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The Victorian Government is strongly committed to achieving demonstrably better outcomes for vulnerable children and young people.

In early 2012, the Victorian Government received a detailed qualitative and quantitative analysis of the state of Victoria’s child protection system, the report of the Protecting Victoria’s Vulnerable Children Inquiry. The Inquiry had been asked to comprehensively investigate systemic problems in the existing system and make recommendations for change. And it did.

It recommended broad transformational change with improvements and enhancements across the spectrum of services from prevention and diversion, to care, support, and the courts; and it articulated the need to acknowledge the growing demand and pressures on the system and better organise our responses and resources to deal with that.

It urged us to put decision-making where it appropriately belongs and better respect the rights of the vulnerable children who have the misfortune to need the help of the child protection system. Similarly, it challenged us to support families earlier, place the needs of their children front and centre, better understand what is happening at the frontline and more strategically target our resources.

A consistent theme throughout the Inquiry’s recommendations was the need for government, service providers and the community to work together more closely and to formally accept that we all have a responsibility to help to improve outcomes for vulnerable children.

The Government committed that the recommendations of the Protecting Victoria’s Vulnerable Children Inquiry would form the basis of our ongoing policy development. And they have. In May 2012, we released our initial response, a Directions Paper of action areas and commitments titled Victoria’s Vulnerable Children – Our Shared Responsibility. Across government and the community service sector a great deal of work has been done on numerous reforms in multiple portfolios since the release of the Directions Paper.

This strategy takes a decade-long horizon view. It puts in place the aspiration and system framework that will drive sustained change. It gives equal weight to prevention, early intervention and providing support for ‘at risk’ children, as it does to improving outcomes for those in the statutory system.

In doing so it draws together all parts of government that have a responsibility for the health, social and economic determinants of vulnerability. It identifies the interdependencies between these drivers and enables clear linkages to be established between the myriad of programs, plans and services that have a role in protecting vulnerable children.

Now we have the overriding strategic direction, the governance, the performance framework and the information sharing and accountability arrangements through which we can improve the lives of Victoria’s vulnerable children.

The Hon. Dr Denis Napthine MP
Premier

The Hon. Mary Wooldridge MP
Minister for Mental Health
Minister for Community Services
Minister for Disability Services and Reform
TABLE OF CONTENTS

Foreword iii
Executive Summary 1
A shared understanding of vulnerability 4
A shared responsibility – across sectors 7
A performance and accountability framework 12
Collaborative governance 23
Next steps 25
EXECUTIVE SUMMARY

Victoria is not alone in the challenges raised by child abuse and neglect. Across Australia and indeed the Western world, the number of children and teenagers who are beaten, neglected or abused is growing. On measures such as health status, education outcomes, social connectedness and employment these children generally have poorer outcomes than the general population.

This strategy is designed to drive the broad-based change required across government(s) and in the community generally over the next decade. To this end the strategy sets out a clear and overarching aspiration and three high-level, long-term goals as its central framework. Our aspiration is that:

**Vulnerable children are kept safe from harm and have every opportunity to succeed in life.**

The circumstance of vulnerable children and families is a shared responsibility. Accordingly, this strategy represents a shared commitment across Victorian Government departments, including the Departments of Education and Early Childhood Development; Health; Human Services; Justice; Premier and Cabinet and Victoria Police. It was developed by relevant Ministers, with the support of the Children’s Services Coordination Board – all of whom will continue to oversee its implementation.

All jurisdictions wrestle with how to meet increasing demand for services while also improving the life outcomes for children who have experienced abuse – both those within the statutory out-of-home care system and those who are at home but who remain vulnerable. Too often, opportunities for earlier intervention – through health, early childhood services, school and other adult focused services – have been missed.

In February 2012, the Victorian Government received the report of the Protecting Victoria’s Vulnerable Children Inquiry.

In May 2012, the Government released its initial response, a Directions Paper, *Victoria’s Vulnerable Children – Our Shared Responsibility*. The Directions Paper included a commitment to system-wide reform encompassing mainstream and specialist services, government and non-government organisations, and the range of individuals – both personal and professional – that work with vulnerable children and families. It set out a number of reforms and projects clustered within five action areas:

- Building effective and connected services.
- Enhancing education and capacity building.
- Making a child friendly legal system.
- Providing safe, stable and supportive out-of-home care.
- Introducing accountability and transparency.

Many of the initiatives outlined in the Directions Paper are either complete or well underway and it is intended that updates regarding progress will be the subject of periodic Implementation Bulletins.

Our strategic goals are high level and interconnected. Put simply, they are to:

1: Prevent abuse and neglect
2: Act earlier when children are vulnerable
3: Improve outcomes for children in statutory care
Over the life of this strategy we seek to demonstrate the following impact:

- Better health outcomes for vulnerable children.
- Improved participation and attainment of children in universal services, especially school.
- Earlier and appropriate attention by adult services to the needs of children.
- Reduction in the impact of parental risk factors that contribute most to child abuse and neglect.
- Lower rates of abuse and neglect.
- Lower rates of children requiring out-of-home care.
- Improved placement stability for children and young people in out-of-home care.
- Improved life outcomes for children and young people in out-of-home care.

