



Department of  
Human Services

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## **Response of the Victorian Government to the Public Accounts Committee Forty-Fourth Report to Parliament**

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Report on the Review of the Auditor General's Special Report No. 43 – Protecting Victoria's Children: The role of the Department of Human Services (November 2001) tabled by the Minister for Community Services and Housing at the Autumn sitting of the 54<sup>th</sup> Parliament (May 2002)

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## **Chapter 1: General Comments**

As Minister for Community Services and Housing, I welcome the ongoing and comprehensive work undertaken by the Public Accounts Committee (formerly the Public Accounts and Estimates Committee) in following up on issues raised by the 1996 Auditor General's Special Report No 43: *Protecting Victoria's Children: The role of the Department of Human Services*.

The Public Accounts Committee 44<sup>th</sup> Report to Parliament tabled in November 2001 not only followed up previous issues, but raised a number of additional matters that arose in the course of the Committee's inquiries. In particular, concerns regarding the over-representation of Indigenous children in the Child Protection service system are shared by the Department of Human Services ("DHS"), and measures are being put in place to address this important issue.

This report is a response to the recommendations tabled in Parliament by the Public Accounts Committee in November 2001. The views of the Department of Justice, the Department of Treasury and Finance, the Department of Premier and Cabinet, the Department of Natural Resources and Environment (Aboriginal Affairs Victoria), the Department of Education and Training, and Victoria Police were consulted in preparing the response. I thank these Departments for their contribution.

This report outlines the measures that have been taken, or are being planned as part of the 2002/2003 strategic objectives of the DHS, to implement the Committee's recommendations. The 2002/2003 Budget includes \$60 million over four years for a new Integrated Strategy for Child Protection and Placement Services, \$5 million in upgrades to residential care facilities across Victoria and \$7.6 million for 10 early childhood *Best Start* projects. A number of recommendations require collaboration between DHS and other Government departments, and I am pleased to be in the position to acknowledge the cooperative approach that is adopted by other departments in supporting the care and protection of children in Victoria.

It is important also to note that the DHS Executive have endorsed the *Child Protection Outcomes Project*, as one of five new Flagship Projects, sponsored by the Secretary to DHS. This project will address issues identified in the Public Accounts Committee report by examining international best practice in Child Protection and considering changes that are required in the legislative and policy framework in Victoria to improve outcomes for children and young people who are referred to the Child Protection service system.

The following chapter headings follow the headings used in the Public Accounts Committee's report.

## **Chapter 2: Early Intervention Services and the Prevention of Child Abuse**

### **2.1 The Victorian Government give consideration to increasing resources for statutory services provided by Non-Government Organisations involved in the Strengthening Families Program.**

**Position:** Endorsed

**Response:**

The Government, over the last two years, has given an increased focus to early intervention and prevention services provided by Community Services Organisations with an additional \$1.7 million being allocated to the Family Support sector in 2000/01 and a further \$1.6 million in 2001/02, to strengthen the early intervention capacity of Family Support services.

The Strengthening Families Program evaluation was completed in May 2001 and confirmed that the components of the service model are effective in achieving positive outcomes for families. The additional funding allocated to Family Support has been used to increase the capacity of services to deliver these activities

The DHS integrated strategy for Child Protection and placement services has a focus on early intervention to prevent families and children entering the system, and initiatives to divert clients to more appropriate services. The 2002/03 Budget provides \$14.8 million over four years for the supporting vulnerable families innovation project and thereby reduces the need for families to re-enter the Child Protection system. This program will aim to avert an escalation of strain within the family to a point where abuse may become a problem.

\$532,000 has also been made available in 2002/03 for one-off grants to enhance the infrastructure of Family Support Organisations.

### **2.2 The Department of Human Services extend the Strengthening Families Program, similar to the program undertaken in the Northern Region, to encompass home-linked support services.**

**Position:** Endorsed in principle

**Response:**

International research supports the need to develop a more integrated universal and secondary service system that responds in a flexible manner to the needs of children and their families before they require statutory intervention.

DHS is finalising a new Strategic Framework for Support for Families that seeks to define the range of service responses across the continuum of support services for families. The Strategic Framework seeks to work across program boundaries and provide an integrated and flexible continuum of support services for families in the universal and secondary service system. The Strategic Framework includes a range of service responses that may be provided for families and has been informed by the findings of the evaluation of the Strengthening Families program.

Regions, in consultation with Community Service Organisations, have developed plans for the delivery of support services for families and the priorities for allocating new funding. In most regions this has resulted in increased case management and in home support capacity. The regional planning process has also considered local service system design.

### **2.3 The Department of Human Services examine the possibility of expanding preventative early intervention measures, including the use of the foster care system, in relation to child abuse cases.**

**Position:** Endorsed

**Response:**

DHS is committed to further strengthening the focus on prevention and early intervention, to ensure that families are well supported and assisted prior to reaching crisis point. This is evidenced by the increased funds as outlined in 2.1. Where abuse or neglect has already occurred, a focus on preventing further harm to the child is critical, and a range of approaches and services must be available to best meet the needs of the individual child and family. While this includes the use of foster care, it equally includes strengthening the family environment and reducing the need for placement away from the family.

Additional funding of \$10m, over 4 years commencing 1999/2000, has been allocated to enhance the Maternal and Child Health Service. The Enhanced Home Visiting Service provides home based and outreach services to vulnerable families in every municipality. This service provides additional support to new mothers experiencing significant early parenting difficulties such as postnatal depression, substance abuse and maternal-infant bonding issues. The Service has been implemented in all municipalities in Victoria and increases the capacity of the Maternal and Child Health Service to respond early to families experiencing problems and to provide additional support and referral.

In October 2000, the Maternal and Child Health After Hours Service was expanded to a 24 hour service and re-named the Maternal and Child Health Line. The number of parents and carers provided with advice and support since the expansion has doubled to approximately 4000 per month. This significantly increases parents' access to information, support and referral during stressful early parenting periods.

The Public Accounts Committee ("PAC") November 2001 Report suggests that access to foster care can only occur through the child protection system. However, DHS only requires 90% of foster care placements to be targeted for children who are part of the statutory child protection system.

DHS continues to fund voluntary foster care for emergency and respite situations. The current situation of minimising voluntary foster care is a deliberate change from past practise, where many children were voluntarily placed in foster care for indeterminate periods, with no active case plan and no intervention to address the issues that led to placement.

#### **2.4 The Department of Human Services give child protection prevention programs a higher status and priority within the Department.**

**Position:** Endorsed

**Response:**

DHS identifies both preventative and diversionary programs as being necessary components of the child protection service system. The Best Start Initiative, a cross divisional project, is a strategy to improve child health and wellbeing through the development of more comprehensive, flexible, co-ordinated and inclusive services in the early years. It is anticipated that children across Victoria will be given the best possible start for their future health, education and social well-being in order to achieve their full potential in life. Commencing in the 2002/2003 Budget, \$7.6 million has been allocated over 3 years for 10 projects across Victoria.

The strategy aims to increase the effectiveness of universal services and their linkage and co-ordination with other early intervention and specialist services in helping families to raise healthy, well-adjusted children by:

- Improving the social, emotional, intellectual and physical wellbeing of children, up to 9 years of age.
- Supporting and assisting both expectant parents and parents with children to be more capable and confident in bringing up their children and to enjoy parenting.
- Supporting communities to become more child friendly.

These aims will be achieved through activity in a number of key areas:

- Policy and program development.
- Demonstration projects.
- Service enhancements.
- Resource development.
- Evaluation and dissemination activities.

Further work is being undertaken within the Community Care Division of DHS to develop a model of service that includes the characteristics known to be effective in diverting families away from Child Protection, such as assertive outreach, home visiting, case management and long term support.

It is intended that this model will incorporate a range of early intervention programs including treatment programs for children who have been abused, thereby preventing longer-term issues that may impact upon future parenting skills, and targeted services for women identified as having risk factors during pregnancy.

