IN THE MATTER OF THE ROYAL COMMISSION INTO FAMILY VIOLENCE

STATEMENT OF BETH ALLEN

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I, BETH ALLEN, Assistant Director, Child Protection Unit, Department of Health and Human Services, SAY AS FOLLOWS:

1. I am employed by the Department of Health and Human Services (the **Department**) as Assistant Director, Child Protection Unit, Statutory and Forensic Services Design Branch.

2. I have completed an Associate Diploma in Welfare and Executive Fellows Public Administration program. I have been employed by the Department since 1984. I have approximately thirty years of experience in the delivery, management and design of the Victorian Child Protection program. I was awarded a public service medal for the protection of children. I have occupied my current role as Assistant Director, Child Protection Unit, with the now Statutory and Forensic Services Design Branch, since 2011. In this role, I am responsible for overseeing the design, development and implementation of child protection legislation, policy and practice advice for Child Protection in Victoria.

3. My role includes the development of protocols, policies and procedures to support child protection practice, and the design and development of programs and initiatives to assist vulnerable children and families. Such protocols and policies describe the interface and roles and responsibilities of services that intersect with Child Protection, such as family services and Victoria Police.

4. I liaise with divisional Child Protection programs responsible for delivering services to children and families to ensure that the Department's policies and procedures respond to emerging trends and practice issues. I also work collaboratively with other branches within the Department, such as those responsible for the

development of policy and program design for integrated family services and specialist family violence and sexual assault services. In addition, I support and respond to inquiries from the Coroner's Court and public authorities such as the Victorian Ombudsman and relevant commissions.

5. I make this statement in my capacity as Assistant Director.

SCOPE OF STATEMENT

6. I have received a notice from the Royal Commission into Family Violence pursuant to section 17(1)(d) of the *Inquiries Act 2014* requiring me to attend to give evidence at the Royal Commission and to provide a written witness statement.

7. In this statement I respond to a request by the Royal Commission for information regarding Module 3: *Children: Intervention and Response.*

8. I understand that the Royal Commission is particularly interested in:

   8.1 the differentiated system of Child Protection and Child and Family Information, Referral and Support Teams (**Child FIRST**);

   8.2 how the Child Protection system responds to family violence;

   8.3 the nature of services available for children exposed to family violence; and

   8.4 Aboriginal and Torres Strait Islander children who are impacted by family violence.

OVERVIEW OF CHILD PROTECTION AND INTEGRATED FAMILY SERVICES

9. The Victorian Child Protection and integrated family services system is premised on the safety and protection of children being a shared responsibility between the community and primary, secondary and statutory services working in effective partnership with police and courts. Each has unique but complementary roles that together form a service continuum for vulnerable children and families and those at risk of harm.

10. Contemporary government policies emphasise the importance of prevention and early intervention in relation to harm to children. Support services are therefore delivered from three platforms:

10.1 the universal and primary service system (i.e. maternal and child health, education services) is positioned to deliver services to all Victorian children;

10.2 the secondary service system (i.e. integrated family services and services provided to children and parents such as non-mandated mental health, drug and alcohol, family violence and counselling services) provides targeted supports upon request or referral; and

10.3 the statutory system (Child Protection) intervenes only when primary and secondary systems are unable to ensure the safety and wellbeing of a child.

Integrated family services

The development of an integrated approach to the delivery of child and family services

11. In 2007, the Department integrated existing family services and introduced Child FIRST. The *Strategic Framework for Family Service 2007* (the **Strategic Framework**) was released to support the delivery of integrated family services in Victoria (**Attachment BA1**).

12. The Strategic Framework:

12.1 records that family services were integrated and Child FIRST was introduced to 'promote the safety, stability and development of vulnerable children, young people and their families, and to build capacity and resilience for children, families and communities';

12.2 identifies 'the need for integrated family services to work collaboratively with child protection to develop effective diversionary responses that try to prevent families' progression into the statutory child protection system';

12.3 records that the integrated family services system was implemented in recognition that 'outcomes for children, young people and families improve if services are integrated, coordinated and provided flexibly to meet individuals' needs'; and

12.4 records that a range of methods were introduced to improve the coordination and integration of services including 'the development of service networks, casework and planning approaches that involve all

agencies working together, co-location of services to improve communication, single publicised entry points to the service system and common assessment frameworks to improve identification of need and matching to appropriate service responses'.

13. Prior to 2007, family services operated as independent services, each with their own intake point. There was no consistent or co-ordinated approach to prioritising the delivery of services to families in need of support. This meant that families and professionals wishing to access child and family services were required to 'knock on' many different doors in order to find the required service. Each service also had a different referral process and prioritised families according to their own criteria.

14. The establishment of Child FIRST as the community based intake point to an integrated network of family services changed this.

15. Between 2007 and 2009, Child FIRST and the integrated family service program were successively established across 24 catchment areas in Victoria. A map depicting the 24 Child FIRST catchment areas is attached as (**Attachment BA2**). There are now 23 Child FIRST catchments. There are approximately 90 integrated family service providers operating state-wide.

The role of Child FIRST and integrated family service providers

16. Child FIRST is responsible for conducting intake and initial assessments in the catchments to determine which services families and children require. After conducting this initial assessment, Child FIRST providers refer the case to an integrated family service provider in the catchment who ultimately provides the family and children with the services they need.

17. Child FIRST and integrated family services providers are community-based child and family service providers within the meaning of the *Children, Youth and Families Act 2005* (the **CYF Act**). They are registered as community services under the CYF Act and are funded by the Department.

18. Pursuant to section 22 of the CYF Act, the purposes of community-based child and family services are:

    18.1 to provide a point of entry into an integrated local service network that is readily accessible by families, that allows for early intervention in support of families;

18.2 to receive referrals about vulnerable children and families where there are significant concerns about their wellbeing;

18.3 to undertake assessments of needs and risks in relation to children and families to assist in the provision of services to them and in determining if a child is in need of protection;

18.4 to make referrals to other relevant agencies if this is necessary to assist vulnerable children and families;

18.5 to promote and facilitate integrated local service networks working collaboratively to co-ordinate services and supports to children and families; and

18.6 to provide on-going services to support vulnerable children and families.

19. Pursuant to section 61 of the CYF Act, Child FIRST providers must also:

19.1 provide their services in relation to a child in a manner that is in the best interests of the child;

19.2 ensure that their services are accessible to, and made widely known to, the public, recognising that prioritisation of provision of services will occur based on need; and

19.3 participate collaboratively with local service networks to promote the best interests of children.

20. The role of Child FIRST and integrated family services is further described in Child Protection Practice Advice No: 1081 *Family Services (including Child FIRST) Advice* attached as (**Attachment BA3**).

21. The *Child Protection and Integrated Family Services State-Wide Agreement (Shell* Agreement*) 2013* (the **Shell Agreement**) provides a high level framework setting out the responsibilities of Child Protection and Child FIRST. The Shell Agreement is attached as (**Attachment BA4**).

Alliances

22. Each of the 23 catchments has a Child and Family Service Alliance (**Alliance**) to integrate and coordinate services within the catchment. At a minimum, Alliances comprise representatives from:

    22.1 Child FIRST;

    22.2 integrated family services;

    22.3 the Department, including Child Protection; and

    22.4 Aboriginal Community Controlled Organisations (where possible).

23. In addition, in some catchments, Alliances also include other services and agencies, such as family violence, drug and alcohol or mental health service providers and local governments (who deliver maternal and child health services).

24. Alliances are the governance structures established to help child and family services operate effectively at a local level. They are responsible for:

    24.1 catchment planning;

    24.2 operational management; and

    24.3 service coordination.

25. The relationship between Alliance partners is supported by a Memorandum of Understanding, which describes the roles and responsibilities of partners in the Alliance.

