



Formerly Centacare  
Catholic Family Services

# **CatholicCare's Submission to the Victorian State Government Inquiry:**

## **Protecting Victoria's Vulnerable Children**

**May 2011**

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# **Executive Summary**

CatholicCare commends the Baillieu Government for holding this important Inquiry. We include a list of recommendations as part of the Executive Summary.

We believe that given the long-term deleterious consequences of child abuse and neglect that sees victims in adulthood relying on a range of support services such as mental health, alcohol and drug and homelessness, there is a moral obligation on the State to take the necessary steps to counter child abuse.

We make a plea to the Inquiry to take account of the gravity of alcohol misuse as a key contributor to violence, hardship and familial dysfunction. Underlying causes must be addressed if we are to enable children to grow and thrive in a nurturing and safe environment.

Our submission also recognizes that the complexity of issues facing families with child protection concerns requires both an holistic and, an individually tailored and responsive service response. We discuss a range of these issues and suggest measures which offer hope and practical solutions. We endorse measures that will strengthen universal services, particularly across early childhood and the education system.

Our submission outlines some of the specific outcomes we hope to see from the Inquiry. At the forefront is a request that the in-built ambiguity of the Children, Youth and Families Act 2005 which promotes the stability of the family unit as well as best interests of the child can be addressed. Our experience is that many decisions do not result in the best interests of the child being the primary consideration.

CatholicCare advocates for an alternative, less adversarial approach to what currently exists which would see far less child protection cases requiring resolution through the Children's Court. We endorse the proposed model of the Victorian Commissioner for Children, for a central tribunal that oversees eight regional panels, which hear cases following mediation at a regionally-based Family Solutions Roundtable.

We promote the broader contribution that could be made through Alternative Dispute Resolution programs as a more empowering, therapeutic and less adversarial approach. CatholicCare operates a Parenting Orders Program and a Family Dispute Mediation Program which incorporates mediation. We believe this could be more broadly applied.

We promote the significant contribution that Family Support Services make. There is great potential to achieve more by working with a family at the earliest possible time and tailoring support according to the family's needs; be they short-term, intensive, practical or medium to longer term assistance.

We raise issues concerning the mismatch in funding and resources in regions experiencing accelerated growth in population and need.

We make a case for innovative and practical programs which can reach at risk families who are isolated and can go unnoticed as well as advocating for greater promotion of help-seeking by

parents. Our preferred approach places a strong emphasis on early intervention and prevention as well as strengthening the capacity of parents and families.

We endorse more detailed assessment of parents' capacity to parent to ensure appropriate therapeutic interventions can be put in place to safeguard children remaining in the home, from further risk.

We discuss a range of improvements regarding alternative forms of care such as kinship, foster and permanent care.

We seek ways to remove unnecessary delays from investigation and follow up interventions. These delays are causing further trauma and in some cases, exacerbate the abuse when systemic failures mean a child misses out on the best care and support options.

We make the following recommendations.

# **Recommendations**

CatholicCare recommends the following:

## ***Children, Youth and Families Act 2005 and alternative, less adversarial process***

The in-built ambiguity which exists within the Children, Youth and Families Act that can work against the best interests of the child being the foremost priority, needs to be addressed.

The Child Protection system have as an aim, to divert as many cases as possible from the Children's Court, to a non-legal, independent panel, charged with determining appropriate outcomes in the best interests of the child.

The Victorian Child Safety Commissioner's proposal for a Children's Safety and Wellbeing Tribunal and Family and Solutions Roundtables be supported.

Instead of cases proceeding to the Children's Court, that a more therapeutic, less adversarial and interdisciplinary approach be considered wherever appropriate.

Parenting Orders Programs such as CatholicCare's 'Our Kids' be expanded to apply to child protection matters.

Alternative Dispute Resolution programs be applied to child protection matters.

## ***Funding and population growth***

There be better alignment between funding and demand for services based on population numbers currently and growth projections in next 5-10 years.

## ***Obligation on the State to address causes and consequences of matters brought to the attention of Child Protection***

The Inquiry acknowledge as a key policy issue, the personal and often life-long consequences for people who have experienced abuse as children.

The Inquiry formally acknowledges and gives due regard to the causes and consequences of alcohol and other drug misuse in relation to child protection cases and recognizes the need for holistic solutions.

The importance of holistic responses which include an adequate income safety net and measures to address mental health and alcohol and other drug issues be acknowledged as key to the success of child protection matters.

## ***System improvements and importance of strengthened Family Support Services***

Programs be better designed to identify and support particularly isolated families at risk who do not access or come into contact with generic services.

Child safety notifications receive adequate initial investigation as early as possible.

The system be broadened to better encompass and encourage help-seeking by parents to enable a far greater capacity for early intervention and prevention work.