In the 2002/03 Budget, \$3.7 million has been allocated to establish 8 Innovation projects to support vulnerable families. The projects, which will be located in areas of the State where Child Protection demand is high, especially rural areas, will have flexibility to provide services tailored to the specific needs of vulnerable families in each community through local agencies working in conjunction with Child Protection services to provide a "joined-up"

response. Two of the Innovation projects will directly address the over-representation of Indigenous children in the Child Protection system.

The establishment of the *Child Protection Outcomes Project*, the DHS Executive have identified the Child Protection service system as a high priority in 2002/2003. The project will:

- Clarify and improve outcomes for children and young people in statutory care.
- Improve outcomes for children, young people and their families who are at risk of entering the child protection system.

## **Chapter 3: Mandatory Reporting**

### **3.1 The Department of Human Services:**

- (a) Develop a set of objectives and performance measures consistent with the Victorian Government's stated objectives for mandated reporting, in order to measure the implementation and management of mandatory reporting;**

**Position:** Endorsed in principle

**Response:**

Mandatory reporting was first introduced to Victoria in 1993, and is now firmly integrated into a broader and more comprehensive approach and strategy for responding to, reporting and managing child abuse.

The Child Protection and Care Education Strategy focuses on key messages of:

- Early intervention and prevention through strengthening parenting capacity.
- Sharing the responsibility for responding to child abuse among all professionals working with children and young people rather than just the mandated professionals.
- Providing clear information and guidance for professionals about their legal and ethical responsibilities in reporting child abuse to Child Protection Services.
- The Strategy includes:
  - the development of consultative relationships between Child Protection and key professional groups in order to understand and address issues related to professionals reporting to Child Protection,
  - addressing professional development needs about responding to child abuse.
  - promoting the objectives of mandatory reporting as defined in s64 of the *Children and Young Persons Act 1989* ("CYPA").

- (b) In consultation with Non-Government Organisations and other relevant parties, review developments regarding mandatory reporting and assess mandatory reporting frameworks interstate;**

**Position:** Endorsed



**Response:**

There is regular communication between Child Protection in the Australian States and Territories through conferences, forums and formal networks where information related to practice and service delivery frameworks is exchanged and used to inform the Child Protection agenda in Australia. Child Protection intake generally and mandatory reporting specifically features in these discussions. In November 2001 at the 8th Australasian Conference on Child Abuse and Neglect held in Melbourne, papers on approaches to responding to, and reporting of child abuse as well as many other aspects of service delivery were discussed.

The annually published data and research of the Australian Institute of Health and Welfare ("AIHW") on child protection, is used by DHS as a resource for monitoring interstate trends and developments. *Child Protection Australia 2001/02* (AIHW, p1) indicates that "... all States and Territories except Western Australia have legislation requiring the compulsory reporting of child maltreatment, child abuse or neglect to community service departments. In most States and Territories, only the members of a few designated professions involved with children are mandated to report ...".

The DHS *Child Protection Outcomes Project* will further draw upon interstate and international research to lead the consideration of the legislative and policy frameworks which underpin Child Protection within Victoria and will consider opportunities for change which improve the effectiveness and efficiency of the service system.

The DHS Child Protection and Care Education Strategy has been promoted and developed through extensive consultations with the professional community including the education and the nursing sector. A survey of 770 teachers in Government, Catholic and Independent schools provided feedback on their experiences of making notifications to Child Protection to inform the development of a revised protocol and new professional development training materials.

The education protocol entitled *Protecting Children: Protocol between Child Protection DHS and Victorian Schools* and the professional development training package entitled *Safe from Harm: the role of professionals in protecting children and young people* was launched on the 21<sup>st</sup> November 2001 at the 8<sup>th</sup> Australasian Conference on Child Abuse and Neglect.

Safe from Harm is a generic training package for all professionals working with children and young people with additional industry specific modules for education and nursing. This training package provides professionals with a range of strategies for promoting prevention of child abuse, providing support to vulnerable children and families and guidance on when to report to Child Protection. It is being disseminated through all Victorian Schools, relevant health sector professions and targeted training providers.

- (c) **Review the merits of expanding the number of professions required to report child abuse, including any implications for funding;**

**Position:** Endorsed in principle

**Response:**

The preferred option at this time is to focus on education and support for all professionals working with children, young people and their families, to enable them to understand their critical role in reporting and responding to child abuse.

The DHS Child Protection and Care Education Strategy targets all professionals working with children and young people regardless of whether or not they are mandated. The key objectives of the Strategy, as emphasised above, provide for a more cost effective and sustainable way for Child Protection and the professional community to work in partnership to protect and support vulnerable children and families. This approach is based on the responsibility of every professional for the safety and wellbeing of children, rather than just expanding the list of mandated professionals.

While this approach is considered most successful in achieving the aim of a shared responsibility for the safety of children and young people, as part of the *Child Protection Outcomes Project*, further consideration will be given to this matter.

**(d) Screen each incoming report before deciding whether it will be designated and counted as a notification.**

**Position:** Endorsed in principle

**Response:**

The CYPA at this time does not allow for incoming reports to be screened before counting them as notifications. Section 64 (1) states 'Any person who believes on reasonable grounds that a child is in need of protection may notify a protective intervener of that belief' and s66(1A) indicates circumstances where mandated professionals must make a notification. Section 66 (1) further states that 'A protective intervener must, as soon as practicable after receiving a notification under Section 64 (1) or (1A), investigate, or cause another protective intervener to investigate, the subject matter of the notification in a way that will best ensure the safety and wellbeing of the child'.

If a person forms a reasonable belief that a child is in need of protection, because they have suffered or are likely to suffer significant harm as a result of abuse or neglect, and they make a report to Child Protection, in Victoria, that constitutes a notification.

The CYPA requires that all reports be treated as notifications as a prerequisite for protecting the identity of the notifier. The *Information Privacy Act 2000* requires that families are made aware of information recorded and used, where a call has not been classified as a notification.

These two Acts of Parliament may hinder desired practice changes which would classify some current notifications as matters requiring advice or referral, while reserving the notification classification for matters requiring further Child Protection assessment and investigation.

However, DHS is considering appropriate options to enable the Child Protection service system to provide consultation and advice to people who have concerns for the welfare of a children, but do not consider they have a formed a belief that the child is in need of protection. This requires a thorough consideration of the policy and legislative implications before any such change could be implemented.


### **3.2 The Department of Human Services, the Department of Justice and Victoria Police identify and evaluate current barriers to the reporting and prosecution of serious cases of sexual and physical abuse.**

**Position:** Endorsed

**Response:**

DHS continues to work in partnership with key community professionals and organisations, in order to provide a better response to cases of sexual and physical abuse. Recent initiatives include:

- The Sexual Offences and Child Unit and Child Protection liaison to improve service provision at the local level, and centrally to improve policy and practice issues.
- Victoria Police and DHS representation on the *Health Services for Abused Victoria Children Advisory Group*. This group has a wide membership and provides the opportunity for close scrutiny of the systemic response to child abuse issues and the identification of barriers to prosecution.
- Child Protection seeking advice from experts in the area of adult sexual offending against children. Expert opinion, supported by research, will be provided to Child Protection Workers and trainers, to support applications and recommendations concerning risk to children who live with known child sex offenders.
- The Safe From Harm training package for professionals working with children and young people, which provides professionals with a range of strategies for promoting prevention of child abuse, supporting vulnerable children and families, and guidance on when to report to Child Protection. The training package provides clear direction about how to recognise and report abuse.
- The DHS resource guide for Family Violence workers, Child Protection Workers and Supported Accommodation and Assistance Program workers will be implemented in Victoria in 2002. This guide ensures that regional workers who come into contact with children who have been abused, or are at risk of being abused, as a result of a family violence, obtain a collaborative and timely response.
- In conjunction with Victoria Police, Child Protection has recognised the need for greater emphasis on the links between child abuse and family violence. Collaboration with Police has led to a significant increase in Police notifications of family violence. Since 1997/98 there has been a 53% increase in notifications from Police to Child Protection, resulting in significantly more substantiated notifications of child abuse and neglect.

