

Roadmap for Reform: Strong Families, Safe Children

VCOSS Submission

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About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

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Executive summary

Supporting the wellbeing of children and families is an important government and community responsibility. Children and young people who enter our child protection system are among our most vulnerable people and remain at risk of falling behind their peers across every aspect of life. The *Roadmap for Reform: Strong Families, Safe Children* project is a chance to help strengthen vulnerable families and improve the wellbeing of children and young people, to reduce the numbers of children entering out-of-home-care and to provide better outcomes for vulnerable children and young people who are in care.

The early years of childhood are a critical period for people's healthy development, and are considered formative in shaping the way children learn, develop and build relationships.¹ Experiences during this time have long-lasting effects, influencing an individual's mental and physical health, social adjustment, educational achievement and life expectancy.² Exposure to abuse or neglect, witnessing family violence, poor parenting behaviours, parental mental illness, poverty, parental substance abuse, limited cognitive stimulation and an absence of positive attachments or 'toxic stress' can contribute to developmental vulnerability in childhood.³ Conversely, there are several factors that can promote positive early development, such as access to health and social care services, cognitive stimulation in the home, secure caregiver-child attachments, good parenting and attendance at high quality early learning services.⁴

The best ways for government and the community to foster children's healthy development and prevent or minimise conditions that may lead to abuse and neglect, are to invest in prevention and early intervention strategies that strengthen vulnerable families and help them provide optimal environments for their children. However, too many vulnerable families only receive support once they reach crisis points, with many falling through the cracks because services are overstretched and under-resourced, or because families have difficulty finding out about and accessing the services they need. Aboriginal⁵ children also continue to be overrepresented in the out-of-home-care sector and in 2013–14 were seven times more likely to be removed from their families than non-Aboriginal children.⁶

Victoria will reap many benefits by increasing the support available to vulnerable families. Access to intensive prevention and early intervention support services; such as family support, antenatal and postnatal care and parenting programs, help families find the support they need before problems escalate and involve child protection services. Supporting universal services, such as

¹ C Gong, J McNamara and R Cassells, *AMP.NATSEM Income and Wealth Report: Issue 28 - Little Australians: Differences in early childhood development*, Sydney, AMP.NATSEM, April 2011.

² M McDonald, T Moore and R Robinson, *Policy Brief No. 26: The future of early childhood education and care services in Australia*, Murdoch Childrens Research Institute, Centre for Community Child Health, 2014.

³ Goodstart early learning, 'Why access to early learning is important for vulnerable children', *Vulnerability*, June 2014, http://www.goodstart.org.au/GoodStart/media/GoodStart/PDFs/Publications/140630_GS-MessageDoc-Vulnerability-140613.pdf?ext=.pdf

⁴ Goodstart early learning, Op. Cit.

⁵ The term "Aboriginal" is used in this report to refer to both Aboriginal and Torres Strait Islander peoples.

⁶ AIHW, *Child Protection 2013-14*, AIHW, 2015, p. viii, <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129550859>

Maternal and Child Health and high quality early learning services and schools, to be inclusive and culturally safe will also help reach and engage all families. Universal services also play a key role in linking vulnerable families with more targeted supports as required. Resourcing and supporting adult-centered services, such as alcohol and other drug services, mental health services and family violence services, to also work with children and collaborate with children and family services can also help children and families and reduce numbers of children entering child protection.

Families at risk of entering the child protection system may face a range of complex and interrelated barriers, such as mental health, alcohol and drug abuse and family violence. Integrated service models that provide holistic support to families are more likely to effectively address their needs. Responses also need to tackle socioeconomic disadvantage and community-based risk factors, and place-based approaches that empower communities to address the complex issues they face are likely to succeed in improving the wellbeing of children and families, and reducing children and young people's risk of abuse and neglect.

In cases where children do enter care, the aim should be to place them in the most appropriate home-based arrangement, wherever possible. However, with a shortage of foster care places in Victoria, there is a need to better support and grow foster care and kinship care to reduce the numbers of children entering residential care.

To improve the education, health and wellbeing of children in the out-of-home-care system, requires providing all children with access to therapeutic placements, and with greater support to successfully transition from care to independent living. Care leavers continue to experience poorer outcomes than their peers, being over-represented in the youth justice system, having poorer mental and physical health, and lower education and employment participation rates.

Successive governments have increased resources and introduced reforms to improve the child protection system, including through the latest Victorian state budget. But all parts of the child protection system still struggle with growing demand. VCOSS welcomes the *Roadmap for Reform: Stronger Families, Safe Children* project as a chance to build on the investment made in the last state budget, to help strengthen vulnerable families to reduce the numbers of children entering out-of-home-care, and better support vulnerable children and young people who enter care.

Recommendations

Prevention and early intervention

That the Victorian government:

1. Fund and provide children experiencing disadvantage with evidence-based prevention and early intervention services from antenatal through to the early years.
2. Provide greater support to initiatives aimed at increasing parental engagement from the antenatal period through to secondary school years.
3. Support the universal service system to be inclusive and accessible for all children, young people and families.
4. Enhance Child FIRST and Integrated Family Services to help reduce the numbers of vulnerable children entering the child protection system.
5. Enhance the broader services system to better support vulnerable children and families.
6. Fund and support specialist adult-centred services to work with children and families.

Integrated services and place-based models

That the Victorian government:

7. Facilitate greater collaboration between the universal services, adult-centred services and family services.
8. Facilitate the development of integrated service models that provide children and their families with better access to education, community and health services and prevention and early intervention services.
9. Facilitate the expansion of place-based responses across Victoria through place-based loadings for disadvantaged communities to help them address the complex issues they face.
10. Fund dedicated coordination roles and key worker models to facilitate wrap-around service delivery to vulnerable families.
11. Facilitate the sharing of relevant data between services to better support vulnerable children and their families and to enable community-led responses to identified issues.
12. Amend service delivery funding models and accountability mechanisms to support integrated service delivery and to support adult-centred services to work with families.

Improving outcomes for children in the out-of-home care system

That the Victorian government:

13. Support the learning and development needs of children and young people in care.
14. Better match children in care to the appropriate out-of-home-care service.
15. Provide children and young people with a stronger voice in how best to meet their needs as well as informing broader sector reform.
16. Provide increased support to foster and kinship carers, to help grow the home-based care sector and better support children and young people.
17. Enhance the wellbeing and safety of children in-out-of home care by upgrading all residential care placements to therapeutic care and transitioning all foster and kinship care placements to therapeutic care.
18. Protect the safety and wellbeing of children in residential care by implementing the recommendations of the Inquiry into the adequacy of the provision of residential care services to children and young people who have been subject to reports of alleged sexual abuse or sexual exploitation whilst residing in residential care.
19. Improve outcomes and reduce the numbers of Aboriginal children and young people entering care by implementing all nine of the agreed priorities from the Victorian Aboriginal Children's Summit.
20. Better support young people leaving care, including providing an education and housing guarantee.

Introduction

Supporting the wellbeing of children and families is an important government and community responsibility. Children and young people who enter our child protection system are among our most vulnerable people and remain at risk of falling behind their peers across every aspect of life. Exposure to abuse and neglect can cause long-term harm for children and young people, including learning difficulties and/or poor academic achievement, mental health issues, physical health problems, alcohol and drug abuse, involvement in the criminal justice system and homelessness.⁷

Many children and young people in care are doubly disadvantaged, with Aboriginal children, children with disability, those from low socioeconomic backgrounds and regional areas of Victoria being over-represented in care.⁸ More than 40 per cent of children in the child protection system were from the lowest socioeconomic status category, and Aboriginal children were eight times as likely as non-Aboriginal children to be in the child protection system.⁹

The child protection system, from early intervention right through to out-of-home care services, is being overwhelmed by the dramatic increase in reported cases over the last decade, as community awareness of child abuse and neglect has grown significantly, alongside stronger legislative requirements to report concerns. In particular, there has been a rapid rise in Aboriginal children entering the statutory system, with the number of Aboriginal children being removed from their families in Victoria now at the highest since white settlement.¹⁰

The number of Child FIRST assessment and interventions in 2014-2015 was 13,580, up from 12,142 in 2013-14 and 10,780 in 2012-13. The 2015 Auditor-General report into *Early Intervention Services for Vulnerable Children and Families* found support services for vulnerable children and families are overwhelmed by rising and more complex demands, causing them to concentrate on assisting children, young people and families with high needs.¹¹ As a result the capacity to respond to vulnerable families with lower levels of risk has been reduced.

The average daily number of children in out-of-home care placements in Victoria in 2014-15 was 8,043.¹² Further, the Protecting Victoria's Vulnerable Children Inquiry report estimated 'one in four children born in 2011 will be the subject of at least one child protection report before they turn 18'.¹³

⁷ Child Family and Community Australia, *Effects of child abuse and neglect for children and adolescents: CFCA Resource Sheet*, AIFS, January 2014, <https://aifs.gov.au/cfca/publications/effects-child-abuse-and-neglect-children-and-adolescents>

⁸ A Harvey, et al., Op. Cit.

⁹ Ibid., p. viii.

¹⁰ Commission for Children and Young People, *Annual Report 2013-14*, 2014, p.37.

¹¹ Victorian Auditor-General's Office, *Early Intervention Services for Vulnerable Children and Families*, May 2015, p.vi.

¹² Victorian Department of Health and Human Services, *Annual Report 2014-15*, October 2015, DHHS, Melbourne, p.51

¹³ P Cummins, D Scott and B Scales, *Report of the Protecting Victoria's Vulnerable Children Inquiry*, State of Victoria, Department of Premier and Cabinet, Melbourne, 2012, p. lxvi

It is essential to keep supporting Victoria's most vulnerable children and families, however investing further in prevention and early intervention support services will help prevent or reduce the conditions that can lead to them needing child protection services.¹⁴

Build on previous reforms and reviews

As part of the *Roadmap to Reform* project, VCOSS members highlighted the importance of analysing findings from other reviews and audits and clearly stating what action has been taken against each of the former recommendations, including the:

- Protecting Victoria's Vulnerable Children Inquiry
- Victorian Auditor-General's Report on Residential Care Services for Children
- Victorian Auditor-General's Report on Early Intervention Services for Vulnerable Children and Families
- Victorian Commission for Children and Young People's Inquiry into the adequacy of the provision of residential care services to Victorian children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care
- Victorian Royal Commission into Family Violence
- Royal Commission into Institutional Responses to Child Sexual Abuse.

VCOSS members believe important issues identified in previous reform processes have not been addressed and a number of recommendations not implemented.

For example, the Protecting Victoria's Vulnerable Children Inquiry identified issues around the intersection of adult-centred services such as alcohol and other drug services with the safety and wellbeing of children in families. However VCOSS members report a lack of engagement with the sector to achieve this.

Consider the role of the Commonwealth

VCOSS members have raised the importance of acknowledging the role of the Commonwealth when reviewing child and family support services, suggesting decisions relating to service delivery and income support have adversely affected vulnerable families.

Changes to income support increasing the financial pressure on vulnerable families, in particular removing access to the Parenting Payment Single (PPS) for sole parents whose youngest child is 8 years of age or over.¹⁵ From January 2013 these families have only been eligible for the significantly lower Newstart Allowance. Sole parent families on income support often

¹⁴, L Nair, Safe and supportive families and communities for children: A synopsis and critique of Australian research; CFCA Paper No. 1, Child Family Community Australia, Australian Institute of Family Studies, 2012, pp. 2-3.

¹⁵ Australian Council of Social Service. *Sole parents won't be helped to find employment by cutting their payments: Submission to the Senate Community Affairs Committee regarding the Social Security Amendment (Fair Incentives to Work) Bill (2012)*, ACOSS, July 2012.

struggle to meet essential living costs and these reductions have caused more families to seek the assistance of community sector child and family services.

Federal government Department of Social Services (DSS) cuts have also left many community sector organisations without government support to provide critical services, including some children, youth and family services, community mental health services and emergency relief services.¹⁶ VCOSS members suggest this has also led to increased numbers of vulnerable families accessing early intervention services such as Child FIRST. VCOSS members were concerned about the impact of federal government cuts to the National Perinatal Depression Initiative (NPDI), which will reduce the capacity of Victoria's early parenting centres to support new parents at risk of or experiencing perinatal depression. The Victorian government can advocate for changes at the federal level to better support vulnerable families and reduce pressure on state funded services.

¹⁶Australian Council of Social Service, *ACOSS Briefing: DSS discretionary grants funding round, February 2015*.
http://www.acoss.org.au/images/uploads/External_Briefing_DSS_funding_2015.pdf

Risk and protective factors for child abuse and neglect

Children and young people may be exposed to a broad range of interrelated risk and protective factors for abuse and neglect at the individual, family and community level, as outlined in Table 1. Better understanding the risk and protective factors and their interrelated nature helps to develop and target effective prevention and interventions strategies for vulnerable children and families.

