

This submission is made from a local Government Context. Melton Shire Council is a funded partner in the Brimbank Melton Integrated Family Services Alliance. The Council provides Family Support Service to targeted cases as allocated through Child FIRST, we also provide a wider duty service that addresses hardship and challenge across the community. Melton Council also provides a Housing Service, Maternal & Child Health services, Family Day Care and liaises with the full range of kinder and child care providers.

Family Services has regular interaction with Child Protection Services. We are full partners in the Alliance development and activities.

In our response to the brief we have focussed on those areas that we hold strong positions based on our experience. Many of the questions have answers that are well known in the research that we would concur with. We focussed on areas where we have a practice base and where we may differ from commonly held positions.

The COMMENTS were developed in consultation with Melton Shire Council Family Services Offices.

To inquire into and develop recommendations to reduce the incidence and negative impact

of child neglect and abuse in Victoria, with specific reference to:

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

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

COMMENT

There is not enough risk assessment or follow up monitoring of young mums, who have been identified as risk. They are often identified to Child Protection with valid concerns but then left to their own resources after an immediate situation has been addressed, where it may be useful to rope them into more educative process, by using a stronger consequence.

On the other hand there can be too much dependence or expectations of parenting classes; just because a parent attends does mean that change may be effected in the household for many reasons.

We need more responsive effective training for long term unemployed. Current practices bear little relations to what jobs are available, and may not take the family situation into account. It is true that in some areas jobs are scarce for base or entry level workers. But this is where there needs to be a greater level of diversity in response and more support or holistic case management to engage parents in permanent change.

These are some of the risk factors known in our outer metropolitan community:

Alcoholism,

Cultural and social dislocation,

Substance use

New communities,

Mental health

Trauma,

Intergenerational poverty,

Family violence,

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

COMMENT

One suggestion for preventative strategies is a positive incentive for adolescents to stay at school, the impact of expensive funding for school books means that students in financial hardship may not have all they needed for a successful outcome, and indeed may not continue.

Larger more expansive campaigns to encourage everyone, all to become better at communication, increase and demonstrate their respect of self and others,

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

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

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

COMMENT

Our programs are modified enough to enable workers to develop individualised approaches to support all diversity. Working with individual cultural groups may require more training depending on their principals. The training offered is often too broad, about the consideration of diversity, rather than at the level of detail workers need to be effective for particular groups.

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

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.

COMMENT

Universal services have a role but lack knowledge of how to cope, how to work with the gritty presentation of vulnerable families. I have heard teachers and child educators lament "naughty children"; it would seem there is a giant gap in teacher training. There is a need for resources in the classroom; it would be of benefit to have classroom teachers and teacher's aides all the time, at a minimum.

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.

COMMENT

The education system is a silo that shows no evidence of opening up to external services. Children are in that environment longer than any other, and all families come into contact with the school system, yet the design of the curriculum is so focussed on outcomes, there cannot be any room for starting from where the family is at. The whole system should be redesigned to include social support, more fluid portals to physical and mental health, co-location of services, broader based family assessments to insure children have a greater opportunity for learning.

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?

COMMENT

It is important to emphasize Maternal & Child Health in the Victorian system; although their response often crisis driven it is a positive start but how do we keep parents engaged? In high growth areas there is a shortage of nurses, and they are often busy with key visits, so they do not have time as practitioners to share their knowledge with the other sectors, or to take the time to engage with the family support sector. Recent funding increases regarding support roles have again strengthened that silo, there will be work required to insure they engage with the family support sector.

Family violence is another area that seems to be unaware of the benefit of working with the family support services. They understand that families need longer term support but do not seem to be able fully understand the role of family support and how that would work to strengthen and assist families adjust with new systems. Family Workers have an increasing understanding of trauma and the impact on developmental stages, the Family Violence Sector is not engaging them in service development.

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?