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- A twelve-month pilot of a Suspected Child Abuse and Neglect (SCAN) Team Response Model, based on a Queensland Government initiative, aims to promote a more effective and coordinated multi-disciplinary response where children present at hospital with suspected sexual or physical abuse. The pilot commenced in Victoria on 1 March 2001, and is a shared initiative between the Royal Children's Hospital, Monash Medical Centre, Victoria Police and the Child Protection Service. The model requires that within 24 hours of a child's admission to hospital, Child Protection Workers and the Police meet with the medical staff responsible for the child's care in order to make decisions about appropriate intervention needed to protect the child. The SCAN team model facilitates prompt case conferencing and case planning, and promotes more rapid diagnosis, shorter hospital admissions and a more timely investigative process by Child Protection Services and the Police.

The pilot is currently receiving positive feedback from all stakeholders, and will be formally evaluated after its completion.

In September 2001, the Victorian Law Reform Commission ("VLRC") released for comment the *Sexual Offences: Law and Procedure Discussion Paper*. This paper is a component of the work of the Department of Justice to explore whether changes are required to ensure the criminal justice system is responsive to the needs of complainants (adults and children) in sexual offence cases. An interim VLRC report is expected to be released at the end of 2002.

One area of particular relevance to children is the question of allegations of sexual abuse by multiple complainants. It is sometimes the case that a number of children in one family or one social group will make allegations of sexual offences against the same person. Before 1997, these allegations were commonly heard in separate trials and the VLRC noted that this may delay the criminal justice process and increase trauma for complainants.

In 1997, the Victorian Parliament passed legislation creating a presumption that if two or more counts involving several complainants are joined on the one presentment, these counts are to be tried together. The VLRC notes it appears that it is now less common for offences involving multiple complainants to be tried separately. The VLRC report will discuss the impact of this reform on the Court's practice in prosecuting criminal sexual offence cases involving multiple complainants.

### **3.3 The Department of Human Services investigate if it is possible to measure the extent to which mandated groups do not make notifications about suspected child abuse.**

**Position:** Endorsed in principle

**Response:**

DHS agrees with the need to understand why mandated groups don't report, or have difficulty reporting, in order to improve their reporting behaviour. Recent research by Universities and Community Service Organisations confirms that some professionals have difficulty in executing their responsibilities as mandated notifiers. While some report not making notifications, others report difficulty in the interaction with Child Protection

regarding the outcome of the notification. DHS has undertaken a recent survey of teachers across Government, Catholic and Independent Schools in order to inform the development of a training and support strategy which includes learning materials and a protocol with Child Protection.

DHS remains committed to working with, and assisting professionals to understand and execute their role in responding to child abuse. Professionals continue to provide feedback about the difficulty and anxiety that they associate with making a decision to report to Child Protection. Rather than a punitive or policing role Child Protection aims to be pro-active and educative when working with professionals, in order to reinforce their responsibility towards promoting the health and wellbeing of all children, and in particular in making notifications to Child Protection.

The principles of the Child Protection and Care Education Strategy emphasise the responsibility of all professionals to protect children from abuse, regardless of whether they are mandated or not. This has proved to be effective in maintaining collaborative working relationships that are essential for the protection of children.

**3.4 The Child Protection Community and Professional Education Strategy include provision for child protection workers to provide feedback to notifiers of outcomes, with due respect to the privacy of clients and their families.**

**Position:** Endorsed

**Response:**

The Child Protection and Care Education Strategy emphasises the importance of Child Protection workers providing timely feedback to notifiers. This has recently been emphasised in the general training programs for child protection workers and in targeted training for intake workers and managers. Both the *Safe from Harm* and the *Protecting Children: Protocol between Child Protection DHS and Victorian Schools* provide clear guidance to Child Protection workers and other professionals about the expectation of timely feedback from Child Protection.

As the wording of this recommendation indicates, the scope of appropriate feedback to notifiers must be balanced by the right to privacy of clients and their families. Section 66(2A) of the CYPA limits the disclosure of information to that which is necessary to assist in the investigation of the notification.

## **Chapter 4: Child Protection Legislation**

**4.1 The Department of Human Services examine developments interstate and overseas in relation to areas such as:**

- (a) family re-unification;**
- (b) permanent care concept;**
- (c) the rights of children, including the grounds on which a child is in need of protection and the principles for Court decision-making;**
- (d) how legislation may support the carer more effectively;**
- (e) how the interests of the child in care may be better protected;**
- (f) the adequacy of the regulatory regime supporting foster parents and standards of residential and foster care;**
- (g) whether or not to provide a framework for a process of mediation between parties;**
- (h) the appropriateness of the current definitions of child abuse; and**
- (i) The provisions of grievance and appeal mechanisms.**

**Position:** Endorsed

**Response:**

DHS supports the principles underlying the CYPA, outlined below:

- Ensuring the child's best interests and ensuring the presumption that these are usually best served by family preservation or re-unification.
- The minimum necessary intervention is desirable.
- The process should be as participative as possible.

The legislation of other Australian States and Territories, overseas jurisdictions and the principles outlined in the United Nations Convention on the Rights of the Child articulate a similar hierarchy of principles.

DHS is aware of legislative developments interstate and overseas, through contact with interstate departments, research and conferences. DHS continues to monitor the appropriateness and relevance of the CYPA in light of the interstate and overseas developments and the literature.

- Legislation, models for service delivery and guidelines for professional practice must be complementary. DHS is considering strategies to improve service delivery and professional practice, and the legislation required to support such developments. This is a focus of the *Child Protection Outcomes Project*, one of the five new Flagship Projects, sponsored by the Secretary to DHS.

Relevant developments and initiatives that address this recommendation include:

- The development of proposals to strengthen permanency planning requirements in the legislation and practice guidelines in regard to family re-unification and permanent care.
- The development of improved case planning and case management processes in general which will improve decision making in regard to both permanency and care planning for children.
- The development of more transparent processes of decision making regarding the assessment of risk and a child's need for protection.
- Development of clearer thresholds for statutory intervention and greater system capacity for non-statutory responses.
- An examination of the mechanisms provided in the CYPA for the review and appeal of decisions made about children for whom the Secretary is responsible to determine whether these provide an accessible, timely, cost effective and fair means for persons affected by Departmental decisions.
- New service standards for residential care have been developed in partnership with Community Service Organisations and are in the process of being implemented. It is intended that new service standards will also be developed for home based care in the near future.

#### **4.2 The Department of Human Services, in consultation with the Family Division of the Children's Court, look at ways of overcoming lengthy delays in decision-making.**

**Position:** Endorsed

**Response:**

The 2002/03 Budget provides additional funding aimed at enhancing the quality of oral and written evidence presented to the Children's Court on behalf of vulnerable children.

The Children's Court and DHS are committed to working together to ensure that the period of time between the first and final hearing of Protection Applications is no longer than necessary, to minimise the negative impact on these processes on children, young people, and their families.

Multiple adjournments between the first and final hearing in relation to a Protection Application, can mean a period of uncertainty. This can be of concern for all children and young people and particularly for babies, toddlers and pre school children, who are in a

period of rapid and very significant developmental change. For parents and extended family, the protraction of the case may mean even higher levels of stress and uncertainty, promote conflict and discourage collaboration with the Child Protection Worker.

It is important to note that adjournments can be appropriate, and likely to be in the best interests of the child, when they allow sufficient time for some specific action or development. For instance, some adjournments allow time to test out particular arrangements or to obtain important information, so that inappropriate orders are not made prematurely.

There are many reasons for delays in the resolution of matters before the Children's Court in Victoria. These include:

- DHS requiring additional time to assess or test out a situation, to arrange for additional services for a child, young person or family or to prepare the court report.
- An apparently growing number of contested cases, which require adjournments for different types of hearings - Pre hearing Conferences, Directions Hearings, Contested Hearings.
- Parents without a legal representative or awaiting approval for Legal Aid funding.
- Parent/s not attending court (for a range of reasons).
- Specific assessments ordered but not yet completed.
- Proposed date for a hearing is not suitable to all legal representatives.
- Matter adjourned awaiting outcome of parents/young person's criminal proceedings.