The most common factors present in child protection notifications and substantiations in Australia include exposure to family violence, parental mental illness and parental substance abuse.¹⁷ There is also evidence that families living in areas of disadvantage are more at risk, with more child protection reports in areas of high socioeconomic disadvantage.¹⁸ However, it is important to note that while certain factors are more strongly associated with child protection involvement, the presence of risk factors does not necessarily lead to child abuse and neglect.¹⁹ It is the combination of risk and protective factors that determines the likelihood of children entering child protection.²⁰ Most commonly, families involved in the child protection system face multiple and complex problems.²¹ An analysis of Victorian children in the statutory system identified that 49 per cent experienced 7–10 risk factors and 39 per cent experienced 11 or more, while only a small proportion experienced 1 – 3 risk factors (0.3 per cent), or 4 – 6 risk factors (13 per cent).²²

A holistic, integrated approach can address the multiple and complex issues faced by families,²³ including mental health, alcohol and drug abuse and family violence as well as other issues faced by vulnerable families. Responses also need to tackle socioeconomic disadvantage²⁴ and community-based risk factors, such as access to safe and affordable housing, social support and employment support. These should also be combined with strategies to help develop strong parent-child attachment and parenting skills, and access to social support networks.²⁵

¹⁷ S Fox, A Southwell, N Stafford, R Goodhue, D Jackson and C Smith, *Better systems, better chances: A review of research and practice for prevention and early intervention*, Australian Research Alliance for Children and Youth, 2015, p.64; D Scott, *Children in Australia*; Harms and Hopes, Australian Institute of Family Studies, Family Matters No. 96, 2015, p.17.

¹⁸ P Cummins, et. al, Op. Cit. , p. 47; D Scott, Op. Cit., p.17.

¹⁹ Child Family Community Australia, Risk and protective factors for child abuse and neglect: CFCA Resource Sheet, Australian Institute of Family Studies, March 2013, <https://aifs.gov.au/cfca/publications/risk-and-protective-factors-child-abuse-and-neglect>

²⁰ Ibid.

²¹ S Fox et al., Op. Cit., p.64

²² Ibid.

²³ D Scott, Op.Cit., p.18.

²⁴ L Nair, Op. Cit.

²⁵ Child Family Community Australia, Op. Cit., *Risk and protective factors*.

Table 1: Common risk and protective factors for child abuse and neglect

Ecological level	Risk factors	Protective factors
Individual child factors	<ul style="list-style-type: none"> -low birth weight -disability (physical/cognitive/emotional) -serious physical or mental illness -temperament -aggressive behaviour -attention deficits 	<ul style="list-style-type: none"> -good health -positive peer relationships -strong, positive social networks -hobbies/interests -high self-esteem -independence -secure attachment with parent/s -social skills -positive disposition
Family/parental factors	<ul style="list-style-type: none"> -parental substance abuse -involvement in criminal behaviour -family conflict or violence -mental health problems -physical health problems -history of child abuse and neglect -parental disability (physical/cognitive/emotional) -large family size -high parental stress -poor parent-child interaction -low warmth/harsh parenting style -separation/divorce -low self-esteem -teenage/young parent/s -single parent -non-biological parent/s in the home -low level of parental education -use of corporal punishment 	<ul style="list-style-type: none"> -secure attachment with child -positive parent-child relationship -supportive family environment -extended family networks -high level of parental education -parental resilience -concrete support for parents -sound parental coping skills -awareness of stages in child development
Social/environment factors	<ul style="list-style-type: none"> - socio-economic disadvantage -parental unemployment -social isolation -inadequate housing -homelessness -lack of access to adequately resourced schools -lack of access to social support, including child care and social services -exposure to racism and/or discrimination - stressful life events 	<ul style="list-style-type: none"> -strong, positive social networks -stable housing -employment -family expectations of pro-social behaviour -well-resourced schools available in neighbourhood - access to health and social services

Source: Child Family Community Australia, *Risk and protective factors for child abuse and neglect: CFCA Resource Sheet*, Australian Institute of Family Studies, March 2013, <https://aifs.gov.au/cfca/publications/risk-and-protective-factors-child-abuse-and-neglect>

Children at risk of developmental vulnerability

Investment in prevention and early intervention programs helps reduce the number of children entering the child protection system, and helps foster children's health, wellbeing and positive development, putting them on positive life trajectories and helping break down inequality and cycles of disadvantage.²⁶

Exposure to abuse or neglect, witnessing family violence, poor parenting behaviours, parental mental illness, poverty, parental substance abuse, limited cognitive stimulation and an absence of positive attachments or 'toxic stress' can contribute to developmental vulnerability in childhood.²⁷ Conversely, there are a number of factors that can promote positive early development, such as access to health and social care services, cognitive stimulation in the home, secure caregiver-child attachments, good parenting and attendance at high quality early learning services.²⁸

Toxic stress

If children are exposed to strong, frequent, or persistent stressful experiences at home they can experience 'toxic stress'.²⁹ This includes physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to family violence, or financial hardship. Toxic stress can significantly affect developing brains and lead to life-long problems in learning, behaviour, and physical and mental health.³⁰

However, these adverse effects can be reversed or reduced through effective, early interventions,³¹ particularly when targeted at the cause of the stress and providing the child with therapeutic intervention and care to mitigate effects and facilitate recovery.³²

Developing supportive and responsive relationships with caring adults can prevent or minimise the effects of toxic stress.³³ Access to high quality, accessible early childhood education and care services can also negate these effects and support positive brain development, particularly services that provide children supportive relationships, build their cognitive skills, and model and coach social-emotional development.³⁴

Living in poverty can adversely affect children's health, socioemotional, cognitive and language development, particularly when combined with other risk factors, such as stressful life events or

²⁶ S Fox et al., Op. Cit., p.49

²⁷ Goodstart early learning, Op. Cit.

²⁸ Goodstart early learning, Op. Cit.

²⁹ Centre on the Developing Child, Harvard University, *Toxic Stress*, <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

³⁰ Centre on the developing child, Harvard University, *In brief: The science of early childhood development*, <http://developingchild.harvard.edu/resources/inbrief-science-of-eed/>

³¹ Centre on the Developing Child, Harvard University, *In brief: The science of neglect*,

³² Centre on the Developing Child, Harvard University, *In brief: The Foundations of Lifelong Health*,

<http://developingchild.harvard.edu/resources/inbrief-the-foundations-of-lifelong-health/>

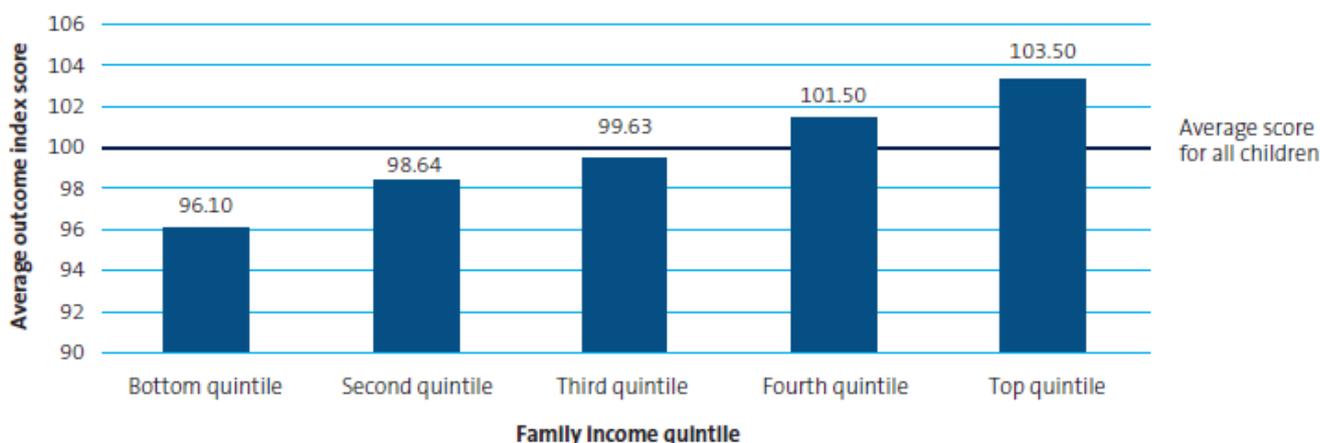
³³ Centre on the Developing Child, Harvard University, Op. Cit. *Toxic Stress*

³⁴ B Jordan, Y Tseng, N Coombs, A Kennedy and J Borland J, *Improving lifetime trajectories for vulnerable young children and families living with significant stress and social disadvantage: The early years education program randomised controlled trial*, BMC Public Health 4(965). 2014, doi: 10.1186/1471-2458-14-965.

absent parents.³⁵ Developmental gaps between children from socioeconomically advantaged and disadvantaged backgrounds generally emerge from birth and widen over time.³⁶ By the time children reach school, one third of children living in communities facing disadvantage are behind their peers on one or more key developmental areas.³⁷ This adversely affects their future education and employment if not addressed.³⁸

Family financial hardship is often interrelated with a number of other indicators of disadvantage, such as limited parental education, unemployment and poor health. These factors can accumulate and intensify issues such as children’s maltreatment, mental illness and involvement in the justice system.³⁹ The way in which one form of disadvantage can reinforce the effect of other forms has been described as a ‘web of disadvantage’.⁴⁰

Figure 1: Average overall development score for 4-5 year-old children by family financial hardship



Source: C Gong, J McNamara and R Cassells, *AMP.NATSEM Income and Wealth Report: Issue 28 - Little Australians: Differences in early childhood development*, Sydney, AMP.NATSEM, April 2011, p.10.

Families experiencing socioeconomic disadvantage often have the least resources available to compensate for these risks, such as the ability to provide learning materials and experiences in the

³⁵ S Mathers, N Eisenstadt, K Sylva, E Soukakou, K Ereky-Stevens, *Sound Foundations: A Review of the Research Evidence on Quality of Early Childhood Education and Care for Children Under Three: Implications for Policy and Practice*, The Sutton Trust, University of Oxford, 2014.

³⁶ T Moore, *Understanding the nature and significance of early childhood: New evidence and its implications*, Presentation at Centre for Community Child Health seminar Investing in Early Childhood—the future of early childhood education and care in Australia, Centre for Community Child Health, The Royal Children’s Hospital, Melbourne, 2014.

³⁷ Committee for Economic Development of Australia (CEDA), *Addressing entrenched disadvantage in Australia*, CEDA, April 2015.

³⁸ D Gonski, K Boston, K Greiner, C Lawrence, B Scales and P Tannock, *Review of Funding for Schooling: Final Report*, Canberra, December 2011, p. 112.

³⁹ T Moore, Op. Cit.

⁴⁰ T Vinson and M Rawsthorne with A Beavis and M Ericson, *Dropping off the Edge: Persistent communal disadvantage in Australia*, Jesuit Social Services / Catholic Social Services Australia, 2015, p. 27

⁴¹ Ibid., p. 59

home.⁴¹ This is often compounded by lower participation rates in early years services and quality early childhood education and care (ECEC) among children from socioeconomically disadvantaged families.

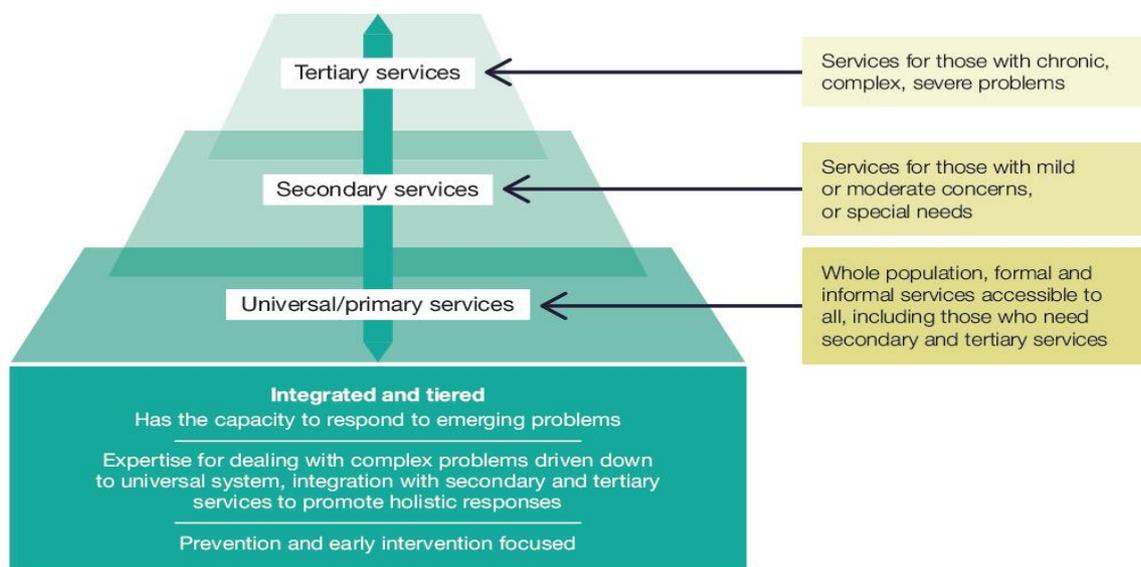
Children from socioeconomically disadvantaged families, Aboriginal children, children from non-English speaking backgrounds and children from regional and remote areas are also more likely to experience poor health outcomes.⁴² Children born in the most socioeconomically disadvantaged areas are more likely to have low birth weights, and parents are more likely to report concern about their child’s oral health and vision.⁴³ Families experiencing financial hardship may face barriers to providing their children good nutrition, medical care, housing, heating and clothing.