To achieve this impact and to ensure a sustainable, long term, whole of community reform program the following must be in place:

- A shared understanding – of the nature and scope of vulnerability.
- A shared responsibility – including joining up government and community effort.
- A performance and accountability framework – with clear goals, measurable outcomes and monitoring and reporting at both state and local levels.
- A collaborative governance structure – that demonstrates our shared responsibility.

Finally, this strategy highlights what needs to be done differently and articulates a clear commitment to achieve change and to strengthen the accountability of departments and the practice of adult service providers.

The strategy provides government departments and service providers with a shared definition of vulnerability (a precursor to collaboration) and direction on how disadvantaged families can be more effectively supported. It sets out stronger oversight, including the new Commission for Children and Young People, clearer expectations regarding collaboration for heads of departments, improved performance monitoring and accountability, and new mechanisms to drive collaborative service delivery.

Figure 1: The journey
**ASPIRATION**
Vulnerable children are kept safe from harm and have every opportunity to succeed in life

**GOALS**
1. Prevent abuse and neglect.
2. Act earlier when children are vulnerable.
3. Improve outcomes for children in statutory care.

There are 647,000 Victorian families with children

- 130,000 to 195,000 families (20-30%) might become vulnerable
- 54,000 families (8%) known to be vulnerable

10,000 families per annum (1.5%) investigated to assess if children at risk of harm (parents unable to protect)

4,000 families per annum (<1%) where children need protective intervention

**KEY OUTCOMES**
1. Families, including vulnerable families, are well supported within their communities.
2. Parental risk factors that contribute to abuse and neglect are identified and addressed.
3. Families effectively protect and nurture their children.
4. Families under pressure get the support they need.
5. Vulnerable children receive timely and optimal support to meet their developmental and wellbeing needs.
6. Where there are reports of abuse or neglect, families receive an early and effective response.

1. Our legal and statutory systems are child friendly.
2. Children in out-of-home care receive quality care that is culturally appropriate.
4. Children and young people leaving out-of-home care, and returning to their families or becoming independent, sustain improved outcomes.

**Governance and Accountability**
A SHARED UNDERSTANDING OF VULNERABILITY

Our understanding of the term vulnerability can differ markedly across service providers and across departments. To improve outcomes for vulnerable children it is important to develop a shared understanding of vulnerability.

The definition we have adopted for this strategy is sufficiently broad to allow the many parts of government and service providers to identify the critical roles they have with vulnerable children and young people and the positive impact they can have, through early intervention or focused effort, to reduce that vulnerability.

For the purposes of this strategy and related actions, the Victorian Government has adopted the following definition:

Children and young people are vulnerable if the capacity of parents and family to effectively care, protect and provide for their long term development and wellbeing is limited.

Vulnerability is not a precise concept. There are many factors that can contribute to making a child vulnerable. These factors range from family stressors such as economic hardship through unemployment, business failure, gambling or homelessness through to other factors such as family violence, alcohol and substance misuse, mental health problems, disability and parental history of abuse and neglect. Parental capacity can also mitigate some of these risk factors. Government, while offering broad or universal supports to all families, becomes more involved in the lives of individual children when parental capacity to care and protect is diminished or limited.

There are signs that a child is vulnerable even if the factors contributing to that vulnerability are not always evident. These may include poor attendance at kindergarten or school or developmental delay for younger children, disengagement with school for older children, and presentation at hospital for suspected abuse. Furthermore, the evidence shows that where there are multiple factors present then the chance a child is vulnerable increases.

The numbers provided in Figure 3 are indicative estimates to provide a sense of scale of the level of child vulnerability in Victoria. They are based on information reported by Victorian Government departments. The approach used reflects the understanding of child abuse and neglect, and their antecedents, presented in the report of the Protecting Victoria’s Vulnerable Children Inquiry. The numbers shown are estimates of the numbers of families (not children) at different levels of potential or actual vulnerability.

Co-occurrence of multiple and complex problems

Substance abuse has been identified as a common comorbid condition among people with severe mental illness, particularly in clinical settings. Prevalence estimates of substance abuse issues in mental health settings consistently report rates of more than 25%, with estimates up to 80%.

Adults with learning difficulties are more likely to have mental health concerns and the rate of mental disorders is two to three times higher in people with intellectual disabilities than in the general population.

Strong associations are also consistently found between family violence and substance misuse, particularly alcohol abuse.

Research also shows links between family violence and poor mental health outcomes for victims, with depression (33%) and anxiety (26%) contributing to the burden of disease attributable to intimate partner violence along with illicit drug use (6%) and alcohol-related problems (6%). These findings are consistent with national and international trends.

(selected extract from Families with multiple and complex needs: Best interest case practice model DHS 2012)
There are more than 647,000 families with children in Victoria (as estimated by the Australian Bureau of Statistics). As the degree of vulnerability increases the number of families in scope reduces:

> Drawing upon population surveys to estimate what proportion of families will have known risk factors and allowing for some to be at risk in more than one area, we estimate that some 20–30 per cent of families (130,000 to 195,000 families) are experiencing significant stresses in their lives. Children in these families might become vulnerable, particularly if family circumstances or parental behaviour worsen. Child maltreatment or neglect is more likely to emerge amongst these families than the broader population.