The role of the Department in relation to Child FIRST and integrated family services

26. The Department funds and regulates the delivery of Child FIRST and integrated family services. The Department is represented in each Alliance. There is also a representative from the Department's Child Protection program. The Department is also responsible for leading the development and improvement of the integrated system.

Child FIRST: powers under the CYF Act

27. Any person who has a significant concern for the wellbeing of a child (including an unborn child) may refer their concern to Child FIRST: see sections 31 and 32 of the CYF Act. In this regard, Child FIRST has a similar function as the Secretary to the Department (the **Secretary**) in being a recipient of wellbeing concerns. I discuss the Secretary's role in paragraphs [45] and [46] below.

28. The target group for referrals to Child FIRST is primarily vulnerable children, young people and their families who are:

    28.1 likely to experience greater challenges because the child or young person's development has been affected by the experience of risk factors and cumulative harm; and

    28.2 experiencing difficulties that are at risk of escalating and leading to involvement with Child Protection if they are not addressed.

29. Following receipt of a referral, a Child FIRST provider is empowered by section 33(1) of the CYF Act to provide advice or assistance, or refer the matter to another community-based child and family service.

30. If a Child FIRST provider considers that the child who is the subject of the referral may be in need of protection, the provider is required by section 33(2) of the CYF Act to report the matter to the Secretary. Child FIRST does not replace the Secretary in terms of the Secretary's Child Protection functions. I refer to the Secretary's Child Protection functions from paragraph [40] below.

31. Services are prioritised to families on the basis of need, to prevent difficulties escalating to a level that will significantly impact the child's development and consequently lead to entry into Child Protection. Some families are assisted by the provision of information and advice only. For most families, a cycle of assessment, planning and action will commence. Child FIRST will engage with the child, young person and family to begin the process. Once a plan is in place which best supports the child's health and development and improves the parent's parenting capacity, Child FIRST arranges for an integrated family service to support the family.

32. Aside from direct service provision, the role of the integrated family services also includes facilitating connections to other services such as universal services, drug

and alcohol services, mental health services, housing and homelessness services and family violence services.

Demand for Child FIRST and integrated family services

33. The number of families referred to Child FIRST with complex issues (such as family violence, mental health and drug and alcohol issues) grew by 20 per cent between 2011-12 and 2013-14. In 2013-14, family violence was identified as an issue for around 37 per cent of families provided with support by Child FIRST and integrated family services.

34. Overall demand for Child FIRST and integrated family services has been increasing. Between 2009-10 and 2013-14, there has been:

    34.1 a 30 per cent increase in new referrals to integrated family services;

    34.2 a 94 per cent increase in referrals to integrated family services from Child Protection; and

    34.3 an 89 per cent increase in the number of families with children aged 0 to 5 years who have been referred to integrated family services by Child Protection.

35. Child FIRST providers are contracted by the Department to deliver up to 10 hours of service per case. For a number of years, Child FIRST providers have delivered more assessments and interventions than the amount for which they are funded. For example, in 2013-14, Child FIRST delivered 12,142 assessments and interventions against a target of 9,870. This is due to increasing referrals to Child FIRST and integrated family services referred to in the preceding paragraph.

36. Integrated family service providers are funded by the Department for short, medium and longer-term interventions. These range from up to 10 hours of service (for short interventions) to 110 hours (for longer interventions).

37. The length of time for which families are supported by integrated family services has increased. In 2007-08, an average of 38 hours of integrated family services was provided to families. By 2013-14, the average hours of service had increased to 83 hours.

38. The growing length of time for which families are supported by family service providers reduces the ability of Child FIRST to allocate new families to integrated family service case workers. Between 2009-10 and 2013-14, the allocation rate of families to integrated family services case workers by Child FIRST reduced from 53 per cent to 44 per cent. This was due to increased referrals and demands on services.

39. In recognition of the increase in average hours of service, the Department is introducing a new and more intensive casework response of 200 hours per family. This intervention will be targeted towards families who have a child who has been the subject of multiple reports to Child Protection and where the family may benefit from family service intervention.

Child Protection

40. The Secretary has functions and powers conferred by the CYF Act and is responsible for the Child Protection program. The Secretary delegates certain functions and powers to Child Protection practitioners.

41. Child Protection is specifically targeted to children and young people who are in need of protection and who do not have a parent or other suitable adult who is able or willing to protect them. The main roles of Child Protection are to:

    41.1 receive and review reports concerning the wellbeing or protection of children under 17 years;

    41.2 investigate allegations that children have been harmed or are at risk of harm;

    41.3 refer children and families to services (including Child FIRST providers and other community-based child and family services) that assist in providing for the safety and wellbeing of children;

    41.4 initiate applications before the Children's Court where children are in need of protection because their parents have not protected, or are unlikely to protect, them from harm;

    41.5 provide care for, and make decisions in respect of, children who are the subject of custody and guardianship orders granted by the Children's Court,

and supervise the care of children who are the subject of other orders granted by the Court; and

41.6 provide and fund accommodation services, specialist support services, and adoption and permanent care services to children and adolescents in need of such services.

42. Meeting the needs of children and endeavouring to ensure their safety in the family is a responsibility shared by individuals, families, the community and government. When adults caring for children do not fulfil their responsibilities to the children in their care, by abandoning them, neglecting them, or abusing them physically, sexually or emotionally, then the Child Protection system intervenes to protect them.

Child Protection: powers under the CYF Act

43. Under the CYF Act the Secretary is empowered to receive reports:

43.1 from any person who has a significant concern about the wellbeing of a child;

43.2 from any person who believes on reasonable grounds that a child is in need of protection; and

43.3 from mandatory reporters who form the belief on reasonable grounds that a child is in need of protection on specified grounds.

44. I discuss each of these reports and the Secretary's powers in responding to such reports below.

Wellbeing reports

45. Pursuant to section 28 of the CYF Act, anyone in the community may make a confidential report to the Secretary about a child if the person has a significant concern for the wellbeing of the child. Pursuant to section 29 of the CYF Act, anyone in the community person may also make a report before the birth of a child if they have a significant concern for the wellbeing of the child after the child is born.

46. Following receipt of such a report, the Secretary is empowered by section 30 of the CYF Act to provide advice or assistance, to refer the matter to a community-based child and family service or a service agency, or to make a determination that the report is a 'protective intervention report'. Determining that a report is a 'protection

intervention report' triggers a statutory requirement to investigate. I refer to the investigation of protective intervention reports at paragraph [58] below.

Children in need of protection: reports and mandatory reports

47. The Secretary and the police are 'protective interveners' under the CYF Act. Both are empowered to receive reports when a child is in need of protection: see section 181(a) and (b) of the CYF Act.

48. Pursuant to section 183 of the CYF Act, anyone in the community may also make a confidential report to the Secretary about a child if they believe on reasonable grounds that the child is in need of protection.

49. The Secretary also receives reports from 'mandatory reporters' pursuant to section 184(1) of the CYF Act.

50. Mandatory reporting was first introduced in Victoria in 1993 under the *Children and Young Persons Act 1989*, the predecessor to the CYF Act. The introduction of mandatory reporting followed the identification of incidents in which children were subjected to significant abuse yet, despite the involvement of professionals, the abuse was not reported to the statutory Child Protection system.

51. Section 182(1) of the CYF Act designates certain classes of professionals as 'mandatory reporters', including:

    51.1 registered medical practitioners;

    51.2 nurses and midwives;

    51.3 teachers;

    51.4 school principals; and

    51.5 police officers.

52. Section 182(1) of the CYF Act also identifies other classes of professionals as mandatory reporters. However, mandatory reporting obligations for these professionals have not yet commenced, as a commencement date has not been set by the Governor in Council and published in the Government Gazette. These classes of professional are:

52.1 proprietors and employees of children's services;

52.2 youth, social or welfare workers, in health, education, community or welfare services;

52.3 youth and child welfare workers;

52.4 registered psychologists;

52.5 youth justice officers; and

52.6 youth parole officers.