The importance of universalism and progressive universalism

Many of Victoria’s social policies focus solely on targeting community groups or geographic areas facing the most severe levels of disadvantage. However, research shows an integrated mix of services is needed to best help people overcome disadvantage. This model is often described as ‘progressive universalism’ or ‘proportionate universalism’.

Universal/primary services are needed across the entire community, and these need to also draw in further secondary and tertiary services supporting people where and when they are needed, proportionate to the extent of disadvantage they face.⁴⁴ Such a model is shown in Figure 2.

Figure 2: Progressive universal/Integrated community services



⁴¹ M Yu and G Daraganova, ‘Children’s early home learning environment and learning outcomes in the early years of school’, *The Longitudinal Study of Australian Children: Annual statistical report 2014*, Australian Institute of Family Studies, 2015.

⁴² Australian Institute of Health and Welfare, *A picture of Australia’s children 2012*, AIHW, Cat. no. PHE 167, Canberra, 2012.

⁴³ Department of Education and Early Childhood Development, *The state of Victoria’s children 2012: early childhood A report on how Victoria’s young children are faring*, Melbourne, 2012, p. iv.

⁴⁴ *Fair Society, Healthy Lives: The Marmot Review*, 2010, <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>.

Adapted from Centre for Community Child Health, *Services for young children and families: an integrated approach*, Policy Brief No. 4, 2006.

It is this mix of universal, secondary and tertiary services and the way they intersect and work together that can make the biggest difference to people's lives and help them overcome disadvantage.

Universal/primary services are offered to the whole community, secondary services are targeted to those with moderate concerns or special needs, and tertiary services are available for those with chronic, complex, severe problems.

In relation to the child protection system, universal/primary services optimise the wellbeing of all children, young people and families, including Maternal and Child Health services, early learning services and schools. Secondary services support families where vulnerability has been identified and where children may be at risk of abuse or neglect, such as nurse home visiting services, housing assistance, and alcohol and other drug services. Tertiary responses support families where abuse or neglect has already occurred, such as out-of-home care services.⁴⁵

⁴⁵ Child Family Community Australia, *Understanding child neglect: CFA Paper No. 20*, AIFS, April 2014.

Prevention and early intervention

Recommendations

That the Victorian government:

- Fund and provide children experiencing disadvantage with evidence-based prevention and early intervention services from antenatal through to the early years.
- Better support initiatives aimed at increasing parental engagement from the antenatal period through to secondary school years.
- Support the universal service system to be inclusive and accessible for all children, young people and families.
- Enhance Child FIRST and Integrated Family Services to help reduce the number of vulnerable children entering the child protection system.
- Enhance the broader services system to better support vulnerable children and families.
- Fund and support specialist adult-centred services to work with children and families.

Support children's wellbeing and development through greater investment in the early years

Investing in prevention and early intervention support services for children, young people and their families is crucial in preventing, or reducing, the conditions that may lead to abuse and neglect. Prevention initiatives support the conditions and environments where all children are raised and are universally available to all families and children in a locality or area. This could include family or child services, or formal and informal community and family strengthening initiatives. Early intervention or early support initiatives aim to provide timely and responsive supports when early warning signs for children and families appear, or where there are particular risks of abuse and neglect occurring for example, individual child factors family/parental factors and social/environment factors. Early intervention may be early in life, or early in the onset of emerging concerns.

"In order to improve long-term outcomes for children experiencing significant levels of disadvantage, a multilevel, ecological approach that includes more than just programs is required. This multilevel, ecological approach comprises three levels:

- *program and direct service level interventions delivered directly to children and families;*
- *community and service system level interventions that (a) target the nature of communities in order to improve social cohesiveness and social support to children, parents and families, and (b) interventions that target the service system that could take the form of, for example, building more co-ordinated and effective service systems; and*
- *structural and societal level interventions that address the structural (e.g. government policy) and wider social factors (e.g. attitudes and values) that influence child and family outcomes.”⁴⁶*

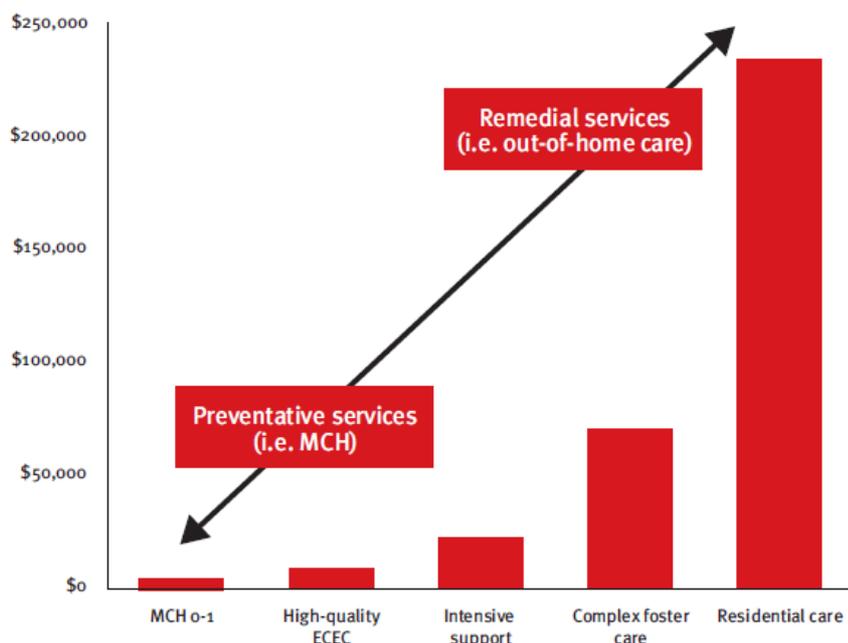
Services including family support, early parenting, drug and alcohol, housing and homelessness, and mental health services, help families access the support they need, when they need it, before problems escalate and require the involvement of child protection services. VCOSS members also highlighted the importance of providing services that begin supporting vulnerable families early, from the ante-natal period onwards, to help prevent problems from arising.

VCOSS members suggest that investment in early intervention services has been piecemeal and insufficient. As a result too many families only receive vital supports once they reach crisis, with many falling through the cracks because services are overstretched and under-resourced. Members suggest funding for early intervention and prevention needs to be ‘cordoned off’ to be used solely for this purpose. While initially this may require more funding, over time it should help reduce the demand for child protection services.

Modelling by the Department of Education and Training (DET), shows annual investment in intervention and prevention services such as Maternal and Child Health and intensive early support are much more cost-effective than services provided at the ‘pointy end’ of the system, such as out-of-home care, in particularly the residential care system, as highlighted in Figure 3.

⁴⁶ T G Moore and M McDonald, *Acting Early, Changing Lives: How prevention and early action saves money and improves wellbeing*, Prepared for The Benevolent Society, Centre for Community Child Health at The Murdoch Childrens Research Institute and The Royal Children’s Hospital, Parkville, Victoria, 2013, p.3

Figure 3: Maximum annual unit cost of children’s services



Source: Department of Education and Early Childhood Development Early Years Strategic Plan: Improving outcome for all children 2014 – 2020, p. 8.

Early intervention and prevention improves outcomes for children far more than interventions later in life.⁴⁷ They also reduce the need for expenditure in later years associated with remedial education, school disengagement, poor mental and physical health, welfare dependency, substance misuse and involvement in the criminal justice system.⁴⁸ If all children experiencing disadvantage⁴⁹ were to participate in ECEC services, it would save the Australian economy an estimated \$13.3 billion by 2050.⁵⁰

Invest in early childhood development

Between the ages of 0-3 years a child’s brain grows from approximately 25 per cent to 80-90 per cent of adult size.⁵¹ There is enormous brain development and plasticity,⁵² and the neural pathways formed are heavily influenced by a child’s experience and environment.⁵³ Even antenatal experiences such as maternal stress can have both immediate and long-term consequences for children’s health and development.⁵⁴

⁴⁷ Centre on the developing child, Harvard University, Op Cit., *In brief: the science of early childhood development*.

⁴⁸ S Fox et al., Op. Cit., p.3.

⁴⁹ This is based on the children whose parents are in the lowest income bracket and who are currently not likely to attend ECEC.

⁵⁰ PricewaterhouseCoopers (PwC), *Putting a value on early childhood education and care in Australia*, PwC, 2014, p.4.

⁵¹ S Fox et al., Op. Cit., p. 5

⁵² T Moore, Op. Cit. p.11

⁵³ S Fox et al., Op. Cit., p.5; T Moore, Op. Cit., p. 6.

⁵⁴ Ibid., p.10

Despite the clear benefits of supporting children and families in the antenatal period and early years, insufficient attention has been given to this period. The Victorian government can support vulnerable children at risk of entering child protection and/or poor developmental outcomes, by building on intensive early intervention and prevention programs in these years. Investment should be based on the best evidence available and incorporate lessons from initiatives such as right@home, Cradle to Kinder, the Aboriginal Cradle to Kinder program and Bumps to Babes and Beyond Program.

right@home sustained home visiting program⁵⁵

right@home is a nationwide program, currently being evaluated through a randomised control trial that will provide intensive home nursing visits to vulnerable expectant mums. Approximately 300 expectant mums in the Dandenong, Frankston, Ballarat and Whittlesea areas will participate, receiving regular home visits from the same local MCH nurse from when they are 16 weeks pregnant, until their children turn two.

Similar nurse home visit trials in the US showed a:

- 67% reduction in behavioural and intellectual problems in six-year-olds
- 56% decrease in emergency department visits for accidents
- 50% reduction in language delays in 21-month-old children.

Cradle to Kinder⁵⁶

The Cradle to Kinder program is an intensive ante- and post-natal support service providing multi-faceted family and early parenting support for vulnerable young mothers and their families. It builds parents' capacity to provide for their children's health, safety and development and empowers them to access education, vocational training and employment. It also helps to connect families with Maternal and Child Health, housing, mental health and alcohol and drug services. The program is currently available in 10 regions across Victoria and the government can invest further to provide statewide coverage. This could be informed by the program's evaluation, due to be completed in 2016.⁵⁷

Bumps to Babes and Beyond Program⁵⁸

Bumps to Babes and Beyond (BBB) is an innovative program providing parent education and holistic support from pregnancy until children reach 18 months of age. BBB aims to develop strong parent-child relationships, improve child health and development and

⁵⁵ Royal Children's Hospital News, *Home Nursing Help for New Mums*, 30 April 2013 and ARACY, rights@home, <https://www.aracy.org.au/projects/righthome>.

⁵⁶ Department of Health and Human Services, *Cradle to Kinder Program* <http://www.dhs.vic.gov.au/about-the-department/plans.-programs-and-projects/programs/children.-youth-and-family-services/cradle-to-kinder-program>

⁵⁷ *Cradle to Kinder program evaluation*, 2015, <https://aifs.gov.au/projects/cradle-kinder-program-evaluation>

⁵⁸ Queen Elizabeth Centre, *Bumps to Babes and Beyond*, <http://www.qec.org.au/news-and-events/news/bumps-babes-and-beyond>

parenting capacity, and reduce the risk of Aboriginal and Torres Strait Islander children being placed in out-of-home care. It also encourages mothers to build links with services outside the program.

BBB was developed by the Queen Elizabeth Centre (QEC) in partnership with Mallee District Aboriginal Services (MDAS), to meet the needs of the Aboriginal and Torres Strait Islander community of Mildura. Giving vulnerable mothers this parenting education and support has been found to improve children's outcomes. A recent evaluation of the program⁵⁹ found:

- all children remained in the care of their family
- a decrease in mothers' depression
- 86% of mothers breastfed on discharge from hospital following their child's birth, compared to 42% of mothers engaged with Mallee District Aboriginal Services, but not enrolled in *BBB*
- Mothers attended all antenatal appointments
- All children were up-to-date with their immunisations
- All children attended key age and stages visits with the MCH nurse
- Significant increases in community supports and networks.

Enhance parental engagement

VCOSS members highlight the importance of parental engagement in improving the wellbeing and development of children and young people, from the antenatal period through to secondary school. Positive parent-child relationships and secure parent-child attachments are also strong protective factors against the risk of abuse and neglect. The development of reliable and responsive relationships between children and their caregivers is one of the most critical factors in young children's social, emotional and cognitive development⁶⁰ and provides infants with a secure base for exploration and learning.⁶¹ A child's interaction with their caregiver also founds their cognitive development and helps them develop a sense of self.⁶² For vulnerable young children and families, some of the most effective early interventions are those that help them foster supportive relationships with caregivers.⁶³

Parents are also children's first and most enduring educators. The quality of parenting and experience in the home environment significantly influences a child's language and cognitive development, their sense of self, emotional regulation and ability to form positive relationships.⁶⁴ It

⁵⁹ *Evaluation of the Bumps to Babes and Beyond Program*, December 2014.

http://www.qec.org.au/sites/default/files/news_pdf/Evaluation%20of%20the%20Bumps%20to%20Babes%20and%20Beyond%20Program.pdf

⁶⁰ S Mathers et al., Op Cit.

⁶¹ T Moore, Op. Cit.

⁶² S Mathers et al., Op Cit.

