

**Community Development and Justice Standing
Committee Inquiry into the Adequacy of Services to Meet
the Developmental Needs of Western Australia's Children.**

Submission by the Department for Child Protection

**Department for Child Protection submission to the Community
Development and Justice Standing Committee Inquiry into the
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Introduction

The Department for Child Protection welcomes the opportunity to provide a submission to the Inquiry into the Adequacy of Services to Meet the Developmental Needs of Western Australia's Children. This submission provides background information about the Department for Child Protection and the programs and services that it directly provides or funds. While protecting children from neglect and abuse is the central focus of the Department, there is clearly an emphasis on maximising children's' overall physical, psychological, emotional and developmental well-being.

The Department for Child Protection's mission is: "to provide for the protection of and care for children and young people, and to support at-risk individuals and families in resolving crises". The Department has the central role in providing for the protection and care of children and young people throughout Western Australia.

As part of, and in addition to, its statutory functions, the Department for Child Protection provides core service funding to the community services sector to respond to the issues and challenges faced by vulnerable children, families and individuals. This partnership enables a wide array of services and programs to be delivered throughout the State.

The Department for Child Protection has a responsibility for both secondary and tertiary level services throughout Western Australia and sees the protection and care of children in a broader context to include individual and family support.

Demand on services

In 2007-08 the Department provided one-to-one services to around 48,000¹ individual customers. Of these, 6,122 were aged between zero and three when their contact period commenced. In addition, the Department provided short-term assistance, such as information and referral, on 95,000 occasions. The Department's 24 hour Crisis Care helpline and after hours Family Helpline responded to approximately 71,000 calls and made 557 emergency visits². Through its funded partners in the community services sector, the Department also provided services to people on approximately 139,000 occasions³.

There were 2,261 new contacts that commenced during the 2007-08 period involving 2,650 children aged between zero and three. The single most common reason for contact with the Department for these children was *a concern for a child's wellbeing*.

With regards to children in care of the Chief Executive Officer, as of 31 January 2009 there were 3132 in care of which 725 were aged between zero to three. Forty one per cent of the children were Aboriginal and Torres Strait Islander.

¹ This is all contact periods open at any time during the financial year. The contact periods may have actually commenced in prior years.

² 2007-08 Annual Report, p. 38

³ Ibid, p. 10

Of the Department's overall customer base (Department and funded service providers) in 2007-08:

- 59 per cent were female
- 35 per cent were male (approx)
- 29 per cent identified as being Aboriginal and Torres Strait Islander (approx)
- six per cent came from culturally and linguistically diverse backgrounds⁴.

The age, gender and ethnicity breakdown of the Department's customers served by district offices is similar to those served through funded providers. However, the family types serviced by the Department are quite different to those served by the community services sector. A greater proportion of children, young people and single people without children receive services from the community services sector, whilst the Department directly serves a greater proportion of couples and single people with children.

Department for Child Protection - Programs and Services

Impact of Parental Drug and Alcohol Use on Pregnancy, New Borns and Infants Working Party Membership

- The Drug and Alcohol Office (DAO)
- King Edward Memorial Hospital (KEMH)
- Child and Adolescent Health Service, WA Health
- Child and maternal clinical network, WA Health
- Department for Child Protection
- Women's and Infants Research Foundation KEMH
- Wanslea family services
- Cyrenian House
- Women's Health Services
- Office of Aboriginal Health, Department of Health
- Mental Health Division, Department of Health.

Parental alcohol and other drug (AOD) use can have serious adverse effects on the health and wellbeing of babies and infants, and impact on the wellbeing of their extended families. The purpose of this working party is to improve the coordination of relevant services which address parental AOD use, and to provide a focus for the enhancement and further development of services. One outcome area for the Working Party is improved case co-ordination through the early identification of issues while developing effective linkages and pathways between key services to ensure a continuum of care for families.

Interagency Pre-Birth Protocol: Department for Child Protection and King Edward Memorial Hospital

In conjunction with other key stakeholders working with at-risk babies and their families the following are signatories to the Interagency Pre-Birth protocol:

- Ngala
- Mercy
- Wanslea
- Legal Aid
- Uniting Care West
- WA Police
- Department of Health – Child Health Services

⁴ Ibid, p. 10

- Department of Health – Mental Health Services
- Aboriginal Medical Service
- Drug and Alcohol Authority
- WACOSS and Non-Government Service Providers

Research has indicated that potential risk to newborns can be identified prenatally. Thorough antenatal assessment necessitates a pro-active interagency approach to families where there are concerns for the safety and wellbeing of an unborn child. The protocol brings together key agencies to promote a collaborative approach to working with at-risk babies and their families.