53. Mandatory reporters, in the course of practising their profession or carrying out the duties of their office, position or employment, must make a report to the Secretary if they form the belief on reasonable grounds that a child is in need of protection on a ground referred to in section 162(1)(c) or 162(1)(d) of the CYF Act and the child's parent(s) have not protected or are unlikely to protect them from harm of that type. These grounds relate to physical injury and sexual abuse.

54. Pursuant to section 184(1), it is an offence for a mandatory reporter to fail to make a report in such circumstances.

55. The role of mandatory reporters in communicating their concerns is significant, as they are often the first professionals in the service system to encounter children and families who are in need of assistance.

56. Following the receipt of a mandatory report, or a report by a person who believes on reasonable grounds that a child is in need of protection, the Secretary is empowered by section 187(1) (and section 30) of the CYF Act to provide advice to the person who made the report, or provide advice and assistance to the child or family, or refer the matter to a community-based child and family service (i.e. Child FIRST or an integrated family service), or determine that the report is a protective intervention report.

Protective intervention reports

57. If the Secretary determines that a child, who is a subject of a report, is in need of protection, the Secretary may determine that the report about that child is a 'protective intervention report': sections 34 and 187(1)(b) of the CYF Act.

58. If the Secretary determines that a report is a protective intervention report, the Secretary is required by section 205(1) of the CYF Act to investigate, or cause another protective intervener to investigate, the report as soon as is practicable and in a way that will be in the best interests of the child.

Intake: receiving and assessing reports

59. In 2013-14, Child Protection received 82,101 reports concerning child abuse and neglect of children in Victoria. These reports included well-being reports, children in need of protection reports and mandatory reports.

60. All reports received are processed through Child Protection's 'Intake', with the exception of a report about a child who is the sibling of a child for whom Child Protection has an open case. The allocated practitioner or team manager for the child's sibling receives these reports.

61. Reports to Intake are primarily made by telephone. They can also be made in writing or in person. Reports made by Victoria Police in relation to family violence matters are sent by fax to Child Protection using the Victoria Police L17 form. I attach the L17 Form at (**Attachment BA5**).

62. In 2013-14, reports made to Child Protection came from the following sources:

• Police	24,149	29.4 per cent
• Family/Friends	18,932	23.1 per cent
• Education	15,518	18.9 per cent
• Support Agencies	8,495	10.3 per cent
• Medical	7,701	9.4 per cent
• Not stated	6729	8.2 per cent
• Local Government	366	0.4 per cent
• Legal	194	0.2 per cent
• Employment	17	0.0 per cent.

63. In 2013-14, Victoria Police attended 65,393 family violence incidents and made 14,037 reports to Child Protection using the L17 form in relation to those incidents. In 2013-14 the police made a further 10,112 reports to Child Protection which were not submitted using the L17 form because the primary concern was something other than family violence.

64. Of the 8,495 reports made by support agencies, Child FIRST made 307 reports (0.4 per cent), integrated family services made 1,253 reports (1.5 per cent) and women's refuges made 378 (0.5 per cent).

Investigating protective intervention reports and protective intervention

65. In the financial year 2013-14, 21,199 (25.8 per cent) of the 82,101 reports received by Child Protection were determined to be protective intervention reports. These reports were referred for investigation from Child Protection's 'Intake' team to an 'Investigation' team.

66. Of the 21,199 investigations 12,532 (59.1 per cent) were substantiated.

67. Following substantiation of abuse or neglect Child Protection may continue involvement (protective intervention) with a child and family without the need to issue a Protection Application. Child Protection policy states such intervention may continue up to 90 days from the time of the report or in exceptional circumstances up to 150 days with approval.

68. During this phase, Child Protection will work with families to address the substantiated concerns in an effort to strengthen protection for the child and prevent the need for court intervention. Referral to Child FIRST and family services or any other support service relevant to the protective concerns may occur.

69. It is common for Child Protection to close substantiated cases without the need for court intervention. This most often occurs where the parents acknowledge the substantiated concerns and the need for change, or are actively involved in addressing the concerns or have addressed the concerns, or the concern for the child's safety and well-being is not significant and does not warrant court intervention.

70. However, following an investigation and the substantiation of concerns, Child Protection staff may file a Protection Application in the Children's Court if they determine that a child is in need of protection on any of the grounds specified in section 162(1) of the CYF Act and there is evidence to support such a finding. These grounds are:

    70.1 *Abandonment:* The child has been abandoned by his or her parents and after reasonable inquiries the parents cannot be found and no other suitable person can be found who is willing and able to care for the child.

70.2 *Death or incapacitation of parent:* The child's parents are dead or incapacitated and there is no other suitable person willing and able to care for the child.

70.3 *Physical injury:* The child has suffered, or is likely to suffer, significant harm as a result of physical injury and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.

70.4 *Sexual abuse:* The child has suffered, or is likely to suffer, significant harm as a result of sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.

70.5 *Emotional or psychological harm:* The child has suffered, or is likely to suffer, emotional or psychological harm of such a kind that the child's emotional or intellectual development is, or is likely to be, significantly damaged and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.

70.6 *Physical development or health:* The child's physical development or health has been, or is likely to be, significantly harmed and the child's parents have not provided, arranged or allowed the provision of, or are unlikely to provide, arrange or allow the provision of, basic care or effective medical, surgical or other remedial care.

71. Pursuant to section 162(2) of the CYF Act, in respect of each of these grounds, the harm to the child may be constituted by a single act, omission or circumstance or may accumulate through a series of acts, omissions or circumstances.

72. Of all reports received by Child Protection in 2013-2014, 4,181 of the reports resulted in one or more Protection Applications during the same period.

Protection orders

73. The Children's Court may make a protection order if the court finds that:

73.1 the child is in need of protection: section 274(a) of the CYF Act; or

73.2 there is a substantial and irreconcilable difference between the person who has custody of the child and the child to such an extent that the care and

control of the child are likely to be seriously disrupted: section 274(b) of the CYF Act.

74. In bringing a Protection Application before the Children's Court, a Child Protection practitioner must not only provide evidence that the child has suffered or is likely to suffer significant harm, consistent with the grounds on which the application is based, but also that the parent or parents have not protected, or are unlikely to protect, the child from harm of that type. This additional criteria regarding the parental role in abuse recognises that a child may be harmed without the parents failing to do something (omission) or contributing to the harm (commission), such as where sexual assault by a stranger occurs where no reasonable parent could have prevented the harm.

75. This judgement is sometimes referred to as determining whether a parent is protective. I discuss the concept of a protective parent between paragraphs [110] to [113] below.

Interrelationship between Child Protection and Child FIRST

76. The relationship between Child Protection and integrated family services requires high levels of collaboration and a mutual understanding of respective roles within the service continuum, as outlined in the Shell Agreement and as supported by governance arrangements.

77. Community Based Child Protection Advanced Practitioners are assigned to each Child FIRST site to undertake a range of key functions, including:

77.1 facilitating referrals from Child Protection to Child FIRST;

77.2 providing consultation and advice on specific cases to Child FIRST and integrated family services in the sub-regional catchment, including safety planning to enable ongoing case management;

77.3 providing advice to Child Protection staff regarding making referrals to Child FIRST;

77.4 participating in local and professional and community education initiatives;

77.5 identifying cases within Child Protection requiring enhanced referrals; and

79.6 managing a caseload of cases transitioning to Child FIRST commensurate with their other duties.

78. Community Based Child Protection Advanced Practitioners are typically co-located with Child FIRST several days per week. They visit other family service agencies within the catchment to offer consultations regarding families that are difficult to engage and, where required, undertake joint visits with family services to support their engagement with families.