⁶³ B Jordan, Op. Cit.

⁶⁴ S Fox et al., Op. Cit., p.86.

can also influence children's outcomes at kindergarten, and educational achievement at school and beyond.⁶⁵ There is strong evidence that parental engagement in learning has a significant effect on children's cognitive development and educational achievement, even when controlling for other factors such as socioeconomic status and parent education levels.⁶⁶

Parental engagement has benefits across all age groups, however different strategies are required at different stages and also need to be tailored to meet the needs of different families. Is it recommended the government take a cross-sector approach through a range of strategies, with a particular focus on supporting vulnerable families through building on evidence of effective practice.

VCOSS members highlight the value of early intervention program for parents, particularly parenting groups, but suggested there are long waiting lists because of a lack of funding. Supported playgroups run by professionals for families experiencing disadvantage are also effective in engaging and supporting vulnerable families to build their skills and social networks.

Supported playgroups

Supported playgroups support families with less complex developmental and parenting issues, through to families who experience significant vulnerability and risk.⁶⁷ They increase opportunities for vulnerable children to learn and develop through play, and for parents to build skills and confidence, and expand their social networks.

Research has found continued attendance at playgroups improves children's learning and social outcomes, particularly for children from disadvantaged backgrounds.⁶⁸ Playgroups are also an effective way of connecting vulnerable families to other more targeted supports as they provide a 'soft' entry point into other health and community services.

VCOSS members also highlight the importance of supporting schools to engage with parents and suggest parent engagement workers within schools may be an effective way of achieving this. An example of a model which has shown positive results for engaging with highly vulnerable families is Good Shepherd Australia and New Zealand's Uplift, a new empowerment model for parent engagement.

⁶⁵ M Yu and G Daraganova, Op. Cit., p.63.

⁶⁶ C Desforges and A Abouchaar, *The impact of parental involvement, parental support and family education on pupil achievements and adjustment: A literature review*, Department for Education and Skills, 2003, p. 86; T Moore and A Skinner, *An integrated approach to early childhood development: Background Paper*, Murdoch Childrens Research Institute and The Royal Children's Hospital Centre for Community Child Health, Melbourne, 2010.

⁶⁷ Playgroup Victoria Inc, *Policy Brief 4: Transition Playgroups*, Playgroup Victoria Inc 2014.

⁶⁸ K Hancock et al., Op. Cit.

Uplift: An empowerment approach to parent engagement in schools⁶⁹

Uplift is a Victorian pilot program with a focus on increasing parent engagement in Wallaroo, West Hastings, an area in which many families experience entrenched, intergenerational poverty. The pilot explored ways of increasing parent engagement with a focus on parents' voice and viewpoint. During three workshops parents created a vision for their children's school years, then identified actions that families, schools, and the broader community could take to better support their child's development. Parents also monitored progress on indicators they developed.

The workshops helped empower parents and resulted in positive community change. A core group of families now regularly attends activities, including playgroups and after-school activities, conducted with a family support worker, and demand for these activities is increasing. Stronger links were formed between the local primary school and community service agencies, including joint strategies to better support 'at-risk' children.

The parent engagement worker is a core part of this program, engaging with and linking disengaged parents and their children with a broad range of education, health and community services; developing relevant activities as suggested by parents and the action group in response to family need; and working with the group to review and assess outcomes.

Enhance universal services

VCOSS members highlight the important role that universal services, such as Maternal and Child Health, early learning services and schools, play in supporting all families, including those that are vulnerable. Because universal services are available to everyone in the community, they do not carry any stigma and are a good way of engaging vulnerable children and families who are not involved with other services. VCOSS members strongly believe more targeted services for vulnerable families should be built off the universal platform, and that universal services should be supported to strongly collaborate with early intervention services and the broader services system.

To support vulnerable children and families to access and fully participate in the range of universal services, services need to be inclusive and fully accessible. This includes being culturally safe, located near the communities they serve, having adequate transport options, being physically accessible for people with disability, and being welcoming to all members of the community.⁷⁰ Including an assertive outreach model also helps reach and engage vulnerable families.

Given their engagement with a broad range of families, universal services are well-placed to identify signs of early vulnerability and link families with additional services where required. However service providers need to be adequately resourced and trained to be able to identify and support at-risk children, young people and families, and to assist with referrals to relevant services.

⁶⁹ S Maury, *Uplift: An Empowerment Approach to Parent Engagement in Schools*, Good Shepherd Youth & Family Services, Melbourne, 2014.

⁷⁰ T Moore and A Skinner, Op. Cit.

VCOSS members suggested expanding training and professional development to all early years and school staff, to facilitate a more consistent approach to identifying and responding to signs of trauma, neglect and family violence.

Enhance Child FIRST and Integrated Family Services

VCOSS members highlighted the importance of Child FIRST and Integrated Family Services (IFS) in supporting vulnerable families and were supportive of the model's intention. However, feedback suggested the model was no longer operating as it was originally intended and could be enhanced to provide better outcomes for families.

While Child FIRST and Integrated Family Services (IFS) aim to provide early intervention services, VCOSS members report that over time their capacity to do this has been reduced. Due to rising demand for services, and families presenting with more complex issues, thresholds for receiving support are now at a level that ensures a greater focus is placed on families in crisis. This means a lack of early intervention services available for families who need it. This feedback is supported by the Auditor-General's report, which found "the increasing number of high-priority cases has made IFS less available to families who are 'at risk' and qualify for an early intervention response, and to professionals seeking to refer vulnerable children and families".⁷¹ The report also found that since 2008-09 there has been a 37 per cent increase in the number of referrals diverted or not recorded as a 'case' at intake, and therefore not receiving full support.⁷²

While there is certainly a need to keep supporting families with complex needs and those in crisis, VCOSS members highlight the importance of investing more in early intervention services so these are also available to families who need them. Whilst the additional funding announced in the last budget is welcomed, some members suggest this is unlikely to go far enough given the large increase in demand for Child FIRST and IFS.

However, members also suggest that while important, funding alone is unlikely to address the issue. Feedback suggested that the Roadmap to Reform needs to better understand the issues faced by Child FIRST and IFS, so these services can deliver on their original intent. For example, members suggested that when Child FIRST and IFS were first introduced, services were not time-limited and took a therapeutic and effective approach to working with families, but that over the last 18 months services have had to take a 'time-limited' approach to service delivery to cope with increasing demand. Members also suggest that funding arrangements are too inflexible, with an emphasis on outputs, rather than outcomes for families.

⁷¹ Victorian Auditor-General's Office, Op. Cit. *Early Intervention Services for Vulnerable Children and Families*, p. x.

⁷² Ibid., p. 18.

Enhance the broader service system

Increase the capacity of specialist adult services to work with children and families

VCOSS members identify the need to strengthen the ability of specialist adult services, such as alcohol and other drug (AOD), family violence and mental health services to meet the needs of children and the entire family. This requires funding workforce training to build staff understanding of how to support children and families, rather than just individuals. VCOSS members suggested that this could be supported by having a mentor or supervisory role with expertise in working with children and families, within specialist adult services. Members highlight former successful initiatives that included funded clinicians qualified in working with families, within existing specialist services. Providing all services with common resources and tools to help build a shared understanding of family-centered approaches would also be useful. Peak bodies within each of the specialist adult-centered service areas may be well placed to undertake this work, with appropriate resourcing.

Members also highlighted the need for collaboration between specialist adult services, child services and family services, including training to help each of the services understand how the others operate. Members also highlighted the benefits of staff undertaking reciprocal rotations within services, such as in the AOD and Mental Health reciprocal rotation project, as part of the Victorian Dual Diagnosis Initiative, which was successful and had long-lasting benefits. The program increased workers' knowledge about how each of the other's systems worked and helped build strong relationships between services. However, members highlighted that it is critical to maintain specialist expertise within adult-centred services and not move towards making all staff generalists. Services need to maintain the ability to work effectively with clients at the 'pointy end' of the service system, such as with severe drug and alcohol or mental health issues.

One of the challenges faced by specialist services is that working with families is much more complex and resource intensive than working with one client. Services need to be appropriately and flexibly funded to deliver holistic services and reflect these different ways of working. While many services aim to provide family-centered models, a lack of adequate support and resourcing was identified as a key barrier. Members suggest the most successful initiatives were those assisting specialist services to build their capacity to better service children and families, such as the federal government *Family Focus Program* and *Kids in Focus* programs.

Ensure families are able to access specialist services when they need them

Members also raise the importance of families being able to access specialist services including alcohol and other drug, mental health and housing services, when they first need them. Members suggest there are long waiting lists of up to 3 – 6 months for residential rehabilitation units, which assist people who experience severe problems with alcohol and/or drug use, and their associated mental health issues. Members also highlight the importance of providing families experiencing homelessness with quick access to safe and secure housing, so their situation does not worsen.

Parental mental health is strongly associated with child protection involvement, with some evidence that parental mental illness is present in 63 per cent of cases where children entered out-of-home care.⁷³ Given this high prevalence, access to mental health services is essential. Feedback from VCOSS members suggests there were high rates of maternal mental health issues among the vulnerable families they work with in the early childhood sector and highlighted the importance of early detection and intervention for mental health conditions for mothers during pregnancy and in the year following birth. Early identification of risk or the presence of mental health disorders in the perinatal period provides an opportunity to intervene early to enhance the mental health and wellbeing of the mother; promote a secure attachment between the mother and infant; and reduce the adverse effects of a mother's depression on her infant.

Feedback from VCOSS members highlighted the need to support people with mental illness to access and navigate the NDIS. In particular, members highlighted the continued need for independent advocacy to be available to people and their carers, suggesting advocacy support during the NDIS planning process is an important factor in people achieving a satisfactory plan.⁷⁴ The Victorian government can also support people with mental illness to recover by continuing to fund community mental health services as the NDIS rolls out. VCOSS is concerned that if people currently using community mental health services are deemed ineligible for NDIS support, they will no longer be able to rely on their current support services, putting their recovery and mental wellbeing at risk.

Improve responses to family violence

Family violence is a factor in more than half of all cases where children are removed from their families in Victoria.⁷⁵ Recent evidence also suggests it could be as high as 90 per cent of cases where the child is Aboriginal.⁷⁶ Child FIRST and IFS providers are also seeing enormous growth in the number of referrals involving family violence, up 52 per cent between July 2007 and June 2014.⁷⁷ This creates a need for better collaboration between child and family services and child protection agencies, and family violence services, to improve the safety and wellbeing of children and families.

To be able to intervene early and appropriately, key workers across these systems must know how to recognise and respond to signs of family violence. The Common Risk Assessment Framework (CRAF) is an important tool for building this shared understanding and ensuring all organisations have common information about family violence. Unfortunately, knowledge about the CRAF in the broader community and health services sector is inconsistent and participation in it has been limited. More resources are needed to encourage early identification and appropriate referrals and

⁷³ D Scott, Op.Cit., p.17.

⁷⁴ Psychiatric Disability Services of Victoria (VICSERV), *Learn and Build in Barwon: The impact of the National Disability Insurance Scheme on the Provision of Mental Health Services in the Barwon Launch site*, June 2015.

⁷⁵ Department of Human Services, *Vulnerable babies, children and young people at risk of harm: Best practice framework for acute health services*, 2006, p. 3.

⁷⁶ Commissioner for Aboriginal Children and Youth People Andrew Jackomos, *2015 Report on Government Services; An open letter from Andrew Jackomos*, 3 February 2015.

⁷⁷ Victorian Auditor-General's Office, Op. Cit., *Early Intervention Services for Vulnerable Children and Families*, p. 21.

responses across the community, education and health sectors, including through providing more consistent access to CRAF training.

There would also be great benefit in placing a family violence specialist within child protection, Child FIRST and child and family focused community hubs. Specialists could provide secondary consultations with other workers for any families who have current or relevant historical family violence threats, to improve the identification and responses to families, and also build the skills and knowledge of other staff members and services.

There is also a need to improve the interface between the family law system, the child protection system and family violence services. VCOSS members recommend reforms heed the recommendations of the Victorian Royal Commission into Family Violence in this regard. Feedback from members suggests these systems can provide families inconsistent, and at times, directly conflicting messages. For example, the child protection system may advise a mother her child may be removed if she remains living in the home where family violence is occurring, however, there is much evidence to demonstrate that risk to women and children's safety is elevated at points of separation and that women need significant support in order to do so safely. There have also been cases where child protection orders have stated there should be no contact between children and their father however the Family Court has ruled the father must have access to his children.

Underpinning strategies are also needed to address causes of family violence, such as gender inequality, perceived male and female roles, and promoting respectful relationships. Educational settings are an important focus area for violence prevention and gender equity programs for young people. Integrating the promotion of equal and healthy relationships between men and women into broader school policies and approaches can help young people form viewpoints that help prevent family violence. The VicHealth Framework for the Primary Prevention of Violence against Women and Children provides a useful framework.

Greater investment in preventive initiatives that build fathers' skills and understanding of their role within their family would also help reduce the incidence of family violence. An example of a program aimed at supporting healthy family relationships is Baby Makes 3.

Baby Makes 3⁷⁸

The decisions couples make as first-time parents can have important effects on the level of equality within their relationship, and between men and women more generally.