Interagency Pre-Birth Planning

This model recognises the critical importance of early intervention and integrated planning involving the family. It is rare that a single intervention or agency is sufficient to address the complexities involved in protecting unborn and new born babies; an interagency approach to safeguarding the wellbeing of unborn children is required.

The model includes a number of pre-birth planning discussions/meetings to maximise planning and safety for an unborn child and their family and provides opportunities for agency collaboration and the sharing of responsibilities. Three primary meetings are arranged:

- Pre Birth Interagency Meeting (as close to 20 weeks as possible)
- Interagency Review Meeting at (to be held at 26 weeks)
- Final Interagency Review Meeting (to be held at 30 weeks)
- Protection and Care Planning meeting (if statutory action is recommended to be held by 32 weeks)

The purpose of the meetings is to share information across agencies and specialists in order to inform collaborative decision making regarding the support to families and safeguarding new born babies.

Responsible Parenting Services - Best Beginnings

The *Best Beginnings* Program is an evidence-based, early-intervention home-visiting service provided to families and their new-born children. The service aims to improve outcomes for families and children for whom there is a risk of poor life outcomes. The service is holistic, building on strengths within individuals and families to enhance infant health and wellbeing and parenting skills, and facilitate linkages with community support systems. The service promotes parental competence, knowledge, skills and positive behaviour.

The service employs an evidence-based clinical framework which is outlined in the Best Beginnings Manual. The program is modelled on Queensland's Department of Health's Family CARE program, incorporating the Olds model of home visiting. The Best Beginnings Program has adapted the model to suit the local service context and clients' needs. Clinical practice occurs under the supervision of Child Protection District Office Team Leaders and WA Health Clinical Nurse or Community Health Managers, and is supported by a Child Protection Senior Practice Development Officer, ongoing training, regular team case conferencing and clinical supervision.

Best Beginnings is provided collaboratively with the Department of Health.

Responsible Parenting Services – *ParentSupport*

ParentSupport is an evidence-based, multi-intervention through casework, specialist service. The program contains relational, educational, therapeutic and tailored components including home visiting for up to six months. The service aims to enhance parenting capacity and confidence. *ParentSupport* teams are typically situated within each Department of Child Protection district office in the metropolitan area and across the Kimberley.

ParentSupport has developed its own clinical framework which is targeted and tailored to context, operationalised using the “Family Functioning Profile”, flexible and responsive to local needs and conditions. Operational principles are in keeping with the latest formal and practice evidence, and are in keeping with other principal articulations such as the ‘C’ Frame. It is supported by background papers, training, accreditation, supervision and a database. Continued pursuit of best practice is achieved through a Clinical Governance System with on-going research and review of current literature, and application of key learning from the program into improved structures, systems and processes.

The Signs of Safety child protection practice framework

The Department is adopting and implementing Signs of Safety as its child protection practice framework. It is anticipated that over time, *Signs of Safety* will form the basis of a consistent, evidence-based approach to child protection practice across the Department and partner agencies.

Constructive working relationships between professionals and family members, and between the professionals themselves, is a critical factor in practice in situations where children suffer abuse. A significant body of thinking and research suggests that best outcomes for vulnerable children arise when constructive relationships exist in both these arenas.⁵ Research with parents and children who have been through the child protection system assert the same finding⁶.

The Signs of Safety framework supports an approach to practice that is inclusive of all people significant to the safety and wellbeing of the child/young person. Signs of Safety is designed to create a shared focus among all stakeholders in child protection cases, both professional and family. It is designed to help everyone ‘think their way into and through’ the case, and is simply a process of creating a map of the circumstances surrounding a vulnerable child. Central to this approach is the use of specific practice tools and processes where professionals and family members are encouraged to engage with each other in partnership to address situations of child abuse and neglect. As such, the framework helps create a shared focus among all stakeholders in child protection cases.

⁵ Cashmore (2002); Department of Health 1995; MacKinnon (1998); Reder et al. (1993); Trotter (2002) (2006); Walsh (1998)

⁶ Butler & Williamson (1994); Cashmore (2002); Gilligan (2000); Farmer & Owen (1995); Farmer and Pollock (1998); McCullum (1995)

Strategic Framework and State Plan for supporting individuals and families at risk or in crisis (in development)

The Department for Child Protection will be coordinating the development of a whole-of-government framework and plan for secondary services. Secondary services seek to address risk or vulnerability and are targeted to children, adults, families and couples.