Educational activities and information be developed to educate the community about Child FIRST.

Consideration be given to the establishment of a Child Protection Register, similar to the United Kingdom model.

A specific parenting program which provides an in-depth assessment of parents' capacity to parent be developed within the Child FIRST/Integrated Family Services system.

System improvements be implemented, which reduce delays and system malfunctions which contribute to increasing the impact of trauma for children. These relate to, for example, delays in investigations, permanency planning, fewer permanent carers, unnecessary court adjournments and systemic failure to respond to the developmental needs of children.

Capacity of Family Support Services to work with families to strengthen parental skills be increased.

Long term case management and Family Support programs be available to identified families where there is likelihood that long term benefits would be gained for all family members.

## ***Universal services***

Universally available services such as Maternal and Child Health be broadened to assist in addressing the growing disparity between different families in what they are able to access.

A system of welfare needs assessments within schools be available for children as a means of early identification of those who may be at risk.

Children be eligible for community/wellbeing scholarships which provide subsidized/free enrolment across sporting clubs, camps, extra tuition and vocational training.

## ***Alternative care issues***

An evaluation of Kinship Care be undertaken to determine the outcomes for the child compared with other forms of Out of Home Care.

Adequate support be built in to the Foster Care system to maximise opportunities for conversion to permanent care.

To best support the success of permanency planning, monthly access visits by birth parents be considered in preference over weekly or fortnightly visits.

Transition planning support for young people leaving care be extended, and funded adequately, to the age of 21 years.

Adoption guidelines be broadened to facilitate adoption of older children.

Post-adoption support be funded.

In supporting a multi disciplinary approach, the key role of coordination be acknowledged and adequately funded.

Utilising Family Aides allocated via Family Support services be supported.

Funding be adequate to enable agencies such as CatholicCare to have the flexibility to initiate specific intensive, short to medium term programs in response to assessed and demonstrated need.

### ***Workforce***

Adequate resourcing be contained in funding agreements to enable staff to receive ongoing skill development and stress management support.

### ***Protecting the rights of the child***

The definition of harm be broadened in recognition of the greater contemporary understanding of causes and consequences of harm to children.

Children be actively engaged and encouraged to participate in critical decisions about their care and protection.

### ***Specific need groups***

In relation to refugee families, given the specific issues relating to conflict and trauma, that they receive mental health screening as part of their arrival process.

Families with diminished capacity to assist their children's educational outcomes, have access to homework support programs such as CatholicCare's Refugee Program homework clubs.

Specific needs of parents with mental health issues be balanced with the need for best care of their children.

# 1. Introductory Comments

Catholic Care, (formerly Centacare) has for over seventy years, offered professionally delivered programs and services to the community in response to the needs of the most vulnerable and disadvantaged in society, in particular children. We employ specialists in the areas of psychology, social work, counseling, mediation, conciliation and education.

Our range of programs and services has grown in scope and detail to address the current issues faced by families and society in general. CatholicCare's work in the community is inspired by our vision of 'life to the full' for families and individuals in all their diversity. We are aware of the unique community environment that exists in each of the regional areas we serve. This awareness extends to offering culturally appropriate services - through the active recruitment of staff from particular cultural backgrounds and the availability of information in multiple languages. Our services are respectful and sensitive to the needs of all individuals regardless of age, gender, cultural or religious backgrounds.

Our Family and Relationship Counseling is a service offered from all of our main locations throughout Melbourne, Geelong and surrounding areas. Specific programs are offered from different locations depending on the needs of the community. The following are the programs offered by CatholicCare:

- [ACCESS Employee Assistance Program](#)
- [Adoption & Permanent Care](#)
- [Alcohol and Other Drug Family Service](#)
- [Bringing Your Baby Home](#)
- [Bushfire Community Recovery](#)
- [Family and Relationship Services](#)
- [Family Support](#)
- [GodStart](#)
- [Marriage and Relationship Education](#)
- [Pastoral Services](#)
- [Refugee and Settlement Program Services](#)
- [Seasons loss and Grief](#)
- [Student Counselling and Education](#)
- [Vic Family Pathways Network](#)

In responding to this Inquiry, we have called on the expertise and experience of staff who work within our Adoption and Permanent Care, Alcohol and Drug, Refugee and Settlement, Family and Relationship and Family Support services. Staff are involved along the continuum of child protection through these services and also aware that there is potential to expand and tailor what we already do, in the child protection arena.

Our submission makes a number of recommendations including applying the Parenting Orders and Family Dispute Resolution programs to child protection cases as a way of avoiding the more adversarial system when the Children's Court is involved. CatholicCare is not saying these are the only solutions but we do believe the current system is too litigious. We would like to see a programmatic approach which results in far less cases of child abuse going to the Children's Court. The model recommended by the Victorian Child Safety Commissioner is an appropriate one which

calls for an independent panel made up of experts from an inter disciplinary field that would make decisions relative to the best interest of the child.

