

SUBMISSION FROM THE CASA FORUM 29th APRIL 2011

Protecting Victoria's Vulnerable Children Inquiry

Introduction

Child Protection will not be able to keep all children safe. This society would not accept the degree of regulation that would prevent any child being hurt. Children's well being and safety is a whole of the Victorian community's responsibility. Whilst we welcome working at the specific Child Protection system response, we would encourage the enquiry to publicly acknowledge the interrelationships between education, housing, income maintenance, alcohol abuse, mental health, parenting education, violence against women and children and sexual assault.

Child Protection in Victoria is a broader problem than just an examination of the current child protection system.

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):

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

- Programs in primary schools - advanced protective behaviour programs
- Secondary schools – respectful relationship programs for male and female students.
- Parenting education available on many levels as early as possible.
- Public housing stocks needs increasing. Need Government policy and substantial financial response to deal with this chronic problem. Needs bi partisan approach to resolving this issue for the future.
- Income maintenance needs to be adequate and targeted to those who really need it. Not middle class welfare.
- Require community education on alcohol use and misuse. Must challenge community acceptance of heavy drinking, frequent drinking and binge drinking as we did with challenging the tobacco lobby.
- There are difficulties developing with pornography and children and young people as well as some adults. This is around the ease of access, nature of some of the material and what it leads some children and young people to think is sexually normal.

- Need a much wider range of accessible services for those presenting with mental health issues including anxiety, depression, PTSD and suicidal ideation which should be attached to community health services. This work is too complex for lone individual practitioners.
- Sexual assault services needs strengthening. The MDC role with CASA, Victoria Police and DHS needs rolling out across the state.
- FV system needs integrating with other parts of the service system. The rights and needs of children and young people including accommodation for adolescents need addressing.

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

The strategies in 1.1.1 need a whole of Government response. None of them on their own will solve this problem.

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

Address the issues in 1.1.1

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?

No. All groups must have access to services that meet their individual needs in mainstream services.

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 in Child Protection, whereby the least experience and trained staff do the most difficult frontline job, needs altering. Putting additional resources in a structure that is flawed will have poor outcomes. The medical and educational models have dealt with this issue. Child Protection needs to retain some expert staff in the front line by altering salaries, gradings and job descriptions.

2. Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capability of those organisations involved.

2.1 What is the appropriate role of adult, primary and universal services in responding to the needs of children and families at risk of child abuse and neglect? Please provide comment in relation to any of the services listed below or any additional services that you regard as relevant to this Term of Reference.

2.1.1 Universal and primary children's services such as general medical practitioners, antenatal services, maternal and child health services, local play groups, 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.

Schools in rural areas struggle with teachers being asked to undertake a number of social tasks that are not directly related to providing education. Schools should have increased social welfare support on campus so that social work/social welfare staff take up identified issues re child wellbeing and protection.

There needs to be an annual targeted training program for those professional groups currently mandated which is part of the ongoing accreditation.

Telephone and internet based services for children and young people are a separate issue. There are anonymous services that can provide information. The anonymity is their strength. However it does not generally allow for follow up.

There are difficulties with the Child First model in some rural areas where it primarily acts as a referral service. Child First in these areas needs to be redesigned to provide intensive support to families when they are identified as struggling to cope with parenting or social problems.

The most cost effective strategy overall would be to provide a comprehensive service to children which would lessen the cost of adult services in the future.

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 recognising and responding to children, young people and families 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 migrant services.

As above.

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

- Training
- Education
- Increased capacity through additional funding
- Needs linkage with all components of the system
- Responsive Child Protection systems to these assessments.

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

None of them on their own will solve this problem.

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

Address the 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 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?

Child Protection workers have work demands that hinder their ability to undertake integrated assessment and collaborative work practices. This includes requests to other agencies to attend court, provide reports and give evidence.

Victoria has an integrated service delivery approach that varies from region to region. In rural areas there are concerns about Child Protection's capacity for partnering with other agencies. It was stated that they are the first to be missing at an agency meeting. It was accepted that Child Protection workers have high case loads and that they need limiting to enable the workers to be more effective. It was also suggested by rural CASAs that Child Protection does not assess psychological and emotional abuse adequately and that workers need additional skills to enable them to do this.

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?

See 1.1.5

a) Family Services

3.3 What are the strengths and weakness 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 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?

We do not have the information to answer this question.

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

As above.

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

All groups must have access services that meet their individual needs in mainstream services. Marginalised services cannot provide adequate specialist services. Constant fragmentation of the service system mitigates against a skilled, highly specialised workforce. If you have to meet too many criteria the pool of available applicants diminishes e.g. being of a certain religious persuasion, certain cultural group etc.

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

All groups must have access services that meet their individual needs in mainstream services. Marginalised services cannot provide adequate specialist services.

