

The Centre for Excellence in Child and Family Welfare

Victorian State Budget Submission 2024-2025



The Centre for Excellence in Child and Family Welfare

The Centre for Excellence in Child and Family Welfare (the Centre) is the peak body for child and family services in Victoria representing more than 150 community service organisations, students and individuals. The Centre advocates for the rights of children and young people to be heard, to be safe, to access education and to remain connected to family, community and culture. Our vision is to see a community that is fair, and equitable and creates opportunities for children and their families to live happy and healthy lives.

We thank our members and individuals with lived experience of the service system for their insights and suggestions which have helped inform the content of the Centre's 2024-25 budget submission.

Acknowledgement of Country

The Centre acknowledges the past and present traditional custodians of the land on which we work. We pay respect to Elders past and present. We acknowledge that sovereignty was never ceded and that this was and always will be Aboriginal land.



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Overview

This budget submission from the Centre for Excellence in Child and Family Welfare (the Centre) comes at a time of significant challenges for many families and individuals in Victoria as they grapple with spiralling cost-of-living pressures, lack of affordable housing options, the implications of climate change and the sobering aftermath of the recent referendum. The most recent Australian Council for Social Service (ACOSS) survey in September 2023 indicates that the most vulnerable amongst us are 'regularly rationing meals, going without heating and cooling, forgoing essential medication and medical care, and experiencing social isolation'.¹

At the same time as the demand for child and family services has increased, Victoria is experiencing a shortage of highly skilled and qualified social workers and declining numbers of foster carers, similar to trends in other jurisdictions. Despite the government's commitment to implementation of all the Royal Commission into Family Violence reforms, women (mainly) continue to be harmed and killed as a result of family violence, with children and young people continuing to be invisible victims of this violence. The globally significant Australian Child Maltreatment Study (ACMS) recently highlighted the number of children and young people who have been exposed to different forms of harm and maltreatment and the long-term impact of such exposure on individuals. The study provides a way forward to tackle each of the five harms identified (physical abuse, sexual abuse, emotional abuse, neglect, domestic violence) and the child and family services sector is well-placed to help lead the development of a strategic action plan or blueprint to ensure these findings are comprehensively addressed.

Through all these and other challenges, Victoria's child and family services workforce has remained deeply committed to working with clients whose needs have become more complex as the external environment has become more challenging. Our budget submission has a strong focus on supporting the sustainability of our family services system.

Despite the challenges, there have been some welcome developments which give our sector cause for optimism. For example, the recently announced role of Minister for Children signals a serious commitment by the Victorian government to make sure children are protected and nurtured. The Department of Families, Fairness and Housing is currently developing a strategic framework for family services in Victoria which will focus on outcomes-focused, evidenced-based/informed service models.

The Centre's Outcomes, Practice and Evidence Network (OPEN) continues to build sector capability in the creation and use of evidence. The Early Intervention Investment Framework has provided opportunities for our sector to be involved in consultations to improve engagement with government in relation to data collection, budget bid preparation, procurement/program co-

¹ Australian Council for Social Service. (2023). It's not enough: Why more is needed to lift people out of poverty, ACOSS, September. p.2.

design, and the embedding of client voice in outcomes measurement. The Centre looks forward to future opportunities through OPEN to work with central and line agencies to develop more coordinated approaches to evaluation and evidence building.

In Victoria, we are fortunate to have initiatives which have either been implemented successfully for several years now or are being trialled with promising results. The Family Preservation and Reunification initiative (FPR) shows a marked difference being made in the lives of many families at risk of entering the statutory system. The Putting Families First program and Early Help Family Services initiative are showing strong early evidence of positive outcomes for families. These programs merit ongoing funding given the demand for this type of support is so high and the results so promising.

In the 2023-24 Victorian State Budget, the Centre welcomed investment of around \$895 million in our child and family services system, which included:

- \$548 million to meet demand for residential care placements for children and young people, the biggest single investment in care services in a decade.
- \$140 million to support greater self-determination for Aboriginal services and communities and to reduce the overrepresentation of Aboriginal children in the child protection system by the establishment of Aboriginal-led, end-to-end child protection services.
- \$11 million to continue trials to embed family services in universal settings such as schools, early years services and community health hubs.

Our 2024-25 budget submission builds on this existing investment and focuses on those areas where government action and investment could make a meaningful difference to the lives of children, young people and families. In particular, we have identified the following priorities for urgent consideration by government:

- Making sure Victoria's carers are valued and supported to help our children and young people in care have the best lives possible
- Supporting families to stay together, reconnect if enmeshed in the statutory system, and thrive
- Creating a skilled, diverse and contemporary child and family services workforce
- Creating a sustainable child and family services system underpinned by robust evidence to improve practice and leadership.