Funded by VicHealth, Baby Makes 3 involved a partnership between Whitehorse Community Health Service, and the City of Whitehorse Maternal and Child Health Service. A valuable partnership was also established with the Drummond Street Services Just Families project.

⁷⁸ Carrington Health, *Baby makes 3*, <http://www.carringtonhealth.org.au/services/groups/baby-makes-3>

Baby Makes 3 helped parents develop greater awareness of how traditional attitudes to gender and parenting roles were shaping their new families. Couples developed a shared understanding of the influence of gendered norms and expectations, and a shared language for discussing their effects.

Baby Makes 3 helped shift couples' attitudes, helped them understand their partner's role, and supported gender equality in new families. There was also evidence that some couples changed how they structured their parenting and relationship roles in seeking a more equal relationship.

VCOSS members also highlight that the service system has focused on supporting mothers and children, but has not adequately addressed the perpetrators of violence to hold them accountable for their actions and help modify behaviour. Men's behaviour change programs are vital in early intervention and response strategies. They aim to reduce the likelihood of men and boys using violence, by changing the beliefs, values and discourses that support violence, through challenging the patriarchal power relations that promote and maintain violence, and presenting alternative constructions of masculinity, gender and selfhood.⁷⁹ VCOSS members suggest there is role for child and family services to play in engaging with perpetrators of violence and help contribute to a systemic approach to holding perpetrators accountable. The [VCOSS submission to the Royal Commission into Family Violence](#) makes further recommendations to help prevent and respond effectively to family violence.

Better support children with disability

Children with physical or intellectual disability or behavioural difficulties are over-represented in the child protection system.⁸⁰ There are also higher percentages of children with disability and developmental delays in communities facing disadvantage.⁸¹ This suggests the universal and secondary service system needs to better support these families, particularly those experiencing socioeconomic disadvantage, to help prevent the risk of abuse and neglect and improve children and young people's wellbeing. Better integration between child and family support and disability services would also help better support families at risk of entering the child protection system.

VCOSS members highlight the need for training and professionalism of the early years workforce, to better identify and support children with disability and developmental delays and their families, help families build their skills, and support the inclusion of children with disability and developmental delays. Approximately 20 per cent of children have additional health and development needs when commencing school, and need additional support to succeed.⁸²

⁷⁹ M Flood, 'Changing Men: Best practice in violence prevention work with men', *Home Truths Conference: Stop sexual assault and domestic violence: A national challenge*, September 2004.

⁸⁰ P Cummins, et. al., *Op Cit.*, p. 36.

⁸¹ Australian Institute of Health and Welfare (AIHW), *The geography of disability and economic disadvantage in Australian capital cities*, AIHW, Canberra, 2009.

⁸² S Goldfeld, M O'Connor, M Sayers, T Moore, F Oberklaid, 'Prevalence and correlates of special health care needs in a population cohort of Australian children at school entry', *Journal of Developmental & Behavioral Pediatrics*. 2012;33 (4), pp. 319-327.

This needs to be supported by the expansion of inclusion support to help remove the barriers to access for children with additional needs. Improving collaboration between early learning services and early childhood intervention services (ECIS) will also help support early intervention and therefore improve the life trajectories for these children. Building the capacity of schools to support the wellbeing and educational attainment of students with disability and additional health and development needs will also help to improve outcomes for these children and young people and reduce the risk of abuse and neglect. The [VCOSS submission to the Review of the Program for Students with Disabilities](#) makes further recommendations to help create a more inclusive and supportive education system for all students with additional health and development needs.

The introduction of the NDIS represents a profound change for people with disability, and should provide greater choice, control and certainty for children, young people and adults with disability. However, VCOSS members suggest the focus on individualised funding does not take into account the need for family supports, particularly those families who have multiple and complex barriers and are more at risk of entering the child protection system. For example, a case management program which provided intensive early intervention support to vulnerable families and children with disability in the Barwon region was not replaced once the NDIS trial commenced. Anecdotal feedback suggests this has resulted in some of these children entering the child protection system.

Some VCOSS members also suggest that because of the competitive nature of the NDIS funding model, some services in the trial sites are not engaging with vulnerable families who need greater assistance. The NDIS scheme is also only available to permanent residents and therefore excludes some vulnerable members of the community, such as refugees with disability.

VCOSS members also raised the importance of providing supported referrals into the NDIS, particularly for families with young children with disability or development delays, as the disability service system is new to these families and the language around the NDIS does not accurately reflect their situation, particularly given the focus on permanent disabilities. There is a need to facilitate 'soft entry points' into the NDIS, such as through the universal service system. Feedback suggests the Barwon NDIS trial site's supported referral pathway has greatly assisted families to access the support they need. However, in other trial sites without this support, there has been a significant reduction of self-referrals by families with children who have disability or developmental delays in comparison to previous ECIS intake system. It is important that lessons from the all the NDIS trial sites are incorporated into the rollout of the scheme, particularly in how the system supports vulnerable children, young people and families.

Adopt a justice reinvestment approach to reducing crime

VCOSS members suggest the Roadmap to Reform project should consider improved responses to dealing with crime. Exposure to abuse and neglect in childhood is associated with delinquency and crime.⁸³ Data also indicates that young people who have been in out-of-home care are over-

⁸³ P Cummins, et. al., Op. Cit., p.48

represented in the criminal justice system.⁸⁴ In Victoria, 25 per cent of prisoners come from just two per cent of postcodes.⁸⁵ Similarly, about a quarter of children on youth justice orders or on remand in 2010 came from between 2-3 per cent of Victoria's poorer postcodes.⁸⁶

The Victorian government could work with local communities to identify opportunities for piloting justice reinvestment approaches to reducing crime. Adopting a justice reinvestment approach means investing in communities facing disadvantage and working with them to develop and implement local, place-based solutions to the economic and social risk factors behind offending, rather than investing more in expanding prison capacity. A project in Bourke, NSW, can be used as a starting point for similar trials in Victoria.

Justice reinvestment

Justice reinvestment aims to address the underlying causes of crime and improve outcomes for individuals and communities, by diverting funds from the criminal justice system into early intervention, crime prevention and diversionary programs.

In some parts of the United States, justice reinvestment has directed funding away from prisons to local community programs addressing systemic disadvantage, substance abuse programs, halfway houses for people on parole, increased access to education in prisons, and expanded specialist courts including drug courts. Using this approach, Texas has slowed the growth in its prison population by a projected 9000 people since 2008-09, saving \$443 million.⁸⁷

The Bourke Justice Reinvestment Project in NSW is an innovative example of communities taking control for positive change. In Bourke, partners are working with and alongside the Bourke community to build the case for justice reinvestment, including by developing a number of initial 'circuit breakers' and eventually a justice reinvestment plan.⁸⁸

⁸⁴ J McDowall, *Create Report Card 2009, transitioning from care: tracking progress*, Create Foundation, 2009, www.create.org.au/files/file/ReportCard-2009.pdf

⁸⁵ T Vinson et. al., Op. Cit.

⁸⁶ Jesuit Social Services, *Young People on Remand in Victoria*, 2010.

⁸⁷ Justice Centre; Council of State Governments, *Texas; Overview*, <http://csjjusticecenter.org/jr/tx/>, accessed 14 August 2015.

⁸⁸ Just Reinvest NSW, *JR in Bourke*, <http://www.justreinvest.org.au/projects/jr-in-bourke/>

Integrated services and place-based models

Recommendations:

That the Victorian government:

- Facilitates greater collaboration between universal services, adult-centred services and family services.
- Helps develop integrated service models that provide children and their families with better access to education, community and health services and prevention and early intervention services.
- Facilitates the expansion of place-based responses across Victoria through place-based loadings for communities facing disadvantage to help them address the complex issues they face.
- Funds dedicated coordination roles and key worker models to facilitate wrap-around service delivery to vulnerable families.
- Facilitates the sharing of relevant data between services to better support vulnerable children and their families and to enable community-led responses to identified issues.
- Amends service delivery funding models and accountability mechanisms to support integrated service delivery and support adult-centred services to work with families.

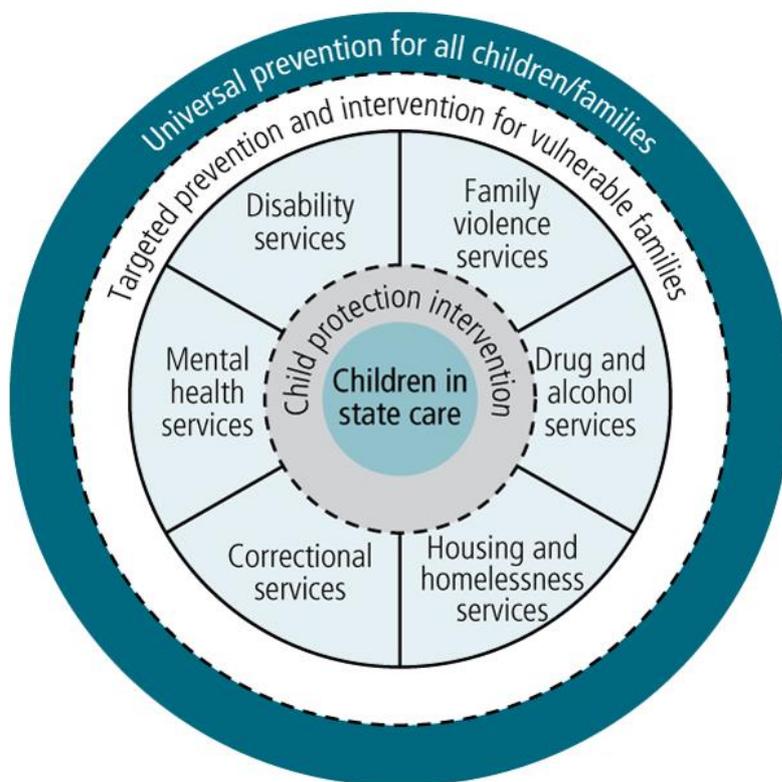
Improve collaboration between child and family services and the broader service system

Vulnerable children and families often face multiple and complex problems that cannot be addressed by one organisation alone.⁸⁹ VCOSS members highlight the importance of taking a holistic approach to service delivery that provides wrap-around support to children and families. This requires stronger collaboration between the early childhood learning services (such as Maternal and Child Health, early parenting programs, playgroups and ECEC) and schools with family services (including Child FIRST and IFS), and adult-based services (such as housing, AOD, mental health, family violence and financial counselling services). Stronger collaboration between services will better support all children, young people and families, but particularly those experiencing disadvantage. Figure 4 shows an integrated service model in which primary,

⁸⁹ M McDonald, T Moore and R Robinson, *Policy Brief No. 26: The future of early childhood education and care services in Australia*, Murdoch Childrens Research Institute, Centre for Community Child Health, 2014.

secondary and tertiary services collaborate to support vulnerable children, young people and families.

Figure 4: A more integrated service system for vulnerable families



Source: D Scott, Children in Australia; Harms and Hopes, Australian Institute of Family Studies, Family Matters No. 96, 2015, p.18.

Facilitate integrated service models

Integrated services help improve outcomes for children and families. These models provide children and their families, as well as the broader community, with better access to a range of blended services and activities. They can combine a range of children and adult-centred services across education, community and health, such as MCH, kindergarten, childcare, parenting services, playgroups, school, mental health services, AOD services, housing assistance and financial counselling. They may also include other community services such as libraries, sporting facilities, gardens and community spaces. Because integrated service models offer universal services that don't carry a stigma, and provide them in welcoming community spaces, they are effective in reaching vulnerable families and linking them with targeted services as required.

Integrated service models, such as community hubs, also facilitate prevention and early intervention of issues. They help create more efficient and effective support systems, by reducing service gaps and potential duplication. There are several innovative and effective integrated service delivery models that have improved children's and families' wellbeing in areas of

entrenched social disadvantage, such as Doveton College, the Norlane Child and Family Centre and Tasmania's Child and Family Centres.

Doveton College⁹⁰

Doveton College is the outcome of a unique partnership between the Victorian government, the federal government and a non-profit philanthropic organisation. It is a birth-to-Year 9 government school, located in an area of high disadvantage in Melbourne's outer east. It provides 'whole-life' opportunities for children and young people through early intervention, family support and community integration. Mainstream services such as kindergarten, structured playgroups, childcare and traditional schooling are integrated with a wide range of services that 'wrap around' children and their families, including MCH services, and specialist services such as mental health and Aboriginal services. The college also uses outreach services, such as parenting programs, to help reach vulnerable families. Doveton College's success is based on strong partnerships and a shared vision. It also represents a local response to community need, and was underpinned by two years of intensive community consultation.

Integrated service models may involve co-location and virtual integration of services, depending on what will best meet community needs.⁹¹ While each model will vary based on the unique characteristics, strengths and needs of the community it is serving, some common elements for success include:

- Embedding targeted services into mainstream services to help reach vulnerable children and families who may otherwise not engage with these services
- Facilitating local level partnerships that ensure integrated models meet local needs
- Appropriate governance, resources and funding to develop sustainable partnerships.⁹²

Tasmania's Child and Family Centres⁹³

Tasmania's Child and Family Centres use a place-based approach to help improve the health and wellbeing, education and care of young children, in 12 communities experiencing significant and persistent socioeconomic disadvantage. The centres provide integrated early childhood services and supports, combining universal, targeted, and specialist early years services, from pregnancy through to children aged five. The initiatives were driven by the community to ensure services and supports were modified and responsive to local needs.