As part of a network of broader Catholic community services agencies, CatholicCare knows well that people who experience child abuse and neglect are most likely to remain reliant on homelessness, mental health, alcohol and drug and other support programs. They are over-represented in both the youth and adult correctional systems. This provides a strong argument for strengthening universal early childhood, parent support and school programs. As an organisation guided by social justice principles in line with Catholic Social Teaching, we are also justifiably concerned that the broader issue of polarity of advantage and disadvantage in society contributes to the problems we are discussing in this Inquiry. We trust that the Inquiry will acknowledge the uneven playing field for families in Victoria. We need to work to address this inequity in order to provide better foundations for future opportunities for those children and families, who will otherwise remain at risk.

## 2. The current situation in Victoria

While certain aspects of the current Child Protection system in Victoria work relatively well, the system is primarily targeted to those children who are considered to be at the highest risk, with emphasis being placed upon children who have experienced physical and sexual abuse. This focus has reduced capacity for effective early intervention and prevention work as well as losing sight of the cases where children are still at risk of cumulative harm. Those child protection reports assessed as not meeting the threshold are dealt with by referring parents to the Child FIRST Program where an initial assessment is undertaken and referral then made to Family Support services such as CatholicCare. Child FIRST has strong links within their communities but has been over-burdened by an excessive number of cases.

This is likely to worsen given the considerable population growth in certain areas of the State. We provide two examples by way of illustration.

*In the Western corridor of the North & West Region where CatholicCare operates programs, the services are unable to cater to the population growth now, with future population projections a cause for ongoing concern. This has resulted in overstretched staff and under-servicing of clients, as too few services exist to provide for the needs of this growing community. This has not to date been recognized as an issue by the Department of Human Services.*

*In the Southern Region, notably the growth corridors in City of Casey and Shire of Cardinia which experience the largest population growth in Victoria; in fact in Australia, Child FIRST has similarly been overloaded and has had to implement caseload controls on in-coming referrals. This action is endorsed by the Alliance Governance group of which CatholicCare is a member agency.*

There is continuing concern that at risk families who are isolated with little or no support or resources, are going unnoticed. These are the cases that often result in serious neglect and abuse later on. There is a particular expertise and outreach approach that is required when working with these families as early signs of neglect are not always easily picked up.

As noted in the Ombudsman Victoria Report, only one quarter of child safety notifications to DHS result in an investigation because selective screening is used to eliminate reports. Many cases are closed prematurely despite warranting further investigation. There is a sense that the system is at times too focused on reducing the number of notifications at the expense of undertaking sufficient investigation which could avert a later escalation.

The Children, Youth and Families Act has an in-built ambiguity that promotes the stability of the family unit as well as the promotion of the best interests of the child. This contributes to situations where the child's interests are not treated as the foremost priority. **Catholic Care wishes to emphasise to the Inquiry that further work is required across the child protection system to ensure the best interests of the child is the primary consideration in decision-making.** This would require, we suggest, a major policy shift.

**CatholicCare would like to see the system broadened to encompass a greater focus on encouraging and promoting help-seeking by parents to enable a far greater capacity for early intervention and prevention work.** While there is self-help type assistance available through Child FIRST, there is limited knowledge within the community of what Child FIRST offers. CatholicCare would like to see community education and promotional activities to educate the community about Child FIRST. It is crucial that parents feel encouraged to come forward as needed and to gain non-statutory support. CatholicCare strongly supports this as a way of expanding parental capacity. This approach is essential in order to prevent the development and escalation of more complex and costly cases - both in life terms and financially. We believe if addressed earlier, it is more likely that the support required is less intrusive. A substantial amount of this work is already carried out within Family Support services, however, full integration of services is missing, as well as a lack of coordination-type roles which could bring together these services for families. A major concern is that too much emphasis is placed on providing services which either don't exist or have long waiting lists.

## **3. Inquiry Terms of Reference**

The following are some of the issues within the Terms of Reference which CatholicCare wishes to provide specific comment.

### **3.1 The factors that increase the risk of abuse and neglect occurring and effective prevention strategies**

#### ***3.1.1 A Child Protection Register***

The Child Protection Register in the United Kingdom essentially monitors the category of ‘harm’ the child is registered under. This encompasses all children having an individual child protection plan and all multi-agency professionals as well as parents contributing and participating in monthly co-groups and parents having co-assessments completed by their respective social worker within 35 days. An emphasis is on teacher education in schools, where they receive specialized training. This is effective in identifying children at risk and quickly implementing specific support services for parents and implementing a coordinated approach with Child Protection and local agencies.