> A higher risk group of some eight per cent of families (54,000 families) are already known to be vulnerable. These families are already coming into contact with crisis or specialist services responding to the relevant risk factors — for example police attending family violence incidents where a child is present. These estimates are based on data from Victoria Police, child protection, drug and alcohol treatment, mental health and homelessness services.

> Amongst that eight per cent of families are those where vulnerability spills over into concern for the immediate risks to the children. Each year, a preliminary intake assessment by child protection establishes that there is a risk of maltreatment requiring further investigation for around 1.5 per cent of families (10,000 families).

> Finally, child protection workers substantiate abuse and undertake protective intervention in a relatively small number, that is less than one per cent, of families each year (4,000 families – which in 2011–12 equalled around 8,700 children and young people). It should also be noted that at 30 June 2012 around 6,200 children and young people were living in out-of-home care in Victoria.

When understood in these terms, the degree and nature of vulnerability necessitate differing levels of targeting and resourcing; for example, some families may require one-off, time limited support, while children and young people in out-of-home care may require more intensive and specific responses.

Figure 3: Understanding the nature of vulnerability
Drivers of vulnerability and significant cohorts

The report of the Protecting Victoria’s Vulnerable Children Inquiry clearly establishes that the risk factors arising from parent, family and/or caregiver relationships include:

- History of family violence.
- Alcohol and other substance misuse.
- Mental health problems.
- Intellectual disability.
- Parental history of abuse and neglect.
- Situational stress.

In understanding vulnerability and considering the needs of vulnerable children and young people we must also acknowledge that data suggests that some groups of children and young people are more likely, because of the prevalence of the above risk factors, to fall within our definition of ‘vulnerability’.

Aboriginal children and young people are significantly overrepresented in Victoria’s child protection and out-of-home care services compared to the broader population. At the same time, Aboriginal children under-participate in the universal services which promote healthy development, learning and wellbeing.

The Victorian Aboriginal Affairs Framework (VAAF) will play a key role across government in improving outcomes for Aboriginal Victorians, including efforts to improve access to services and reduce the life stressors outlined above. In particular, implementation of the Victorian Aboriginal Inclusion Framework across all departments to make our services culturally inclusive and to improve access to and inclusion in mainstream services will be important.

Children of parents with a disability or mental illness may be at greater risk of abuse and neglect where the parent (or parents) is not adequately supported through informal networks, family links or through formal support. Having a child with a disability can also have a significant impact on the family’s caring responsibilities, often placing strain on family relationships and affecting employment and finances.

The children and young people of families that have recently arrived in Australia, particularly those which have experienced hardship and significant or multiple stressors, are at increased risk of vulnerability. These factors can be compounded by the challenges of parenting in a new culture.

The Victorian Government will continue to draw on the most recent research and work in close collaboration with these communities and service providers to inform appropriate responses to the needs of children and young people from these higher risk groups.

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A SHARED RESPONSIBILITY – ACROSS SECTORS

The traditional response to vulnerability leaves the burden of response to abuse and extreme risk with child welfare departments and non-government agencies. Our challenge is to join up the efforts of the many delivery and intervention agencies to ensure services move outside of the traditional silos to an earlier and more proactive engagement of vulnerable children.

Government’s largest role is in the funding and provision of universal services and this is where the joining up of our renewed effort must start. We must also look at connecting secondary and other services and initiatives across the three levels of government in Australia.

Access to universal services

This strategy is premised on the powerful role that universal services such as health services, antenatal care, maternal and child health, early childhood development services, including kindergarten, and primary and secondary school can play in supporting vulnerable children and families.

In addition to supporting the health and development of children – and acting as an important gateway to other less formal but significant services such as mothers’ groups, playgroups, supported playgroups, fathers’ groups and so on – universal services play an important role in identifying vulnerable children.

Consistent with the concept of ‘progressive universalism’, many children whose vulnerability is identified by universal services will have their needs adequately met through focused support from practitioners working within those same services. But a smaller number of children will have significant or complex needs requiring a proportionally different response. Additionally, the needs of some children or young people are hidden by historical practices that limit enquiry or engagement to adult clients without acknowledging that they may also be parents.

Given their importance to the promotion of wellbeing, early problem identification, and targeted interventions, improving access to universal service platforms for vulnerable children and vulnerable cohorts is an important part of this strategy. Where we improve access to universal services we can prevent abuse and neglect (Goal 1). Where we act earlier in our service platforms when we detect vulnerability, then we can turn around children’s and families’ lives (Goal 2). Where we ensure children in out-of-home care are accessing the full breadth of universal services, we will improve their life outcomes (Goal 3).

Progressive Universalism

‘...actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate (progressive) universalism. Greater intensity of action is likely to be needed for those with greater social and economic disadvantage, but focussing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem.’

Fair Society, Healthy Lives – The Marmot Review February 2010
How will we optimise the benefits of universal and targeted services for vulnerable children and young people

For health:
> Work with the Commonwealth to improve access to GPs for particular cohorts to ensure the needs of vulnerable children and families are understood.
> Improve access and utilisation of antenatal care services and postnatal services for vulnerable children and families.

