

Australia's Children: Safe and Well
A national framework for protecting Australia's children
Discussion paper for consultation
The Benevolent Society's response

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1. About The Benevolent Society

The Benevolent Society is Australia's oldest charity. Since 1813, we have identified major social challenges and worked to meet them head on. A secular organisation, we aim to tackle social inequality by building caring and inclusive communities. We deliver leading edge programs and services, find innovative solutions to complex social challenges and call for a more just society. Our strength lies in our expertise across the lifespan, delivering services for children and families, older people and in women's health, community based and respite care, community development and social leadership programs.

The Benevolent Society currently operates child and family services throughout greater Sydney, the Central Coast, Central West, New England and Hunter areas in NSW. We have also expanded our services to children, families and communities into South East Queensland where we have established an Early Years Centre, funded by the Queensland Government. The focus of all our services is on working with communities to build resilience and address disadvantage.

We have considerable experience in child protection, providing a range of long-term, intensive interventions to high risk families in Central, Eastern and South West Sydney. We are also one of the largest providers of Brighter Futures, the NSW Department of Community Services' early intervention service for vulnerable families.

Our approach to providing child and family services is strongly shaped by both current research and thinking in this area and our own experience initiating and implementing integrated child, family and community initiatives in high need communities.

Our work with children, families and communities is underpinned by a philosophical approach that:

- Has a strengths or assets based approach to individuals, families and communities
- Strengthens relationships between individuals, families and communities
- Focuses on the systemic issues, as well as the interpersonal ones
- Is holistic, comprehensive and long-term
- Supports long-term intervention to prevent abuse and neglect of children.

2. Introduction

The Benevolent Society is pleased to provide a response to the proposal for a national framework to protect Australia's children. We applaud the Australian Government's commitment to making the safety and wellbeing of children a national

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priority. The Australian Government's strong leadership on this issue is crucial for making progress on improved outcomes for children and young people and clearly identifying the roles and accountabilities the State and Territory Governments have in meeting their obligations and targets under the National Framework for Protecting Australia's Children. With strong partnerships and shared goals we can make an Australia a place where children are valued, their voices are heard and where they can all thrive, learn and grow to their full potential.

A number of principles inform The Benevolent Society's approach:

- Investment in the early years of children's development is crucial
- Children's needs must be placed at the centre of all policy and service development
- Children who are the most excluded need the most resources and services, with the greatest intensity and duration
- Strong communities help to grow strong families
- Evidence must inform practice.

3. Stronger Prevention Focus

i. Australia needs to invest in a 'public health model' for child health and wellbeing

The Benevolent Society believes that the best way to improve the safety, welfare and wellbeing of children is for all levels of government to invest comprehensively in a multi-layered "public health model" of child health and well-being.

This approach invests heavily in the early years of children's health and development, as neurological damage and deficits experienced between birth and five years of age will be felt throughout a child's life. If a child's development is disrupted by abuse, acute stress, poor relationships or the effects of drugs or alcohol then they are likely to become disadvantaged, suffer from poor physical and/or mental health, miss critical developmental milestones, and find it difficult to 'catch up' and learn the skills they need to function productively in the world.

A well-balanced system has primary intervention as the largest component of the service system, with secondary and tertiary services as progressively smaller components of the service system. ¹

¹ <http://www.aifs.gov.au/nch/pubs/sheets/rs11/rs11.html>

Primary/Universal interventions are offered to everyone. They provide support and education before problems arise, for example, access to universal services such as child health centres, and public messages about the risks of alcohol to children, or alternatives to smacking children.

Secondary interventions target families in need. They provide additional support or help to alleviate identified problems and prevent escalation to child abuse, for example, targeted nurse home visiting programs for identified risk groups (with families identified and referred by universal services), family counselling, respite care.

Tertiary interventions are comprised of statutory care and protection services. They provide services where abuse and neglect has already occurred to help keep children safe and well, for example, the statutory child protection system which focuses on children in care and serious reports of abuse and neglect, family oriented drug and alcohol treatment, domestic violence counselling and court interventions, and family services for parents with a mental illness.

In the public health model, universal services for children and families are able to identify children in need at an early stage, before problems escalate. Universal services eliminate stigma and allow easy access to useful resources in natural settings such as schools, childcare centres, child health centres, and community-run programs such as playgroups and toy libraries². Through contact with universal services, families who need them can be referred on to other specialist services such as speech pathology or support groups.

The *Growing up in Australia* longitudinal study of 5,000 Australian children found that parenting behaviour has a significant impact on the health and physical development, social and emotional functioning, and learning and academic competency of all children, even considering only families whose parenting skills are considered adequate. The authors of this research argue that these findings support the need for universal programs to help all parents with parenting skills. This research demonstrates that the social benefits of universal family services extend well beyond a reduced incidence of serious abuse and neglect³.