It is acknowledged here that DHS provides case planning meetings similar to the UK system, and a further advancement has been the introduction of the ‘Looking After Children’ framework and Care Team meetings, again with a similar emphasis to the UK system, where services come together to ensure identified goals are being worked towards. CatholicCare wishes to emphasize the benefit in having a truly independent Register, which would work towards avoiding drift of children remaining in foster care or in the Child Protection system over too many years. Although the current legislation stipulates permanency planning for children, and the counting of successive time periods when children are not in their parent’s care, the drift in planning nonetheless continues. Permanency planning for children based on their ages and developmental needs, we believe, is still not timely enough

#### ***3.1.2 A complementary Parenting Assessment alongside the Child Protection Risk Assessment***

One of the concerns with the Child Protection system is a lack of in-depth assessment of parents’ capacity to parent. There is considerable emphasis - as there needs to be – on the risk of children remaining in the home where Child Protection is involved. However, the assessment process of parents, understanding of how they have developed their parenting skills and how those skills need to change to ensure their children remain within the family unit, does not exist to the extent it is needed. We believe what is needed, is a specific parenting program funded by DHS, which works with the Child FIRST/Integrated Family Services system to provide parents with much needed parenting assessments and skills development.

#### ***3.1.3 Strategies which respond to families with specific needs***

Families with significant health issues need assistance to ensure that these needs can be effectively addressed. Better health means a better sense of wellbeing and improved family life. A client may, for example, be living with chronic pain. If this can be appropriately managed, the client and family will benefit. We provide the following scenarios by way of example:

*Families who require multiple medical prescriptions need to have an effective safety net, which fully reimburses their medical costs so that families are not faced with a choice between food/shelter and health costs.*

*Parents with identified mental health issues need effective, sustained treatment in order to ensure that they can provide effective parenting. A model needs to be developed where their needs are balanced with the needs of their children. Currently the treatment models for parents with mental illness – funded by the Department of Health - have as their primary concern the wellbeing of the patient (read parent). This requires broader programmatic scope to develop parenting programs for parents with mental illness to not only increase their parenting skills, but to further their awareness of their child's developmental needs and the tasks for parents in achieving this. This may require a community debate: do the needs of children come before that of a parent with a proven record of chronic neglect/abuse?*

Schools are an important part of early identification of children at risk. One preventative measure would be to identify children with a pattern of non-school attendance. Those families would then receive a comprehensive welfare needs assessment to discern whether there are any significant issues regarding parenting capacity and/or child wellbeing needs.

### **3.2 Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services;**

**The quality, structure, role and functioning of: family services, statutory child protection services and out-of-home care and what improvements may be made to better protect the best interests of children and support better outcomes for children and families**

#### **3.2.1 *Timely and comprehensive investigation and follow up***

We are aware that delays exacerbate the situation of children and families in crisis. We make a plea for system improvements which allow for timely and comprehensive investigation and follow up of child protection cases. Too often, delays “in the system” lead to further trauma of children and families and apathy towards authorities to respond appropriately. For example, delays in permanency planning often lead to children remaining in current foster care placements which may not be the most appropriate long-term outcome. Additionally, time delays, adjournments, staffing changes and systemic failures to respond to the developmental needs of children exacerbate the abuse that children experience.

#### **3.2.2 *Enhanced family support services and universal childhood services***

There is much that can be achieved by Family Support services, particularly when they have the chance to work with a family as early as possible. A greater emphasis on family support can assist in preventing the current level of cycling through alternative placements and achieve better short and long term outcomes for the children.

The dilemma is that currently, Family Support works as a quasi child protection system. This conflicts with the case management role of the family support worker which focuses on strengthening the family's capacity to provide consistent parenting to the child. The current system

has been re-configured over the past decade to respond to the most at risk cases. This has left limited capacity to respond to parents who require preventative parenting assistance to enhance their parenting capacity before a formal child protection response is necessary. When multiple services are involved, there seems to be an expectation by other agencies that the Family Support case manager will undertake coordination of all services which can place unrealistic expectations on the case manager. This is a systems issue and each case needs to be negotiated on a case-by-case basis.

CatholicCare acknowledges that Family Support provides a recognized way to support and strengthen families at risk. This also relates to another important notion; that of reducing the disparity of opportunity for children by strengthening the development of universally available, early childhood services such as maternal and child health, pre-school, childcare and early intervention specialist services. This is critical in order to effectively tackle the growing divide between families that are well resourced to give their children the best opportunities and those who are missing out.

Parents with repeated patterns of child neglect and/or low level child abuse but with a demonstrated satisfactory level of attachment between child and parent and intentionality to maintain their children's wellbeing, benefit from long term case management and family support. CatholicCare urges the Inquiry to consider building capacity in order to have this longer term, individually tailored support available. We believe this would assist parents to parent effectively and long term benefits would be gained for all family members.