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

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

COMMENT

One of the weaknesses is that low to medium risk families do not get a service due to the increased number of high risk families. Therefore these families are left to their own resources and situations often get worse. These families need quick assessment and response, determination if it is parent education or greater change in parent behaviour, e.g. substance use, violence, and then the ability for parents to continue to access support when required. The current system is too laborious for most parents and services to bother with.

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

COMMENT

Current training is very costly for individual services to keep everyone up to date, and train –the trainer models are not effective. Current remuneration schedules do not recognise the value of on-going training: there is no difference in pay scales regardless of how much training one does, so there is little incentive to keep abreast of new developments. There is currently a lot of new theory but very little direction about how to turn that into practice change in the home.

a. Family services

3.3 What are the strengths and weaknesses of current services designed to assist families who are at risk of becoming involved in the statutory child protection system (for example Child FIRST)?

COMMENT

The Strategic Framework provides a strong system, the problem is change management. It has only been less than five years since the multi-LGA Alliances have been legislated into existence.

This is still a relatively new system for other sectors to understand and relate to. There needs to be continued induction and support for other sectors to work within the new system.

Family Services Alliances are mandated by legislation. Other sectors are not driven by this imperative and so have even less resources to develop mechanisms and systems which fit into the Strategic Framework.

Other service sectors could be forgiven for perceiving ChildFIRST as reducing choice. If they are unhappy with the process for whatever reason, they have no other choice of diversionary system.

3.3.1 How might the identified weaknesses be best addressed? Are there places where some of these services work more effectively than elsewhere? What appear to be the conditions associated with this and how might these conditions be replicated elsewhere in the State?

3.3.2 Is the overall structure of such services appropriate for the role they are designed to perform? If not, why and what changes should be considered?

COMMENT

There is still a gap in the provision of services for those requiring intervention earlier along the timeline than is usually accommodated in Family Services. As mentioned earlier other services are not based in the same theoretical domains, nor practice framework, and as such find it challenging to communicate with Family Services, continuing to work in isolation. So the family gets a piecemeal service that is not case managed.

3.3.3 Do the current services accommodate the needs of vulnerable children and families from diverse ethnic and cultural backgrounds?

3.3.4 Are there particular services that best meet the needs of vulnerable Aboriginal children and families?

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

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

COMMENT

Child Protection is not guaranteed to be any better equipped professionally in the rank and file; they may not understand how to be a partner. Cumulative harm is not as rigorously considered, by virtue of their crisis response environment. It is our experience that some families seem to be subjected to extreme levels of monitoring and supervision, while other families that know how to use the system and manipulate practitioners and situations will escape such scrutiny and sanctions.

3.4.1 How might the identified weaknesses be best addressed? If there are places where some statutory child protection services work more effectively than elsewhere, what appear to be the conditions associated with this and how might these conditions be replicated elsewhere in the State?

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

3.4.3 CP inconsistent and ill informed.

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

c. Out-of-home care, including permanency planning and transitions

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

COMMENT

Our service does not engage with that sector on a regular basis for client work but we see that respite is not seen as a part of a long term solution; it should be brought considered earlier as a strategic intervention, as part of care team, This is not always the case.

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

3.5.2 Is the overall structure of out-of-home care services appropriate for the role they are designed to perform? If not, what changes should be considered?

3.5.3 What more might need to be done to meet the needs and improve the outcomes of children in out-of-home care and those leaving care regarding:

- Their education, health and mental health needs;
- The needs of children from culturally and linguistically diverse backgrounds; and
- Arrangements for developmentally appropriate contact between a child in out-of-home care and members of his or her family?

3.5.4 How can the views of children and young people best inform decisions about their care? How can the views of those caring for children best inform decisions affecting the wellbeing of children in their care?

3.5.5 How can placement instability be reduced and the likelihood of successful reunification of children with their families, where this is an appropriate goal, be maximised?

COMMENT

It is important to re-unite slowly with support and monitoring, to demonstrate commitment to the process.

3.5.6 How might children who cannot return home and who are eligible for permanent care, achieve this in a way that is timely? What are the postplacement supports required to enhance the success of permanent care placements?