⁹⁰ Doveton College, <http://dovetoncollege.vic.edu.au/about-doveton/principals-welcome/>; Victorian Council of Social Service, 'Doveton College Opening Doors out of disadvantage', *Insight*, Issue 9, Melbourne, 2014.

⁹¹ T Moore and A Skinner, Op. Cit.

⁹² Ibid.

⁹³ C.T Taylor, K Jose, D Christensen and W.I Van de Lageweg, *Engaging, supporting and working with children and families in Tasmania's Child and Family Centres: Report on the impact of Centres on parents' use and experiences of services and supports in the Early Years*, Perth, WA. Telethon Kids Institute.

The co-location of services helped overcome some of the physical barriers to accessing services, such as transport, cost and time. It also facilitated greater participation in more targeted and specialist services by vulnerable families, through providing an accessible, flexible, non-judgemental and supportive environment that linked families in with additional services when needed.

The centres have succeeded in building parenting skills, knowledge and confidence, and have helped parents prepare their children for school. They have also improved social support, strengthened family relationships, and helped parents engage in further education and training.

Importantly the centres fund two workers in each centre, a Centre leader and a Community Inclusion Worker. Funding was also provided to develop and deliver a Learning and Development Strategy, to identify changes required to improve outcomes for children and families. An action research approach incorporated focus groups, surveys and systematic data collection in all of the centres, to understand the outcomes from the centres and identify service gaps.

VCOSS members suggest the Victorian government can build on these successful models and expand integrated service models across the state so all families can access these services. While some centres may need to be purpose built, some could be located within existing services such as schools and kindergartens. VCOSS members suggest even small steps towards greater collaboration, such as aligning the working days of MCH nurses with playgroups and kindergartens and referrals between these services, can benefit vulnerable children and families.

Local level partnerships can also be improved by collaboration between DET and DHHS, as well as between all levels of government. Local government plays a key role in delivering programs and services to children and families, and greater alignment of local government services and planning would help improve service delivery and collaboration.

Promote key worker models and dedicated coordination roles

Providing integrated service delivery requires a significant time investment by services, as well as staff skilled to engage with families and other services. Given many community and health services have limited resources, this can pose a significant barrier to collaboration. VCOSS members suggest funding dedicated coordination roles to help services work together, either within a community hub or across a geographic area would help overcome this issue. This could be based on effective models such as the School Community Business Partnership Brokers Program, known as Local Learning Employment Networks (LLENs) in Victoria, but with a focus on coordinating services that support children and families, particularly those that are vulnerable.

Member also highlighted the benefits of funding key worker models, where a primary support worker is embedded within services to better engage vulnerable families, and to coordinate and

facilitate wrap-around services that meet the unique needs of children, young people and their families.

Members provided examples of family/parent engagement workers being based in primary schools and kindergartens, and the Playgroup Development Workers⁹⁴ model, which connect families to playgroups and peer support networks. A key worker model could also build on lessons learnt from other models being trialled with vulnerable families, such as the Key Facilitation Worker and the Family Support Worker in the Access to Early Learning pilots,⁹⁵ which support the participation of children and parents in ECEC services, help parents facilitate their children's learning and development in the home, and link families into additional services where required. VCOSS members also provided positive examples of youth workers placed in schools to engage vulnerable students. These youth workers could participate in multidisciplinary student wellbeing teams within school settings to better support the needs of vulnerable young people, including those at risk of entering child protection or those in out-of-home care.

Support communities through place-based approaches

VCOSS members highlight the importance of initiatives aimed at developing local communities' resilience and capacity to tackle issues and bring about positive change, such as building on the strengths and lessons of initiatives such as the Victorian government's Neighbourhood Renewal⁹⁶ and Justice Reinvestment. Initiatives targeted at the entire population will not sufficiently improve outcomes for children, young people and families living in areas of entrenched social disadvantage. Instead, population based measures need to be combined with additional, targeted, strategic investment, to help tackle intergenerational disadvantage, strategies also need to target the entire family.

These measures need to be combined with additional, targeted, strategic investment. To help tackle intergenerational disadvantage, strategies also need to target the entire family.

An effective way of achieving this is through place-based approaches, which empower communities to work together through partnerships and consultation to improve outcomes, service delivery and coordination, and to address specific issues such as poverty and rates of child protection reports, as well as driving positive outcomes more generally for the community.⁹⁷ There is growing evidence of the benefit that place-based approaches bring to preventing and responding to vulnerability and disadvantage for children, young people and families.⁹⁸ At the heart of successful place-based approaches are extensive community engagement in decision making and strong local knowledge. Every community is different and the strategies for change need to be

⁹⁴ Playgroup Victoria, *Community Playgroups: Connecting Rural Families Locally Project*, <http://www.playgroup.org.au/Programs---Projects/Rural-Project.aspx>

⁹⁵ DET, *Access to Early Learning Guidelines 2015*

⁹⁶ M Shield, M Graham, A Taket, 'Neighbourhood renewal in Victoria, Australia: An effective way to address social inclusion', *Journal of Social Inclusion* 2 (2), 2011.

⁹⁷ T.G Moore, H McHugh-Dillon, K Bull, R Fry, B Laidlaw and S West, *The evidence: what we know about place-based approaches to support children's wellbeing*, Murdoch Childrens Research Institute and The Royal Children's Hospital Centre for Community Child Health, Parkville, Victoria, 2014.

⁹⁸ Ibid.

responsive to local need and build on the existing strengths of the community. The Go Goldfields Alliance initiative is an example of an effective place-based initiative driven by the community to respond to entrenched social disadvantage.

The Go Goldfields Alliance⁹⁹

The Go Goldfields Alliance is a partnership of service providers in Victoria's Central Goldfields Shire, created to deliver locally relevant responses to complex and entrenched social issues. The place-based approach was initiated and implemented entirely by the community and has strong community ownership. The alliance has developed a suite of integrated strategies to improve social, education and health outcomes for children, young people and families, with a strong focus on prevention and early intervention.

The identified whole-of-community outcomes are:

- a reduced incidence of notifications to Child Protection services
- improved communication and literacy skills, opportunities and positive life experiences for children and their families
- improved community connectedness for children, youth and families
- improved youth connection to appropriate training and education to achieve employment outcomes
- increased breastfeeding rates.

VCOSS members highlight the importance of building on communities' strengths, such as existing networks, partnerships and services. For example, neighbourhood houses could play a central role in place-based responses. Neighbourhood houses bring people together to connect, learn and contribute in their local community through social, educational, recreational and support activities, using a community development approach that enables communities to identify and address their own needs. Neighbourhood houses effectively engage people facing disadvantage, and people at risk of social isolation.¹⁰⁰ The proportion of neighbourhood house participants who report having a disability or identify as Aboriginal or Torres Strait Islander is higher than among the general Victorian population.¹⁰¹ Participants identify benefits including reduced social isolation, stronger community connectedness and activity, meeting new people, spending time with others and improved personal wellbeing.¹⁰²

VCOSS members also provided feedback on the Children and Youth Area Partnerships (Area Partnerships), aimed at better coordinating several Victorian government departments, local government and the community sector to improve outcomes for vulnerable children and young

⁹⁹ Go Goldfields Shire Council, *Go Goldfields: aspiring and achieving*, <http://www.centralgoldfields.com.au>.

¹⁰⁰ Association of Neighbourhood Houses and Learning Centres, *Multiple Benefits; How Neighbourhood Houses are good for individuals, communities and government*, 2013, p. 4.

¹⁰¹ Ibid.

¹⁰² Ibid.

people.¹⁰³ While the intentions of the Area Partnerships are strongly supported, initial feedback suggests there is a lack of community consultation at some of the trial sites, which is undermining these projects' potential for success. Feedback indicates the partnerships are too directed by government, rather than being community sector led and are not sufficiently involving the community sector in project design and sometimes overlooking significant work already undertaken by the community sector to build partnerships and collaboration in the region, such as through Child FIRST. Consultation with VCOSS members also revealed many services who work in the areas of children, youth and families have not been engaged in the process to date. The Area Partnerships could be improved by working more closely with the community and with a broader range of services to better recognise and build on existing strengths.

The Victorian government could invest in a progressive expansion of place-based responses by drawing on evidence of best practice, including lessons from previous initiatives such as Neighbourhood Renewal and Go Goldfields. This could be supported by the provision of additional funding or place-based loadings to disadvantaged communities to enable them to work together to address the complex issues faced by their region. This resourcing would need to be flexible, to enable local communities to retain their autonomy and respond to community need. Support also needs to be sustained over many years, to allow sufficient time for projects to develop.

Improve data to better inform community responses

Place-based initiatives and integrated service models need to be informed directly by the communities themselves. However, community level data is also highly valuable in informing stakeholders of the community's key issues and strengths during planning. Community level data is also essential for measuring outcomes of initiatives, to help drive continuous improvement and achieve the best possible outcomes for children, young people and their families.

Making comprehensive community level data more readily available would help services and communities better understand local issues and better inform local responses. While there are a number of useful data sources, such as the Australian Early Development Census (AEDC) and the Victorian Child and Adolescent Monitoring System (VCAMS), VCOSS members suggest comprehensive data on the broad range of issues is often not available, such as on the incidence of family violence, child protection, involvement in the justice system and school disengagement. Members highlighted the usefulness of the data contained in the *Dropping off the Edge* report¹⁰⁴ which highlighted the key characteristics of communities in a non-judgmental manner. This approach requires both DET and DHHS to make data more available to the community.

VCOSS members also suggest that outcomes for children and their families could be improved by sharing relevant data and reducing silos between services and across education and health and

¹⁰³ Victorian Government, *Victoria's Vulnerable Children Strategy - Our Shared Responsibility 2013-2022*, Victoria, 2013; Department of Health and Human Services, *Children and Youth Area Partnerships* <http://www.dhs.vic.gov.au/about-the-department/plans.-programs-and-projects/projects-and-initiatives/children.-youth-and-family-services/children-and-youth-area-partnerships>.

¹⁰⁴ T Vinson et. al., Op. Cit.

community sectors. While privacy concerns would need to be considered, sharing of information, where informed consent has been provided, would facilitate more integrated and holistic approaches to supporting vulnerable children and families. It would also help vulnerable families to only have to tell their story once, rather than repeating it to numerous services. This would be enhanced by greater data sharing between relevant government departments including DET and DHHS. The NSW government has taken steps to help professionals to share information that relates to the welfare and wellbeing of a child or young person.

NSW government allows freer exchange of information ¹⁰⁵

To better protect children and young people's wellbeing and safety the NSW government introduced legislative changes enabling information to be more easily exchanged between organisations working with or providing services to children and young people.

The NSW government introduced Chapter 16A in the *Children and Young Persons (Care and Protection) Act 1998*, which authorises agencies and non-government organisations who are 'prescribed bodies' to share information that helps deliver services and supports to promote the safety, welfare and wellbeing of a child or young person.

The new legislation overrides all other legislation concerning privacy where the requirements of the legislation are in conflict. The needs and interests of the child or young person take precedence over the protection of confidentiality or of an individual's privacy. Previously this information exchange was generally only possible where the information was sent to or received from Community Services.

Introducing similar changes in Victoria may help to overcome some of the current challenges to collaboration and deliver more integrated services. However, VCOSS members suggested that changes to legislation alone won't address the issue and that a cultural shift is required to encourage services and departments to work more collaboratively and share information.

Amend funding models and accountability mechanisms to support collaboration

To provide truly integrated service delivery that meets the needs of families and children with multiple and complex needs, funding models, key performance indicators and government policy need to permit and facilitate flexible and collaborative responses.¹⁰⁶ VCOSS members suggest current funding models and the competitive way the service sector is funded can create challenges to working more collaboratively and flexibly to respond to the needs of vulnerable children and families. There was a strong view from VCOSS members that funding models should be modified

¹⁰⁵ NSW Government, *Child Wellbeing & Child Protection – NSW Interagency Guideline: Providing and requesting information under Chapter 16A*, accessed 28 September 2015, http://www.community.nsw.gov.au/kts/guidelines/info_exchange/provide_request.htm

¹⁰⁶ D Scott, Op. Cit p.19.

to focus on outcomes for children and families, rather than outputs, and that funding agreements should provide greater flexibility to promote innovation and shared service delivery.

There was also a strong view that there should be shared accountability for outcomes between services, as well as shared accountability between services and government. The suggestion in the discussion paper of demarcated accountability doesn't support a multidisciplinary team approach to support children and families. Therefore funding agreements and governance models should aim to support shared accountability if we are to see sufficient change in the system. Reforms could also be informed by the findings of the review of the Services Connect trial. VCOSS members suggested the Services Connect model had some success in providing wrap-around services to meet the needs of children and families, particularly where multidisciplinary approaches were taken. However members advise there were some shortcomings in relation to governance issues between services, which could provide valuable lessons for future reforms.