### **3.2.3 Kinship care**

There is a general assumption in the community (and the sector) that Kinship Care is 'better' than Residential/Foster Care as there is often a prevailing biological connection for the child. However, consideration needs to be given to the appropriateness and longevity of the kinship placement.

The increasing number of grandparents caring for grandchildren - which has many positives - also brings its own challenges in relation to aging, health, parenting styles and in monitoring contact arrangements between parents and children. The often chronic problems faced by parents – such as substance abuse, mental illness, unemployment, inadequate housing, poverty, etc, means that there is too often a level of hostility/conflict between parents and grandparents.

Until recently, the threshold or standard of care with regards to assessment of Kinship Carers was considerably lower than for general Foster Carers. We have concerns that this had implications in relation to the quality of care being provided and placed some children at risk. We are pleased that this issue appears to have been addressed with a review of assessment standards, to bring kinship in line with other forms of care.

### **3.2.4 Foster care**

Recent investment to support foster carers is long overdue. One of the criticisms of the current approach is that not enough support and financial assistance is provided to foster parents, particularly to assist young people to transition out of care post 18 years of age. This issue of lack of support for transition affects other out-of-home care as well (residential care, lead tenant, kinship care).

Many foster care placements do not convert to permanent care (despite a willingness on behalf of the carers) because of significant problems in the system and the lack of support once a placement is converted to permanent care.

### **3.2.5 Permanent Care**

**Permanent out of home care decisions are not made in a timely manner which is to the significant detriment of the needs of the children involved. As a result of this drift, many more children are older with complex developmental needs and degrees of emotional damage when permanent care becomes an option. Additionally, DHS staff and/or Magistrates seem reluctant to set reasonable access levels for the child and his/her parents. Many children who are referred to Permanent Care programs have weekly or fortnightly access/contact requirements. This is indicative of the focus again being on the primary family rather than a consideration of the child's needs to develop an attachment with and belonging to, a new permanent out of home care family**

Despite a reduction in children and young people entering the formal care system, children and young people are staying in the system longer, usually due to delayed case planning and decision making. These factors have contributed to there being fewer permanent carers available to care for older children. Sadly, these children often end up in youth justice and miss out on better opportunities as evidenced by children who are placed in satisfactory permanent care.

#### ***Permanency planning and transitions***

The current system has no incentives to encourage people to either access services or seek to improve their care and parenting arrangements for children. Despite a prevailing concern about working with mandated clients, many clients in the child protection system are referred to services such as Child FIRST upon closure of their case or following un-substantiated outcome of an investigation.

Implicit in such a referral is the notion that the client has a choice about whether to engage with the service. Given the cessation of Child Protection intervention/investigation, it is often the case that the client will not engage with any services as the motivation to change or respond to concerns raised is greatly diminished. As a consequence in terms of the system-nothing has changed for the client or child. In terms of an alternative response similar to that seen in Family Relationship Services in relation to Family Law, participants are often ordered to attend courses or sessions relevant to their circumstances. Although mandated they generally approach this type of arrangement as an opportunity to provide more appropriate care in light of the conflict with a focus on behavior and workable arrangements. In the child protection system there is even perhaps greater motivation for parents and individuals to change if given the right opportunity and assisted to do so.

DHS tends to require agencies to develop the same sort of program and while agencies can vary this a little, the flexibility is simply not there. Programs are not necessarily developed on the basis of what parents need. One example is the shift from a successful model of in home family support using Family Aides, to one of an assertive case management model that will outreach to families but is a model which is tied into the funding via a Child FIRST Alliance.

As mentioned previously, CatholicCare supports the call for transition planning and support to be extended until the young person reaches 21 years of age.

### **3.2.6 Parenting Orders - optimal frequency of contact**

When selecting a couple to take on a child, CatholicCare's experience is that monthly access is preferable to more frequent access by birth parents. There is however, a tendency that Parenting Orders stipulate weekly contact. The more frequent contact is only beneficial if aiming towards family reunification. It can be counter-productive if considering permanency planning. The parents may like this more frequent arrangement but it is not always in the best interests of the child. The Children's Court still tends in general, to see the parents as primary carers. This can overlook the voice of the child and the permanent carers right to also be heard.

### **3.2.7 Adoption**

Our experience is that there are adults who would be prepared to accept older children for adoption. We believe this option should be available.

CatholicCare supports open adoption, recognizing the benefits for a parent in expressing wishes and having involvement in selection of adoptive parents. For adopted children, ownership of identity and contact with birth family from an early age is a positive step.

Post-adoption support is critical to maximize the success of the process. CatholicCare provides this unfunded.

