MUNICIPAL ASSOCIATION OF VICTORIA

Municipal Association of Victoria

Submission to Protecting Victoria's Vulnerable Children Inquiry

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1 Introduction

The Municipal Association of Victoria (MAV) as the legislated peak body for Victorian local government commends the Victorian Government on establishing the *Protecting Victoria's Vulnerable Children Inquiry*. All Victorian councils are committed to the aim of providing children in their municipality with the best possible start in life through effective planning, development and provision of services that improve the health, connectedness, education and care of children and their families.

The provision of housing, transport and the location of services and educational facilities, influences the opportunities available for people to participate in their community, access education and employment, and connect to social activities, and to some extent can mitigate or reduce the level of disadvantage a child may have.

Vulnerability and disadvantage are directly influenced by such things as where and how human services, affordable housing and transport are provided.

Municipal Public Health and Wellbeing Plans are a legislated requirement of the Public Health and Wellbeing Act 2008 and as such provide councils and communities with a strategic local area plan that incorporates a social model of health using health promotion systems and focussing on health outcomes. They provide a planning connection between State and local government and other local stakeholders in planning for health and well being and as such offer an extremely valuable framework in which to plan for and respond to risk factors such as social and economic that may contribute to a child's level of vulnerability.

In a recent report *Mapping the planning system and its impact on disadvantage,* VCOSS states that 'lack of access to community services, such as family and financial counselling, domestic violence services, and mental health services can lead to problems spiralling out of control for individuals, families and communities.'[1]

The MAV provides the following response to the Inquiry which will largely address the Terms of Reference items 1, 2, 3, 4 and 5, as it is in these areas that local government has the most experience and is able to comment.

A critical part of Social Determinants of Health is the need for policies and systems that prevent people from falling into long-term disadvantage and poverty and the importance of ensuring a good environment in early childhood and as well being able to access healthy food and be free for the effects and impacts of alcohol and other drugs.

Victoria needs a model for vulnerable children, young people and families that clearly identifies the strategies, responsibilities and level of resourcing allocated in order to prevent the current situation of escalating problems reaching crisis point. A Public Health Model/Framework provides a context in which to target strategies that enhance early identification and intervention targeted at children and families at risk, including the role of adult, universal and primary services and such things as building community, community safety, health and wellbeing and income security are all important measures.

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[1] Mapping the planning system and its impact on disadvantage , VCOSS:2010

2. Recommendations

The MAV makes the following recommendations in response to this Inquiry.

- A whole-of government approach that works with families and places the best interests of children at the centre of any policy development and decision-making.
- A Public Health Model/Framework is adopted focussing on a four –pillar strategy of Prevention, Promotion, Early identification and Intervention and Access to Services.
- Resourcing and strengthening universal platforms of Maternal and Child Health (MCH) and Early Childhood Education and Care services to enhance their capacity and capability to support vulnerable children.
- Extending the reach of the Enhanced Maternal and Child Health service through reviewing the funding formula and increasing the age criteria.
- All government agencies should be mandated to have the child's best interest at the core. Other service systems need to also recognise children.
- Funding a minimum of 20 hours of access to Early Childhood Education and Care services immediately upon identification of risk of vulnerability.
- A targeted, multi-strategy, public health campaign focussing on the message that that all children are the responsibility of a community and on the impacts of family violence on children.
- Re-scoping the ChildFIRST platform to improve its capacity to respond to vulnerable children and families.
- Funding targeted and indexed to meet real growth in need and demand particularly in view of Victoria's current birth rate and predictions of an increase of 21% in the number of children from 0 – 4 years by 2021.
- Strategies that target the changing cultural diversity of Victoria's population to ensure that services are more responsive to new cultural groups including refugees.
- Information sharing across services to enhance referral and support processes and outcomes.
- Placing a focus on case management and coordination in order to maximise the existing services and systems.

3.   Reponses to Terms of Reference

Terms of Reference 1 and 2
The factors that increase the risk of abuse and neglect occurring and effective preventive strategies and Strategies to enhance early identification of, and intervention targeted at, children and families at risk, including the role of adult universal and primary services.

Victoria is in a well-placed position as two main early childhood universal services platforms: Maternal and Child Health and Kindergarten are already attended by the majority of families. Councils are required by legislation to follow up all birth notifications. Maternal and Child Health is delivered through local government either directly or in a few cases via contract and kindergarten is delivered with significant support from local government.

The resourcing of these services to be able to offer targeted support, improve access to a range of other services and to better identify children and families at risk could offer an effective preventive strategy for reducing the number of children at risk.

Universal services have an appropriate role in responding to the needs of children and families, and the strengthening of the capability of those services and organisations involved lies at the heart of enhancing early identification of and intervention targeted at children and families at risk.

Local government has an intrinsic role in building the capacity and responding to the needs of younger members of their communities. To this end councils develop Municipal Early Years Plans. This planning framework provides the opportunity for a broader State government policy framework around vulnerable children to be integrated into local plans.