The DHS Children's Court project commenced by the Community Care Division in 2001 is focussing on a range of issues related to the interface between the child protection program and the Children's Court.

The key strategies of the project are to:

- Improve the timeliness and availability of legal advice to child protection workers by: strengthening the Court Advocacy Unit ("CAU", the DHS legal service in the Children's Court), establishing stronger relationships between the CAU and regions, establishing improved work processes between the CAU and regions, and within the CAU.
- Expand and improve training to Child Protection Workers and managers about the legislation and court work.
- Work with regions to improve internal systems for supporting workers preparing to go to court and in court as well as systems for reviewing decision making about court cases.
- Establish better relationships between the Child Protection and other key stakeholders who can contribute to the achievement of the project goals.



The Children's Court Project Advisory Committee has been established to guide the work of the Children's Court Project. The Committee comprises representatives from the Children's Court, Legal Aid and DHS. Further work will be undertaken by the Children's Court Project, in collaboration with the Advisory Committee on the issue of timeliness in decision making throughout this year.

## **Chapter 5: Resourcing the Child Protection System**

### **5.1 The Department of Human Services review, on a regular basis, the total resources provided to the non-government sector for child protection services.**

**Position:** Endorsed

**Response:**

The core functions of the statutory child protection system such as receiving and investigating notifications, taking matters to court and case planning, are legally mandated and cannot be delegated to Community Service Organisations. Functions such as case management and the provision of placement and support service can be provided by either Government services or Community Service Organisations.

Resourcing decisions are usually made on a regional basis, with the exception of state-wide initiatives such as the Strengthening Families program. The extent to which a region will fund Community Service Organisations to deliver child protection services depends on the willingness and operational capacity of Community Service Organisations within a region. In conjunction with regions and in partnership with Community Service Organisations, Child Protection is responsible for examining service gaps for existing clients in all aspects of the protection and care system.

DHS has identified strengthening out of home care and building the capacity of community based services as areas for development and recognises the need to improve the ability of the system to deliver appropriate, effective and efficient services to clients of Child Protection and placement services in:

- Kinship care – provision of support for these placements.
- Permanent Care – ongoing support to be considered including case management after an order has been made.
- Additional funding of \$1.7 million has been allocated for the implementation of components of the Looking After Children program to ensure that attention and priority is given to addressing the physical and developmental needs of children and young people.
- Introduction of quality improvement approaches for Community Service Organisations and provision for additional funding if required.

In the 2002/03 Budget, \$1.2 million has been allocated to manage the growth in kinship care and permanent care. These preferred forms of out of home care enable the placement of children who cannot remain with their parents, with their extended family, or permanently with a substitute family. The new funding will provide an additional 220 placements. \$0.6 million has also been allocated for the indexation of caregiver payments.

## **Chapter 6: Human Resources Management in Child Protection Services**

### **6.1 The Department of Human Services review current training programs to ensure child protection staff are knowledgeable about their statutory responsibilities.**

**Position:** Endorsed

**Response:**

The Child Protection Professional Development Unit in DHS delivers a range of entry level and ongoing professional development programs to approximately 877 child protection practitioners across 9 regions and the After Hours Service.

DHS produces an annual handbook of Child Protection training programs, which are developed from several reference points. These include the Annual Reports of the Victorian Child Death Review Committee (“VCDRC”), the Training Needs Analysis for Child Protection Workers and the Regional Case Practice Quality Audit. In addition the State-wide Training Working Group meets on a monthly basis and is comprised of senior representatives from the Regional and Central Child Protection Service.

There are three mandatory training programs for new workers. These are a:

- Three day introduction to the Child Protection client database (“CASIS”) completed within the first four weeks of employment.
- Five day program regarding assessment and practice in sexual abuse cases.
- Fifteen day induction programme spanning eight weeks, and completed after approximately three months of employment.

In addition there are other scheduled training programs, and there is flexibility regarding the location and focus of training programs.

In relation to Child Protection Workers’ awareness of their statutory role and responsibilities, there are several training programs and initiatives, which address this issue. The New Practitioner Induction Program encompasses a diverse range of essential skill and knowledge areas including, the organisational context of protective work, abuse and harm, risk assessment, court issues and legal procedures, worker safety and well being. The statutory nature of the child protection role and the associated legislative responsibilities are addressed in some depth.

Though the present induction program provides a comprehensive introduction for Child Protection Workers, DHS acknowledges the need for learning to commence from the first day on the job. The New Practitioner Orientation Project has developed a range of self paced, regionally based learning resources and practice clinics to be implemented in late 2002. The statutory nature of the child protection role, is covered in both the New Practitioner Learning Guide and in a half-day group development session.

**6.2 The Department of Human Services' annual report include performance indicators for Child Protection Services, for example, the ratio of base-grade workers to more experienced staff, the retention of staff and the number of vacancies, by region.**

**Position:** Endorsed

**Response:**

DHS has not published workforce statistics in previous Annual Reports. Information collected by the Community Care Division and regularly analysed includes the length of service for Child Protection Workers by each classification (CAFW 1 to CAFW 6), at June of each year, since 1993. It also includes a breakdown of length of service in categories of less than 1 year, 1-2 years, and 2 plus years for CAFW 2s and CAFW 3s by region. It includes the total numbers of workers in each category in each region, and also the percentage of workers in each category in each region. This shows the ratio between less experienced and more experienced workers. It also enables comparisons to be made between regions.

The number of vacancies in each region varies regularly and would be of questionable value for inclusion in the DHS Annual Report. However, further consideration is being given to this issue and ways in which reliable data which would demonstrate trends could be collated on an annual basis.

The 2002/03 Budget provides \$4.2 million to deliver 60 extra Child Protection Worker and Support Worker positions. The extra funding will reduce staff workload, provide an improved career structure for Child Protection supervisors, provide experienced workers to strengthen the interface with the Children's Court, and provide extra support for Child Protection workers for supervising kinship and permanent care placements.

## **Chapter 7: System Abuse**

- 7.1 As a matter of priority, the Department of Human Services, in consultation with Non-Government Organisations, develop a quality assurance framework for protective services for children and young people.**

**Position:** Endorsed

**Response:**

Early in 2001 the Executive of DHS proposed a number of Flagship Projects to address key strategic issues facing the Department that require a high level of cross divisional coordination. One of the projects nominated was the *Quality In Services Project*. The key objective of this project is to develop a cross-Department Quality Framework for all services provided and funded by the Department.

A number of Priority Action Projects were identified, and will be undertaken to provide action-learning opportunities and complement the development of a broad Service Quality Framework. The Flagship Quality In Services Project has proposed to support a Priority Action Project in the Child Protection Program to develop a comprehensive approach that draws together the wide range of quality management work undertaken in that program, and ultimately provides practical tools for quality management at the regional service delivery level.

Child Protection is developing the quality improvement framework in consultation with a range of key stakeholders, and will implement the framework across the program during 2002/03.

Although the primary objective is to strengthen quality management in a high priority directly delivered service system, it is anticipated that the project will also:

- Encourage and act as an exemplar for the development of service quality strategies in other directly delivered programs; and
- Provide practical guidance for the development of the Department-wide Quality Framework.

- 7.2 The Department of Human Services, in consultation with Non-Government Organisations, review its strategic planning framework for child protection services.**

**Position:** Endorsed

**Response:**

Child Protection is currently reviewing its strategic planning framework. The strategic framework will be developed in partnership with Community Services Organisations, with a focus on establishing joint priorities for outcomes related to child safety and wellbeing. The

framework will encompass Child Protection's funding relationship and practical interface with primary, secondary and tertiary service systems.

**7.3 The Department of Human Services review the resourcing of specialist counselling services for children who have suffered abuse.**

**Position:** Endorsed

**Response:**

DHS commissioned a report in 1999, which found that there was a gap in services for children and young people with severe emotional or behavioural disturbance, or at risk of developing such disturbance as a consequence of abuse or neglect.

Over the last two years DHS has consulted with a range of stakeholders regarding this issue and the appropriate service response, and has developed service specifications for Intensive Therapeutic Treatment Services, as part of a strategic planning process for service system development.

