

ROYAL CHILDREN'S HOSPITAL SUBMISSION April 17 April 2011-

PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

INTRODUCTION:

The Royal Children's Hospital welcomes this Inquiry into Victoria's Vulnerable Children. Children's well being and safety is a whole of government and Victorian communities' responsibility.

There is an interrelationship between education, housing, income maintenance, parenting education mental health, alcohol and drug misuse, pornography, family violence and sexual assault.

Child Protection in Victoria is a broader problem than just an examination of the current child protection system. DHS Child Protection alone will never be able to keep all children safe

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

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

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

- Education at primary and secondary level for children and young people about child safety and well being and the constructive and safe use of the many social networking sites.
- Early identification of all risk factors including mental health, sexual assault, attachment disorders, income maintenance, family violence inadequate housing and pornography and the internet.
- Vulnerable families identified as early as possible so that intervention can commence before children are at risk of serious neglect and abuse.
- The extension of the WELL BEING TEAMS in schools and kindergartens so that a primary care team can work with vulnerable families as they are identified and children and young people's needs are identified and acted upon.
- Training in secondary schools highlighting respectful relationships for male and female students.

Expansion of mentoring programs (eg 'Big Brother /Sister') that can provide children and young people at risk who remain at home with a "significant other", something that has been shown to improve outcomes for this group

- Housing, government policy requires a substantial response to this chronic and pervasive Victorian community problem.
- Evidence based Parenting interventions eg attachment focused including evidence based infant, child and adolescent interventions as early as possible.
- Income maintenance targeted and adequate to those families who really are in need
- Education for the community on alcohol use and misuse that challenges our Victorian community's acceptance of heavy drinking, frequent drinking and binge drinking as we do with tobacco. Murdoch Institute Assoc Professor Jane Halliday's foetal alcohol syndrome research is a current research on this issue.
- Community education on attitudes to child abuse regarding such things as its prevalence, community responsibility, appropriate responses
- A targeted campaign to address the ease of access to pornography for our young and very young people, the nature of the material and what a large number of children and young people now believe is normal sexual activity and behaviour
- Accessible and a broader range of mental health services for children and young people particularly those with anxiety, depression, PTSD and suicidal ideation.
- MDC roll out across Victoria so that Police, Child Protection and Sexual Assault Services can provide improved services as occurs in Frankston and Mildura.
- The integration of Family Violence services with other parts of the service system so that children and young people can be recognized as those who are impacted by family violence and their need and rights can be responded to in a timely manner.

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

- All the listed items in 1.1.1 are required for children and young people by a whole of Government response

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

- All Mandated professionals in Victoria need to be trained in their university courses and have follow up education sessions regularly. We are failing the legislative requirements currently for every mandated professional group.
- Consistency of response from child protection regions/offices Risk Assessment and On Going Safety vary enormously depending on which region/office is involved.
- Better working conditions for child protection workers including wages, leave and introduction of 45/52 and reduce case loads to manageable loads.

- Foster care system, pay, training and support and therapeutic foster care.
- Child care system requires improved training, support and pay for this part of the service sector
- Residential care needs adequate funding and workers need more training about child development and require support and supervision.
- Placement for children and young people. Risk assessment, needs to occur as soon as possible. Attachment issues must be considered. "How bad does it have to get before children can be removed from their parent/s".
- Kinship care: political correctness "gets in the way". Need to acknowledge the prevalence of 'multi generational' abuse.
- Social work need to be a post graduate course for child protection.
- Need to explore the Health Professional model eg medical and consultants providing direct service with the junior staff under the direction of senior staff.

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

- No All groups must have access to services that meet their individual needs in mainstream services otherwise these groups will be marginalised
Increased training in cultural awareness more appropriate than a separate service

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?

- The structure of the child protection service means that the least experienced and trained staff do the most difficult front line work. Putting additional resources in a structure that is flawed will have poor outcomes. The medical and education models have dealt with this issue. Child Protection need to retain some of its experienced staff in the front line by altering job descriptions, salary and gradings.
- Attachment is a Public Health issue.

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 organizations involved

- 2.1** What is the appropriate role of adult, primary and universal services in responding to the need 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 staff work

- 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
- All staff in these services require training. There is a need for targeted training programs, run annually for those professional groups who are currently mandated to report abuse. Who is training these groups of professionals currently? Training must be part of each professional group's accreditation and credentialing.
 - Telephone and internet based services are a separate issue. They are a generally anonymous service that provide information. The anonymity is their strength however it does not generally allow for any follow up after the call.
- 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
- All require annual targeted training in recognizing and responding to children, young people and their families who are at risk.
- 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 migration services.
- The same as 2.1.3
- 2.2 **How might the capacity of such services and the capabilities of organizations providing these services be enhanced to fulfil these roles?**
- Increased funding so services can be expanded
 - Education
 - Training
 - Linkages to all the other sectors of the service system
 - We need a responsive Child Protection system to these reports.
- 2.3 **What strategies should be given priority in relation to immediate, medium and longer term priorities?**
- None! The whole of Government and community needs to be involved.