### **3.2.8 Independent review process**

CatholicCare supports the Victorian Child Safety Commissioner's proposal for a Children's Safety and Wellbeing Tribunal to replace the current Children's Court. It would be a central tribunal that oversees 8 regional panels; members are drawn from pools of people with backgrounds in child protection, child welfare, law, child care, health, cultural diversity, education, social work and psychology. Cases are referred to the Tribunal following mediation at a regionally-based Family Solutions Roundtable. This model is in line with working towards a collaborative approach in outcomes for children, as it involves engaging multi-disciplinary services in critical consideration and decision making, which may assist in such a multi-disciplinary approach genuinely flowing through to service delivery.

### **3.2.9 Leaving care**

CatholicCare would like to see greater attention given to supporting the process of young people leaving care. A Leaving Care processes register is one measure which could enhance the quality of support and timeliness of action provided.

We are recommending there be a specialist team and specialized program for every young person between age 16-18 years with the program automatically commencing upon the young person reaching 16.

It is also critical that children from 10 years of age and older are actively consulted in relation to decisions which affect their preparation for leaving care – whether their exit from the system is ultimately to family reunification or 'independent' living or supported accommodation is not relevant.

We would like to see a greater range of preparatory programs offered such as relationship skills, life skills, health promotion, training and employment. These should be quality programs that have been well conceived with the involvement of agencies such as CatholicCare.

We believe there is also a place for 'stepped down' models of care which can assist in preparing young adults for moving to independence (these may include but are not limited to lead tenant programs, specialist supported accommodation, mentoring, etc).

### ***3.2.10 Incidence of alcohol and drug misuse as an issue in child protection***

Alcohol is a key contributor to violence and abuse.<sup>1</sup> We know that at least half of the children in the care of the State have one or more parent/s with serious problematic alcohol use. This is a significant issue which affects the entire family and unless the cause is tackled, it is very difficult to make lasting inroads with the family and the child.

As a result, there are deleterious effects on children's lives and their physical, intellectual, social and emotional growth and development are seriously compromised. Given the complex lives of these families, simply ameliorating drug and alcohol use does not guarantee a healthy and nurturing environment for children. The importance of working holistically with families in order to address family and parenting issues has therefore been recognised as paramount in the treatment of people who are substance dependent. CatholicCare endorses this view and recommends that this should underpin the culture and development of policies and programs relating to child protection matters.

Different programs of CatholicCare can provide various yet complementary services. For example, Mary of the Cross, our alcohol and other drug family service, works with substance affected people while the Cyrene Centre works separately with the family members who are affected by the behaviour of the ones using alcohol/drugs. There is a demonstrated level of success with this approach.

CatholicCare wishes to make the following observations. Within non-child/non-family focused/sensitive service milieus (e.g. AOD, Mental Health, Disability services) the client is defined as the person with the diagnosed or presenting problem. As a result, the following issues arise when looking through the lens of 'ensuring the safety and wellbeing of children':

- Protecting children is not seen as the 'responsibility' of these issue-specific agencies: they do not have service protocols requiring that this needs to be addressed directly or via required referral
- These services generally do not have the specialist skills/capacity/knowledge/framework to assess the needs of children and so children are often silent (both literally and figuratively) in any assessment and planning for adults
- In some instances, there seems to be a belief that addressing protection/wellbeing needs of children with the client (parent/s) will alienate the client

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<sup>1</sup> House Standing Committee on Family and Community Services. (2007). The winnable war on drugs: the impact of illicit drug use on families. Canberra, ACT: Parliament of Australia

- Workers in these settings do not receive training in how to effectively address children's needs whilst maintaining service engagement
- Interventions/treatments are not child (or broader family) sensitive. Interventions can lead to reduced awareness or other diminished capacity (e.g. physically, financially; emotionally; etc) which may negatively impact on parenting capacity
- Planned interventions may in some instances even rely upon children assuming a carer role, without provision of supports for children.

Parents with a history of addiction or compulsive behavioural patterns (e.g. problem gamblers, AOD misusers, parents with particular mental health issues) pose a particular problem with regard to children's wellbeing. The children would benefit from some kind of endowment such as a 'community/wellbeing scholarship'. This would provide them with subsidized/free enrolment in sporting clubs, camps, extra tuition, vocational training. This would provide opportunities for the child to be in other settings apart from the home that could serve to improve their health, self-esteem, community participation, exposure to positive adult role models and assist in breaking the cycle of disadvantage. We need to ensure that measures designed to 'motivate' parents with for example, inappropriate spending patterns do not effectively 'punish' (i.e. disadvantage) their children.

