Submission to

Protecting Victoria's Vulnerable Children Inquiry

Jenny Vaughan

I am a social worker with the following qualifications:
BA/Dip. Soc.Stud. (Melbourne University) 1972
MSW (LaTrobe University) 1998

I have worked in the child and family services field for more than 30 years. I have worked in areas ranging from children's court probation to residential care for children, and for young persons assessed as 'unsuitable for community placements'. For almost 20 years I have worked in the family support field in an NGO and in local government.

Responses:

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

This question potentially encompasses all areas of life. Access to employment, quality education for children, social connectedness, all work to prevent the social problems that lead to abuse and neglect of children. In the main, Federal and State Govt. directions determine how many of the "big questions" are addressed.

For the purpose of this submission, I will respond in regard to social connections and speak from my experience. Strong family/informal and professional support networks are critical to healthy development of children. When I worked with children/teenagers in residential care, a majority of their families were isolated from meaningful supports in their parenting. In my family support experience, those families who developed real strengths as parents were those who became truly connected with others– to their own family members where possible, to neighbours and other parents, to the primary services they interacted with.

Public infrastructure planning needs to be done in a way that encourages people to connect and gain strength from each other, and private developers required to meet set criteria. Additionally, Office of Housing provides an ideal opportunity to work with other public and private organizations towards this. I imagine the evidence points to the numbers of children at risk of abuse and neglect being proportionally higher from this demographic. I believe resources put into supporting this population at a whole of community level would reap rewards.

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.

Sadly, the direction primary services are heading in, often works against children's and families' health and well-being, especially the most vulnerable. **The critical importance of relationship** is being lost. People are increasingly seeing a number of doctors in large clinics, rather than have a family GP. Schools have many teachers on short-term contracts. Even Maternal & Child Health nurses appear to be trending towards families seeing a range of nurses. The birth of a child is a vulnerable time for child and parents, and relationship with a primary service provider can be vital. For example, how many times have I heard that a mother has disclosed family violence for the first time to the nurse they have come to trust. A relationship of trust at a vulnerable time is being increasingly constructed as 'dependence'.

The most disadvantaged families have the least personal and financial resources to make personal adjustments to counterbalance these societal trends. The gap in the quality of service for the 'haves' and the 'have-nots' seems to be getting bigger – whether it's choice of school, or just feeling confident to make sure you see the same GP, or specifically ask to see the same nurse. Cultural and language barriers add to the problem.

Limited resources also mean those most in need tend to miss out. Engaging the most disadvantaged require 'extra effort' and this requires extra money. While there is some allowance for this (e.g. the Enhanced MCH service is to be applauded) the reality is that many publicly-funded primary and targetted services are working so hard to meet 'core' targets, that they are not sufficiently able to do the hard (and creative) work to engage families least likely to access the resources available.

I encourage the responsible Govt. bodies to attach funding to services showing evidence of providing quality services to the most vulnerable children and families. E.g. are New Parent Groups generally inclusive of those parents who are struggling and/or are from CALD backgrounds? There are good examples of MCH services who ***have*** been innovative and successful in increasing access of diverse groups, so it can be done…

Much of what I am writing may seem not accessible to change strategies. However, I believe these societal changes to massively impact on the most vulnerable, and urge, in addition to concrete strategies, action in promoting in the media a move to respect and value the 'relationship' in provision of professional services.

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 In relation to Child Protection, Family Services and cross- sector services, integration has been partially effective as there has been an increased 'best interests of the child' focus. However, the operational side is often ineffective. I believe (anecdotally) that there is a high percentage of Child Protection referrals to Child FIRST where the family is not engaged or not engaged in a meaningful way with Family Services. This is not surprising, given the blurred boundaries between voluntary/involuntary. The Child Protection association can work against meaningful engagement.

3.2 **Child Protection** - I have a strong belief that Child Protection must be comprised of the most experienced, competent workers. It is a no-brainer to recommend higher remuneration based on qualifications and relevant experience. The inexperience of workers at the coal face is mirrored by the inexperience of team leaders etc. This leads to a highly stressed workforce, and tension between Child Protection and Family Services with lack of respect for professional judgments of experienced Family Services workers. This is not the responsibility of the individual CP workers carrying out a thankless task under enormous pressure. Rather, it is a systemic problem.
(It would be a diffcult task, but valuable, to develop a pilot project to test the efficacy of secondments between CP and experienced IFS workers, with financial incentives to work for 1-2 years in CP).

3.2 **Family Services** – Family Services have moved from an historical base of volunteers carrying out a largely mentoring role, managed by a paid coordinator, through paid family support workers with life experience to offer, often with a related qualification, to the current situation of a largely social work trained workforce. This shift

reflects a more professional approach to the role. However, what has been somewhat lost is the 'mentoring' role where the family feels there is someone who is not 'the expert' but is viewed as a 'professional' friend. Have we thrown the baby out with the bathwater?

a. Family Services

3.3 **A strength** of the Integrated Family Services /ChildFIRST system is to have a widely known **central contact for the community** – in areas with few local support networks.

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A **weakness** is to have a **central contact for the community** – in areas with strong local support networks. In this case, the system that is designed to improve integration, can actually fragment services for children and families that were previously more seamless.