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

- Address issues in 2.1.1

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 interest of children and support better outcomes for children and families.**

3.1 Over the 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?

- Child protection workers appear to have work demands that hinder their ability to undertake integrated Assessments and to use collaborative work practices. This includes requests to agencies to provide reports for court to attend court and to give evidence in courts.

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

- Staff need reasonable caseloads
- Staff need to work 7.6 hours then know that they will go home. Working after hours at courts, children placements etc does not allow for long term commitment to the job as the rest of their life and its commitments cannot be met eg children, elderly parents, friends, socialising etc etc. There must be work life balance that respects staff.

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:-**

- 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?

Child FIRST is an issue. In some regions they are pseudo child protection services.

- Child FIRST do not have the skill set –risk assessment safety and protection assessment
- Child FIRST agencies do not have the funding that enables the service to be run at this level.
- Parenting and family support is not always able to provide services that can deal with the complexities of these families and their issues.

- 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?

- As above

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

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

- All groups with specific cultural needs must have services within mainstream services. This is currently not the case in Victoria. Mainstream Services cannot provide adequate specialist services unless in their service agreement and they then have adequately trained and skilled staff.

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?

- Language is important. Child abuse is not maltreatment. It is assault or abuse. 'Maltreatment' minimizes the act of assault because the victims are children.
- Courts and the law do not always support these aims.

Strengths :

- Regional services
- Dedicated staff
- Run by government hierarchical structure that is rational and responsive
- Accountable and responds to criticism
- Senior people with great expertise and knowledge

Weaknesses:

- Structure see 1.1.5
- Case loads
- Staff recruitment and retention
- Expectations of the Victorian community and government that child protection can keep all children safe. By the time children reach the child protection service they have been abused. Their job is to deal with child abuse and its impact and to try and prevent it happening again.

It cannot be their job to keep all children and young people safe. The Victorian community is asking child protection to prevent child abuse.

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 appears to be the conditions associated with this and how might these conditions be replicated elsewhere in the state?

- Difficult to respond to this question as we do not have the detailed information to make the comparisons and recommendations.

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?

- The overall structure would appear to be suitable. We would recommend a reorganization rather than a restructure. The problems raised in 1.1.5 issues such as front line staffing need to be addressed. Issues of staffing and retention, grading, having senior staff working in the field with junior staff as they do in health and education fields are important.
- Child protection staff to have work loads and job descriptions that insist that they work collaboratively with the other parts of the service system.

3.4.3 What has the impact of the Victorian system of Mandatory Reporting on the statutory child protection service? Has 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?

- Mandatory reporting was introduced in the 1990's. The unintended consequences of this introduction should have all been dealt with well over a decade ago! Going back over that time rather than planning for an improved future will not benefit the current response to abused children. The 21st century issue for mandatory reporting is that we do not have a system to fulfil the legal obligation of teaching the mandated professionals what are their legal obligations to carry out this very important task.

C. Out Of Home care, including permanency, planning and transitions.

What are the strengths and weaknesses of the range of our current out of home care services?(including respite care, 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?

3.5.1 How might any identified weakness 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 in the state?

- The current model of Out Of Home care is based on a 20th century model that assumes women are at home and families have more children. The model for this century needs to take in the current demographics.
- The challenging behaviours of some children and young people placed in care is very difficult for everyone to manage. Children need to be removed from their abusive environments sooner rather than later as the impact on the abuse is cumulative and therefore more damaging over time.
- Attachment focused training for staff and carers
- Every child and young person in out of home care needs an education plan. Currently there is fragmentation for their schooling between School, Resi care/foster care, and child protection. The schools require resourcing so that they can work with the Out Of Home Care staff to support them in their education system
- Need a broader range of placements.
- Financial assistance to those who care for these children and young people needs to be adequate.
- Regular training and support including therapeutic support needs to be provided to the parents, carers and staff.

- Children who have been sexually abused require specific understanding as to their placement requirements and the behaviours that may be present.
- Residential care settings need a maximum of 2 residents units with consistent staffing who are trained in attachment and trauma models.
- Residential Units who care for young people but particularly those with SAB need to actively support their young person's therapeutic treatment. For example consistent staffing transportation to appointments, a safe respectful transferral of relevant information that considers risk and also the young person's overall well being
- Treatment will not be as effective if there is not an overall holding for the client.
- Residential units/carers and services offering therapeutic treatment need to be more integrated.
- Children and young people with PSB and SAB require specialist placements that take into account their behaviours and possible issues that may arise in a new setting. Some targeted placements are currently available but we need to be able to provide more stable ongoing placements for this group of complex and challenging clients. Residential care is not the answer.
- Regular respite for every carer
- A weakness of the Residential Unit care model is that there are constant changes in carers
The Home Based Care model with trained, well paid and supported carers who 'live in' would provide the consistency needed

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 need to be considered?