For early years:
> Capitalise on the established universal platform, particularly Maternal and Child Health Services and kindergarten, to intervene early and prevent vulnerability from becoming entrenched.
> Streamline how universal and targeted services work together to maintain engagement with vulnerable families and respond to their individual needs.
> Ensure high quality learning is accessible and affordable for our most vulnerable children and families to give them the best possible chance to succeed at school and beyond.

For schools:
> Provide inclusive and welcoming environments for all children and families including Aboriginal children and families.
> Identify vulnerability early and help prevent child maltreatment.
> Intervene earlier and tailor delivery to better meet the needs of vulnerable children.
> Improve joined-up effort across schools and human services.

Connected services

Genuine, broad-based reform is only possible if we accept a shared responsibility for vulnerable children and foster collaboration, information sharing and cooperation across different sectors, including the adult services sectors and the child and family services sector. Victoria’s current structures are insufficient in this regard and we need to join up government and community leadership at a more local level if we are to achieve the community ownership necessary to achieve change. A number of current service reform initiatives constitute a complementary and important part of this collaborative change process.

Services Connect

The Victorian Government is designing a new integrated human services system that will deliver more effective services that improve outcomes for vulnerable Victorians, supporting people to participate in the community and the economy and improve their lives.

Services Connect will improve how government services work together, and the way we work with our clients and service partners, including how people access information and services, how we identify people’s range of needs, how we plan services for individuals and their families and how we deliver services to help improve people’s lives.

The new model will provide access to differing levels of support depending on an individual’s or family’s level of need, with the flexibility to respond to changes in their life circumstances. Clients will only have to tell their story once, to one key worker, to get the support they need.

We are beginning with a new way of delivering services provided by the Department of Human Services, along with mental health, drug and alcohol services provided by the Department of Health. There is potential to expand over time to include a wider range of services for disadvantaged families.
Services Connect is testing case management reform at sites in Dandenong, Geelong and the South-West Coast. This implements the Government’s election commitment to trial a reformed approach to case management to improve people’s access to the range of supports they need. At these locations we’re working with clients who need a higher level of support, known as Managed Support, and a moderate level of support, known as Guided Support.

Building services that better meet the needs of the people accessing them is good for clients, their families, for staff and for government, as problems are resolved earlier, clients are able to build their independence, and demand is reduced in the longer term.

Service Sector Reform

The Victorian Government, in conjunction with the Victorian Council of Social Service (VCOSS) is reviewing how government and the community services sector work together to improve the lives of vulnerable Victorians. The thinking and engagement is being led by independent project lead Professor Peter Shergold.

Virtually every department of the Victorian Government funds the community services sector to deliver services to vulnerable Victorians. The contribution the service sector makes to the State of Victoria is vital – but government and the sector together face a range of demand, cost and quality challenges that need to be addressed.

The Service Sector Reform project is a whole of government review that seeks to ensure we have a vibrant, effective and efficient community sector that continues to make a real difference in the lives of Victorians.

The recommendations arising from the project will inevitably deal in part with how we meet the challenge of creating a more connected service delivery platform in Victoria.

Figure 4: Vulnerable children at the centre of reform
Commonwealth Government

This strategy intersects with a number of Commonwealth responsibilities, including key parts of the health system such as primary medical care through General Practitioners, as well as the availability of child care and income support. Commonwealth policy in these areas has a significant impact on the lives of vulnerable children and their families.

In addition, there are areas where Victoria shares responsibility with the Commonwealth, such as joint funding of many health, education and community services. Council of Australian Government agreements in these areas will continue to be important for highlighting the impact of joint responsibility on the outcomes for vulnerable children.

Local government

Local government has a key role at the community level in the planning, delivery and funding of services that provide important support to vulnerable children and families. These include the Maternal and Child Health (MCH) Service, early childhood education and care, including kindergarten, and other early childhood and youth services.

The new MCH Memorandum of Understanding between the Victorian Government and the Municipal Association of Victoria places priority on the inclusion of vulnerable children, including the identification of service enhancements for vulnerable families. More specifically, it provides for the establishment of a ‘service commitment principle’ for children known to child protection or Child FIRST as a priority cohort for sustained engagement in all MCH key age and stage visits.
Relationship to other government strategies and frameworks

This framework has been developed within the context of other plans, frameworks and strategies that are in place or currently under development, including the National Framework for Protecting Australia’s Children 2009–2020, An Outline of National Standards for Out-of-Home Care.