### ***3.2.11 Multi-disciplinary approach***

CatholicCare recognises the importance of a multi-disciplinary approach where a case worker is responsible for working with the family, commencing with an assessment of risk and need, and ensuring the right suite of therapeutic services and supports are in place to assist the family over a period of time. As we mentioned earlier coordination is key and currently this role is often assumed to be a function of the Family Support service case worker which impacts on his/her capacity to fulfil the other components of their role. Coordination needs to be acknowledged as a key role which requires an adequate level of resourcing, clear negotiation and an understanding of the authority inherent in this function.

Placement Prevention Co-ordinators are one example of an effective approach in referring a family who is at risk of having their child/ren removed, to a case worker drawn from a multi-disciplinary team. The team, together with DHS, undertakes to support the family in its endeavours. Thus the family is not the only one with responsibilities – it is incumbent upon a number of players to ensure that progress is being made. The recommended Children's Safety & Wellbeing Tribunal system could refer to such multi-disciplinary case management teams. The primary purpose would be to positively support the family to make improvements and changes in their situation in order to avoid removal of children or ensure reunification. There will of course be some situations where removal remains the only appropriate and safe outcome for a child.

CatholicCare believes that formal parental agreements are useful when the best interests of the child are served via the actions agreed to in the formal agreement. It is important that the family is well supported by the multi disciplinary team and the court in achieving these actions.

### **3.2.12 Practical support for families**

CatholicCare is aware that what is sometimes lacking is adequate practical support to vulnerable and at risk families. We support the reintroduction of Family Aides being allocated via Family Support services. Aides should have a manageable caseload to ensure they can provide the necessary input to a range of families (perhaps using a case-mix approach to ensure any one Aide has a mix of families with intensive and less intensive support plans). They provide practical, in-home support in a non-judgmental manner to families in activities such as shopping, behavioural routines, cooking, budgeting and connecting with other community activities and networks. This program was reviewed Statewide and it was found to be successful. However there were questions about the need for long term support to parents where we would argue that longer term support is precisely what is required to meet the complex needs of some parents.

Children from families with poor levels of income support and parents with diminished capacity to assist with educational outcomes should be able to benefit from school-based/community-based homework support programs (along the lines developed by CatholicCare's Refugee Program).

There are specific models which provide intensive, short to medium term intervention, working with a defined number of families over a given period. CatholicCare supports agencies having the capacity to initiate programs such as these as the need arises.

### **3.2.13 Workforce issues: Supporting staff**

CatholicCare believes adequate time and space needs to be costed and included in funding agreements to help staff better understand the management of stress and self care and give closer attention and more resources to continuous skill development. We would suggest consideration of a model which provides direct service workers across both Government & community organizations with clear clinical/professional supervision and support separately from line management/administrative supervision.

### **3.2.14 Enhanced correlation between populations of need and service availability**

CatholicCare is conscious that there has been a considerable increase in demand, particularly in areas of Melbourne experiencing considerable population increases, such as the Western Growth Corridor, particularly the municipality of Wyndham, and the South East growth corridor, in City of Casey and Shire of Cardinia. In spite of this, funding for service provision has only been increased by C.P.I. There is clearly a policy lag in relation to existing and projected population increases across regions of Victoria, particularly in relation to planning for the needs of young families and their children.

## **3.3 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**

### **3.3.1 Impact of cumulative harm and trauma on children's development and attachment capacity**

The Children Youth and Families Act 2005, Section 10e acknowledges the impact of cumulative harm and trauma on a child's development and attachment. CatholicCare knows through its case work

that the impact of cumulative harm, although legislated, is not consistently being taken into consideration when decisions are made by Magistrates in the Children's Court.

The definition of harm needs to be broadened rather than restricted as we now know a great deal more about the cumulative harm that occurs from a range of harmful experiences. Having a child exposed to ongoing conflict and participation in adversarial negotiations is not in the child's best interests. There has been much research which shows the stress and emotional problems for children who witness this conflict.

Special services need to be developed for Refugee families so that their children do not take on the trans-generational trauma of their parents and extended families. In relation to refugee families from identified war/conflict zones, they need to undergo culturally appropriate mental health screening as part of their arrival process. This could identify those family members in need of mental health assistance before their trauma impacts further upon their child's development.

### ***3.3.2 Decision-making processes at Melbourne Children's Court***

Our experience is that the Children's Court Magistrates have a proclivity towards giving birth parents an opportunity to care for their own children. However, the Children, Youth and Families Act, Section 10.2 and Section 10p under the best interest principles, refers to timely decision-making and the possible harmful effect of delay in making a decision and taking action. When there are repeated failures and incapacity of parents to act protectively, there does come a time when the best interests of children should be placed ahead of parents' desire to care for their children when they have clearly and consistently demonstrated that they are incapable of doing so. This is the long term ambiguity with respect to the legislation and decisions that, too often, do not focus on the welfare and interests of a child being paramount.