Unfortunately, our system is heavily geared to 'reporting' children to child protection services as the primary way to protect them, with around 8 reports per 100 children each year⁴, and possibly up to one in five children being the subject of a report at

² Centre for Community Child Health (2003) *The Early Years Project: Refocusing community based services for young children and their families: A literature review*. Royal Children's Hospital, Melbourne.

³ Australian Institute of Family Studies (2006) *Growing Up in Australia: the longitudinal study of Australian children, 2005-06 Annual Report*. Extract from unpublished research by Steve Zubrick, Grant Smith, Jan Nicholson, Ann Sanson and Tanyana Jackiewicz.

⁴ Department of Community Services (2007) *2006-07 Annual Report - Performance Summary*.

some point in time during their childhood.⁵ For example, instead of being referred to secondary intervention services via a universal service, children in NSW often have to be reported many times at the tertiary intervention level (ie Department of Community Services) in order to be referred to a secondary intervention service such as Brighter Futures. Families are more likely to approach and receive support if they perceive the service to be distinctly voluntary, supportive and without the stigma of association with statutory child protection agencies.

ii. Strong prevention focus in targeted vulnerable communities

Professor Tony Vinson's 2007 report *Dropping off the Edge* highlights the distinct pockets of social and economic disadvantage in Australia, linked to patterns of entrenched intergenerational disadvantage. These communities that are "caught in a spiral of... poor health, high imprisonment and child abuse" and are increasingly being shut out from the benefits of a prosperous economy, its culture and political system: they are socially excluded.

Social exclusion is creating conditions where new generations of children will find it harder to learn, be physically and mentally healthy, live in secure housing, live safely and get jobs or training opportunities once they leave school. Social exclusion compromises children's well-being, impacting most on children who are of Aboriginal or Torres Strait Islander descent, have a disability, are affected by parental mental illness or drug and alcohol abuse, have a history of abuse or neglect, or witness domestic violence⁶. *Growing up in Australia*⁷ found that low community connectedness and low support from outside the immediate family are among key predictors of poor infant development outcomes.

In light of this research, it must be recognised that different communities have different needs and need local, tailored solutions. To be effective, this work must be done with a long-term strategic commitment. Our experience is that it takes time frames of up to ten years to be effective in bringing about the change necessary to strengthen communities. Too often, short term 'fixes' made up of programs with limited funding are promoted as solutions, and then disappear once funding agreements expire, only to leave the job 'half-done'.

⁵ Scott, Dorothy. "The Child Protection Crisis in Australia - a Way Forward", Address to Parliamentarians Against Child Abuse, Parliament House, Canberra, September 5, 2006 by the Director of the Australian Centre for Child Protection, University of South Australia, p. 2.

⁶ *Call to Action for Australia's Children*, Child and Family Welfare Association of Australia, 2007

⁷ Australian Institute of Family Studies. *Growing up in Australia. Longitudinal Study of Australian Children*

We recommend a strong policy framework that focuses on developing outcomes for targeted vulnerable communities. The Australian Government should continue, and significantly broaden, a long-term investment in programs like the Communities for Children program that links integrated planning and services in areas of high needs.

4. Better collaboration between services

Role of the non-government organisation (NGO) sector

The non-government organisation (NGO) sector works with the most excluded communities, vulnerable children and their families. Years of evidence and expertise accumulated from delivering services on-the-ground mean that NGOs are uniquely placed to work with government to help build a nation where children can grow up safe and well. A strong partnership between government and NGOs will have a greater impact on making social policies work in local communities and maximize efforts to build capacity among vulnerable families and reduce social isolation. However, the NGO sector can only be an effective partner in the national child protection framework if it is well resourced.

Stronger links between primary, secondary and tertiary services

The tertiary end of the child protection spectrum must have stronger links to secondary and primary services so problems are dealt with holistically, not just at the crisis point. Priority must be given to developing a coordinated response to the issues of drug and alcohol misuse by parents/carers and domestic violence. The response must consider the best interests of children because of the detrimental impact these issues have on their safety and wellbeing. For example, many drug and alcohol treatment programs are difficult to access and are focussed on the needs of the parent as the primary client, rather than the children. The Benevolent Society agrees that providing support for additional child focus in adult specialist services would be a positive step towards integrating the needs of children in the service response for families experiencing difficulties.