VCOSS members also suggested funding models need to recognise the complexities and additional resources required for adult-centered services to support children and families. Many adult-centered services, such as AOD services are funded based on number of clients they support. While services are encouraged to work with families, they are not adequately resourced to do this, as working with individuals and their families is much more complex and time-consuming. Therefore funding models need to be more flexible to support family-centered approaches to working.

Improving outcomes for children in the out-of-home care system

Recommendations:

That the Victorian government:

- Support the learning and development needs of children and young people in care.
- Better match children in care to the appropriate out-of-home care service.
- Provide children and young people with a stronger voice in how best to meet their needs as well as informing broader sector reform.
- Provide increased support to foster and kinship carers, to help grow the home-based care sector and provide better outcomes for children and young people.
- Enhance the wellbeing and safety of children in-out-of home care by upgrading all residential care placements to therapeutic care and transitioning all foster and kinship care placements to therapeutic care.
- Protect the safety and wellbeing of children in residential care by implementing the recommendations of the Inquiry into the adequacy of the provision of residential care services to children and young people who have been subject to reports of alleged sexual abuse or sexual exploitation whilst residing in residential care.
- Improve outcomes and reduce the numbers of Aboriginal children and young people entering care through implementing all nine of the agreed priorities from the Victorian Aboriginal Children's Summit.
- Provide greater support to young people leaving care, including the provision of an education and housing guarantee.

While preventing children and families from entering out-of-home care should be the primary goal of the system, every effort is also needed to secure brighter futures for vulnerable children and young people who cannot live at home. Children and young people in out-of-home care are one of the community's most vulnerable social groups.¹⁰⁷

¹⁰⁷ A Harvey, P McNamara, L Andrewartha, M Luckman, *Out of care, into university: Raising higher education access and achievement of care leavers*, La Trobe University, Melbourne 2015.

Better support the learning and development needs of children and young people in care

Children and young people in out-of-home care face a number of challenges to their education. In addition to dealing with the trauma which led them to be placed in care, they may experience placement instability, creating disruptions to their social connections and their schooling.¹⁰⁸ As a result, they may miss substantial periods of schooling, experience frequent change of schools (requiring them to adjust to new teachers and classmates); and experience curriculum disruptions, repeating some components, while not continuing others.¹⁰⁹ Lack of access to appropriate education programs, and delays in enrolments can also be an issue. Research suggests young people in care may have lower expectations placed on them to succeed in education.¹¹⁰ Many experience lower educational attainment than their peers.¹¹¹ Evidence shows about half of all children in care score below the national benchmarks for numeracy and literacy, and only a small percentage go on to complete year 12 or equivalent.¹¹² Consequently, young people leaving care rarely transition to higher education and miss out on the valuable opportunities it can provide. Given this, VCOSS warmly welcomes the Victorian Government's announcement to establish and operate LOOKOUT Education Support Centres to help improve the educational outcomes for students in out-of-home-care and to establish the Navigator program to help support at-risk and disengaged young people. The LOOKOUT Centres are an important recognition of the unique barriers and challenges children in out of home care face in succeeding in education.

A review of out-of-home care leavers by La Trobe University identified a number of strategies to help support their educational outcomes, including:

- Encouraging and supporting carers to create a home environment that is supportive of education, including carer training where necessary (e.g. Parents as Educators);
- More consistent use of education plans, including input from the children and young people themselves
- Maintaining school consistency wherever possible, even when there is a change in placement
- Creating cultural change to raise the expectations that teachers, carers and significant others have for care leavers
- Access to mentoring and role modelling
- Taking an integrated approach to welfare and educational case management

¹⁰⁸ CREATE Foundation, *Report Card on Education*, Sydney, 2006.

¹⁰⁹ CREATE Foundation, *Op. Cit., Report Card on Education*, p.10

¹¹⁰ J J McDowall, *Experiencing Out-of-Home Care in Australia: The Views of Children and Young People (CREATE report card 2013)*, CREATE Foundation, Sydney, 2013.

¹¹¹ Australian Institute of Health and Welfare. *Educational outcomes of children on guardianship or custody orders: a pilot study, Stage 2*. Child Welfare Series no. 49. Cat. no. CWS 37. Canberra, 2011; S Wise, S Pollock, G Mitchell, C Argus and P Farquhar, *CIAO: Care-system impacts on academic outcomes*, Anglicare Victoria and Wesley Mission Victoria, Melbourne, 2010.

¹¹² S Wise, et al., *Op. Cit.*, p. 8.

- Supporting care leavers beyond the age of 18 to help them successfully transition to further education or training, including providing financial, accommodation and mentoring assistance.¹¹³

Feedback from VCOSS members also suggests children in out-of-home care may benefit from access to flexible teaching methods, and one-on-one support to help to them overcome trauma and other barriers to education. Training teachers in understanding trauma and managing difficult behaviours would also enable them to respond more effectively and improve outcomes for this group of vulnerable students. VCOSS members have raised concerns that some schools lack an understanding of how to best support these students, or how to manage difficult behaviour that children may display as a result of their trauma. An example of a program aimed at improving educational outcomes for children in out-of-home care is Anglicare Victoria's TEACHaR program.

Transforming Educational Achievement for Children in Home-based and Residential Care (TEACHaR) program¹¹⁴

Anglicare Victoria's TEACHaR aims to improve educational outcomes for children in out-of-home care. The program employs specialist teachers to provide one-on-one support to children, such as tutoring, mentoring, assessment and advocacy. It is flexible and tailored to match the needs and strengths of the individual student. TEACHaR staff work collaboratively with carers, case managers, residential care staff, DET, DHHS and TAFEs. The pilot has resulted in significant improvement for young people across a range of key measures, including literacy and numeracy skills, school engagement and attitudes, confidence and overall academic performance.¹¹⁵

Better matching of children in care to the appropriate out-of-home-care service

As part of the Roadmap to Reform project, it is important the Victorian government considers how the out-of-home-care system can ensure children and young people are matched to the most appropriate care option. Feedback from VCOSS members suggests the current system doesn't adequately allow for this matching, meaning vulnerable children and young people are not always provided with suitable placements. This can lead to poor outcomes and/or placement breakdown, further adding to the trauma these children have experienced. This was confirmed by the Commissioner for Children and Young People's report which found examples where "children are

¹¹³ A Harvey et al., Op. Cit., p. viii.

¹¹⁴ Anglicare Victoria, *Learning with TEACHaR*, February 2013, <http://www.anglicarevic.org.au/blogs/learning-with-teachar>; L David, *Anglicare Victoria's 'TEACHaR' program: Closing the 'education gap' for children and young people in care and the value of research-informed innovation*, Anglicare Victoria, <http://www.cfecfw.asn.au/sites/default/files/TEACHaR%20Program%20-%20Anglicare.pdf>

¹¹⁵ L David, Op. Cit.

poorly matched to placements” with decisions “often based on where there is an available bed, rather than on the needs of the child.”¹¹⁶

Members also advise there is a lack of policy guidance around sibling placements and relationships in out-of-home care. There is growing evidence supporting the view that it is desirable for children in care to live with their siblings.¹¹⁷ Relationships with siblings can help reduce the adverse effects of trauma, anxiety, grief and loss that may be experienced by children entering care, as well as continued support into adulthood.¹¹⁸ Providing policy guidance around sibling relationships and placements may help improve outcomes for these vulnerable children, particularly in situations when they can't be initially placed together, to help facilitate greater contact between siblings, and plans for sibling re-unification.

Strengthen children and young people's voice

It is important that children and young people have a say in decisions that directly affect them. While this is particularly important for considering the best placement option for children in out-of-home care, it is also important that other broader reforms to the service system are informed by children and young people. An analysis of Australian research on the creation of safe and supportive families and communities for children, identified that the involvement of children in both research and decision-making in matters concerning them enables systems to better understand and respond to their needs, but is also important to fostering their wellbeing, sense of connectedness and self-esteem.¹¹⁹ An example of a useful tool for capturing feedback directly from children about how they think and feel about their experiences inside and outside of school, including their connectedness to adults at home, in the neighbourhood and at school, is the Middle Years Development Instrument (MDI).¹²⁰

Middle Years Development Instrument Pilot in Whittlesea¹²¹

The Middle Years Development Instrument is a population-level measure of children aged 8-14, which covers non-academic factors relevant to learning and participation. The MDI is a self-report survey covering five areas of development, including social and emotional development, connectedness, school experiences, physical health and wellbeing and constructive use of after-school time.

The survey captures the ideas of the children and young people themselves, and therefore helps schools and communities to tailor the services and supported offered, to best meet their students' needs. One school found its low attendance in a range of extracurricular

¹¹⁶ Commission for Children and Young People, “...as a good parent would...” Inquiry into the adequacy of the provision of residential care services to Victorian children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care, Melbourne, Commission for Children and Young People, 2015, p.12,

¹¹⁷ J. J McDowall, *Sibling placement and contact in out-of-home care*, CREATE Foundation, Sydney, 2015.

¹¹⁸ Ibid.

¹¹⁹ L Nair, Op. Cit.

¹²⁰ Middle Years Development Instrument Australia, *Middle Years Development Instrument (MDI)*, 2015, <http://www.mdi.sa.edu.au/pages/default/MDISurvey/?reFlag=1>, accessed 24 June 2015.

¹²¹ Ibid.

activities was not due to a lack of interest, but because of transport issues and clashing timetables. As a result, the school realigned its services to enable greater numbers of students to attend.

The MDI tool was developed in Canada, but has since been adapted for use in Australia. It has been trialled in regional and metropolitan South Australia and in two areas of Victoria; Whittlesea and North Frankston.

Better support home-based care

A survey of children and young people in out-of-home care identified that the strongest predictor of happiness in their placement was how comfortable they were and how much it felt like home. This was largely based on having a 'positive relationship with people in the household, and feeling loved and cared for'.¹²² Placement instability was also identified as a significant concern for children and young people in care.¹²³ Close to 10 per cent of children and young people in Victoria had more than two placements over the last 12 months.¹²⁴ Placement instability, particularly when it is ongoing, has been associated with behaviour problems, emotional difficulties and poor educational outcomes for children and young people in care.¹²⁵ For children that do end up in the out-of-home care system, kinship and foster care are the preferred options where possible. However, to provide vulnerable children and young people with stable, warm and supportive placements, carers need to be adequately supported.

Allowances

With the growing number of children entering the out-of-home-care system, the demand for foster carers is increasing, making the recruitment and retention of appropriately skilled foster carers a high priority. However in Victoria the foster care system is struggling to recruit and retain enough carers. In 2013-14, 610 foster carers exited the system and only 400 carer households commenced foster care.¹²⁶ Victoria has the lowest rate of children placed in foster care of all the states and territories (28% compared with a national average of 41%).¹²⁷

While there may be a number of reasons for this decline, the lack of financial support is a major issue, with estimates that up to 60 per cent of potential carers are deterred from the system due to the financial cost.¹²⁸ VCOSS welcomes the \$31.4 million invested (over 4 years) in last state budget to help address carer allowances, along with the work being undertaken to simplify the system and make it more transparent. While this investment will help to reduce the gap between

¹²² J J McDowall, Op. Cit., p.xix.

¹²³ Ibid., p. xvi.

¹²⁴ Victorian Department of Health and Human Services, Op. Cit., p.27

¹²⁵ Child Family Community Australia, *Children in care: CFCA Resource Sheet, June 2015*, AIFS, 2015, <https://aifs.gov.au/cfca/publications/outcomes-children-and-young-people-care>

¹²⁶ AIHW, *Child protection Australia 2013–14*, 2015 p. 59.

¹²⁷ Ibid.

¹²⁸ Berry Street and Foster Care Association of Victoria, *Save Foster Care*, <http://savefostercare.org.au/about>, accessed 21 Oct 2015.

foster carer allowance and the actual costs of caring for a child, members advise that a significant gap still remains.

Kinship care is the preferred placement option within the child protection system and currently about half of all children and young people in Victoria's out-of-home care system are in kinship placements.¹²⁹ Given the significant contribution kinship care makes to the child protection system, it is critical that kinship carers are well resourced and supported. Yet research indicates about 52 per cent of carers report financial stress, with a range of stressors highlighted by kinship carers including inadequate housing, poverty, insufficient income and the rising costs associated with caring for a child.¹³⁰

In foster care, there are three levels of care: general, intensive and complex, which each attract different rates of allowance; however, kinship carers are only able to receive a general level allowance – the lowest level of support provided to carers, regardless of the carer's own circumstances or the trauma of complexity of issues experienced by the children they care for. Evidence suggests about 70 per cent of carers and 49 per cent of children in kinship care had some indication of complexity.¹³¹ The current funding model should be modified to provide kinship carers with access to the same differential rates as children in foster care, to recognise the complex needs of some children in care. This would help to alleviate the financial stress on carers and provide better outcomes for the children in their care.

VCOSS members also advise that the low allowance rates for foster carers and kinship carers are exacerbated by inconsistent access to brokerage funding to meet children and young people's education, medical and health expenses, as well as upfront placement costs. Because of the capped budget for out-of-home care brokerage funding, children placed later in the financial year can receive less support and assistance as the capped program reaches capacity. Similarly, members advise that requests from carers to have children's essential health and education costs met are more likely to be denied later in the financial year. It is important that the review of the carer system considers the access and flexibility of client expenses and placement support grants to cover essential costs for children in care, as well as the fortnightly allowances to foster and kinship carers.