We thank our members, and individuals with direct experience of the service system, for their insights over the past year to help inform this submission. In this budget, we call on the government to:

- Collaborate with the Commonwealth to explore ways of improving the financial and other supports available to carers

- Lay the foundations for a new, co-designed, flexible, and evidence-informed model for home-based care
- Embed child and family services in universal settings where families can easily access them
- Support the Centre to help implement the mental health and wellbeing reform agenda with child and family services
- Continue to invest in Aboriginal Community Controlled Organisations to design and deliver a suite of family services to meet the needs of communities across Victoria and to build the evidence base of what works for these families
- Continue to invest in child and family service provision of proven and promising programs which change life trajectories
- Continue to invest in the Outcomes, Practice and Evidence Network (OPEN) to increase the sector's capability to create and use evidence, including data gathered as part of client outcomes measurement
- Provide a modest one-off funding grant to the Centre to develop a new four-year Child and Family Services Industry Plan to meet emerging and future workforce needs and ensure the sustainability of our sector.

Supporting Victorian carers and children in care

Collaborating with the Commonwealth to better support our carers

Home-based carers provide homes for children who are unable to live with their birth parents for a range of reasons, including abuse or neglect, family violence, parental substance abuse, mental health challenges, parental illness or death, or the need to provide the child with a more protective environment. Home-based care encompasses both kinship and foster care.

In 2022-23, Victoria had a daily average of around 7,354 children supported by kinship carers and 1,512 supported by foster carers.² While the demand for home-based care in Victoria is growing, the number of individuals or households willing and able to provide foster care is declining. During 2020-21, Victoria saw the highest rate of carer exits (580) and the lowest rate of new foster care placements (315) in Australia, amounting to a net loss for the state of 265 caretakers.³ Consultations with member agencies providing foster care indicate several reasons for this decline, including:

- Changes in personal/family circumstances
- Frustrations with processes and systems

² State of Victoria, (Department of Families, Fairness and Housing) (2023). Annual Report, Child protection and family services, p.50.

³ Australian Institute of Health and Welfare (2023). How many households commenced and exited care? Child Protection Australia 2020-21, www.aihw.gov.au

- Financial difficulties and rising cost of living
- Impact of the pandemic on capacity to provide care
- Complexity of the needs of the children in their care, including children with disability.

There is an urgent need to improve the retention of skilled and trained carers. For Aboriginal children, the need is even more acute given the shortage of First Nations foster carers and the evidence which shows Aboriginal children are more likely to thrive when in Aboriginal care and connected to community, culture, and Country.

The economic case for building a robust and sustainable foster care system in Victoria has been well made in the 2022 Cube report, which found that in 2020-21 alone, foster carers generated economic benefits to Victoria of around \$80 million in providing some 2.9 million hours of active caregiving and \$453 million in avoided costs of placing children in alternative forms of care.⁴

Those providing the care, however, have not seen an increase in their support payments since 2016,⁵ while the most recent carer census found that 40 per cent of kinship carers have a yearly household income below \$40,000 and are not receiving the support they need to provide stable homes for children and young people in their care.⁶

By increasing the financial support payment available to carers in Victoria, our carers will find some relief from cost-of-living pressures and be better able to support themselves and the children they care for. For example, the Commission for Children and Young People (CCYP) recently recommended that foster carers be exempt from school expenses such as camps and excursions to help reduce the financial burden on them.⁷

By investing further in the foster care system, the Victorian government could also reduce its reliance on costly contingency placements to support children when a funded placement is not available. The CCYP has highlighted the expensive flow-on effects of having insufficient home-based care placements, estimating a cost to the department of \$43.05 million in 2018-19, or almost \$2,077 per child per day.⁸

The Centre sees opportunities for cross-government collaboration, using policy levers available to state and federal governments to ease the burdens faced by many carers and children in the current economic environment. Given the growing body of research relating to the barriers to and

⁴ Cube Consulting (2022). Valuing something that really matters: The economic value of foster care in Victoria. Final report.

⁵ Commission for Children and Young People. (2023). Let us learn: Systemic inquiry into the educational experiences of children and young people living in out-of-home care, Finding 10: Care allowance p.38.

⁶ EY Sweeney (2021). Strong Carers, stronger children – Victorian Carer Strategy, Carer Census Research project, p.46.

⁷ Commission for Children and Young People. (2023). *Let us learn*.

⁸ Commission for Children and Young People. (2019). 'In our own words': Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system. Melbourne: Commission for Children and Young People. p.146.

enablers of implementing a fully professional model of foster care, there would be benefit in state and federal governments exploring possibilities relating to taxation, OHS, industrial awards, superannuation, and national awards. We ask that the Victorian Government work with the Commonwealth to determine what national enablers of foster care attraction and retention could be implemented, how foster care might be made more financially viable for carers, and what features of professional foster care models could potentially be adapted to a Victorian context to increase retention of foster carers.