The 2002/03 Budget provides \$20 million over four years for an Intensive Therapeutic Service ("ITS") to assist 1300 children and young people each year to recover from the impact of physical and sexual abuse. This new service for children and young people who have suffered abuse has two components: a preventative service for younger children who have suffered abuse, and an intensive treatment service for young people in care who exhibit challenging and complex behaviours.

The ITS will work with children and young people, and their families, to address issues arising from abuse to reduce the escalation of difficult behaviours that can lead to diminished lifelong outcomes for a significant number of young people.

## **Chapter 8: Foster Care**

### **8.1 The Department of Human Services give consideration to the development of a comprehensive package of resources across the whole-of-government to provide support to foster parents.**

**Position:** Endorsed

**Response:**

DHS is in the process of completing an audit of the safety and wellbeing of children and young people in foster care. This audit included questions for case managers regarding additional support required to improve the quality of care that is provided and the stability of placements. Foster carers will also be interviewed.

DHS regularly meets with representatives of the Foster Care Association of Victoria ("FCAV"), and this organisation is represented on Steering Committees, Reference Groups and Working Parties where the issues are likely to impact on foster carers or children in foster care.

Through these channels and a review of international literature there are a range of issues, which are currently under consideration by DHS. These include:

- Level of reimbursement and access to additional resources for foster carers. Victoria will examine the impact on recruitment and retention of foster carers in NSW following recent increases to foster care payments in this State.
- The outcomes of a study being undertaken by the Social Policy Research Centre of NSW, regarding the cost of care. This study identifies a lack of access to necessary or special equipment and complex bureaucratic processes to recoup money spent on extraordinary items, as significant issues.
- Examination by DHS of the development of special arrangements for siblings placed in foster care and professional therapeutic foster care.
- The examination by DHS of proposals by FCAV that training for foster carers should be more consistent across the state, and that the approval processes should allow carers to move between Community Services Organisations where appropriate. An essential first step is the development of competency profiles for home based carers and DHS has recently contracted the Community Service and Health Industry Training Board to undertake this work.
- The Department is currently working with the Children's Welfare Association of Victoria ("CWAV"), FCAV and a number of Community Service Organisations, in order to develop guidelines for responding to allegations made against carers of abuse or neglect or poor care standards.

**8.2 As a preventative and early intervention measure, the Department of Human Services extend the foster care program to clients requiring family support.**

**Position:** Endorsed in principle

**Response:**

Respite foster care is a preventative and early intervention measure and foster care programs have the capacity to provide this form of family support with 10% of placements provided being for voluntary, or family support placements. However, the placement of a child or young person away from their family should only occur in serious situations, and where in-home support cannot ensure a child's safety. A range of approaches and services must be available to best meet the varied needs of individual children and family. While this includes the use of foster care, it equally includes strengthening the family environment and reducing the need for placement away from the family.

As outlined in response to recommendation 2.3, DHS is committed to further strengthening its focus on prevention and early intervention, to ensure that families are well supported and assisted prior to reaching crisis point. This is evidenced by the increased funds to early intervention and prevention services provided by Community Service Organisations to strengthen the early intervention capacity of Family Support services, as outlined in the response to recommendation 2.1.

The Enhanced Maternal and Child Health Home Visiting Service provides home based and outreach services to vulnerable families in every municipality. This service provides additional support to new mothers experiencing early parenting difficulties such as postnatal depression, substance abuse and maternal-infant bonding issues.



## **Chapter 9: Relationship between the Department of Human Services; the Department of Education and Training (formerly the Department of Education, Employment and Training); and Schools.**

- 9.1 The Department of Human Services and the Department of Education and Training, in consultation with schools, finalise a protocol on how child protection workers operate within a school environment. The protocol be finalised as a matter of priority and incorporate an implementation strategy.**

**Position:** Endorsed

**Response:**

*Protecting Children: Protocol between Child Protection DHS and Victorian Schools* was launched on the 21<sup>st</sup> November 2001 at the 8<sup>th</sup> Australasian Conference on Child Abuse and Neglect. The protocol was developed in consultation with representatives from Catholic, Government and Independent schools, the relevant unions and principal associations and has now been extended to include all Victorian Schools.

- 9.2 The protocol between the Department of Human Services and the Department of Education and Training define the roles and responsibilities of the different parties in the child protection system.**

**Position:** Endorsed

**Response:**

The protocol includes the roles and responsibilities of all parties in responding to child abuse, and is being distributed to all Catholic, Government and Independent schools during 2002.

- 9.3 The Department of Human Services provide support for mandated notifiers throughout the notification process.**

**Position:** Endorsed

**Response:**

DHS considers that support should be provided to all professionals who notify to Child Protection, regardless of their mandated status. Training for intake workers has emphasised the issues faced by notifiers, the importance of using the point of notification as an educational opportunity, and the need for a respectful, understanding and supportive approach by Child Protection workers. The *Safe from Harm* training package provides strategies for work places to ensure internal protocols and procedures are set up to support staff through the notification process, as well as with providing ongoing support to the child and family whether Child Protection is involved or not.

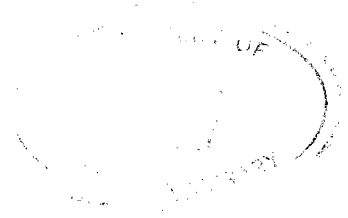
The protocol along with the revised DE&T legal advice to schools (*Victorian Government Schools Reference Guide Section 4.6, Student Care and Supervision*) will be incorporated into DE&T regions' ongoing commitment to provide advice and support to schools on child

protection

and

mandatory

reporting.



## **Chapter 10: Relationship between the Department of Human Services and Victoria Police**

### **10.1 The Department of Human Services, in conjunction with Victoria Police and other relevant parties, complete as a matter of priority a comprehensive strategy to improve rates for child sexual abuse substantiations and prosecutions.**

**Position:** Endorsed

**Response:**

DHS, Victoria Police and the Department of Justice (as outlined in the response to recommendation 3.2) have taken steps to enhance the service system response to child sexual abuse. Chapter 10 of the PAC report appears to draw a direct correlation between notifications made on the basis of an allegation of significant harm as a result of sexual abuse, Child Protection substantiating significant harm on the basis of sexual abuse, protection applications being proven at the Children's Court on the grounds of sexual abuse, and criminal charges being proven against persons accused of child sexual assault. Each of these factors have differing requirements in relation to thresholds of proof.

#### *Understanding Rates of Notification, Investigation and Substantiation*

The Australian Institute for Health and Welfare indicates caution must be employed in interpreting statistics on measures such as the substantiation rate, as the counting rules, legislation and service systems of the different States and Territories of Australia vary considerably. South Australia, the State with the most similar legislative and service system to Victoria, has rates for substantiation of physical and sexual abuse very similar to Victorian rates.

A factor affecting the number of cases resulting in Protection Orders on the basis of sexual abuse grounds is the practice of some parents consenting to the making of an order, provided that the application is proved on the basis of another ground, usually emotional harm. This artificially lowers the number of Protection Orders recorded as having been made on the basis of sexual abuse, even though the Department may have substantiated sexual abuse.

#### *Educating community professionals*

As noted in the response to 3.2 above, DHS has recently completed a training manual, *Safe From Harm*, to promote and direct the training of community professionals who work with children who may have suffered serious physical and sexual abuse. The manual provides clear direction about how to recognise and report physical and sexual abuse.

#### *Improving investigations of physical and sexual abuse*

As noted in 3.2 above, DHS endorsed the twelve-month pilot of the Suspected Child Abuse and Neglect (SCAN) Team Response Model, which is based on a 1980 Queensland Government initiative, and aims to promote a more effective and coordinated multi disciplinary response where children present at hospital with suspected sexual or physical abuse.

*Strengthening child protection assessments and recommendations to the Court*

DHS is seeking advice from experts in the area of adult sexual offending against children. Expert opinion, supported by research will be provided to Child Protection Workers, and to trainers, to support applications and recommendations to the Children's Court concerning risk to children who live with known child sex offenders.