In addition, sectors need to make connections outside their own area of specialisation to solve problems. For example, domestic violence is a significant child protection issue, and the evidence thoroughly documents the deep psychological harm children experience when exposed to violence in their home. However, solutions to address the epidemic of domestic violence are beyond the scope of one agency or one level of government. The availability of crisis and medium term housing plus support from police to navigate the apprehended violence orders and court appearances is critical to break the dynamic of abusive relationships. Unfortunately, however, services are patchy and availability is not always

guaranteed. For example, in 2003/04 around one in two women who approached a refuge were turned away.⁸ Domestic Violence Liaison Officers are not always located at police stations in high need areas.⁹ Many women with children affected by domestic violence have little choice but to return to their violent homes or insecure situations where they may be placed at further risk of harm or become trapped in the abusive relationship.

Any policy or service response to domestic violence must place the safety and wellbeing of children at the centre of its objectives. The Benevolent Society supports the Australian Government's National Plan to Reduce Violence against Women and Children, and recommends that it be closely linked to the national framework on child protection.

The fragmented nature of service delivery and existing narrow policy frameworks in these important health and safety areas means that it is very difficult to break the cycle of abuse, and extremely harmful for the children who either continue to live in these families, or who end up living in out of home care as a result of their circumstances.

Welfare quarantining

The Benevolent Society is concerned that there is scant evidence to demonstrate the efficacy of quarantining the welfare payments of parents with children at risk of abuse or neglect. It is a costly program to administer, which could be more usefully diverted to intensive support services that have been evaluated and shown to be effective.

The involuntary nature of income management means that there is no focus on behaviour change for welfare recipients whose gambling, drug or alcohol addictions mean they cannot or will not provide their children with the basic necessities of life.

5. Improving responses for children in care and young people leaving care

Children and young people in care are an extremely vulnerable group, who often end up with considerable deficits in their development, health, education outcomes and overall wellbeing as a result of their experiences or abuse and neglect. The States, which hold parental responsibility, must do better to coordinate and prioritise services for the children in their care. The Benevolent Society urges that:

- National standards and monitoring for the out-of-home care system and transition arrangements for young people leaving care must be introduced, to

⁸ <http://www.wrrc.org.au/fundraisingcampaign/wheretofinddata/view>

⁹ NSW Ombudsman, *Domestic Violence: Improving Police Practice*, December 2006

ensure consistency across jurisdictions and to ensure that the safety and wellbeing of children and young people in care is paramount.

- Children and young people in care, foster carers and kinship or informal carers must be provided with regular, sustained case management support until the young person has transitioned out of care. This is crucial to identifying and meeting the needs of the child or young person, and supporting the carers to understand and meet the child or young person's needs, and monitoring the health of the placement.
- Support must be intensified at critical transition points in a child's life: the period after entering a placement, the transition to school, the transition to high school and the transition when leaving school education, and transition when leaving care.
- State jurisdictions must 'fast-track' service delivery to ensure that children and young people in care can jump to the front of the queue to have their health, dental, housing and education needs met as a priority.
- A shared information/record management system across departments and jurisdictions needs to be developed to ensure that information about children who are vulnerable is available to contribute to decisions about their safety and well-being.
- Foster carers and kinship carers must be provided with appropriate case management support and training to build their capacity to provide high quality care.
- Kinship care should not be considered less worthy of training, financial or case management support, as these arrangements can often be more complex and prone to extreme emotional stress because of ongoing negotiation of relationships with the birth family.
- There is currently no agreed or evidence based framework for assessing and supporting kinship carers. A framework needs to be developed that both recognises and respects the nature and complexity of these relationships, supports the kinship carers and ensures children and young people's continued safety and well being.
- Foster carers and kinship carers must be financially supported to care for a young person beyond their eighteenth birthday. The age that the State terminates 'parental responsibility' is out of step with contemporary community standards, with young people more likely to be dependent on their parents for longer than in the past. Young people leaving care are one of the most vulnerable groups in society, at a time in their lives that is crucial for work, training or educational transitions. There is a strong argument for maintaining

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financial and case management support for longer, to increase the success of the young person's transition into independent living and pathways for further training, education or employment.

6. Improving responses for indigenous children

Strong universal support system with 'soft entry' points

A strong, universal support system that provides multiple soft entry points is critical to engaging all vulnerable families, and vulnerable indigenous families in particular.

We welcome the Federal Government's recent announcement of a pilot nurse home visiting scheme targeting indigenous children under eight years, and recommend researching other services that are effective.

Build capacity of Indigenous services

The Benevolent Society supports the 'dual track' system where services can be delivered by specialist indigenous community or mainstream agencies. This recognises that there are simply not the resources or capacity within indigenous agencies to meet the demand for services, and that indigenous people have a right to choose where they seek services. Some indigenous people prefer to seek assistance from a mainstream agency that is culturally sensitive, while others may wish to seek services from an indigenous controlled agency. However, The Benevolent Society agrees with suggestions from Indigenous groups that there is a need for child protection systems in each jurisdiction to make a greater investment in supporting and building the capacity of Indigenous-specific services focussed on both family support and statutory services.