A consultation paper was released in February 2009 outlining some possible directions for the framework. One clear emphasis is on strengthening the focus on children throughout the secondary service tier.

Services provided to children in care and those at risk of coming into care

The following information relates to services provided to children in the care of the CEO and those at risk of coming into care. Services are provided directly by the Department and also by the community services sector.

Family Enhancement Services

The Department works to support families and avoid children coming into care wherever possible - underpinned by the principle that a child's best interests are most likely to be met within the family.

The funded Family Enhancement Service is a preventive service which supports families where parenting issues have been identified as affecting the wellbeing of the children but prior to the point where children are at risk of immediate harm, or being placed in care. The service supports parents and families with children aged 0-12 years.

Support is provided where there are identified parenting issues having a serious effect on the wellbeing of the children. The services use a range of strategies and activities to strengthen the skills of parents to provide safe care for children within the family. The intended outcomes are as follows:

- Parents or families develop knowledge and skills to provide safe care for their children.
- Parents or families develop their knowledge, skills and abilities to provide a nurturing environment.
- Parents or families develop the knowledge, skills and confidence to access community resources and networks to enhance family functioning.

Tertiary Family Preservation Services

The Department for Child Protection funds three services, including one specifically for Aboriginal families, to help keep families together and avoid children coming into care.

Tertiary Family Preservation Services are specialised services that work with families whose children are at immediate risk of being taken into provisional protection and care as a result of child protection concerns. The service has the primary aim of preventing children coming into care by providing intensive services to reduce the risk to the children and enhance safety in the family

The families provided with the service often have complex and inter-related issues. These issues may include substance abuse, disability, mental health and family and

domestic violence, as well as family dysfunction and poor parenting skills. Priority of access is for families with children under five years of age.

Reunification Services

Child reunification is the planned process of reconnecting children and young people in placement with their families through providing a variety of services and supports to the children and young people, their families, significant others and their carers.

The Department has a key role in actively supporting and facilitating reunification, provided the safety of the child or young person is not compromised. Reunification services are underpinned by the principle that a child or young person's best interests are most likely to be met within the family.

Five agencies which provide placement services for children also receive funding to undertake reunification work with their families, where they have been placed in care for protection reasons. There is also one funded service which works directly with families in the metro area and provides advice and consultation on a statewide basis on reunification issues where the Department is working with the family.

Reunification services provide intensive, specialist intervention to address safety issues, strengthen family functioning and create possibilities for significant change within high risk families for the purpose of reunification.

'Attachment' considerations for children in care

When children are taken into care, there is the risk of disruption to their attachments to others, which can negatively affect their development.

Research on attachment has found a strong correlation between a child's early attachment experiences and his/her physical, cognitive, social and emotional wellbeing in later years. Attachment is a core need for children and without an attachment to a continuously present, nurturing adult, a child's development will be compromised.

The process of attachment commences from birth and most children experience some level of attachment before the age of one. Where attachment exists, the act of taking children into care can be a frightening and traumatic experience even for infants. Attachment disruption, especially where it happens repeatedly, can cause trauma, damage to a child's neurological development and long-term behavioural, social and emotional problems in children⁷.

Adjusting external circumstances does not address the basic need to repair disrupted attachment and bonding for children taken into care. Proactive strategies need to be developed for each child to ensure that attachments they already have are continued and new attachments are developed, particularly for those children who will be or are in long term care. In infants, the development of attachment is an important consideration in ensuring their long term well being.

Where it is necessary for safety reasons to place children in care, consideration is given to how the child's healthy attachments will be maintained and provided for during placement. Frequent contact and visiting with people the child has healthy attachments to is one important way the Department avoids attachment disruption.

⁷ McIntosh, J. (2003). The inside journey through care: A phenomenology of attachment and its loss in fostered children. *Children Australia*, 28 (3).

The longer children are in care, the more likely any attachment bonds they have with family will be disrupted or broken. For reunification to be successful and sustainable, attachment issues need to be identified early on and considered throughout the process of reunifying a child with their family. Where children cannot be reunified with parents or relatives, family remains an important resource in providing the child with a sense of belonging in the world.