Example – a school concerned about children being neglected may chat with the parent about a local support service and the two organizations work as a team to engage the family –using varied strategies, such as the support service coming in to advocate re utility bills. Now, the school must talk with the family about ChildFIRST, have the parent agree they are in need of supports and to have their information shared around a table of many agencies. They then contact ChildFIRST and some time afterwards (perhaps months) the family receives a call.

A further **weakness** is that there has been a **shift in the thresholds** families must reach to be eligible for Integrated Family Services. Previously, IFS agencies could work across a continuum of need, allowing early intervention for families who were struggling.

In the development of the system was an assumption that the existence of universal services, ChildFIRST/IFS and specialized services (e.g. family violence; counseling; disability; housing support) was sufficient to address the needs of vulnerable children. This is not the case. The present system leaves a massive gap, and Child FIRST is widely seen as an early arm of

‘child protection’. A strength of Family Support has historically been to walk alongside a family and take on a coordinating and facilitating role. (e.g. many times I have seen a family support worker help a family through the maze of services -e.g. in the disability field- where previously they have either fallen through gaps or not trusted enough to expose quite severe developmental problems of a young child). If the parent does not speak much English, knows nothing of our service systems and/or had few or no examples of trusted relationships, they may not have the capacity to access resources independently. Yet such a family may not reach the threshold for ChildFIRST until the problem has escalated. By then, the family may be viewed as ‘resistant’.

3.3.1

- Research is needed to evaluate outcomes for families whose referrals are not accepted by ChildFIRST –either where the referrer is redirected to a specialized service or is assessed as not reaching the threshold of need.

3.3.3

- Research is required into how refugee families can access this service system. Both from extensive direct experience and from feedback by Refugee Mental Health services, ChildFIRST does not adequately address the needs of this group. Families generally seek practical supports in the first instance, look for evidence that a support is ‘worth its salt’ and do not accept labels of ‘high need’ regardless of how much they are struggling. Among some communities, there is a heightened fear of Child Protection and anything associated with it.

Question 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.

4.1.1

There is confusion about when information can be shared between services. CY&F Act and Privacy Act are often quoted with quite different interpretations, both within Child Protection and within ChildFIRST/Family Services.

The current lack of clarity appears to allow for tragedies such as the 'Daniel Valerio' case to be repeated. There must be a clear statement to the community based on legal interpretation from both Acts.

4.1.2
Each ChildFIRST and Child & Family Services Alliance in Victoria operates under a unique model. This presents an opportunity to comprehensively analyse and evaluate effective models of operation for Family Services. The varying models include differing relationships with local communities and other services. The municipalities who had funding under Best Start also offer insights. All the knowledge needs to be pooled.

4.1.3
There are examples of effective early intervention models where universal early childhood services and family support services work collaboratively. This is particularly so in some LGA's where Local Govt. and State Govt. jointly fund family support services, who work closely with other Council services. E.g. Maternal & Child Health and Children's Services.

Only a small number of local Councils have State-funded Family Services. As a preventative and early intervention model, I highly recommend that local government be encouraged to take on a greater role in supporting and strengthening families through a range of early childhood services, including family support services, and a range of social support and development services, such as facilitated playgroups for vulnerable families. The mix of State and Council funds provides an accessible, non-stigmatising service to all.

Question 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
The age-old question is where to concentrate resources - in the tertiary, secondary or primary sectors. Each has its own agenda, and for all areas, the demands are greater than the supply.

Political imperatives tend to determine where resources are put. Hence, one crisis in Child Protection leads to that necessarily being the area of focus. This field has its analogies - armed officers at train stations or better lighting, conductors etc. There is no easy answer to prevention vs. treatment. How long is a piece of string??
I hope that one outcome of this inquiry is to ram home to every sector - corporate, government, community –the critical importance of early childhood development. No longer lip service, the 'child' must be central to planning and service delivery. Whether it's building in green space and accessible play areas for children in inner-city living (especially but not solely high-density public housing) or the Govt. and corporate world supporting work/life balance for both parents to be with their children, our community needs to have an increased awareness of the consequences of not supporting vulnerable young children and strengthening their families.

If we have a broad commitment to children, then Governments will pour more money into prevention, early intervention and ensuring those children who cannot be with their own families have the best possible care.

A final word. The 'Best Interests of the Child' framework does not sufficiently focus on the importance of 'identity and belonging' as a factor to be considered in every assessment. It is excellent in regards to aboriginal children, mentions those children from CALD backgrounds, but does not have this as integral to every child.

My 30 years experience in the child and family welfare field has taught me that a sense of 'who they are' is ever-present for children who did not grow up in their own families. While children cannot remain with parents who are severely abusive or neglectful, the sense of identity that comes from family membership is at the very heart of every child.
The kinship program was a huge step forward in recognizing this. Personally, I have seen few children who are not scarred as adults (and as parents) by the experience of out-of-home care – a never-ending sense of abandonment, lack of trust, not feeling grounded in relationships. (N.B. I have not worked in foster care or permanent care, so can speak only from knowledge of family group homes and residential units).

Having worked in a number of areas, I am a strong supporter of pumping money into research and planning to reduce the numbers of children removed from their families and communities.