, as pointed out previously in the long term it is a cost effective way of reducing the prevalence of child abuse and neglect currently occurring in our communities. This surely must be in everyone's best interest.

5.1.5 What is the responsibility of the State to ensure that all organisations in the community which are engaged with children fulfill their duty of care to protect children from sexual abuse and other forms of maltreatment and how might that responsibility be exercised?

The state has the ultimate responsibility in ensuring the health and welfare of children in our society, with relevant legislation legitimizing this role. In the majority of cases the state vests this responsibility in parents and universal services. However, in cases of notifications of child abuse and neglect the state needs to become the "responsible adult" in order that children are kept safe.

For the state to fully exercise its responsibility it is vital that they work closely with all organisations in a community. The state needs to ensure that all community organisations are adequately resourced to undertake their role and also have a clear understanding of what the role is. It is also important that appropriate standards are in place to promote best practice in the work of community organisations. This compliance regime however should not be onerous and detract from the work with vulnerable families.

The state also needs to understand and respect that community organisations know and understand their communities best and seek their advice on the best way to address child protection issues in that particular community.

5.1.6 What are the strengths and weaknesses of current Commonwealth and State roles and arrangements in protecting vulnerable children and young people, for example through income support, family relationship centres, local childhood initiatives such as "Communities

for Children” etc? What should be done to enhance existing roles or address any weaknesses?

It is well documented that the current system in Australia of each state having its own child protection legislation is cumbersome , unwieldy and is not effective. The current models are unsustainable and do not achieve what they set out to.

The National Framework for Protecting Children identifies the need for shared responsibility between families, communities, government and the non-government sector.

There is a need for new approaches that recognize the complexity of people’s lives. The current siloed systems (Commonwealth, States) do not take account of the complex, interlinked issues confronting families.

Mallee Family Care operates approximately 50 programs under contract to the Commonwealth, Victorian and New South Wales governments, all of which target vulnerable families within the communities of the north west Victoria and south west New South Wales. All of these programs have their own specific data collection systems and reporting requirements, none of which are compatible with one another. The reality is that a family could be accessing a number of programs provided by Mallee Family Care and unless the family volunteers this information the agency would not be aware of it. This makes it difficult to reduce the vulnerability of families with complex issues.

Along with this practitioners need to understand the different child protection notification systems along with the relevant legislation. For example, our Family Relationship Centre has its main office in Victoria however have outreach services in Berri in South Australia and Broken Hill in New South Wales. FRC practitioners therefore need to understand the child protection systems in three states along with being conversant with the Family Law Act.

Across Australia there needs to be a shared vision and common understanding of ‘best interests of children’. All services need to provide consistently high quality evidence-based practice.

Services for a community need to be planned by the community with all members of the community being consulted – this is the case in the Communities for Children model where a community Strategic Plan is developed with a range of activities undertaken by community partners. The aim of Communities for Children is to reduce child abuse and neglect by providing activities that will strengthen vulnerable families, these activities are place based and driven by the community.

If we are truly committed to making sure that children are kept safe from abuse and neglect, then it will require a respectful partnership between all levels of government, community and family that is built around a core commitment to the best interest of the child and to the principle that children cannot thrive without both family privacy and public protection.

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