Currently councils respond to a range of issues that impact on children's levels of vulnerability. These include poverty, housing, domestic violence, disability, refugee resettlement, issue with youth. Local government implements a range of strategies and services for families, young people and children that are aimed at community capacity building which in turn enhance early identification of, and interventions targeted at, children and families at risk.

A major example of the role local government has in early identification and response to vulnerable children is in delivering the Enhanced Maternal and Child Health (EMCH) program. This is a key targeted intervention that is extremely well linked to the universal service. It is a pivotal service as it is often the first point after birth that the needs of vulnerable children and their families can be addressed. It is a highly coordinated and linked service and as such is a good example of integrated service delivery.

The current review of the EMCH being undertaken by DEECD provides an opportunity for this model to be expanded in relation to the issues regarding vulnerable children. Extending the age criteria and funding it to work more broadly to link families into services as children age could prove to be a cost effective approach to ensuring that children at risk remain integrated and linked into to services that continue to support their needs. The ECMH model has general acceptance in the community as it builds on a "non-stigmatised" universal service.

Local government is also the major deliverer of Family Day Care Services. For many years these services have provided a cost-effective and accessible service for vulnerable families. This model of early childhood education and care (ECEC) provides a stable, homelike and caring environment that almost acts as pseudo foster care and therefore can be an important part of the service system for vulnerable children.

Councils generally comment that there has been an increased complexity of issues and corresponding increase in councils' involvement in the planning, development of case management and provision of integrated support for vulnerable families and children.

The capacity of local government to respond to such a diverse and broad range of needs from its communities is impacted upon by the fragmentation of the system that targets vulnerable families. Local government is increasingly called upon to provide services that it is not funded for, but from a building human capital perspective, must respond to in order to attempt to address the issue of increasing vulnerability.

Local government often finds itself in the position of managing a referral process or trying to provide case management responses that it is not funded to do. Councils have increasingly built partnerships with non-government agencies in order to provide a more adequate response to the needs of vulnerable families in their communities. However, the overall policy framework and system that currently exists seems to only respond when things are at crisis point.

As State agencies are aware, people may not require early intervention of the child protection system if other aspects were looked at in a more robust and systemic way such as Drug and Alcohol support service, mental health and housing. For example a family has been known to be held in Family Services for six months because a housing referral was not available. There is a need to understand that the system does not just encompass Family Services and Child Protection Services it must include a range of other services in order to be more effective.

The most cost-effective strategies from a local government perspective include:
- A whole-of-government approach that works with families and places the child at the centre of any policy development and decision-making. Policies that focus on the importance of providing care to children that in turn builds human capital.
- A Public Health Model/Framework that focuses on a four-pillar approach of Prevention, Promotion, Early Identification and Intervention and Access to Services.
- A targeted public health, multi-strategy campaign focussed on the message that vulnerable children are a community responsibility and on the impacts of family violence on children.
- Resourcing and strengthening the universal platforms of MCH and Early Childhood Education and Care services to enhance their capacity and capability to identify, refer and provide services to

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[2] Department of Human Services – ChildFIRST report – KPMG:2009

vulnerable children.

- Funding a minimum of 20 hours of access to early childhood education and care services immediately a level of vulnerability is identified.
- Re-scoping the ChildFIRST platform to increase its capacity to respond to the needs of vulnerable children and reduce the current size of the various networks as some are currently too big.
- Tackling the public housing issue by reviewing the Priority of Access criteria to ensure that the welfare of the child is paramount.
- Information sharing across services to enhance referral and support processes and outcomes.
- Placing a focus on case management and coordination in order to maximise the existing services and systems.

Terms of Reference 3 The quality, structure, role and functioning of services

There has been much commentary on the strengths and weaknesses of the current services system provided from a range of stakeholder perspectives and experiences.

From a local government perspective providing quality services to vulnerable children and their families is critical, however the current service system still has some way to go to achieve this.

Looking back at the expected outcomes of the Child and Family Service System Reforms, although the model was set up to support families experiencing stress at home, the resources of the ChildFIRST platform are currently not adequate to meet demand. Anecdotal information from councils is that because it is a demand driven service and families are assessed on a priority of need basis, then families who perhaps only need a small amount of intervention or who are assessed as low priority do not receive the services they need in a timely manner and eventually may end up in crisis before they receive the support they need. In addition there is no case management resourced or allocated as part of the process, which has impacts on the effectiveness of the current service system.

The transactional costs to services also impose an additional impost. For example for a vulnerable child under the protection of Child Protection services to access early childhood education and care they are only funded for a initial 16 weeks after which time another application has to be made. This seems to be too short a timeframe for any sustainable outcomes to be achieved and it also imposes transactional costs of re-applying for funding to allow that child to stay in ECEC.

Councils report that some of the ChildFIRST sub-regional catchments are too big often spanning up to 5 local government areas. Although the sentiment of providing a community based referral point into Family Services is admirable, the reality is that in some sub-regional catchments and networks the size is not ideal.