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?

Not maltreatment it is assault or abuse.

Strengths:

- Regional services
- Dedicated staff
- Run by Government
- Hierarchical structures that are rational and responds to criticism and are accountable.
- Senior people that have expertise and knowledge.

Weaknesses:

- Structure (See 1.1.5)
- Case loads
- Staff recruitment and retention
- Expectation by Government and community that Child Protection can keep all children safe. By the time they reach Child Protection the children have been abused. It is a triage system not a prevention system. Their job is to deal with the abuse impact and prevent it happening again. It is not their job to keep all children safe. Victoria community is asking Child Protection to prevent child abuse.

3.4.1. How might the identified weaknesses be best address? 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?

We do not have the information to answer that question.

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 is not the problem. Need to look at front line staffing. Refer to 1.1.5. Not advocating a total re organisations. We recommend a restructure that address recruitment and

retention particularly around front line work grading as in the education and health areas. Also need to address a reprioritising of workloads to allow staff to work more collaboratively with the rest of the system.

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?

Mandatory reporting was introduced in the 1990's. We have moved past the impact of this. The issue here is the annual training of mandated professionals.

c) Out-of-homecare, 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?

- The complexity of the behaviour often makes any placement difficult. Children need removing much earlier, and permanently, from parents who clearly are not able to address their behavioural, mental health or substance abuse problems in a timely fashion.
- Need a broader range of placements.
- This area needs adequate funding.
- Staff, parents, carers need regular training.
- Financial assistance to care for these children and young people needs to be increased.
- This is a system that is based on a 20th Century family structure when women remained at home and families were larger. It needs revamping to take account of overall societal changes.
- Carers and kin need some power and control in the situations they experience to keep them engaged in caring for children who can be difficult. They need to have a voice in ongoing care, parental contact and dispute resolution.

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?

- Risk assessment re placement and parental contact earlier.
- More funding.
- Regular training for all carers of children in placement.
- Need adequate funding.
- Therapeutic work directly with the carers to develop management strategies for the children and young people in their care.
- Regular respite care for the carers.

3.5.2. See 3.5.1

3.5.3 For young people leaving care there is legislative capacity to assist them in moving into adulthood. This needs to translate into a responsible, stable person. It cannot be an organisation. Generally

people do not bond with an organisation. Cultural and linguistic diversity needs acknowledging but these young people need to be able to access mainstream society and function in that society.

3.5.4 Children and young people should be included in some of the planning for their care. Those caring for children have to be included in the planning process and their input must be respected and taken into account. They will have information and knowledge about the child and young person and a relationship with them that must be considered.

3.5.5 Adequate funding; training; therapeutic support; respite for carers. Risk assessment of return to family needs to be early and rigorous. Need to stop the see sawing. If a child or young person returns home both parents and child/young person needs ongoing support.

3.5.6 See all of the above.

3.5.7 People have a right to know their history. It is important that, whatever the legislative structure, that adopted children know from the beginning that they are adopted and their birth parents details. This allows the adoptee to make decisions at a later date. It also makes a statement to those adopting about their role.

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

4.1.1 The integrated family violence model is attempting to address this question. However the Regional Integration Co-ordinator's position is under resourced as are many of the service providers and the regional governance structure. The SAFER research – Victorian Family Violence Reform Research Program is evaluating many aspects of integrated family violence reforms. The Family Violence, Child FIRST/Family Services/Child Protection Partnership is also attempting to bring agencies closer and work with clients in a collaborative and collegial manner through both formal and informal mechanisms. Again there is under resourcing which mitigates against this happening in an effective manner. Both of these reforms have merit and are being evaluated. However, without adequate resourcing the reforms put additional pressure on already stretched agencies and workers. The existing protocols and structures are in fact adequate. They need to be adhered to and this requires additional resources. Finally, evaluation needs to be across the structure not of individual agencies.

Rural input was of the view that children are not being well served by the legal/court settings. The legal system, it was suggested, needs to accommodate children more effectively.

4.1.2 Need to follow the protocols. Need respectful relationships between agencies. Require regular face-to-face contact between workers and communication. If you have that it will work as we do work together. Agencies, including DHS, need staff to have reasonable work loads so they can allocate time to the above. The family violence sector in particular is under **Women's Domestic Violence Crisis Service 1300 739 833 (workers line)/9322 3533 (Outreach DV services line only). Admin Line (Mon-Fri 9.00-5.00) 9928 9600.**

funded both from capital infrastructure and staffing perspectives.

4.1.3 There are already systems in place that people have put a lot of time and energy into working out. The difficult is the case loads. However, the pilot Multi-disciplinary Centres (MDC) are an excellent model for inter-professional, inter-organisational and inter-sectorial collaborative practice. The MDC evaluation by Deakin University (2009) has demonstrated the effectiveness of co-location of Centres Against Sexual Assault (CASA), Sexual Offences and Child Abuse Investigation Teams (SOCIT) and DHS Child Protection.