COMMENT

If made, do it quickly, let child be settled in one place, contact with birth parents may be strictly limited.

3.5.7 What are the strengths and weakness of the current Victorian adoption legislative framework and practice for children who cannot return to the family home? Should Victorian legislation and practice reflect that in other jurisdictions?

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

COMMENT

Children's Court is chaotic, Legal Aid is inconsistent, often unavailable, the day is full of fatigue and anxiety, there is no relief, the tension is not child friendly, and neither is the venue.

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

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

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

COMMENT

Protocols and arrangements directing or expecting inter-agency collaboration should be recognised and funded in Funding & Service Agreements, it is unfair to mandate one sector, with some level of funding, then to just expect other sectors to join in.

4.1.3 Are there specific models of inter-professional, inter-organisational and/or inter-sectoral collaboration which have been shown to be effective or promising, and which may be worthy of replication? This may relate to two organisations (for example, child abuse issues in which both police and statutory child protection services need to collaborate in an investigation) or to a much broader service network.

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

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

5. 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?

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?

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 the legal responsibilities of mandated notifiers?

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

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?

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 early childhood initiatives such as “Communities for Children” etc? What should be done to enhance existing roles or address any weaknesses?

COMMENT:

Service funding: favouring larger services does not provide service across the state; a larger system is not always responsive. There is not the same sense of working within a community if there is only a limited outpost. Be realistic about funding local services for local communities! The funding of these allegedly state wide or regional programs is very haphazard and the proximity to such areas as Family Relationship Centres may be the determinant of whether or not you can access it.

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

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

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

6.1.2 Are specific legislative changes necessary? For example, in relation to a Protection Application by Safe Custody (where children are brought into care and immediate orders from the Children’s Court are sought in relation to a child’s placement), should the current 24 hour time limit be extended and if so, what should be the maximum time limit?

7. Measures to enhance the government’s ability to: plan for future demand for family services, statutory child protection services and out-of-home care; and ensure a workforce that delivers services of a high quality to children and families.

7.1 Given the resources required to provide appropriate services and care for children and young people referred to statutory child protection services and in out-of-home care, what is the likely future demand for services and what needs to be put in place to help sustain services and systems and plan for and meet future demand pressures?

7.1.1 Is there sufficient research into child protection matters to support government’s ability to plan for future child protection needs? If not, how might government encourage and support sufficient research in this area?

COMMENT

No there is not, the government should work with private sector and pay for more localised research to be done.

7.1.2 How might those providing home-based care and residential care for children be most effectively recruited and supported?

7.1.3 What workforce development and retention strategies are required to meet the needs of the child and family welfare sector in the future?

8. The oversight and transparency of the child protection, care and support system and whether changes are necessary in oversight, transparency, and/or regulation to achieve an increase in public confidence and improved outcomes for children.

8.1 There is currently a range of oversight processes involved in the child protection and care system (for example, Ministerial/Departmental inquiries into child deaths and serious injuries, internal organisational complaints procedures, and the statutory roles of the Ombudsman, the Victorian Auditor General, the Child Safety Commissioner and the Coroner).

8.1.1 Are these processes appropriate or sufficient?

8.1.2 What exists in other jurisdictions which may be worth considering?

8.1.3 What changes, if any, are required to improve oversight and transparency of the child protection, care and support system? How would those changes contribute to improved outcomes for children?

8.1.4 Are there strategies which might increase public understanding of, confidence in, and support for child welfare services?

COMMENT

It would be useful to promote responsible parenting, respectful communication, and awareness of the impact of violence as broad community messages. Consistently, and easily understood, across a variety of mediums. This would lay down basis for cultural change. We have done it similarly with “Sun Smart”, the Drink-Driving Campaign, the Quit campaign, all of these have had an impact. IF these messages were combined with readily available , non stigmatising services for honest early intervention it would be reasonable to expect some improvement in outcomes for children,

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