Figure 5: Related government plans, frameworks and strategies

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<td>Key target: by 2023 the gap in the rate of Aboriginal and non Aboriginal child protection will be reduced by 75%</td>
<td>15 point plan to tackle alcohol and drug misuse</td>
<td>Patients are involved and supported to make treatment decisions</td>
<td>Early intervention when risk of violence</td>
<td>Providing support early so people don’t become homeless</td>
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<td></td>
<td>Sets new directions in treatment services</td>
<td>Improved patient, family and carer experience of compulsory treatment</td>
<td>Supporting women and children and tougher on perpetrators</td>
<td>Flexible service provision to meet needs of individuals</td>
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VICTORIA’S VULNERABLE CHILDREN STRATEGY

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<td>Improving quality of teaching the key to improving education outcomes</td>
<td>Seven priority areas including:</td>
<td>Better opportunities in education and early childhood development services</td>
<td>Strong focus on improving outcomes for vulnerable children</td>
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<td>Effective professional development</td>
<td>Responsiveness to needs</td>
<td>Improved housing and accommodation services</td>
<td>Strengthening prevention and early intervention through Maternal Child Health Reform</td>
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<td>Build leadership at school and system levels</td>
<td>Improving health status</td>
<td>Better pathways to employment and participation in community</td>
<td>Trialling new initiatives to better support vulnerable families</td>
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<td>Expanding service, workforce and system capacity</td>
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<td>Expansion of targeted early intervention services</td>
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<td>Financial sustainability and productivity</td>
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A PERFORMANCE AND ACCOUNTABILITY FRAMEWORK

Our goals for the next ten years are to prevent child abuse and neglect occurring, to act earlier when children and young people are vulnerable, and to improve outcomes for children in statutory care.

This strategy puts in place the key elements of a long term, whole of government effort to drive improvement in the protection of Victoria’s vulnerable children and young people.

We want to measurably improve outcomes through performance assessment and reporting.

This strategy explicitly acknowledges that hiding problems does not make them go away. Monitoring and reporting of performance over time is key to effective reform. In addition, the development of this performance framework will assist in information sharing across agencies and across sectors. It is a tool not just for holding the service system accountable, but also for the provision of information that can shape services and improve outcomes at a local and regional level.

To enable this we will use the following framework:

**ASPIRATION**
Vulnerable children are kept safe from harm and have every opportunity to succeed in life

**GOALS and OUTCOMES**

1. **Prevent abuse and neglect.**
   1.1 Families, including vulnerable families, are well supported within their communities.
   1.2 Parental risk factors that contribute to abuse and neglect are identified and addressed.
   1.3 Families effectively protect and nurture their children.

2. **Act earlier when children are vulnerable.**
   2.1 Families under pressure get the support they need.
   2.2 Vulnerable children receive timely and optimal support to meet their developmental and wellbeing needs.
   2.3 Where there are reports of abuse or neglect, families receive an early and effective response.

3. **Improve outcomes for children in statutory care.**
   3.1 Our legal and statutory systems are child friendly.
   3.2 Children in out-of-home care receive quality care that is culturally appropriate.
   3.3 Children in out-of-home care experience good health, education and wellbeing.
   3.4 Children and young people leaving out-of-home care, and returning to their families or becoming independent, sustain improved outcomes.

**Measuring progress**

Progress against each of the ten outcomes will be measured by a set of performance indicators.

The first set of indicators is set out in the following pages under the relevant goal. Further indicators will be developed through the life of the strategy.

Our first report, setting out the baseline data against the performance indicators, will be released later in 2013.

There will then be a performance report published every year for the life of the strategy. The Government will also release periodic implementation bulletins to advise on progress of specific projects and reforms.
GOAL 1
PREVENT ABUSE AND NEGLECT

A strong focus on prevention is the starting point to reducing the lifetime implications of abuse and neglect.

This goal is focused on prevention, so the strategies adopted are often population-wide strategies.

Effective universal services, particularly those for families with young children, are essential for preventing vulnerability – hence optimising participation by all Victorians in universal services is critical to prevention strategies.
Outcome 1.1 – Families, including vulnerable families, are well supported in their communities

Many families negotiate significant challenges as they raise their children. Parents and extended family members of all backgrounds and circumstances endeavour to create opportunities for their children. They draw upon personal resources, family and community networks and important public support systems to create full and enriching lives.

Preventing abuse and neglect is best achieved through the efforts of everyone within a community working together with government funded or provided services, local government, philanthropic organisations, community groups, sporting organisations and clubs, neighbourhood groupings and other formal and informal community groups such as playgroups, mothers’ groups and fathers’ groups. At a practical level this means community members reaching out to children and families that may feel isolated, or who might need support or help, and in particular new families arriving within a community.

Participation in key universal platforms such as antenatal care, regular visits to the GP, maternal and child health services following birth, and attendance at early childhood education and care, including kindergarten and primary and secondary school are essential.

The reality is that many vulnerable children do not benefit from these universal services and community resources as much as others. For example, utilisation by Aboriginal children and their families of the broad range of universal services, and any related targeted and specialist services that build off the universal platforms, is significantly lower than the broader population.

That is why this strategy emphasises the need for all of us to change the way we engage with vulnerable children and families. Schools, health services, early childhood services and other services need to foster safe, inclusive environments to enable the identification of family or child vulnerabilities and the provision of positive interventions.

The Victorian Government will work to ensure that our universal, secondary and tertiary services are more inclusive, respond early, work more effectively together and intervene in a way that will make a powerful difference to children.