Contact for children in care

Contact with family members for children and young people who are in the CEO's care is a critical part of promoting a child's development. Contact is a key element in maintaining, supporting or developing attachment to significant people in a child's life which is required for normal emotional, social and cognitive development. It can include face to face visits as well as phone and mail communication.

The Department facilitates contact for children to promote their emotional wellbeing and the development of a sense of identity. Contact also assists children to make sense of feelings of loss or blame associated with separation. Often contact needs to be supervised to protect the child, or to monitor the parent's parenting skills.

Research suggests that the younger the child, the more frequent contact needs to be in order to preserve attachment and consequently minimise the subsequent development of disturbed attachment behaviors. In infants, the development of attachment is an important consideration to be addressed when they enter care. Adequate resourcing of contact services is an issue for DCP, especially for younger children who usually require more frequent contact with parents.

Permanency Planning Policy

As a result of the Ford Report's finding that many children experience multiple placements while in care, a draft policy on permanency planning and placement has been developed and is currently in the consultation phase.

Permanency planning is a means of ensuring long-term, safe and stable homes for children in the care of the CEO through time-limited planning to inform decisions regarding reunification with parents or alternative permanent placements.

The Department is engaging in consultations, including with Indigenous communities, to inform the policy which will aim to ensure continuity and stability in a child's life, in their cultural identity and care arrangements.

Regular contact between children and their parents and other family members is important for permanency planning. Quality contact increases the likelihood of reunification as well as being associated with placement stability. Children's needs for continuity and connections with family and culture of origin must not be underestimated in permanency planning. Assessment of the child's need for contact should be part of the permanency plan which the Department develops.

Health planning for children in care

The Department is working with Department of Health to implement better health planning and outcomes for children in care, who historically demonstrate poorer health than children in the wider community. This will include an initial medical assessment when children come into care, annual health screening and health plans to be developed and implemented for all children to improve their health outcomes.

An issue for both departments is the resourcing of health services, including being able to meet physical, dental and mental health needs.

Services provided to at risk families through the community services sector

The Department for Child Protection provides funding to a range of agencies who deliver support and assistance to enable at risk parents to safely care for their children and meet their developmental needs.

Children's Support and Counselling in Homeless Adult Services

Two metropolitan support and counselling services for children in family supported accommodation services assist children in addressing issues associated with homelessness. It is expected that children receiving these services will be supported and assisted to work through issues associated with homelessness. Children receive services to overcome the trauma and disruption resulting from their homeless experience.

Young Parents in Homeless Youth Accommodation Services

Five metropolitan homeless youth accommodation services receive additional funding to provide parenting support to young parents, to assist them in meeting the needs of their children. Parents receiving these services develop an increased confidence in their ability to provide a supportive and developmentally appropriate environment for their children. Children receive the services they need for optimal development at age appropriate levels.

Support for Children in Country Women's Domestic Violence Refuges

Eighteen country women's domestic violence refuges receive additional funding to provide support for children accompanying women during their stay. Information and linkages to ongoing support and counselling services for the children are also provided.

Domestic Violence Children's Counselling and Support Services

Two metropolitan and two country counselling and support services provide counselling, advocacy and support for children and their caregivers, in circumstances where violence has occurred or has been threatened in an intimate or family relationship.

Accompanying Children Projects

One metropolitan and three country pilot projects to work with mothers and children in refuges, building linkages between other community services including schools, child health, recreation and providing counselling with a view to reducing the impact of homelessness and domestic violence on children. The model has focussed on providing supports to women and children to enable them to link with and remain safely in the community once they have left the refuge.

Home Visiting Service for Children at Risk

One country service provides home visiting support and in home emergency care for young children when the parent/carer is in crisis and unable to care for the children. This model provides for families in crisis in the form of in home child care and practical assistance, family support, transport and linking to other available community resources and support networks.

Indigenous Family Program

One metropolitan service, the Indigenous Family Program, works with families who have been identified as being at risk. The model is based on community development and empowerment principles. This involves utilising holistic and realistic approaches to enable clients to find their own solutions to the problems they face on a daily basis.

Parenting at Risk Children

One metropolitan based service focuses primarily on parents with at least one child aged between 0-8 years of age who require individual support - to develop or increase their parenting skills. Strategies are in place to strengthen the parent/child and family relationship through focussing on the strengths and needs of the parents. Parents are responsible for identifying their own goals and develop their own strategies to achieve their goals while being supported by the service.