- See 3.5.1

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?

- Education plans that travel with each child and young person as they move around the system and to different schools and placements. They need to be adhered to and added to as the child and young person develops.
- Similarly mental health plans and interventions if required and basic health plans to travel with the child/young person that are acted on frequently.

- Cultural and linguistically diverse children can require specific services however they also require access to mainstream services if that is their wish.
- A biographical account to travel with the child. A story about who i am and what has happened in my life.
- There is already a legislative requirement in Victoria has for each young person leaving care. Funds and services need to be attached to this expectation so that the young person has key significant adults in their lives who will assist them in the transition over a number of years.

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 well being of children in their care?

- There needs to be formal process that allows this communication to occur and be recorded. Children and carers need to believe that they are heard by all involved, that it is recorded and it is considered. This needs to occur regularly and respectively.
- The concept of 'informed consent', the developmental level of the child and young person and the dynamics of abuse need to be considered when their views are expressed.
- Workers picking up a new case must make themselves familiar with the current situation. We must not keep going back to the children, young people and carers and re asking them.

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

- Adequate funding
- Risk assessments re return to families earlier but an acknowledgement this may not be appropriate for some families.
- Return to home requires much support and interventions to help them to succeed
- Training for all involved
- Therapeutic support
- Removal from home as early as possible
- Reduce the return to home and then removal cycle

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 post placement supports that are required to enhance the success of permanent care placements?

- See all the above in 3.5.5

- 3.5.7 What are the strengths and weaknesses 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?

Adopted children have a right to know their history about the adoption and their family. They can then make informed decisions at a later date if they wish.

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

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

- Currently in Victoria there are models of collaborative practice and evaluation taking place. The Family Violence Reform Program and its Research section SAFER research is evaluating many aspects of the integrated family violence reforms.
- The family violence, Child FIRST ,family Services ,Child protection partnerships is also attempting to improve working relationships and outcomes for abused children and their families both formally and informally. Both these reforms and their evaluations need to be considered.
- Under resourcing of these evaluations and service models undermines the possible outcomes.
- Establishing changed collaborative practices puts additional stress on staff and resources.
- Existing protocols and guidelines are only as good as the adherence which is the issue in these circumstances

- 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 the direct service to individual child and families?

- Need to follow the protocols and guidelines
- Need respectful relationships between agencies and staff
- Need regular communication and direct contact between staff in each agency involved with a particular child/family.
- Staff need reasonable workloads so they can allocate time to these working communications and relationships, this includes family violence sector staff and child protection staff.

- 4.1.3 Are there specific models of inter professional inter organizational and/or inter sectoral collaboration which have shown to be effective or promising and which maybe worthy of replication? This may relate to two organizations or to a much broader service network.

- Multi Disciplinary Centre (MDC) are a fine example of inter organizational and inter sectorial practice. These MDC have a co location of Centres Against Sexual Assault, (CASA) Vic Police Sexual Offences and Child Abuse Investigations Teams (SOCIT) and DHS Child Protection. They have been evaluated by Deakin University.

The benefits of co location are:

- Timely joint response by Child Protection, Police and CASAs to high risk sexual and physical abuse cases
- Increased rates of disclosures of abuse by children
- Higher rates of convictions of offenders
- increased rates of engagement on non offending family members
- increased likelihood of child remaining in care of family or community

This Model could be enhanced if space was provided to other key agencies in the region to provide a service as required.

4.1.4 How might Professional Education prepare service providers to work together more effectively across professional and organizational boundaries?

- The Sexual Assault Sector, (CASA and other agencies funded to provide services to sexual assault victims) runs a Statewide Workforce Development Program for all staff across the state. A needs analysis helped select the sessions. RMIT have evaluated the Program ACSSA are also partners in the venture regularly providing briefing documents on the most recent research. Foundation and Advanced streams of sessions are provided.
- Evaluation outcomes have been most positive and networking with colleagues from other agencies is reported as beneficial and often continues after the Training.

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?