Rationale for the differentiated system

79. The Victorian child and family welfare system allows for a differentiated intake and service response to be provided to children and families reflective of need and risk. It aims to divert children and families from Child Protection where family services or other secondary services can be effectively provided to reduce concerns and promote family functioning.

80. This reflects the concept of minimum intervention by Child Protection and allows the Child Protection program to focus attention on those children most at risk where the parent is unable or unwilling to address the protective concerns and the child is experiencing, or likely to experience, significant harm. In such cases, the State's authority to direct service provision or remove a child from parental care under Children's Court orders is reserved for the most serious cases where no other service response can achieve the necessary change.

81. Recognising that very few children and families require intervention of this kind, the Child FIRST and integrated family services provide an alternate door for families, and professionals working with vulnerable families, to seek assistance. This alternate intake point recognises that most parents are willing to seek and accept assistance and, in doing so, protect their children from harm without state intervention.

82. This option is less intrusive in the lives of families, respects their rights to seek support and is less stigmatising.

83. Importantly for women who are victims of family violence, Child FIRST and integrated family services, together with the specialist family violence services, support victim led approaches while retaining the capacity for the State to intervene if a child is in need of protection. This differential pathway offers and provides a non-

coercive approach for mothers who are seeking assistance and who are fearful of Child Protection intervention, including Aboriginal people and culturally and linguistically diverse groups who may be particularly fearful of Child Protection. The Child FIRST pathway recognises that most women are generally willing and capable of seeking and receiving the assistance they deem necessary for themselves and their children.

84. While the differentiated Child Protection and integrated family services system is the primary platform for service provision to vulnerable children in Victoria, this system is supported by a myriad of universal and secondary services, including adult services, that also have responsibility for the protection of children. The success of the differentiated system in addressing the needs of children is dependent on the secondary service system 'thinking child', identifying the existence of family violence and having the necessary skills to bring children and their families to the right door.

85. Some of Child FIRST's functions can best or only be undertaken by Child FIRST, rather than the Secretary. These include:

85.1 providing a point of entry into an integrated local service network that is readily accessible by families (section 22(a) of the CYF Act);

85.2 facilitating integrated local networks, working collaboratively to co-ordinate services and supports to children and families (section 22(e) of the CYF Act); and

85.3 providing on-going services to support vulnerable children and families (section 22(f) of the CYF Act).

86. Between the period 2008-2009 and 2013-2014:

86.1 85 to 90 per cent of families referred to Child FIRST (from any source) were not subsequently reported to Child Protection in the following 12 months; and

86.2 80 to 84 per cent of families referred from Child Protection to Child FIRST were not subsequently re-reported to Child Protection in the following 12 months.

87. In the absence of a response being provided by Child FIRST and integrated family services, it is likely that at least some of these children would have been reported (or re-reported) to Child Protection.

88. In May 2015, the Victorian Auditor-General (**VAGO**) delivered the report *Early Intervention Services for Vulnerable Children and Families* attached as (**Attachment BA6**). The purpose of the audit was to examine whether vulnerable children and families are able to access early intervention services provided by Child FIRST and family services and whether the Department is able to demonstrate that outcomes for families have improved.

89. The VAGO report noted that Child FIRST and integrated family services are struggling to cope with the increased number and complexity of referrals and are focusing on families with high needs, rather than those families assessed as low or moderate risk. In the context of increasing demand on the service system, VAGO concluded that the Department needs to do more to:

89.1 forecast and assess overall demand, as well as plan for service delivery by Child FIRST and the integrated family services;

89.2 foster better partnerships and governance structures so service delivery is improved; and

89.3 monitor the performance and service outcomes of Child FIRST and the integrated family services.

90. VAGO made an overarching recommendation that the Department urgently review its approach to early intervention. A further nine specific recommendations aimed at improving the Child FIRST and integrated family service system were also made.

91. The Department has accepted each of the recommendations made by VAGO and has commenced addressing them.

92. Additional investment made in the 2015-16 State Budget will be used to address some of the demand pressures in Child FIRST and integrated family services while an overarching review of the approach to early intervention takes place.

93. The review of early intervention is scheduled to commence in the near future. This review offers potential to explore the targeting and tailoring of services to vulnerable children and families, including when families experience family violence.

PATRICIA Project

94. The Department is currently responsible for the project oversight of the *PATRICIA project: Pathways And Research In Collaborative Inter-Agency working.* The PATRICIA project is a research project being conducted by Australia's National Research Organisation for Women's Safety (ANROWS). This research will assist the critical examination of the pathways children and families impacted by family violence may experience and provide valuable insights into the effectiveness of current pathways. The University of Melbourne is leading this research with partners from five universities, three government departments and eight community sector organisations. Such evidence informed research is fundamental to informing the development of pathways for children and families to ensure it delivers the most effective outcomes.

Referrals to Child FIRST, reports to Child Protection and L17s

95. In 2013-14, approximately 24 per cent of referrals to Child FIRST and integrated family services came from Child Protection. Approximately 58 per cent were from other professionals, such as police, schools, maternal and child health etc. The remaining 18 per cent were self-referrals.

96. In 2013-14, around 1,578 referrals were received from police (around 9 per cent of all referrals).

97. In relation to the 14,037 L17 reports that Child Protection received from Victoria Police during 2013-14, Child Protection investigated 2,264 reports (16.1 per cent). In 2013-14, the investigation rate for all reports was 25.8 per cent, indicating that L17 reports include a substantial number of reports that do not meet the threshold for a Child Protection response.

98. Of all the Child Protection reports received in 2013-2014, 4,181 reports resulted in one or more Protection Applications during the same period. Of the L17 reports from police, 369 resulted in the issuing of a Protection Application. This represents 0.45 per cent per cent of all L17 reports received and illustrates the relatively low number of cases that result in court intervention.

99. The police report most matters involving children to Child Protection, rather than to Child FIRST, and in doing so are not effectively utilising the differentiated pathway that exists in Victoria.

100. This is burdensome for Child Protection as Child Protection must record every L17 report in the Department's Client Relationship Information System, assess each report and classify each report to identify those that require action and those that do not. Sometimes the detail on the forms does not indicate that a child is at risk or in need of protection or even that a support response or investigation is required. Not only is this practice burdensome, it diverts already stretched Child Protection resources from children most at risk and requires substantial investment in the intake process that could be reallocated to case management activities and the reduction of cases awaiting allocation.

101. This practice also has the unintended consequence of involving the State in matters in which women victim/survivors of family violence are willing to seek and receive support voluntarily and does not accurately respond to the child's needs. This is also not consistent with victim-centric principles and enabling the victim's views and issues to inform the service response.

102. As I refer to above, this practice may reduce a woman or child's willingness to seek police assistance, if they are aware that police are likely to report their matter to Child Protection.

103. I understand that Victoria Police have made a submission to the Royal Commission suggesting that there should be one point of entry to the integrated family services and Child Protection system. They have recommended L17 reports be sent to 'one door', at which time Child FIRST and integrated family Services and Child Protection will effectively assess each report.

104. While this may have understandable benefits for Victoria Police, this would require substantial resourcing to undertake a joint screening and assessment process in respect of each L17 report. In addition, such an approach does not have regard to the intentions of a differentiated response model, nor does it address the matters I refer to in the preceding paragraphs.

105. The Department and Victoria Police are currently engaged in a process of reviewing and re-designing the L17 form. It is hoped that this work will assist police members to undertake a process of guided risk assessment that, upon completion of the form and will direct them to the right 'door'. It is the Department's view this is a critical to step in supporting police to utilise the differential pathways available in Victoria and reduce inappropriate reports to Child Protection.

106. In my view, the redesign of the L17 form, along with further training of police, would address the concerns expressed by Victoria Police about its workforce's proficiency in identifying the right 'door'.