### ***3.3.3 Alternatives to Court procedures***

#### **Strengths-based approach with emphasis on therapeutic interventions**

By using a strengths-based approach to support at risk families and to investigate alleged abuse or neglect, we have a better chance of ensuring that only those children who need to, come into the out of home care system. Then, for those children affected by Children's Court decisions, by using a more therapeutic approach, there is a more empowering process which assists families in dealing with the issues that led to their child being removed from their care. Desired outcomes may be family reunification or a decision to find alternative placement which has been thoroughly considered with the child's best interests at the centre.

The adversarial nature of the Children's Court proceedings does not serve the best interests of children or adequately recognize the consequences of cumulative harm. While the Court's objective is to achieve the most positive outcome for the child, the reality is often different for those caught up in an adversarial legal system.

CatholicCare is advocating for a new approach to the legal system which allows for a more therapeutic, less adversarial and more interdisciplinary approach to the court process.

This is not to dispute that there is a place for the forensic approach which characterizes the child protection system in Victoria. It remains an important avenue for intervention in areas such as child sexual abuse. However, in other areas, CatholicCare promotes a strength-based, family-inclusive system that has a child's overall well-being at its core. Family can sometimes mean an emphasis on permanent carers, rather than the birth family, which is a challenge for a system which maintains a belief, incorporated into its practices, of the pre-eminent right of the birth parent(s).

Family conferencing or forms of alternative dispute resolution or mediation are a means by which the above could be achieved effectively, provided that the best interests of the child remain central to this strategy.

CatholicCare operates a Parenting Orders Program, 'Our Kids'. This program helps families throughout the separation phase of family breakdown to minimize conflict and better manage parenting and contact arrangements in the best interest of the children. These services are currently used by families in high conflict whether ordered by the Federal Family Court or by private agreement with lawyers.

CatholicCare, as an approved provider of the Australian Government's Family Dispute Resolution Services, operates a Family Dispute Resolution program which incorporates mediation. This program assists individuals, particularly parents, to resolve conflicts arising from separation or divorce. Our Family Dispute Resolution Practitioners use their expertise in Family Law to help parents work through the issues of parenting, property and financial settlements to arrive at workable solutions that are in the best interests of the children.

The use of Alternative Dispute Resolution (ADR) in child protection matters has many potential benefits including the capacity to move faster and potentially repair important relationships and open channels of communication. As there are many different forms of ADRs and family mediation, there is also an increased flexibility to tailor procedures and outcomes to the needs and interests of children and families, in a culturally appropriate way. It is also an effective forum for communication and collaboration between various agencies and individuals involved in making decisions in child protection matters.

CatholicCare also believes that utilizing this approach as early as possible in the child protection process will derive the greatest benefits for the child. It is important that ADR mechanisms come to be seen as routine practices rather than an optional add on. We acknowledge that ADR/family mediation is not appropriate for all situations, particularly where there is entrenched family conflict that may involve violence.

Ensuring children can participate as appropriate in ADR processes is also critical. Family Dispute Resolution is built on a strong child-inclusive practice which serves children in these circumstances well. The range of techniques that can be incorporated facilitate supportive and developmentally appropriate consultation with children while avoiding or removing the burden of decision-making from children.

We have concerns that children are currently being left out of critical decisions about their care and protection because of arbitrary age rulings. Children and young people are well placed to inform decision-makers about the likely impact of different alternative arrangements on their safety and

wellbeing as well as to participate in the identification of arrangements that allow them to maintain meaningful relationships with parents even when they are in out-of-home or kinship care. There are many practices such as Care Teams which may provide useful models for determining the appropriate level of a child's direct involvement in ADR processes, depending on the child's understanding, ability and desire to participate.

CatholicCare supports a specialized panel such as the Family and Solutions Roundtable espoused by the Victorian Child Safety Commissioner to hear and determine children's matters at the local level and refer more urgent or complex matters to a Children's Safety and Well-Being Tribunal as an alternative to the current Children's Court.

### **3.4 Housing**

CatholicCare is aware of the high number of low and middle income Victorians living in unstable, unaffordable and inappropriate housing. Approximately 20% of Victorians who are in the two lowest income quintiles pay more than 30% of their income towards rental costs.<sup>2</sup> Safe, secure, affordable and adequate housing is a fundamental right which many are denied. Housing is a critical foundation stone without which it is virtually impossible for families to establish an appropriate quality of life. CatholicCare raises this as an issue which flags the importance of a holistic, inter-departmental and whole-of-Government approach to protecting Victoria's vulnerable children.

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<sup>2</sup> NATSEM, Measuring housing stress at small areas levels. (2008)

# References

Victorian Child Safety Commissioner (2010) *Submission to Law Reform Commission Review: Child Protection Legislative Arrangements*

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