*Applications proved on other grounds*

Having regard to the practice noted above of applications to the Children's Court being proved on grounds other than sexual abuse, it may be thought that such a practice is undesirable, in that it conceals the true extent of sexual harm to children. This must be balanced against the trauma for children of having to endure lengthy contested proceedings and the requirement to place the interests of children above all other considerations. This practice is likely to continue as a primary factor for decision making.

DHS does not consider that this practice should have any negative impact on the rate of criminal prosecution for sexual offences against children.

*Victorian Law Reform Commission*

Professor Marcia Neave and the Victorian Law Reform Commission ("VLRC") are examining ways in which the sexual offences laws work in practice in the criminal justice system. This includes a focus on child sexual abuse. The VLRC is taking submissions from police, lawyers and sexual assault victim's groups. As indicated in the response to recommendation 3.2, the interim report of the Commission is due to be released at the end of 2002, and will further inform DHS policy and practice within the area of child sexual abuse.

## **Chapter 11: Education of Children in Care**

### **11.1 The Department of Human Services and the Department of Education and Training develop a strategy to overcome the barriers to educational opportunities faced by children in care.**

**Position:** Endorsed

**Response:**

DHS is currently working with the Department of Education and Training (“DE&T”) to develop a Partnering Agreement with the primary focus being on both systems to respond proactively and comprehensively to the educational needs of children and young people in the out of home care system.

Local level implementation of the agreement will require:

- Close liaison between DHS, DE&T and local schools.
- The strengthening of Child Protection involvement in the educational planning for children in out of home care.
- Increased support and assistance for the children in schools.

DHS is aware of low levels of educational achievement and school retention rates for children in the out of home care system. This is due to a range of factors including abuse or neglect in their early years severely impacting on their capacity to fully benefit from educational opportunities, followed by the trauma and disruption of being removed from their families, and compounded by placement changes which often require changes of school.

Improvement in the educational achievement and school retention for children in out of home care lies in strengthening the whole system so that vulnerable children are identified earlier and provided with additional assistance. This includes responding to the needs of children who are performing poorly at school, failing to attend regularly or running the risk of suspension or expulsion. The DE&T has *Student Attendance Guidelines* which describe processes for schools to encourage attendance and stress the need for co-operation with appropriate community organisations.

The DHS *Decision Making, Planning and Case Management Review Project* focuses on case planning for all children in care and seven developmental domains including education. Access to specialist counselling in response to the emotional and behavioural consequences of abuse and neglect as outlined in response to recommendation 7.3 is also critical to improving educational opportunities for children in care.

Funding has been provided to commence implementation of the *Looking After Children* framework, a comprehensive and proven approach to promoting positive outcomes for children and young people in out of home care. The framework will be implemented in partnership with Community Service Organisations providing out of home care, to promote a

strong focus on the wellbeing of children in care and improve industry approaches to the monitoring of care.



## **Chapter 12: Adolescents in Care**

### **12.1 The Department of Human Services review its Working Together Strategy with the aim of improving the delivery of integrated services to adolescents, particularly across health (including mental health), drug and alcohol, housing, juvenile justice and education services.**

**Position:** Endorsed

**Response:**

The DHS Working Together Strategy (WTS) was established in 1998 with two original partners, Child Protection and Mental Health. It has now expanded to incorporate Juvenile Justice, Drug Treatment Services, Housing Services and DisAbility Services. In some regions, Education Services, Victoria Police and Koori Services are also involved.

Consultation processes within Departmental Divisions and Regions and with the wider service sector demonstrate continued widespread support and propose some expansion of the project. Key Success Indicators have been developed and will measure progress and inform the development of further WTS projects.

Every region has developed specific projects or organisational processes to improve delivery of integrated services to adolescents. Some examples of these include:

- A Regional Review and Advice Panel made up of representatives from mental health, drug services, juvenile justice and child protection that reviews adolescent clients with complex needs and facilitates treatment options.
- Establishment of a multi-agency assessment clinic reference group.
- Development of a Multi Service Coordination Project including the development of a common adolescent assessment model and a joint cross program staff induction program.
- Development of protocols between services.

Other activities have included a state-wide forum attended by staff from DisAbility Services, Juvenile Justice and Child Protection to explore issues in relation to shared adolescent clients and a series of regional presentations about case practice innovations within their WTS project.

A major initiative of the WTS is the Intensive Therapeutic Service (as noted in the response to recommendation 7.3) that aims to enhance service delivery for clients (including adolescents but not exclusive to this age group) who have complex needs and require the services of a number of programs that are either directly provided or funded by DHS.

### **12.2. The Department of Human Services reviews the adequacy and appropriateness of placement options and support services for high-risk adolescents.**

**Position:** Endorsed

**Response:**

The High Risk Adolescents (HRA) Quality Improvement Initiative has been operational in each Region since 1998 and provides an intensive and targeted case management and support response to challenging and vulnerable clients.

As well as intensive case management, HRA provides a one-to-one home-based model of care for adolescents who are unable to reside successfully in a shared residential model of accommodation and is supported by the use of a flexible budget that allows extra funds for the provision of tailored educational or activity-based programs.

The HRA project has been evaluated and was found to have contributed to the reduction or modification of the clients' risk-taking behaviour over the evaluation period.

Many high risk adolescents reside in residential care services. Funding for these services has increased substantially in the past two years. In 2000/2001 an additional \$7.5 million was provided, bringing total funding for residential services to \$47.2 million per annum – up from slightly over \$24 million in 1998/99. Additional payments have been made available to agencies that provide case management for these high risk clients.

In 2002/03 the Budget allocates a further \$5 million to the capital program to build or refurbish residential care services and \$0.7 million to residential care services for one off grants to provide amenities for adolescents.

In addition to this funding increase, there has been a greater focus on improved monitoring of these services. In response to the Audit of Clients in Residential Care, the Safety and Wellbeing Strategy has been developed. This Strategy has put in place a set of minimum standards for the delivery of residential care services, which are to be closely monitored. It has also put in place a range of targets and performance indicators, which will be used to gauge improvement in the quality of residential care services.

Other initiatives being developed as part of the Intensive Therapeutic Service (see response to recommendation 12.1) and general adolescent program include:

- In conjunction with Drug Treatment Services, a detoxification and therapeutic service for adolescents while in custody within secure welfare services.
- Care plans for use by agencies to ensure adolescents' health and wellbeing needs are met while in care.
- A Life Skills Resource Package to assist carers to prepare adolescents for independent living.
- Development of a cross-programmatic evidence based Adolescent Practice Framework for use by Child Protection, Juvenile Justice, Mental Health, Drug Treatment Services and DisAbility, to ensure more cohesive, integrated and efficient practices for multi service clients.



**12.3 The Department of Human Services report on the children who are discharged from guardianship or custody orders in its annual report, thereby publicly accounting for its legislative responsibilities, as recommended by the Auditor-General. The annual report also contains information on lapsed guardianship and custody orders.**

**Position:** Endorsed

**Response:**

In past years DHS has reported on the number of custody and guardianship orders in its annual report. It is possible to report on the raw numbers of discharged or lapsed custody and guardianship orders. If required, DHS will provide this information in future annual reports.

Current reporting practices focus more on performance against agreed targets than raw data. For example, the 2000-2001 annual report reports on the daily average number of clients receiving a specialist support service (994 clients, higher than the target of 820).

The responses to recommendations 13.1 and 13.2 outlined below indicate the steps that are being taken to improve services to adolescents leaving the care system in Victoria.

## **Chapter 13: Leaving Care**

### **13.1 The Department of Human Services implement the recommendations of the Leaving Care Study regarding case planning and review; case management; case work and direct care; the scope of the service; practice enhancement and service links; and further research, monitoring and evaluation.**

**Position:** Endorsed

**Response:**

The study commissioned by DHS and entitled *Pathways to Interdependence and Independence: the Leaving Care Initiative* identified the key issues to be addressed in order to meet the needs of young people leaving care. The study resulted in the development of a framework for service development based on the concept of a continuum of care, consisting of activities to be undertaken whilst the young person is in care, when in transition out of care, and after leaving care.