107. The Department is also working with Victoria Police to review the transmission of L17 forms to Child Protection and its other funded services, in an effort to streamline this process and build efficiencies. The current practice of faxing these forms is administratively burdensome for Child Protection and community service organisations and requires substantial manual handling and data entry. It is also not considered the most secure available process for handling such sensitive client information.

CHILD PROTECTION'S RESPONSE TO FAMILY VIOLENCE

108. The significant majority of reports to Child Protection involve family violence, given that Child Protection generally becomes involved where there is concern about a child in the context of the custodial family unit.

109. Most commonly, reports concerning parental family violence co-exist with other risk factors, including parental substance abuse and mental health issues. It is therefore important not to focus on family violence in isolation from other protective concerns, as the complex interplay between each issue requires careful assessment.

Protective parents

110. A concept that is central in Child Protection matters, including family violence cases, is the concept of a 'protective parent'.

111. Child Protection practitioners assess whether a parent is protective by considering the parent's attitudes and response to substantiated concerns concerning their child, as well as their willingness and capacity to protect the child from those concerns. Assessment of the parent's capacity to protect the child requires sound information gathering and an analysis of parental attitudes, past behaviours that may be predictive of future behaviours, parental strengths, support systems and the parent's willingness and capacity to engage with support services to achieve change.

112. In Victoria, the State's right to intervene in the lives of families and act 'in loco parentis' is limited to the circumstances in which a child has suffered, or is likely to suffer, significant harm as a result of physical, sexual or emotional abuse or neglect, and the parents have not, or are unlikely to, protect the child from harm of that type.

113. This is underpinned by section 10 of the CYF Act, which specifies the principles that decision makers, including the Secretary, must have regard to when making decisions and taking actions in respect of children and families. These include:

113.1 the need to give the widest possible protection and assistance to the parent and child as the fundamental group unit of society and to ensure that intervention into that relationship is limited to that which is necessary to secure the safety and wellbeing of the child (section 10(3)(a)); and

113.2 that a child is only to be removed from the care of his or her parents if there is an unacceptable risk of harm to the child (section 10(3)(g)).

Best Interests Case Practice Model

114. In 2012, the Office of Professional Practice within the Department published a *Best Interests* Case *Practice Model* (the **Best Interests Model**), which is a single unifying case practice model focused on the best interests of the child or young person to be utilised by all practitioners directly working with vulnerable children and families. The Best Interests Model supports family services, Child Protection and placement and support services to operate under a common integrated case practice model. The Office of Professional Practice comprises practice experts including the Chief Practitioner, Health & Human Services, Statewide Principal Practitioners and the Senior Practitioner, Disability Services. The Office of Professional Practice provides practice leadership, case consultation, and direction to services that include Child Protection, Youth Justice, and Disability Services clients.

115. The Best Interests Model outlines the stages of professional practice: information gathering, analysis and planning, action and reviewing outcomes. It is available to all services working with children and families and is particularly targeted to family service practitioners, Child Protection practitioners and placement service practitioners. It is relationship based, child focused and family centred. It encourages co-operation between Child Protection professionals and families in order to reach the best outcomes for children. It also encourages greater involvement of parents. It reflects the principles outlined in the CYF Act. A summary of the Best Interests Model is attached as (**Attachment BA7**). All Child Protection practitioners receive training on the application of this model to their work.

116. A key element of the Best Interests Model is that it is 'gender aware' and analytical, and specifically addresses the issue of family violence. It acknowledges that dynamics of

power, hierarchy and gender need to be assessed by Child Protection practitioners and that practitioners must be mindful of the disproportionate nature of violence against females, and different responses to family violence by boys and girls.

117. The Best Interests Model is also 'strength based'. This means that it acknowledges the positive aspect of the family. It looks for what parents and children do, despite problems, how they have tried to overcome their problems, what they do well, and explores future aspirations for the family. Parents are told when they have been successful and the practitioners are encouraged to engage them in a meaningful way to build confidence.

118. The Best Interests Model recognises that most families who are reported to Child Protection have multiple risk indicators and that one tool or specialist risk assessment is unlikely to support the risk assessment of multiple factors. The Model promotes professional judgment, utilising contemporary knowledge of multiple risk factors and information gathering, interviewing, planning and intervention techniques for what is a highly variable and diverse client group.

119. Included within the Best Interests Model are a series of Specialist Practice Resources, which provide additional guidance on information gathering; analysis and planning and action; and reviewing outcomes in cases where a specific problem exists. One such resource is entitled *Working With Families Where an Adult is Violent* dated June 2014, attached as (**Attachment BA8**). This resource provides expert guidance to practitioners to assist them in identifying and responding to family violence. It is available to all practitioners as part of Child Protection Practice Manual (the **Manual**).

The Manual

120. In addition to the Best Interests Model, Child Protection practitioners are able to obtain more detailed practice advice and guidance about policy and procedural requirements from the Manual..

121. The Manual is 'online' (on the Internet) and is called 'Protecting Victoria's Children'. It is the practice guide for statutory Child Protection in Victoria. It was first published in 2007 to support the implementation of the CYF Act. It is updated on a regular basis to reflect changes in legislation, Child Protection policy or practice and inclusion of new or updated resources such as protocols, fact sheets and forms. It is the primary point of reference for Child Protection practitioners and managers employed by the Department,

as well as other stakeholders, regarding practice requirements for promoting the safety, development and wellbeing of children at risk of harm in Victoria.

122. The Manual contains several specialist practice advices and practice resources related to family violence, which include:

122.1 *Family violence services (including men's behaviour change services)*, dated 23 December 2014, Practice advice no. 1078 attached as (**Attachment BA9**);

122.2 *Family Violence Intervention Orders and Personal Safety Intervention Orders - child respondent exclusive condition and accompanying Quick Reference Guide*, dated 1 December 2013, Practice advice no. 1578 attached as (**Attachment BA10**);

122.3 *Threats to kill a child, parent or carer,* dated 17 April 2014, Practice advice no. 1047 attached as (**Attachment BA11**); and

122.4 *Child Protection and Family Violence Guidance for Child Protection Practitioners*, dated 2005 attached as (**Attachment BA12**); and

122.5 *Child Protection and Family Violence Practice Guidelines Checklist*, dated 2006 attached as (**Attachment BA13**).

123. The Manual also contains the following practice advices concerning risk of harm and best interests principles:

123.1 *Substantiation, responsibility for harm and level of risk*, dated 5 November 2012, Practice advice no. 1213, attached as (**Attachment BA14**);

123.2 *Information gathering in best interests case,* dated 5 November 2013, Practice advice no: 1587, including attachment *Areas of concern,* both attached as (**Attachment BA15**); and

123.3 *Analysis and assessment in best interests case practice*, dated 1 December 2013, *Practice advice* no. 1535, attached as (**Attachment BA16**).

124. The Manual also provides a link to the Department's family violence Internet site, which includes numerous resources for practitioners, including the Common Risk Assessment Framework.

Training in relation to family violence

125. At the commencement of their employment, Child Protection practitioners are provided with training in family violence during 'Beginning Practice', a four-week mandatory induction program. This training includes an introduction to family violence legislation and possible responses by Child Protection to incidents of family violence. A family violence case study is explored, in which Child Protection practitioners role-play a first home visit and an interview with a male perpetrator of family violence (who is an actor).

126. During the induction, practitioners also role-play providing evidence in the Children's Court and are required to articulate their assessment of family violence. The assessment must include an analysis of the effect of family violence on the children (taking into account the children's ages and stages of development), based on an interview with the children and their mother and information obtained from professionals who work with the family. During Beginning Practice, Child Protection practitioners are required to contact their local family violence service and men's behaviour change program provider and gather information about how families may access the services and the programs that they provide.