Key indicators to measure performance

1.1a – Participation in Maternal and Child Health Services

1.1b – Participation in education (early childhood and school)

Additional indicators to be developed for families with children 5-17 years and for social and cultural connectedness
Outcome 1.2 – Parental risk factors that contribute to abuse and neglect are identified and addressed

Outcome 1.3 – Families effectively protect and nurture their children

Some families are unable to protect their children and/or are unable to properly provide for their development or wellbeing. Factors such as a parent’s untreated mental illness, drug and alcohol misuse, family violence, homelessness and intellectual disability increase a child’s risk of abuse and neglect. And the risk increases significantly when combinations of the above factors coexist. These factors can also contribute to a child’s under-participation in key universal services, such as early childhood services and school, and so entrench disadvantage from an early age.

The Child Wellbeing and Safety Act 2005 sets out principles for services to be designed, developed and implemented in the best interests of children. In addition, the legislation emphasises the need for cooperation across services and professions to work in the interests of children and families.

Creating an environment that includes shared responsibility across the breadth of services a family needs requires a new approach: a focus on the most vulnerable members of that family; consciously working to strengthen protective factors; making the most of the strengths of specialist services; including children in our thinking about the development of services for adults; and including adults in our thinking about the development of services for children.

The Victorian Government is committed to strengthening the practice of adult service providers to ensure that the needs of children are considered as part of the everyday service engagement of parents, especially more vulnerable parents or families. Using a range of policy, protocol and program mechanisms, on-the-ground practice change is a priority. Services delivering support to adults will be encouraged to recognise and support the wellbeing and safety of the children of their adult clients as is appropriate in the circumstances.

An example of the practical benefit or application of this approach could concern a woman with a range of complex needs who is the mother of a pre-school child. Applying this principle would involve, for example, her mental health practitioner considering the woman’s parental responsibilities and the wellbeing of her child in developing her treatment plan. Such consideration may extend from proposing treatment that still enables the mother to fulfil her parenting responsibilities, through to initiating a referral of the mother to an external family support agency to ensure her ability to parent effectively during the course of treatment.

The service areas in scope for improved ‘family sensitive practice’ include mental health, alcohol and drug services, disability services, family violence, homelessness, housing and health. Earlier engagement of vulnerable parents, attention to both risk and protective factors, and improved practice by adult service providers will positively impact upon notification and substantiation rates and ultimately upon the admission rate to out-of-home care.

Key indicators to measure performance

1.2a – Reporting and prevalence of family violence

1.2b – Rates of parental risky drinking

Additional indicators to be developed around parental mental health

Key indicators to measure performance

1.3a – Child protection substantiation rates per population

1.3b – Rates of children in out-of-home care per population

Additional indicators to be developed around positive family environment
GOAL 2

ACT EARLIER WHEN CHILDREN ARE VULNERABLE

This goal requires early intervention when vulnerabilities are identified, including referral to secondary and tertiary services where required.

The earlier we can respond to child vulnerability, the more effective that intervention is likely to be.

The children and families we are targeting are more likely to be identified or already known to secondary services and child protection services. It is in this stage of vulnerability that early action is paramount.

There is significant opportunity to turn around the high risk of abuse and neglect through early and coordinated action. In addition, early attention to those children who suffer abuse or neglect, ensuring that their developmental needs are being met, can turn around children’s and families’ lives.
Outcome 2.1 – Families under pressure get the support they need

Outcome 2.2 – Vulnerable children receive timely and optimal support to meet their developmental and wellbeing needs

The best way to support a vulnerable child is to ensure that their family is well supported, and to act as quickly as we can when signs of vulnerability emerge.

Victoria has a strong set of universal, secondary and tertiary services. Every day they deliver benefits to every Victorian through maternal and early childhood services, education, health support and a vast array of community services, including policing. Every day these services encounter vulnerable children and their families and they aim to respond to their needs effectively.

The needs of vulnerable children are sometimes the result of developmental factors identified in the very early years of life, necessitating responses from targeted early childhood supports. In other instances these needs will relate to parental capacity and environmental factors, sometimes requiring the support of targeted family support interventions such as those provided by Child FIRST.

Despite the best efforts of many people, our interventions with vulnerable children can come too late. Too often we miss opportunities to act earlier in ways that would have made a significant difference to a child or family. These missed opportunities often mean that vulnerability is compounded and negative lifelong impacts for children and families result.

There is a significant body of research regarding the lifelong benefit of the improved brain development for very young children when they are engaged in positive parenting and quality care settings. Similarly, poor participation in school leaves significant learning gaps and reduced future employment opportunities.

Strengthening the service response at these points is critical to the effectiveness of the child welfare system, including the reduction of notifications and of admissions to – and the duration of – out-of-home care placements. We will track and monitor how well we are providing services when the early signs of vulnerability and need arise.

The new Commission for Children and Young People will play an important role in overseeing and improving accountability of services for children’s health and wellbeing.

Key indicators to measure performance

| 2.1a – Families in receipt of targeted assistance associated with early years services |
| Additional indicators to be developed for families under pressure |

Key indicators to measure performance

| 2.2a – Child FIRST assessments and interventions |
| Additional indicators to be developed to measure types of support accessed by children and young people |
Outcome 2.3 – Where there are reports of abuse or neglect, families receive an early and effective response

Where abuse or neglect occur it is essential that our services and communities are confident that the incidents they report will be appropriately assessed and investigated, and that a suitable response will be put in place for that child and family.