In their interim report – *Department of Human Services – ChildFIRST report*

– August 2009 KPMG[2] found that an unintended consequence of ChildFIRST was the reduction in the engagement with local universal and secondary services and that ChildFIRST needed to make this a priority. The MAV reiterates that engagement with the universal services platforms is not only a cost-effective way of providing a quality service to vulnerable children and their families, but is critical to early identification and intervention that is aimed at protecting the best interests of children.

Information sharing is a critical issue within the service system and continues to be an area where improvement needs to be made. Data collection along with the integrity and usefulness of the information continues to attract comment and debate. For the service system to work well information sharing is an area requiring increased focus.

Most councils have a Municipal Early Years Plan (MEYP). A majority of councils also report that they foster local service networks, support co-location or integration of early years services, facilitate community connections, engagement and capacity and identification of service gaps and solutions.

Therefore in addition to some councils being members of their ChildFIRST network, local government must be considered as an integral part of both the formal and the informal service system that sits outside the funded ChildFIRST, Child Protection and Out-Of-Home Care model.

Co-location and integration of services
Currently the majority of councils report that they support co-location and integration of services to families and children. Almost half of all councils have centres in their area where services are co-located.

Co-location and integration of services offers opportunities for such things as early identification, capacity building among the workforce that deals with young children and their families, increased responsiveness and understanding of the service system as a whole. Councils often have specific clusters of services provided in these co-located hubs which may include: maternal and child health; kindergartens, long day care; and playgroups. At times other professionals may also be co-located at or work from the buildings these hubs are in. These hubs could be further developed to assist parents with program to return to education and employment.

Terms of Reference 4   Interaction of departments and agencies and service providers

Effective partnerships underpin the current model of service delivery. Therefore it is important for departments and agencies to have a shared vision and philosophy about what it means to 'protect Victoria's vulnerable children'. Executive leadership across agencies is important to establishing effective partnerships. Agencies and service providers need to show a willingness to spend the time on determining how they are going to work together.

Any service system that functions largely on a partnership or alliance

approach, work will always be needed to ensure the ongoing understanding of each others' roles and responsibilities and mutual expectations. Strategies to foster improved service integration and delivery include:

- Governance arrangements, which are based on the principles of joint responsibility, joint accountability and mutual respect. This then creates the capacity for departments and services to work in a more integrated way, sharing information.
- Co-location as a way of enhancing the capacity for integration, advice, workforce capacity building and decision-making.
- A client pathways approach which utilizes all available information from acute, primary and secondary settings that then works with families and identifies children who will best benefit from support.
- Multi disciplinary teams working as part of a broader care team to case manage families.
- Monitoring and evaluation of the effectiveness of strategies and interventions that are then used in a reflective way to improve the practice and support efficiency and effectiveness.

Another key issue and driver for change is the historical policy and program funding of services. The changing needs of Victorian families has highlighted the need to continue to look for new and innovative service models to better target services to meet the needs of vulnerable children.

The welfare of the child needs to be clearly in focus and not limited by constraints of historical service boundaries and funding models. The current service system is fragmented (multi providers) and segmented (Drug and Alcohol, Mental Health, Housing, Maternal and Child Health and Family Services). Program funding also needs to be reviewed as it usually looks at service type, which in itself can limit flexibility and the ability to address a wider range of risk factors that can impact on and lead to vulnerability in children and families.

Terms of Reference 5 Appropriate roles and responsibilities of government and non-government organisations

Local government and the not-for-profit community service agencies already have a long and proud history of working together to meet the needs of children and their families in each municipality.

Councils are well placed to respond to their communities needs through being for most people their first port of call when trying to access services. For councils the question is the role of the Commonwealth and State Governments to develop and design a policy framework that addresses the following:

- A whole of government approach that sees all departments and services placing the child at the centre of any policy development and service delivery that includes a standard for all services to ensure the continued well-being of children, particularly those in statutory care.
- Adequate resourcing and investment in service providers to undertake their agreed roles within the policy framework.
- Ensuring a planned approach for the current and expected growth in

services that will be needed to respond to vulnerable children based on population growth indicators and demand-driven service delivery.
- A workforce strategy that ensures skilled, engaged and effective people are in the community services sector thus allowing it to better deliver services to vulnerable families.

The current reforms occurring in the Early Childhood Education and Care sector, along with the State government review of Early Start, the Enhanced Maternal and Child Health platform and the evaluation of the ChildFIRST initiative all provide a rich opportunity for improving the outcomes for vulnerable children.

4. Summary

Local government recognises that it has a community wide responsibility for children's wellbeing. Because of the intrinsic role local government has in the overall provision of services for children and families, it should be an integral part of any policy leadership and collaboration that may be brought together as a result of this inquiry.

This Inquiry could perhaps consider the Australian Government's *National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009 – 2021* as a possible model for an overall plan for Protecting Victoria's Vulnerable Children.

5. References

Department of Human Services (2009) – *ChildFIRST report* – KPMG

VCOSS (2010) *Mapping the planning system and its impact on disadvantage* VCOSS