127. In June 2014, the Office of Professional Practice and No To Violence provided training throughout the State to senior Child Protection practitioners and other senior staff of the Department. The training addressed the topic of 'Effective Responses to Family Violence' and focused on risk assessment and decision-making in cases involving threats to harm children, partners, or family members. The training included presentations by family violence specialists from Victoria Police, the Magistrates' Court and Berry Street Victoria.

128. The Office of Professional Practice delivers an annual training program to support the Best Interests Model, including training to support awareness of the Specialist Practice Resource entitled *Working with families where an adult is violent* which I refer to above. By the end of 2015, the Office of Professional Practice will deliver three sessions specific to family violence.

129. No to Violence is also delivering a training project called *Train Allied Sector Workers to Recognise and Respond to Men Who Use Family Violence*. As part of this project, No To Violence is providing training to professionals in Child Protection, Child FIRST, family and relationship services, alcohol and other drug services, mental health services, problem gambling services and housing services. This project is

funded by the Office for Women in the Department of Premier and Cabinet. The project aims to deliver approximately 62 full days of training and eight part day or other training events by September 2015. The training is provided in both metropolitan and rural locations. A small number of professional development training sessions are to be provided to registered psychologists and social workers.

The Family Violence Risk Assessment and Risk Management Framework Manual, also known as the Common Risk Assessment Framework

130. The Family Violence Risk Assessment and Risk Management Framework Manual, also known as the Common Risk Assessment Framework (**CRAF**), has been designed to help practitioners working in a wide range of fields to understand and identify risk factors associated with family violence. Examples of family violence professionals include: specialist family violence services for women and children, specialist family violence services for men, and those working in assessment roles in specialist family violence courts.

131. The CRAF includes three practice guides:

131.1 practice guide one, which is designed to assist mainstream professionals, such as maternal and child health nurses, general practitioners and teachers, to identify family violence;

131.2 practice guide two, which aims to assist initial risk assessment and is designed for people who work with victims of family violence, such as police officers, court staff, community legal centre staff, people working in a child protection context, and people working in housing and services for the homeless; and

131.3 practice guide three, which aims to assist those with advanced skills in engaging clients, such as specialist family violence services, including men's behaviour change programs, family violence counsellors, specialist accommodation services, and specialist family violence courts, and to assist safety planning and case management.

132. CRAF training has been provided to Child Protection practitioners since 2008.

133. The CRAF sits alongside the Best Interests Model and guides Child Protection workers on how to undertake their assessments of risk. The *Working with families where an adult is violent resource* guide specifically includes an Aide Memoire from the CRAF and gives direction for practitioners to be alert to the evidence based

offender high-risk indicators. The resource guide is tailored to Child Protection practitioners, recognising their unique legislative mandate in relation to the protection of children and the factors they need to consider.

134. However, Child Protection does not mandate use of a risk assessment tool such as the CRAF. The Best Interests Model is the most appropriate framework of risk assessment for children, as it emphasises professional judgment, which is essential when assessing the dynamic nature of children and families.

135. Use of the Best Interests Model was a deliberate decision taken by the Department after considerable debate and evaluation of the available literature. The consensus was that actuarial risk assessment models have too many false positives and false negatives. It was decided that the State of Victoria needed to invest in a professionally skilled and supported workforce with structured tools and resources, and facilitate continuous capacity building and professional development of the workforce.

136. When determining the most appropriate and useful risk assessment tool, it is important to consider the discrete roles and mandates of services, the co-existence of multiple risk factors for the many families referred to services and the capabilities of the workforce. What a specialist family violence worker may require from a risk assessment tool will be quite different to what a teacher or maternal child health nurse may need.

137. The CRAF is not an actuarial tool and does not weight factors to produce a result or risk rating. It does not record the level of risk determined by the assessor and while it briefly mentions children, and may assist the practitioner to consider risk factors, it is not instructive about the management those risks.

138. There is currently no validated risk assessment tool that accurately assesses risk to children. While other instruments have been developed and validated to assess the risk to adults living in violent intimate relationships they do not address the level of risk to a child.

139. In the absence of an empirically validated risk management tool that might assist in predicting future harm, and noting the diverse client group, the Department considers that the Best Interests Framework is the most appropriate risk assessment framework to support Victorian Child Protection practice.

140. I understand that Mr Scott Widmer of the Department will be giving evidence to the Royal Commission in relation to Module 9 *Risk Assessment and Risk Management.* I refer the Royal Commission to Mr Widmer's evidence.

Information sharing

141. The CYF Act facilitates the sharing of information in certain circumstances. The CYF Act establishes classes of people who are authorised to share particular information with Child Protection. Section 3 of the CYF Act defines certain professionals who may have contact with vulnerable children or their parents as 'information holders'. Police officers are classified as information holders. Other information holders include teachers and principals of schools, doctors, nurses, psychiatrists or psychologists, and persons in charge of services such as children's services, mental health services, and family violence service (the latter since 2007, pursuant to regulation 6 of the *Children, Youth and Families Regulations 2007*). The CYF Act provides a regime to facilitate the provision of information by an information holder to the Secretary: see Division 1, Part 4.5.

142. Additionally, as I refer to above, the CYF Act allows for confidential reports to be made to the Secretary or referrals to be made to a community-based child and family service where there is a significant concern for the child's wellbeing. Upon receiving a report, section 35 of the CYF Act empowers the Secretary to consult and share information with a community service, a service agency or an information holder, for the purpose of seeking advice on or assessing a risk to the child, or determining which is an appropriate service to provide assistance.

143. Pursuant to section 36 of the CYF Act, upon receiving a referral, a community-based child and family service may consult with the Secretary, a community service, a service agency or an information holder for the purpose of assessing risk. For the purpose of determining the appropriate body to provide assistance, the community-based child and family service may consult and share information with the Secretary, a community service and a service agency.

144. The Department is currently reviewing the information sharing provisions in the CYF Act, with a view to simplifying the existing information sharing provisions of the Act and introducing greater clarity and confidence about when, and with whom, information can be shared. The Department recognises that in addition to legislative reform attention must also be given to cultural, leadership and systems issues. I understand that Mr

Scott Widmer of the Department will be giving evidence to the Royal Commission in relation to Module 20 *Information Sharing.* I refer the Royal Commission to Mr Widmer's evidence.

Collaboration

145. At all phases of Child Protection's involvement, there is collaboration with the family's informal support system. Services that offer support and assistance to families are critical. Such collaboration is sought in the gathering of information, analysis, planning, implementation of an action plan and reviews.

146. Practically, this collaboration takes the form of:

146.1 regular communication with and between agencies;

146.2 case conferencing between agencies, with or without the family present;

146.3 family led decision making conferences that support families to make decisions in the best interests of children;

146.4 the preparation of reports by various professionals that detail professional involvement; and

146.5 assessments and the tendering of reports to Children's, Family and Magistrates Courts to assist judicial decision making.

147. With respect to children and young people subject to Children's Court orders, the CYF Act requires the preparation of a case plan and reviews at various intervals that also involve the bringing together of professionals to inform decision making.

148. High risk panels for infants and young people with whom Child Protection is involved comprising multidisciplinary and multi-agency representatives are convened to discuss high risk cases and undertake safety planning. For children who are placed in out of home care, teams consisting of those working with the child and family are formed and meet regularly to support the child's care.

Guidance material around information sharing and collaboration

149. In order to guide the legislative context for information sharing, as well as collaboration between agencies in responding to family violence, protocols and resource materials have been developed.

150. The Department and Victoria Police have created the *Protecting Children Protocol between Department of Human Services — Child Protection and Victoria Police* (the **Protocol**) dated June 2012, attached as (**Attachment BA17**), to guide the way in which they deal with family violence incidents. The Protocol focuses, in particular, on ensuring that information is exchanged between police and Child Protection. This document is also available in the Manual.