Several projects have been initiated as a result of the study recommendations, and include:

- *Life Skills Education Project:* DHS has commissioned the University of Ballarat in association with Child and Family Services Ballarat, to develop a Life Skills Education: Training and Resource Package, aimed at preparing young people in transition out of care. To support the implementation of the Life Skills Education resource, a training program for workers and carers is required.
- *Supported Transitional Accommodation Project:* A joint Office of Housing and Child Protection initiative is currently in development through a proposed demonstration project. The initiative will involve the provision of houses through the Office of Housing and managed by Transitional Housing Managers, to young people leaving statutory care in Victoria. Case management and support will be funded by Child Protection and will assist young people to develop life skills, successfully integrate into the community and to access long term housing options.

Further components of the Leaving Care service development framework that are under consideration, depending upon the availability of additional resources, include:

- *Enhanced Mentor Programs:* To provide additional capacity in existing Mentor Programs to support young people leaving care.
- *Peer Education:* A training program for young people who have left care to participate in the education and support of young people preparing to leave care.
- *Post care case work/support:* Community Service Organisations providing placement and support services to provide case work, information and referral, counselling and access to brokerage funds for a minimum period of six months to assist young people in establishing independent living or returning to family arrangements.
- *Extended placement:* To provide a continued placement opportunity for young people in established Adolescent Community Placements, Lead Tenant and other Home Based

Care. The focus is on young people whose statutory order has been discharged including young people turning 18, who are not ready to live independently, do not have the option of returning to live with their family or require continuing placement to complete their education.

- *Brokerage funds*: To provide access to funds dedicated to assist young people leaving care in setting up a home, maintaining contact with their family, access to education/training and employment and other requirements not met through existing sources.
- *After-Care Resource Service Development*: To research and develop a service model and proposal for the establishment of an After-Care Resource Service capacity throughout Victoria.
- *Leaving Care Resource Information Project*: Including a website, a resource kit and training.

**13.2 The Department of Human Services ensure that adolescents leaving its care have an immediate post-care plan in place.**

**Position:** Endorsed

**Response:**

Currently, Child Protection case plan processes require that plans be made in preparation for the young person's exit from care. Community Services Organisations providing placements are also required to complete individual care plans, and exit plans for each child or young person in care, in accordance with the National Standards and funding arrangements.

DHS is reviewing its case planning and case management processes in order to improve practice approaches in planning and meeting the needs of young people leaving care. More thorough planning will result in detailing the transitional support needs of the young person, consideration to the self management skills and the development of these skills well in advance of the young person leaving the care system.



## **Chapter 14: Deaths of Children under Protection**

**14.1 The Victorian Child Death Review Committee provide greater detail in its annual reports to enable Parliament and the Victorian community to obtain a better understanding of the factors leading to the deaths of children who were involved with protective services.**

**Position:** Endorsed

**Response:**

The Victorian Child Death Review Committee ("VCDRC") advise they are concerned to ensure there is an understanding, which has been underlined by the State Coroner, that its role is not to attribute culpability or definitively categorise cause of death. The focus of the VCDRC's Inquiries is on identifying any deficiencies in practice in policy, practice or procedures are identified and addressed.

The VCDRC is guided by terms of reference which specify the identification of trends and patterns emerging from Child Death Inquiry Reports. The VCDRC provides advice to the Minister for Community Services on the findings of each individual Inquiry. It also identifies key themes from these Inquiries which are discussed in the Annual Report of the VCDRC along with data and information about the age at death, gender, category of death and type of inquiry.

The Annual Report of Child Deaths (Child Protection) of the VCDRC is tabled in the Autumn session of Parliament each year. At the same time, the Minister for Community Services releases individual non identifying summaries and the recommendations made by reviewers to Parliamentarians and the public.

In February 2002, DHS and the VCDRC held a forum to obtain feedback from all regional staff on the usefulness of the Annual Report. Part of the feedback has indicated that direct meetings between the VCDRC and regional Child Protection Workers as well as workers in Community Service Organisations may be a useful way to disseminate learning arising from the Annual Report.

The VCDRC is in the process of completing its 2002 Annual Report. It is understood that the VCDRC intends to provide new information about the characteristics of the children who died and their families while remaining respectful of privacy issues and mindful of the possibility of identification in such a small number of cases. The VCDRC Annual Report has been restructured in a way that provides greater clarity of information.

## **Chapter 15: Appeals and Complaints**

### **15.1 The Department of Human Services centralise its complaints review mechanism for issues relating to children and young people in the protective care system.**

**Position:** Endorsed in principle

**Response:**

DHS has taken significant steps to improve its complaints review mechanism. The Portfolio Service Division has appointed a *Complaints Systems Manager* to oversee complaints management processes across the entire Department. Within the Community Care Division, the position of *Ombudsman and Complaints Resolution Officer* has been created to coordinate and facilitate improved management of complaints concerning Child Protection received by the Ombudsman, the Minister's office and other central units, and by regions.

The role of the Ombudsman and Complaints Resolution Officer is to:

- Coordinate the Child Protection response to complaints received by the Minister's office, Head Office, and the Ombudsman;
- Contribute to policy development and program direction;
- Have a case audit function responsibility to monitor program and case practice performance;
- Enhance the capacity of the Child Protection program to collect and analyse accurate and meaningful information regarding complaints management and program performance;
- Coordinate the development of a complaints management framework for the state-wide Child Protection program.

In the Annual Report of 30 June 2001, the Ombudsman Victoria notes the Department's record in the management of complaints concerning Child Protection. The Ombudsman provides positive comment on recent initiatives to create two central positions for complaints coordination and management.

The management of complaints has not been completely centralised as it is still considered appropriate that every reasonable effort should be undertaken to provide regional offices with the opportunity to directly address complaints and disagreements. The managers of regional offices are best placed to address complaints as they are locally accessible to the family and are familiar with the facts of the case.

### **15.2 The Department of Human Services review its practice regarding who is invited to advocate for children and young people in the protective care system (including case planning meetings), to allow scope for a broader range of people, such as grandparents or professionals who have been**

**treating the child or young person, to advocate on behalf of, and in the interests of, the child or young person.**

**Position:** Endorsed

**Response:**

Section 119(1)(f) of the CYP A requires Child Protection Workers to encourage the use of advocates to facilitate the participation of children, young people and their families in the case planning process.

The case planning process includes all decisions made at all stages of protective involvement. The possibilities for Child Protection Workers to involve extended family, professionals and significant others arise on numerous occasions in the course of protective work. Practice enhancements such as the Enhanced Client Outcomes project and the Decision Making, Planning and Case Management Review project are advising Child Protection Workers to improve service user participation and to encourage the use of advocates as a routine part of protective work. Guidelines are being prepared to reinforce this expectation.

Many families report that they find the large numbers of people invited to case planning meetings to be very daunting. While the use of an advocate can help their participation, careful consideration must be given to limiting the number of people invited to increase family participation. Family Group Conferences are promoted across the state and are an alternative meeting structure that actively involves extended family members in an advocacy role, a decision-making and a family support role.

## **Chapter 16: Further Issues arising during the Inquiry**

- 16.1 The Department of Human Services, in consultation with Aboriginal Affairs Victoria and the appropriate Aboriginal peak agency, develop strategies to reduce the number of Aboriginal children placed in out-of-home care, with the aim of improving access to a diverse range of support services for Aboriginal children and young people and their families.**

**Position:** Endorsed

**Response:**

DHS has completed the review of the operation of the 1992 Protocol between DHS Child Protection Services and the Victorian Aboriginal Child Care Agency (“VACCA”). The revised Protocol was signed on 11 April 2002. This protocol review has made a number of recommendations that will, once implemented, begin to address the overrepresentation of Aboriginal children and young people placed in out of home care

Additional funding of \$2.4 million over four years is provided in the 2002/03 Budget to implement the VACCA protocol and to address the issue of the over-representation of Aboriginal children and young people in the Child Protection and Placement system, especially through the provision of culturally sensitive services.

As part of the DHS supporting vulnerable families innovation project, two of the innovation projects – in East Gippsland and Shepparton – will support Indigenous communities, focusing on the prevention of child abuse through early intervention.