The Victorian Government is examining the feasibility of a single support plan for vulnerable children and their families who are known to child protection. The model connects across areas of government to develop a shared understanding of the child and their family’s needs and to ensure that we are all working towards a common goal.

A single support plan for the child and their family means:

> All services involved with the child are aware of and share goals for the child and their family.
> Services and the people they are working with are clear about their roles and responsibilities.
> Targeted, tailored and prioritised support for the child and their family.

Building connected services requires:

> A family-sensitive approach to vulnerability across government and community services.
> Recognising the impacts of poor parental capacity on vulnerable children, and introducing a therapeutic approach where appropriate.
> Building understanding, connection and accountability across program and organisational boundaries.

This service delivery transformation will reduce the incidence and negative impact of child abuse and neglect. It will also improve the outcomes for children who require government-funded care and support.

Key indicators to measure performance

<table>
<thead>
<tr>
<th>2.3a</th>
<th>Response time to complete investigation</th>
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<tbody>
<tr>
<td>2.3b</td>
<td>Re-substantiation rates</td>
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Additional indicators to be developed to measure effective service responses
GOAL 3
IMPROVE OUTCOMES FOR CHILDREN IN STATUTORY CARE

This goal outlines how government will better meet the needs of children in statutory care, particularly out-of-home care. When a child is removed from family, the state takes on a special role in their protection and care, by:

> providing safe, stable and secure environments for children removed from their families

> providing vulnerable children with the support and services they need to overcome the consequences of the abuse and neglect that led to their removal in the first place

> ensuring that children in care get the services they need to improve their chance of achieving the same outcomes as children who have not suffered abuse and neglect

> ensuring that children have the skills and opportunities to live healthy and productive lives.
Outcome 3.1 – Our legal and statutory systems are child friendly

The Directions Paper was clear that the legal system should protect children from harm and allow for intervention when abuse or neglect occurs. The law should in most cases leave parents, friends, families and communities to the job of raising children in a safe, loving environment.

Historically, processes in the statutory system have been characterised by the need to prove harm rather than focus on solutions for the future. This is because the end point of the statutory process is a protection application in the Children’s Court where the existence or likelihood of abuse or neglect must be proven in order for a child protection order to be made.

Sharing responsibility for statutory child protection also means that legal institutions should be adapted to be more child-focused in both their decision making and their decision making processes. When families do come to court, procedures should encourage respectful communication and minimise distress and confusion for children.

The Government will continue to build on the reforms commenced in this area.

New processes in our Children’s Court system include the state-wide roll out of New Model Conferences to attempt dispute resolution prior to commencing contested hearings. The Children’s Court has also constructed a purpose-built Children’s Court Conference Unit in Melbourne. The Conference Unit has state-of-the-art equipment, conference rooms of various sizes and numerous break out rooms for lawyers and their clients.

Legislative changes have been introduced so that only children aged 10 years or older need give direct instructions to lawyers in Family Division proceedings. Children under 10 years will not be required to have legal representation, although the court may, in exceptional circumstances, order ‘best interests’ legal representation for a child of any age. This will mean that fewer children are required to attend court, and will place less pressure on children, particularly for those in highly stressful, emergency child protection matters.

To ease the pressure on the Melbourne Children’s Court a new Children’s Court facility will be established at Broadmeadows Magistrates’ Court. The new court will be a model for best practice, will be child-friendly and accessible, and will adopt less adversarial processes for decision making in the best interests of children.

Key indicators to measure performance

3.1a – Clearance rates in the Children’s Court of Victoria

Additional indicators to be developed to measure child friendly aspects of the statutory system.
Outcome 3.2 – Children in out-of-home care receive quality care that is culturally appropriate

Outcome 3.3 – Children in out-of-home care experience good health, education and wellbeing

For too many children, including those in out-of-home care, abuse has lifelong impacts, including poor health, social functioning, educational attainment and employment outcomes, homelessness, incarceration, adult victimisation and early death. This is unacceptable and we need to work harder to achieve better outcomes – both during their time in care and into adulthood.

In the Directions Paper, the Government committed to the development of a five year plan for children in out-of-home care, with a further plan targeted more specifically at the needs of Aboriginal children. For Aboriginal children in out-of-home care the plans will take into account the importance of strong connection to family and community, including adherence to the Aboriginal Child Placement Principle. The Commissioner for Aboriginal Children and Young People will oversee the Five year plan for Aboriginal children in out-of-home care and provision of cultural support plans.

The key to improving outcomes in the critical areas of health, wellbeing and education is through improved collaboration between Victoria’s health, education and statutory child protection systems.

The Children, Youth and Families Act 2005 currently requires the Secretary of the Department of Human Services to work with others to ensure that children in out-of-home care receive appropriate educational, health and social opportunities. This will continue. However, to underscore the important role of organisational leadership in driving actions, the Secretaries of both the departments of Health and Education and Early Childhood Development will have a specific and stronger focus on the needs of children in out-of-home care.