151. In January 2013, the Department produced a practice guide for family violence practitioners entitled *Assessing Children and Young People - Experiencing Family Violence*, attached as (**Attachment BA18**). This guide is designed to assist family violence professionals in their organisation's practice to support the safety, stability and development of children and to strengthen collaboration between colleagues in family services and Child Protection.

152. The Department also uses the *Family Violence Referral Protocol between the Department of Health & Human Services and Victoria Police* (the **Referral Protocol**), attached as (**Attachment BA19**). It provides guidance about how Victoria Police, the Department and agencies funded by the Department, can work together to strengthen their collective response to family violence. The Referral Protocol was revised in 2015.

153. The Department also uses the *Protocol Between the Department of Human Services, the Family Court of Australia and the Federal Magistrates Court* dated May 2011 attached as (**Attachment BA20**). This protocol facilitates contact between these three entities to ensure that the child's need for protection is met and to ensure the best possible outcome for a child.

154. On 12 January 2015, the Federal Circuit Court introduced a Notice of Risk form. The notice is a mandatory form that is completed by all parties to proceedings under the *Family Law Act 1975.* The form asks each party to indicate whether the child has been abused or exposed to family violence, or is at risk of abuse or family violence. Where the form indicates that the child has been abused or exposed to family violence or is at risk of either, the Court will notify a child welfare authority. The Department has recently requested a meeting with the Federal Circuit Court to discuss the implementation of the notice of risk form and the impact that the form has had on Victoria's Child Protection service, in particular, the significant increase in section 67Z notifications from the Court.

Engaging with perpetrators

155. As part of a Child Protection case, Child Protection practitioners assess the risk the perpetrator presents to the child and whether a Protection Application is required to prevent further harm and strengthen protections for the child. Assessments and action with respect to perpetrators typically include referring the perpetrator to a Men's Behaviour Change program, engaging with police to undertake safety planning for the child and mother, promoting swift intervention by police should violence occur, and supporting applications for Intervention Orders and prosecutions.

156. Practitioners are guided by the *Working with Families where an adult is violent* specialist practice resource, which I refer to in paragraph [119] above, and which stresses the importance of keeping the perpetrator in the picture and avoiding "mother blame".

157. The specialist practice resource also states '[t]here is evidence that child protection practice has unwittingly contributed to a process that has held women accountable for the safety of themselves and their children but left the perpetrator invisible' (Burke 1999; Edleson 1998; Humphreys and Stanley 2006). Information in the specialist practice resource, and in practitioner training, focuses on the need to shift historic and misguided practices, which characterised the mother as ultimately responsible for addressing family violence.

158. The importance of holding the perpetrator to account is also highlighted. The guide details strategies for contacting, interviewing, gathering information and assessing the perpetrator inclusive of safety planning. This information is detailed in the training provided to child and family service practitioners.

159. The Department funds men's intake, referral and behaviour change programs for perpetrators of family violence. These services, delivered across the State, assist men who use violence towards family members to develop non-abusive behaviours and new relationship and parenting skills. Additional funding was allocated in the 2015-16 State Budget to provide additional telephone counseling, intake services and places in Men's Behavioural Change programs.

160. The PATRICIA Project, which I refer to at paragraph [94] above, will also examine how Child Protection can more effectively engage with perpetrators, recognising that further development of the work force is required in this area.

SERVICES AVAILABLE FOR CHILDREN EXPERIENCING FAMILY VIOLENCE

161. The Department funds specialist counselling and support services for women and children affected by family violence.

162. These services aim to improve the safety and emotional health and wellbeing of women and children. These services are delivered in accordance with practice guidelines (**Attachment BA21**).

163. The target group includes women who are no longer in violent relationships, those who remain in a violent relationship and those with no prior contact with police or family violence crisis services. Importantly, children are a primary target group, and services are required to include a strong focus on supporting children, with a minimum of 30 per cent of counselling and support funds allocated specifically for the provision of services to children and young people.

164. In 2013-14, 1,891 cases involving specialist counselling and support services (41 per cent) related to children.

165. A range of additional services exist for children to address the impacts of family violence. These include but are not limited to counseling services offered by Children and Adolescent Mental Health Services, Centres against Sexual Assault, Take Two, community health centers, specialist infant mental health and adolescent health services such as those from the Royal Children's Hospital, private practitioners and school specialist support officers.

166. For some children and young people, mentoring services such as Big Brother or Big Sister can be an effective method to engage with positive role models who exhibit nonviolent behaviors and model positive adult behaviour and healthy relationships.

167. I am also aware that Children's Resource Worker positions within homelessness services and Specialist Children's Response Workers have been funded by the Department which aim to improve the coordination of adult and children's services to ensure children's developmental needs are taken into account and appropriate support and assistance is provided.

Aboriginal and Torres Strait Islander children

168. There is also a range of services available for Aboriginal and Torres Strait Islander children who are affected by family violence. These include:

168.1 three Aboriginal specific refuges, which also accommodate children, located in metropolitan Melbourne and two regional/rural locations;

168.2 the Aboriginal Family Violence Prevention and Legal Service;

168.3 healing centres; and

168.4 the Aboriginal Health Service.

169. The Department funds some Aboriginal agencies within integrated family services. Mainstream agencies are encouraged to deliver services to Aboriginal children and families through the Strategic Framework. In 2015-16, the Department is expecting 2,547 Aboriginal families will be provided with family services, representing an increase on the 2,400 Aboriginal families expected to be assisted with family services in 2014-15.

170. The Department also operates two specific Cradle to Kinder programs that are focussed on Aboriginal children. These are operated by the Victorian Aboriginal Child Care Agency in the north and west of Melbourne and Rumbalara co-operative in partnership with the Bridge in Shepparton. I describe the Aboriginal Cradle to Kinder program further at paragraphs [173] to [183] below.

171. The Department has also published practice advices about the role of Child Protection in relation to Aboriginal Children. These practice advices include:

171.1 *The Aboriginal child and family service system*, dated 5 November 2012, Practice advice no. 1061 attached as (**Attachment BA22**); and

171.2 *Responding to Aboriginal children*, dated 5 November 2012, Practice advice no. 1059, attached as (**Attachment BA23**).

NEW INITIATIVES

172. The following information provided in this statement about current policy and practice initiatives relating to Child Protection and family violence does not encompass all of the work that is currently being undertaken throughout the Department. It does, however, provide an overview of some of the significant initiatives.

Cradle to Kinder and Aboriginal Cradle to Kinder

173. The Department has developed the Cradle to Kinder and Aboriginal Cradle to Kinder programs, which are delivered by non-government organisations (community service

organisations and early parenting centers) with expertise in engaging and working with highly vulnerable young women and their infants and children.

174. Cradle to Kinder and Aboriginal Cradle to Kinder are targeted antenatal and postnatal support services that provide intensive long-term family and early parenting support to vulnerable young mothers (aged less than 25 years) and their families. The program provides support to families commencing from before birth and continuing up to the time the child reaches four years of age. The Cradle to Kinder and Aboriginal Cradle to Kinder programs are described in the *Victorian Cradle to Kinder and Aboriginal Cradle to Kinder Practice Guide*, attached as (**Attachment BA24**).

175. Priority access to the program is given to groups who are known to find it difficult to maintain engagement with services to ensure that parents receive the early parenting support they need during the critical years of their child's development.

176. The target group for Cradle to Kinder is young pregnant women, aged under 25 years at the point of referral to the service:

176.1 where a report to Child Protection has been received for their unborn (or newborn) child, where the referrer has significant concerns for the wellbeing of the unborn (or newborn) child; or

176.2 where there are a number of indicators of vulnerability and/or concerns for the wellbeing of the unborn (or newborn) child and the woman is not involved with the Child Protection system.