The Geelong MDC has not been funded to a level that allows the full co-location of the Barwon CASA, the Geelong SOCIT and three Child Protection workers. As a result there is the potential for a confused service response. We would recommend and support these services be co-located in their entirety.

The benefits of co-locating child protection workers at an MDC include

- Rapid coordination of effort that mobilises around the child's immediate safety and developmental needs
- Timely, joint responses by Child Protection and Victoria Police to high risk, complex sexual and physical abuse cases which are subsequently linked into CASA
- Increased rates of children disclosing abuse
- Higher rates of successful convictions of offenders
- Increased rates of engagement of non-offending family members
- Higher rates of children and families linked to counselling and support

Specific benefits for the co-location of counsellor/advocates at the MDC include

- Capacity to provide holistic support to victim/survivors and non-offending family members/carers
- Improved likelihood of children and adolescents remaining in the care of family and/or community
- Opportunity to immediately link victim/survivors onto counselling responses
- Improved continuity of care and ongoing support to victim/survivors throughout the criminal justice process
- Improved longer term health and well-being outcomes
- Increased reporting to Police by victim/survivors
- Greater confidence in the justice system and access to the system by victim/survivors
- Reduced attrition from the criminal justice process
- More timely assessment of the needs of victim/survivors with disabilities and cognitive impairments
- Reduced barriers to participation, access and inclusion in the criminal justice system for victim/survivors of sexual assault

In addition to CASA, SOCIT and DHS Child Protection being co-located, the model would be enhanced by providing room for other agencies to have a presence on a sessional basis such as legal, child health nurse, nurse practitioner, GP access, family violence agency outreach and mental health services.

4.1.4 The Statewide Workforce Development model for the sexual assault sector foundation and advanced annual program is a good model. A needs analysis informs topics. A RMIT evaluation has been undertaken. ACSSA has regular input by providing briefing documents on the most recent research.

4.1.5 The funding model is adequate. It needs some flexibility building into it to take account of the numerous situations that do not fit into the current funding model.

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

5.1.1 Whatever structure is in place in relationship to roles and responsibilities of government and non-government organisations needs to be adequately funded and overseen rigorously. NGOs are given enormous responsibilities including child protection work with no legal mandate and inadequate funding e.g. ChildFIRST.

5.1.2 It is important for the wellbeing of children and society generally that non-government agencies are policed by Government. Privatisation has its own risks e.g. private prisons.

5.1.3 Non statutory agencies should not deal with the legal responsibilities of mandated notifying. This is not in the best interests of children, young people and their families as non-government agencies are not subject to the same scrutiny. This is particularly relevant in the area of sibling abuse which agencies often do not understand. It was suggested by a rural CASA that CASAs should have their capacity to provide community education around this issue strengthened.

5.1.4 Funding, collaborative service system, regular ongoing training.

5.1.5 It is the State's responsibility to ensure that all organisations in the community which are engaged with children fulfil their duty of care. You cannot outsource this responsibility.

5.1.6 Both tiers of Government need to work collaboratively which they do not do at present. They need to publicly acknowledge the interrelationships between education, housing, income maintenance, alcohol abuse, mental health, parenting education, violence against women and children and sexual assault.

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

6.1.1 What has happened to the enquiry into the Children's Court that explored alternative options e.g. panels and mediation? See March 2010 CASA Forum Submission to the Victorian Law Reform Commission Review of Victoria's Child Protection Legislative Arrangements attached.

The MDC evaluation demonstrated better legal process and outcomes. Roll out fully co-located MDCs across the State.

6.1.2. We need to look at why the current legislation is not working rather than watering down the system e.g. 24 hour rule.

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.

7.1.1 There is not sufficient research. However, it needs to be funded across the service system so that it is part of all agencies practice. All agencies need to participate in statewide, collaborative and critical evaluation and research in order to understand the nature of the services they provide and to have the capacity to improve those services. In addition, it should identify the trends and inform the

changes. Information about vulnerable children and families needs to be collected and analysed from the whole service system not just Child Protection.

7.1.2. See 3.5.1-7

7.1.3 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.

8.1.1 There are a large number of checks and balances in the system. These are not the problem. By the time you require any of the oversights to operate the system has failed. These processes are adequate. Their recommendations need to be considered carried out.

8.1.2 Do not know.

8.1.3 Enforce current structures.

8.1.4 Need a health promotion campaign utilising families who have found intervention from Child Protection and other services to be beneficial. This needs to include community education about the 2005 Act highlighting children's safety and wellbeing.

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29.4.11