Key indicators to measure performance

3.2a – Placement stability for children in a single out-of-home care episode

3.2b – Aboriginal children placed in accordance with the Aboriginal Child Placement Principle

Additional indicators to be developed to measure quality of out-of-home care provision for children and young people, consistent with measures proposed in the National Standards for out-of-home care 2009–2020

Key indicators to measure performance

3.3a – Children in out-of-home care meeting literacy and numeracy benchmarks

Additional indicators to be developed to measure positive health and wellbeing, consistent with measures proposed in the National Standards for out-of-home care 2009–2020

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Outcome 3.4 – Children and young people leaving out-of-home care, and returning to their families or becoming independent, sustain improved outcomes

In 2011–12, 3,123 children under the age of eighteen left out-of-home care, with most returning home to their families. For children who have been placed in the care of the state, we will ensure that they have the skills and capacity to live the life they want when they move into the adult world.

To maximise their opportunities to succeed in life, when children and young people:

- **return to their families**: we will support them as best we can so that abuse or neglect does not recur.
- **begin the transition to independent living**: we will support young people to gain confidence and build their capacities for independent living.
- **leave the system and move to independent living**: we will ensure that they have every opportunity to participate in further education and training or employment.

Key indicators to measure performance

- **3.4a – Young people in out-of-home care completing year 10 and/or year 12 or equivalent Vocational Education and Training**

Additional indicators to be developed to measure safe return to home and positive transitions to education and employment, consistent with measures proposed in the *National Standards for out-of-home care 2009–2020*.
COLLABORATIVE GOVERNANCE

Through this strategy and other recent initiatives the Victorian Government now has in place a collaborative and broad-based model of governance to develop, drive and monitor the Victoria’s Vulnerable Children reforms. The structures are multidisciplinary, with some sitting within government and others independent of government. They include:

Ministerial Council for Social Policy Reform
The Ministerial Council for Social Policy Reform comprises Ministers with portfolio responsibilities critical to achieving the whole-of-government social policy reform agenda, including the Vulnerable Children’s Strategy. The Committee will oversee the implementation and effectiveness of this strategy, including maintaining reform momentum and monitoring impact. The Minister for Community Services is responsible for whole of government coordination.

Children’s Services Coordination Board (CSCB)
The Children’s Services Coordination Board comprises the key senior administrators of relevant Victorian Government departments and agencies including the Chief Commissioner of Police. It is chaired by the Secretary of the Department of Education and Early Childhood Development. The CSCB has been instrumental in designing this strategy and will oversee implementation at a departmental level. It will play a key role in monitoring progress against the Performance Framework.

Commission for Children and Young People
The Victorian Government established the Commission for Children and Young People in 2013. The Commission is charged with oversight and attention to all of the services that support vulnerable and disadvantaged children in Victoria and it has significant powers and functions to fulfil its role.

The Commission will continue to provide a strong voice for children including promoting their safety and wellbeing and monitoring out-of-home care services. This includes the capacity to examine the implementation and effectiveness of government strategies and reforms, including this Vulnerable Children’s Strategy. The Commission also has the capacity to initiate its own inquiries. These could be individual inquiries in relation to the safety and wellbeing of a vulnerable child, or systemic inquiries, where the Commission identifies persistent or recurring issues impacting on the safety and wellbeing of children and young people.

All inquiries will have the intention of improving the provision of services, promoting a culture of reflection, and continuous improvement and innovation amongst service providers.

The Commission also has a specific Commissioner for Aboriginal children and young people, a first for Victoria. This recognises the particular vulnerabilities and significant overrepresentation of Aboriginal children and young people in the child protection system.

Ministerial advisory committees
Ministerial Advisory Committees, such as the Victorian Children’s Council, comprise recognised community members, stakeholders and experts in a wide range of policy and service delivery areas. They provide high-level advice to relevant Ministers.

Local networks
The challenges and nature of service supports available to vulnerable children and families vary across local areas. While some degree of integration already occurs at a local level, establishing approaches that facilitate staff from state and local governments, service providers and communities working together to develop solutions to identified or emerging issues for vulnerable children at a local level has the potential to contribute to improved outcomes in local communities.
In order to avoid duplication and administrative burden, it is proposed to build upon existing place-based approaches to problem solving, leadership, and performance improvement to create ‘local networks’ to ensure local information sharing and coordination of service provision and planning relevant to vulnerable children. This coordination will enable service providers and government to develop localised and timely responses that direct efforts to issues and areas requiring the most urgent and immediate attention.

These networks will also be an important tool in accountability as they provide a means by which, at key points within a service system, managers can be accountable for outcomes both jointly as a group but also individually in relation to their specific responsibilities.

The strategy provides indicators capable of measuring progress at a statewide and local level.
NEXT STEPS

There are many actions consistent with this strategy that are already underway. Building on the achievements to date, the new governance and accountability arrangements will be established and the baseline dataset will be published later in 2013, followed by the first performance report in 2014.

Partnership building with other governments will continue as we identify opportunities for joint effort to best meet the needs of vulnerable children and young people in Victoria. As local networks are developed we anticipate local action plans informed by this strategy, the performance framework, and local opportunities, circumstances and challenges.

The desired outcomes are clear; all the steps to achieve them are not. They will be identified and developed in consultation with stakeholders and will be the subject of future Implementation Bulletins.