- Flexibility built into funding models would assist this problem.
- Good ideas and innovative practice are not sustainable as they are not part of the funding cycle

5. The appropriate roles and responsibilities of government and non government organizations in relation to Victoria's child protection policy and system

5.5 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 not for profit organizations 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?
- There is a place for both types of organizations in relation to child protection. Funding and accountability are the problem in Victoria.
 - Not for Profit organizations NGO are given semi legal responsibility without adequate funding and resourcing ie Child FIRST
 - The government bureaucracy does not over see funding requirements and outcomes in the best interest of the children and families.
- 5.1.2 What roles currently performed by statutory organizations, if any, might be more effectively and efficiently performed by non government organizations and vice versa?
- Children, young people and vulnerable families deserve a committed, funded and responsible response from government. Agencies that are funded by government must also be highly accountable to government not only for the funding but just as importantly for the services they are providing to vulnerable families.
- 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 for referrals to a service such as Child FIRST to fulfil the legal responsibilities of mandated notifiers?
- No. Non government agencies should not deal with the legal responsibilities. NGO s are not subject to the same public and legal scrutiny. We would not want another dual track system to be developed. Families would fall between the two systems as they did in the past between police and child protection.
- 5.1.4 Is it necessary to strengthen the capability of organizations in the non government sector to better equip them to work with vulnerable children and families and if so how?
- Yes with funding, collaborative working environments, and regular and joint training between the NGO sector and child protection as both sectors could learn from each other.
 - No one sector is the expert in the field.
- 5.1.5 What is the responsibility of the State to ensure that all organizations in the community which are engaged with children fulfil their duty of care to protect children from sexual abuse and other forms of maltreatment and how might that responsibility be exercised?
- It is the responsibility of the State and those who work for it to ensure that all organizations which are involved with children fulfil their duty of care. This responsibility cannot be outsourced to NGOs
 - The child's voice in disclosure of sexual abuse needs to be heard and validated.

- The legal system takes away the sexually abused child's voice
- When children who have made disclosures of sexual abuse and it has not been substantiated or where there are significant concerns for a child either still in their parents care or if they are having unsupervised access that a well planned and adequately sensitive Protective Parenting Capacity Assessment is routine these assessments need to be done by a specialist team that understands the nuances of what the complexities of supervision may mean. For example access to pornography for those who may have demonstrated Sexually Abusive behaviours SAB. Supervision is complex and this needs to be recognized at both a physical and emotional level.
- Organizations engaged with children need to be educated about sexually abusive behaviours (SAB), problem sexual behaviours (PSB) and sibling sexual abuse. They need to learn how to respond and their legal responsibilities.

5.1.6 What are strengths and weaknesses of the 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.

What should be done to enhance existing roles or address any weaknesses?

- State and commonwealth governments need to work collaboratively to ensure the best possible responses are available for vulnerable families. This does not happen currently.
- Nationwide mandatory reporting criteria needs to be put forward.

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 the light of the recent child protection legislative changes trends in other jurisdictions and in particular the options put forward by the 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?

- What is the status of the recent review that looked into the Children's court and the current system and explored alternative options such as mediation and panels? The content to this review would be most helpful in exploring particular legal and court options.
- The MDC evaluation Deakin University 2009 found improved legal processes for clients and better outcomes from the MDC services

6.1.2 Are specific legislative changes necessary?

- Examination as to why the current legislation is not working well rather than a consideration changing the legislation needs to be the priority.

7. Measures to enhance the governments ability to plan for future demand for family services, statutory child protection services and out of home care and ensures 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 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?

- There is not sufficient research in any area of child abuse and vulnerable families. There is great practice occurring in pockets and the field is not learning from these practices as research and evaluation is not state wide and even when it does occur it is not shared broadly thru out the field.
- State wide and agency wide research and evaluation would enhance the service system, help improve services and build capacity.
- This state wide research would identify trends and inform changes to the service system.
- Research needs to be linked to university grants and requires robust and critical analysis that is part of the services as occurs in the family violence research currently.

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

Staff working in therapeutic residential settings have greater staff retention as it is reported that staff find their role more satisfying and full filling, therefore are able to endure such difficult work. Therapeutic models should be increased

See 3.5.1-7

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?

See 3.5.1-7

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 organizational 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?
- Victoria has a large number of oversight processes. The recommendations that come from these processes need to be distributed and made available to all in the field and the changes need to be carried out.
- 8.1.2 What exists in other jurisdictions which may be worth considering?
- Not sure
- 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?
- Enforcing the current system would be adequate
- 8.1.4 Are there strategies which might increase public understanding of confidence in and support for child welfare services?
- Over the years we have had public health promotion campaigns that have been successful in getting the message across to the public and learning about where to seek help for their concerns ie "Stand Up Against Child Sexual Abuse" the Victorian community would benefit from a health promotion campaign that reinforced the Victorian legislation that recognises Child Well Being and Child Safety and Protection. The community needs to be made aware that that is what we are striving for all children and young people in Victoria. It is not just up to Child Protection and the other service agencies to aim to achieve this ideal

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April 2011

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