The Child Protection and Care Aboriginal Services Network (“CPCASN”) was established to promote linkages and partnerships between DHS and the Aboriginal Placement and Support Agencies. The CPCASN has been established with representation from Aboriginal agencies funded to provide child protection and care services, DHS Community Care representatives from regions and central office, and representation from the Peak bodies, CWAV and CREATE.

The CPCASN meets bi-monthly and has established an action group to develop proposals for consideration by the Network for implementation. The action group has identified three priorities for action. These are:

- Early intervention strategies for families to reduce the over representation of Aboriginal children being notified to Child Protection.
- The lack of support and placement services for Aboriginal young people
- The number of Aboriginal children in out of home care.

DHS has funded a further two Aboriginal Family Preservation Programs, in Dandenong and Mildura. There are now five Aboriginal Family Preservation Programs in Victoria. These programs have been successful in working with Aboriginal families to reduce the risk of children going into out of home care, and to work with families to successfully reunite them

with their children who are currently in out of home care. A project is currently being undertaken to write a Program Document for the Aboriginal Family Preservation Programs, together with a Training Manual to ensure any expansion of these programs provides a consistent service to Aboriginal families, provided by well resourced and trained Aboriginal workers.

DHS is developing an Aboriginal Family Group Conferencing model to ensure that, prior to a decision being made to place an Aboriginal child in out of home care, all family supports and options have been fully explored. It is anticipated that once this model is implemented the Protective Services Practice Standards will reflect the requirement to hold a Family Group Conference at key decision making points in Child Protection involvement in the case of an Aboriginal child.

**16.2 The Department of Human Services, in consultation with Aboriginal Affairs Victoria and the appropriate Aboriginal peak agency, develop appropriate performance information (including targets) to enable monitoring, and reporting in the Department's annual report, of its strategies to reduce the number of Aboriginal children in out-of-home care.**

**Position:** Endorsed

**Response:**

DHS has enhanced the Funded Agency Client Transaction System ("FACTS") information system to improve the accurate recording of a child's Aboriginality and enable better monitoring of the numbers of Aboriginal children in out of home care.

A target has been set for the 10% reduction of Aboriginal children placed in out of home care through non-Aboriginal agencies.

**16.3 (a) The Department of Human Services, in consultation with Aboriginal Affairs Victoria and the appropriate Aboriginal peak agency, develop and implement a case management framework appropriate for Aboriginal agencies placing Aboriginal children in out-of-home care; and**

**(b) The case management strategy should also aim to achieve appropriate educational outcomes for Indigenous children in the care system.**

**Position:** Endorsed

**Response:**

DHS is working to improve case management through the Decision Making, Planning and Case Management Review Project. The focus of this project includes case planning and care planning for all clients on seven developmental domains, including education. New case progress reporting arrangements for Community Services Organisations will also require agencies to consider progress on those domains.



DHS will discuss with the CPCASN the issue of the appropriate case management frameworks for Aboriginal agencies placing children in out of home care, and the development of links with the DE&T to address the issue of educational outcomes for Indigenous children in the care system.

**16.4 The Department of Human Services:**

- (a) in consultation with Aboriginal Affairs Victoria and the appropriate Aboriginal peak agency, develop procedures for agencies placing Indigenous children in the care system;**
- (b) monitor compliance with these procedures; and**
- (c) Report on these issues in the Department's annual report.**

**Position:** Endorsed

**Response:**

DHS has procedures outlined in the Scope of Service component of the funding arrangement with agencies placing children in out of home care.

It is expected that the Aboriginal Child Placement Principle will be followed by all agencies involved in the placement of Aboriginal children. The CWAV is represented on both the CPCASN and the DHS and VACCA Protocol review reference group. CWAV has indicated their preparedness to educate member agencies and to assist in the development of mechanisms to achieve compliance with this principle.

DHS will support Aboriginal agencies involved in the placement of Aboriginal children to develop their own procedures to ensure when ongoing placement of Aboriginal children is required that care arrangements comply with the Aboriginal Child Placement Principle.

**16.5: The Department of Human Services, in consultation with Aboriginal Affairs Victoria and the appropriate Aboriginal peak agency, review the current procedures to identify and record Indigenous children in the State's protection and care system, and ensure a uniform method is used across the State.**

**Position:** Endorsed

**Response:**

DHS has begun to address this issue by enhancing the Out of Home Care FACTS system to improve recording of Aboriginal children placed in out of home care. The Child Protection CASIS system already provides the means for recording a child's Indigenous status.

The DHS and VACCA Protocol review conducted in 2001 has reinforced the need for improved mechanisms to ensure a child's Indigenous status is accurately recorded. This will in turn ensure that VACCA is informed about every Aboriginal child notified to Child

Protection. It is planned that Child Protection Workers will receive training on the implementation of the protocol including the accurate recording of a child's Aboriginality.

A review of the current methods of ascertaining a child's Aboriginal status is warranted and will be discussed with Protective Services Managers and new guidelines at Intake will be proposed to ensure practice compliance.

**16.6. The Victoria Government allocate a high priority to preventative and early intervention programs for Aboriginal children at risk of abuse.**

**Position:** Endorsed

**Response:**

The Aboriginal Family Preservation Programs are a preventative initiative to reduce the number of Aboriginal children requiring out of home care. This program also works with families to reunite children who have been removed from their parents due to protective concerns.

The CPCASN is committed to preventative programs for Aboriginal children and their families. A Project Officer position has been created to research the current early intervention programs in operation, to identify service gaps and to make recommendations for improvement.

**16.7 The Department of Human Services, in consultation with Aboriginal Affairs Victoria and the appropriate Aboriginal peak agency, consider the provision of community placement services for Indigenous adolescents.**

**Position:** Endorsed

**Response:**

The current foster care system does provide access for Aboriginal young people to be placed in out of home care where necessary. The CPCASN is researching the most appropriate placement responses for young people who require out of home care. However, as stated in recommendation 16.2 the aim is to reduce the over representation of Aboriginal children and young people in the out of home care system.

**16.8 The Ombudsman Victoria continue to handle individual child protection complaints.**

**Position:** Endorsed

**Response:**

A complaint is an opportunity for a review of Child Protection practice, process and systems, and the Ombudsman is one of several bodies, which provide scrutiny and comment on the Child Protection service.

DHS fully supports the role of the Ombudsman in providing an independent review function to investigate complaints concerning Child Protection. As well as providing comment on individual case issues, the Ombudsman has contributed to the identification of several significant programmatic and systemic issues within the Child Protection program.

Such opportunities for case and program review are being facilitated through a developing relationship with the Ombudsman's Office.

## Appendix

### Key Government Budget Initiatives in 2001/2002 relevant to the PAC November 2001 report

#### **2001/2002**

*Support for families* – increasing service capacity - \$1.6m

*Residential services* – improving quality and service viability - \$7.5m

*Child Protection* – expanding rural after hours service capacity - \$1m

*Kinship and Permanent Care caregiver payments* – growth in capacity - \$0.2m

*Placement and Support facilities* – stage two of continuing capital program - \$5m

#### **2002/2003**

*Innovation projects* - 8 innovation projects ( 2 for Indigenous families) to support vulnerable families - \$3.7 million

*Intensive therapeutic services for abused children and young people* – preventative and intensive treatment - \$3.3 million in 2002/03, increasing to \$5 million thereafter

*Addressing the Increased Pressure in Child Protection* – increasing Child Protection workforce and improving career structure - \$4.2 million

*Managing growth in kinship and permanent care placements* – 220 new placements - \$1.2 million

*Aboriginal protocol* – additional funding to the Victorian Aboriginal Child Care Agency to implement protocol - \$0.6 million

*Capital funding for residential care services* – to build new homes or improve existing ones - \$5 million

*Indexation of Caregiver payments:* \$0.6 million

*Amenities for young people in care* - \$0.7 million

*Infrastructure for Family Support Organisations* - \$0.5 million

*Implementation of Looking After Children* - \$1.7 million in 2002/03.