177. Within this target group, priority is given to adolescent women, young women who are, or have been in out-of-home care, and women who have a learning difficulty. Priority is also given to young women and their families who have previously been receiving Cradle to Kinder services but who moved to a new Cradle to Kinder.

178. The target group for Aboriginal Cradle to Kinder is young pregnant Aboriginal women or women pregnant with an Aboriginal child (under 25 years) and the same criteria as I have referred to in paragraphs [176] and [177] apply.

179. The rationale for focusing on younger mothers is that intervening earlier in the life of the mother/parents provides an opportunity to break the intergenerational cycle of disadvantage before behaviours or lifestyles become entrenched and their child's health, development or safety is put at risk.

180. An evaluation of Cradle to Kinder is currently underway. It is due to be completed in early 2016.

181. Families accessing Cradle to Kinder are allocated a key worker who engages with the young mother, undertakes a holistic assessment of her needs and develops a support plan. Young pregnant women are engaged in the antenatal period and sustained support is provided until the child reaches four years of age.

182. It is estimated that around 65 per cent of women currently accessing Cradle to Kinder are experiencing, or have recently experienced, family violence.

183. Examples of interventions Cradle to Kinder workers use with families where family violence is present include:

183.1 developing safety plans;

183.2 relationship counselling (when appropriate and safe);

183.3 running therapeutic groups for infants and mothers exposed to family violence;

183.4 running groups that focus on the development of healthy and respectful relationships;

183.5 linking women into family violence specific services;

183.6 supporting women to obtain intervention orders or contact the police; and

183.7 supporting and promoting women's confidence to leave a partner who has been perpetrating violence.

Risk Assessment and Management Panel (RAMP)

184. In 2011, the Department funded Strengthening Risk Management projects in two local government areas, the City of Geelong and the City of Hume. The Program brings together key agencies through Risk Assessment Management Panels (**RAMPs**) to share information and plan around the safety of women and children at serious and imminent risk from family violence. The project comprised two major components; first, early identification of women, and women with children, at highest risk of family violence, engagement, and provision of risk assessment and risk management, and where necessary, referral to the second component, a specialist RAMP. Further detail about the project is outlined in the *Final Report to the Department of Human Services,*

Evaluation of the Family Violence Strengthening Risk Management Demonstration Projects in Victoria authored by Thomson Goodall Associates Pty Ltd attached as **(Attachment BA25)**.

185. RAMPs comprise a number of agencies that meet regularly and provide an ongoing forum for effective risk assessment, risk management and case co-ordination. The RAMPs monitor and consider the safety of each child independently, as well as his or her parent or guardian and ensure that all relevant information is shared on the status of each case with clearly defined actions, responsibilities and timelines developed for each case plan.

186. Fifty-five families were referred to 27 monthly RAMP meetings between November 2011 and March 2013. There were approximately 90 children in these families. Early information suggests that greater numbers of women and children have been referred to a RAMP following the evaluation period. On average, four to five women, and eight to nine children, are considered at each RAMP meeting.

187. The threshold for eligibility for a referral to a RAMP is women and children at serious and imminent risk of injury or death. RAMPs can receive a referral from any person or organisation, including police officers, Child Protection, family violence services, health services and other services.

188. RAMPs have the potential to provide a positive, specialist family violence response to women and children experiencing family violence, but only to women and children who are at the highest level of risk. Women and children at other points on the risk spectrum will be supported through the existing service system, including police, specialist family violence service providers and other services.

189. Given the success of the RAMP pilot projects funding for intensive support for women and children at high risk of violence was announced as part of the 2014-15 Budget. This included the expansion of the Strengthening Risk Management program (which includes RAMPs) to eight new locations across the state. Additional funding will support the statewide expansion of RAMPs across 17 local areas. The Department is responsible for the development and implementation of the Strengthening Risk Management program.

The Child Protection Flexible Responses initiative

190. The 2015-16 State Budget recently provided $3.9 million for the co-location of family violence practitioners in Child Protection programs. The purpose of this initiative is to

build the capacity of Child Protection practitioners and strengthen their responses to family violence, assist their navigation of the adult family violence service system and therefore enhance safety planning for children and families.

191. This initiative will result in an additional 12 Child Protection workers and 17 family violence workers state-wide and will also support the knowledge base of the family violence service system in understanding the work of Child Protection, particularly in the non-statutory phases of work.

192. Each division will recruit four family violence workers and three Child Protection practitioners. The East Division will receive additional funding to support the co-location of a family violence worker at the central after-hours Child Protection service to strengthen responses to women and children outside business hours.

Innovative practices

Changing Family Futures

193. The Gippsland Changing Family Futures initiative was implemented in December 2012 in response to a significant increase in L17 reports by Victoria Police to Child Protection and increasing levels of re-reports and re-substantiations. The Inner Gippsland Area was particularly identified as having the highest rate of family violence incidents. It is a joint initiative between Child Protection and Victoria Police in which dedicated Child Protection practitioners work in partnership with police to assertively respond to L17 reports. In Morwell, Child Protection staff are collocated with police at the Morwell Police Station, while in Bairnsdale the teams are not co-located.

194. Preliminary findings indicate that the growth in family violence incidents reported to police and to Child Protection has plateaued in these areas. The Changing Family Futures initiative is viewed as having played a role is addressing the previously observed upward trend in family violence reports in Gippsland.

Other initiatives

195. The Department is also committed to improving its response to family violence by implementing a range of additional initiatives announced as part of the State Budget 2015-16 that will improve the response to family violence and the response to children experiencing family violence. These initiatives include:

195.1 additional crisis accommodation and support to provide accommodation and practical assistance to women and children experiencing homelessness;

195.2 additional counselling services for women and children;

195.3 additional case management services for Aboriginal families (women and children);

195.4 additional case management services to assist with the volume of referrals from police into family violence services; and

195.5 additional Child FIRST and integrated family services, as well as the introduction of flexible packages of support to do what it takes to assist families meet their goals.

196. The Department is also implementing new service responses, such as flexible support packages to provide women and children with the service responses they need to recover from family violence and move beyond crisis point. The aim of these packages is to enhance choice and control for women and children and assist them with what they need, as opposed to via funded service streams. These packages are being released for an expression of interest process among family violence service providers.

FUTURE STEPS

197. In the last decade the Department has paid significant attention to more effectively reflecting, identifying and responding to children and their families impacted by family violence.

198. The rapid growth in the exposure and reporting of family violence by the community and professionals, and the associated changing community attitudes to family violence, has required a re-examination of the historic response by the entire sector and consideration and redevelopment of the sector's approach to integrate best practice and evidence informed practice, including joined up and collaborative approaches.

199. The process of continual improvement has included the strengthening of practice through education and training of the Department's workforce and the funded sector; the development of specialist practice resources for Child Protection and integrated family service providers; the piloting of new approaches to support referral/reporting

processes including triaging pilots and a reinvestment in collaborative partnerships and the development of new initiatives that respond to the voice of children and women who have experienced violence.

200. Further attention and effort is required, however, to more effectively focus on whole of government prevention activities and strategies that respond to demand for services by improving pathways and triaging processes i.e. getting children and families to the right 'door' and avoiding duplication of effort, strengthening information sharing within a culture that promotes a child focussed response and investing in research that informs service development and reform.

201. The Department is committed to and engaged in a continuous process of review and systemic improvement and will critically analyse its policies in light of potential findings and recommendations from this Royal Commission.

Signed by)

Beth Allen)

at Melbourne)

this 13th day of July 2015)

Beth Maree Allen.
Assistant Director
Child Protection.
Department Health
Human Services.

Before me

[redacted]

AN AUSTRALIAN LEGAL PRACTITIONER WITHIN THE MEANING OF THE LEGAL PROFESSION UNIFORM LAW (VICTORIA)