Training

Establishing a comprehensive learning and development strategy for all foster and kinship carers would also help improve care of children and young people, increase the stability of placements and increase support to carers, helping to grow the foster care system. Foster carers and kinship carers are provided with some training, however this does not always sufficiently equip carers with the skills required to support children, particularly those with higher needs or difficult behaviours as

¹²⁹ AIHW, Op Cit. *Child protection Australia 2013–14*, p. 48.

¹³⁰ R Breman, *Peeling back the layers – kinship care in Victoria: 'Complexity in Kinship Care' – Research Report*, Baptcare Research Unit in partnership with OzChild and Anchor, 2014,

http://www.baptcare.org.au/advocacy/research/Documents/BaptcareKinshipReport_WEB.pdf

¹³¹ Ibid., p. 6

a result of the trauma they have experienced. There is also no comprehensive strategy for providing ongoing training and support to foster or kinship carers. Yet evidence suggests children and young people entering the out-of-home-care system are presenting with increasingly complex needs.¹³² As well as financial pressures, other key issues affecting the recruitment and retention of foster carers include poor peer support, networking and advocacy, client complexity and carer exhaustion. This points to a need to better train and support the foster care system.¹³³

The Victorian government could consider introducing a learning and development framework that equips all carers with foundation skills and key competencies needed to support the wellbeing and development of children and young people, such as trauma-informed care, as well as access to elective modules that suit the needs of the children in their care. The learning and development framework would need to be delivered flexibly to suit the needs of carers and should be open to both primary and secondary carers. Establishing a learning and development framework help would help support and lift the base skill level of all carers while also providing opportunities for interested foster carers to build on these skills and obtain formal qualifications in working with traumatised children. This would support better placement matching, so that children with higher needs are placed with carers that have undertaken appropriate training, improving outcomes for these children.

Other stakeholders also suggest that access to peer support groups would assist carers and families, including those in permanent care arrangements, to better support the children and young people they care for, as well as to reduce feelings of isolation.¹³⁴

Improve the wellbeing and safety of children in-out-of home care

Children and young people in out-of-home care are one of the community's most vulnerable social groups.¹³⁵ To improve the health and wellbeing of children and young people in out-of-home-care, and to help them help deal with the trauma they have experienced, the government can upgrade all residential care placements to therapeutic care and transition all foster and kinship care placements to therapeutic care.

Therapeutic care models seek to address the underlying trauma experienced by children and young people in care, and help facilitate healing and recovery from the effects of abuse, neglect and separation from family. Evaluations of therapeutic residential care, which provides access to specialist support staff and helps build residential staff capability, has found improved outcomes for children, including better health, education and family connections.¹³⁶ Similarly, an evaluation

¹³² ACIL Allen Consulting, *Professional Foster Care: Barriers, opportunities and options*, Melbourne, 2013.

¹³³ ACIL Allen Consulting, Op. Cit.

¹³⁴ *Background paper: the potential of permanent care 2015*, prepared for Permanent Care and Adoptive Families by Meredith Carter and Associates, 2015.

¹³⁵ A Harvey et. al., Op. Cit.

¹³⁶ Victorian Auditor General's Office, *Residential Care Services for Children*, Op.Cit, p. xii.

of the Circle Program, a therapeutic approach to foster care, has shown the program can improve outcomes for children, including greater capacity to form relationships, regulate their emotions and participate in community activities; more stable care placements; and increased likelihood of successful family reunification.¹³⁷

VCOSS welcomes Victorian government investments in recent years to increase the number of therapeutic care places for children in out-of-home care. Continued investment can ensure all children and young people in care can access specialised care to help them recover from the trauma they have experienced. This includes upgrading all residential care placements to be delivered from a therapeutic model, with a minimum staffing capacity of two qualified staff at all times. This should be combined with a staged transition to upgrade all foster and kinship care placements to therapeutic models. This includes training carers in trauma-informed care, as well providing access to specialists who can help carers work through issues, discuss strategies and provide advice where required. Expanding therapeutic foster and kinship care will help strengthen the out-of-home care system's capacity to create sustainable placements for all children, including those with more complex needs; help children recover from traumatic events, including abuse and neglect; and help keep children and young people out of the residential care system. It is also critical that all children transitioned out of residential care are provided with targeted care packages to ensure they receive appropriate levels of support.

It is critical that young people in residential care be provided with safe and supportive environments. The Victorian government can help ensure the safety and wellbeing of all children and young people in residential care by fully implementing all of the recommendations in the Commissioner for Children and Young People's Inquiry into the adequacy of the provision of residential care services to children and young people who have been subject to reports of alleged sexual abuse or sexual exploitation whilst residing in residential care.

Improve outcomes and reduce the numbers of Aboriginal children entering care

Given the significant over-representation of Aboriginal children and young people in care, the Roadmap to Reform project should include a strong focus on reducing the numbers of Aboriginal children entering the child protection system, and improve the outcomes for vulnerable children that do enter care. Current approaches to reducing numbers of Aboriginal children in child protection are failing, with the rate of Aboriginal child removal in Victoria currently exceeding that at any time since white settlement.¹³⁸

A key approach to improving the outcomes for Aboriginal children, young people and their families is implementing all nine of the agreed priorities from the Victorian Aboriginal Children's Summit,¹³⁹

¹³⁷ M Frederico, M Long, P McNamara, L McPherson, R Rose and K Gilbert, *The Circle Program: an Evaluation of a therapeutic approach to Foster Care*, Centre for Excellence in Child and Family Welfare, Melbourne, 2012.

¹³⁸ Commission for Children and Young People, *Op Cit.*, *Annual Report 2013-14*, p.37.

¹³⁹ *Aboriginal Children's Summit Communique*, 13-14 August 2015 <http://www.ccvp.vic.gov.au/downloads/aboriginal-childrens-forum-2015-communicue.pdf>

which includes providing every Aboriginal child and family with full access to holistic prevention and early intervention services; building the capacity of Aboriginal families, community and Aboriginal Community Controlled Organisations (ACCOs) to better care for children and young people; better supporting carers to provide culturally competent placements, growing the pool of Aboriginal carers; and ensuring compliance with the *Children, Youth and Families Act 2005*.

Connection to community, family and culture is fundamental to Aboriginal people's wellbeing; however 67 per cent of Aboriginal children in out-of-home care in Victoria in 2013-14 were placed with non-Aboriginal carers¹⁴⁰ and 81 per cent of Aboriginal children do not have a cultural support plan to maintain and nurture their connection to culture and community, despite it being a legal requirement.¹⁴¹ It is critical that the Aboriginal Child Placement Principle (ACPP) is applied in every case involving Aboriginal families to ensure the removal of children from their families is a last resort and that where removal is required, every effort be made to ensure children grow up with a strong connection to their cultural identity.

To achieve the best outcomes for vulnerable children it is important to include Aboriginal people's participation in all decision making that affects Aboriginal children and families. The Lakidjeka Aboriginal Child Specialist Advice and Support Service (ACSASS) program is funded to advise DHHS and the child protection system on culturally relevant ways of working with Aboriginal families and children in all significant child protection decisions. However, while the number of Aboriginal children in out-of-home care has grown substantially, funding has not increased since 2005, making it difficult for the program to provide adequate and timely services to children and families. Worker caseloads are now extremely high, estimated at over 150 children per worker in metropolitan areas, and close to 60 in rural Victoria. To ensure all families receive sufficient support, additional resourcing is required to increase the capacity of the ACSASS program across the state. This would also help increase the development of meaningful cultural support plans for Aboriginal children. Aboriginal Family Led Decision Making (AFLDM) is also an important strategy to include family members, children, community members and respected Elders in the decision-making process for Aboriginal children. However, often AFLDM conferences are delayed or not organised for months or years after children and families first enter system.¹⁴² AFLDM meetings should be convened for all cases involving Aboriginal children to engage Aboriginal family members and organisations in decision-making about care and placement options, to help support the safety, wellbeing and cultural connectedness of children who do enter the care system.

To provide better outcomes for Aboriginal children and families, sufficient numbers of qualified Aboriginal staff are needed in ACCOs and mainstream organisations working across the entire spectrum of child protection services, from early intervention child and family support through to the out-of-home care system. A workforce development plan is needed to help sustainably grow

¹⁴⁰ AIHW, *Child protection Australia 2013–14*, 'Table A33: Aboriginal and Torres Strait Islander children in out-of-home care, by Indigenous status and relationship of carer, states and territories, 30 June 2014', Canberra, 2015.

¹⁴¹ Victorian Auditor General's Office, *Residential Care Services for Children*, Op.Cit., p. 18.

¹⁴² Andrew Jackomos, PSM Commissioner for Aboriginal Children and Young People: Aboriginal Children's Summit, Thursday 13 August 2015, <http://www.cyp.vic.gov.au/downloads/aboriginal-childrens-summit-2015-andrew-jackomos-speech.pdf>

this workforce; this includes funding to enable Aboriginal workers to undertake formal qualifications, as well as supporting organisations to provide on-the-job training, and strategies to recruit and retain more Aboriginal workers to the sector.

For those Aboriginal children that do enter care, the government can help improve their wellbeing and retain their connection to culture, by implementing Section 18 of the *Children, Youth and Families Act 2005*, which transfers the guardianship of Aboriginal children from DHHS to the care of ACCOs. The Act was introduced 10 years ago but is yet to be implemented. As a first step, the government could ensure all children entering the child protection system are managed by ACCOs, or by ACCOs in partnership with a mainstream community organisation that demonstrates cultural safety in their practices. This could also be supported by progressively transferring the responsibility for all Aboriginal children currently in the child protection system to the authority and case management of an ACCO.

Better support young people leaving care

VCOSS members highlight the importance of providing greater support to young people leaving care to help them transition to independent living, including building life skills, engaging in education, training and employment, housing support and assistance to access health services. Research suggests young people leaving care have poorer outcomes than their peers, including being more likely to experience housing instability or homelessness, be unemployed or earn lower wages, have poorer educational outcomes, including early school leaving, be involved in the criminal justice system, or experience poor physical and mental health and substance abuse.¹⁴³

Yet “once a child has turned 18 and leaves residential care, they are on their own and do not necessarily have the skills or accommodation options to be able to live independently and safely”.¹⁴⁴ Young people in Australia are often financially supported by their families well into their 20s, until they are able to establish sufficient income to support themselves; they are also living in their family homes for longer, largely due to financial reasons.¹⁴⁵ It is reasonable to extend this type of support to young people leaving out-of-home care, who are at greater risk of poor transitions to independence.

While there are several effective supports to assist care leavers in Victoria, such as the Springboard to Learning program, Post Care Support, Information and Referral Services, Youth Foyers and Berry Street’s Stand By Me pilot program, which provide intensive generalist case work support services, these programs are not offered in a consistent and coordinated way across the state. The Roadmap to Reform review could consider developing a statewide, integrated, holistic

¹⁴³ T Beauchamp, *Young people transitioning from out-of-home care to adulthood: Review of policy and program approaches in Australia and overseas*, UnitingCare, Children, Young People and Families, 2014, http://www.childrenyoungpeopleandfamilies.org.au/_data/assets/pdf_file/0007/102796/UCCYPF-young-people-transitioning-from-QOHC-to-adulthood.pdf

¹⁴⁴ Victorian Auditor General’s Office, *Residential Care Services for Children*, Op.Cit., p.19

¹⁴⁵ ABS, ‘Home and away: the living arrangements of young people’, *Australian Social Trends*, 4102.0, June 2009

leaving care support model to support all care leavers up to the age of 21, with the option to be extended to the age of 25, where required.

This could be combined with an education and housing guarantee to help care leavers find stable housing, pursue education and training and/or gain stable employment. The housing guarantee could be used for a range of support, including a rent guarantee to encourage more landlords to rent to young people, and a rent supplement to assist young people if they are studying and/or unable to work.¹⁴⁶ An education guarantee could also be provided to care leavers to enable them to access to free post-compulsory education including both VET and university courses.¹⁴⁷

This could be supported by expanding supported housing options, such as the Youth Foyer initiatives, which provide vulnerable young people who can't live at home with safe and affordable accommodation, while providing life skills development and supporting them to engage in education, training and employment. Similarly, the Lead Tenant program, which provides some young people in out-of-home care with semi-independent living environments, could include the option to extend support to young people who need it, beyond the age of 18. Additional staff would also enable the program to offer increased support on weeknights and weekends for young people who require greater support.

VCOSS members also advise that some young people wish to reestablish relationships with their family either while in care or when leaving care, but that there are insufficient mechanisms to facilitate this. It was suggested reforms include an increased focus on family reunification as well as supporting children and young people in care to develop or maintain positive relationships with families, where they wish to and it would benefit them to do so.

¹⁴⁶ Council to homeless persons, *Young people leaving care need a safety net*, <http://chp.org.au/young-people-leaving-care-need-a-safety-net/#.VhICmPmgpBc>, accessed 21 October 2015.

¹⁴⁷ Berry Street, *Submission in response to: Senate Inquiry Out-of-Home Care*, November 2014; Centre for Excellence, *2014 Election Statement*, October 2014.

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