Mainstream services must actively recruit Indigenous staff

One of the prerequisites for providing high quality, culturally appropriate services and programs for Indigenous families in mainstream services is creating a work environment that attracts indigenous staff for family support, early intervention and community development positions over the long-term. This involves mainstream agencies developing a comprehensive, organisation-wide commitment to recruiting and retaining indigenous staff.

Aboriginal child placement principle

The Benevolent Society believes the Aboriginal child placement principle must be upheld wherever possible, and every avenue for a culturally appropriate placement must be explored. Where it is not possible to place a child with Aboriginal foster carers or kinship care, non-Indigenous carers must be provided with casework support to develop a plan to help the child to maintain their Aboriginal identity.

Closing the Gap

The Benevolent Society strongly supports the Australian Government's commitment to 'close the gap' between the health, developmental and wellbeing outcomes between Indigenous children and non-Indigenous children, and the adoption of a common approach to protecting Indigenous children. We strongly support the Council of Australian Government's commitment to a National Partnership to address the needs of Indigenous children to reduce Indigenous child mortality.

7. Attracting and retaining the right workforce

It is crucial that measures be taken to attract and retain workers in the human services sector. When workers are supported to be effective, the work can be highly rewarding and workers are more likely to stay. In order to be effective, workers must be able to build relationships with families over the long-term and have access to professional development so they are confident that their practice is in step with the latest research and innovation.

Clinical supervision

The key challenge faced by most tertiary child-protection services, both government and non-government, is the high level of staff turnover. It is extremely disruptive for families and for interagency collaboration. One of the ways of tackling this challenge is to ensure that caseworkers have high levels of support and clinical supervision.

The Benevolent Society's staff have observed that statutory child protection caseworkers do not appear to have access to good quality, regular clinical supervision. Our staff report that they frequently take on an informal mentoring role for new statutory child protection caseworkers, providing advice and support that appears to be lacking within the State child protection agency.

Under The Benevolent Society's own clinical supervision model, we contract external supervisors who work fortnightly with each team of caseworkers and monthly with each manager. This model creates a culture of reflective practice, shared learning and support. It improves our casework practice leading ultimately to better outcomes for children and families. We acknowledge that such a model is costly, however we consider it absolutely critical to our child protection work. We strongly recommend that all jurisdictions invest both time and resources in a clinical supervision model for its statutory child protection caseworkers and managers.

Other measures

We recommend the following strategies:

- Achieving parity of salary and conditions between government and non-government sectors, to help retain staff in the NGO sector. In our experience, government agencies sometimes view contracting out to non-profit organisations as an option for a cheaper workforce.
- Opportunities for statutory child protection caseworkers to undertake secondments with NGOs as part of their professional development.
- Improved training and development to support the transition from caseworker to manager.
- Better opportunities for shared learning and research between the government and non-government sectors, such as the Centre for Excellence in Child and Family Welfare in Victoria.

8. Improving child protection systems

National reporting and accountability mechanisms are vital for identifying the shared goals for children's health and wellbeing and the providing clarity about the results that are being achieved across all jurisdictions.

National indicators are helpful to giving the overall picture for Australia's children. However, the children and young people who are most vulnerable to abuse and neglect are most likely to be children who are failing on a number of measures. These children are likely to be Indigenous, or have a disability, or have a parent with a mental illness, or have a parent with a drug or alcohol addiction, or be homeless. Australia must aim to improve the outcomes for these children in order to make the most impact on the incidence of abuse or neglect, and resources must be allocated accordingly. In effect, Australia needs an integrated strategy on improving outcomes for the most disadvantaged children with nationally agreed targets to 'close the gap'

between the bottom quintile and the middle quintile. It is where the prevention, support and intervention services of the greatest intensity and duration should be focussed.

The Benevolent Society agrees that the Australian Institute for Health and Welfare's "Key national indicators of children's health, development and wellbeing" is a useful basis for building a report card for Australia's children. However, there are two key measures which we urge must be included:

- exposure to harmful drug and alcohol use by parents / carers
- exposure to domestic violence

As previously outlined in section four of our response, exposure to harmful drug and alcohol use by parents/ carers and domestic violence are key factors which contribute to risk of abuse and neglect for children and young people. Just as the policy and service system needs to place children's needs at the centre of its response, we must incorporate their impact on children's health and wellbeing in any reporting and accountability mechanism that emerges from the national framework.