Recommendation 1. Explore opportunities to work with the Commonwealth Government to identify what actions could be taken to better support the financial needs of home-based carers

Developing a co-designed, evidence-informed model for home-based care

A key finding in the Cube foster care report was the need for a new and contemporary model of foster care, with the authors calling for 'a renewed effort to rejuvenate, enhance and grow foster care to meet the continuing demand for home-based care' and reduce the demand for more expensive models of care.⁹

In 2011, 37 per cent of children in care were cared for by foster carers with this proportion halved to 18 per cent by 2020.¹⁰ More recent figures from the Foster Care Association of Victoria 2022 survey of foster carers identified a 22 per cent increase in the number of foster carers who had exited the system in 2021-22 and an 18 per cent decrease in the number of new foster carers accredited.¹¹ Given this decline, it is clear that Victoria needs a more flexible and evidence-informed approach to the provision of home-based care. We need to consider which existing and emerging models could potentially replace, or function in a hybrid way with, the traditional model of volunteer foster care.

The literature indicates a range of care models and approaches with differing elements of professionalisation, subsidisation and remuneration. The Mockingbird Family Model, Specialised Treatment Foster Care Oregon, KEEP (Keeping Foster Parents Trained and Supported), Intensive foster care, Integrated Model of Foster Care, Multidimensional Treatment Foster Care, Therapeutic Foster Care, Professional Individualised Care, for example, all show varying degrees of promise and effectiveness although a fully professional model is yet to be fully implemented in Australia.¹²

Implementing a co-designed approach will be important in moving towards a fit-for-purpose model of home-based care. Co-design, involving carers, care recipients, and the sector, would help

⁹ Cube Consulting, p.2.

¹⁰ Cube Consulting, p.3.

¹¹ Foster Care Association of Victoria. (2022). Foster Care Snapshot Report.

¹² Richmond, G., & McArthur, M. (2017). Foster and kinship care recruitment and retention: Encouraging and sustaining quality care to improve outcomes for children and young people in care. Canberra: Institute of Child Protection Studies, Australian Catholic University.

make sure the model is not only based on theoretical best practices but also grounded in the real-world experiences and needs of those directly impacted.

Recognising there is unlikely to be sufficient funding in the 2024-25 budget to develop a new foster care model, the Centre suggests that the government use the opportunity to review existing and emerging models of foster or other types of care to identify the characteristics of an effective contemporary and flexible model ready for subsequent implementation in later budget years.

Such a review should engage a range of stakeholders to ensure genuine co-design and support for the model.

Recommendation 2. Review existing evidence to underpin a new, fit for purpose, co-designed model of home-based care and lay the foundations for implementation when adequate funding is available.

Strengthening carer training to better support children with disabilities in care

Children with disability continue to be overrepresented in care in Australia although currently there is no nationally consistent definition of disability or reliable prevalence data.¹³ Australian Institute of Health and Welfare (AIHW) data indicate that in 2020-21, data on disability status was available for 63 per cent of children in out-of-home care, with around 30 per cent of these children reported as having a disability.¹⁴ In 2020, a CCYP review of a random sample of 166 Child Protection files of young people aged 16 to 18 found that 36 per cent had a disability, usually an intellectual or cognitive impairment.¹⁵ In its most recent report, *Let us learn*, CCYP noted that the disability status of children and young people in out-of-home care continues to be under-recorded by the Department for Families, Fairness and Housing.¹⁶

In March this year, the Centre did its own survey of foster care providers in Victoria, with 21 of 24 community service organisations (CSOs) providing data. These 21 agencies represented 1,363 children. The purpose was to gain a better understanding of the prevalence of children with disability according to CSO estimates, whether the disability had been formally diagnosed and whether the child had an NDIS plan. Of the 1,363 children represented, 562 or 41 per cent, were reported as having a disability. Of these 562 children, only 56 per cent had an NDIS plan.

¹³ University of Sydney. (2022). Children with disability in out-of-home care: Summary of the literature.

¹⁴ Australian Institute of Health and Welfare. (2022). Child protection Australia 2020-21. Web report.

¹⁵ Commission for Children and Young People. (2020). *Keep Caring: Systemic inquiry into services for young people transitioning from out-of-home care*. Melbourne: Commission for Children and Young People. Melbourne: Commission for Children and Young People.

¹⁶ Commission for Children and Young People. (2023). *Let Us Learn – Systemic Inquiry into the educational experiences of children and young people in care*. Melbourne: Commission for Children and Young People

The various estimates need to be treated with caution given the lack of a common definition of disability and the complex interconnection between trauma, mental health and disability. What is known is that the numbers of children in home-based and residential care are likely to be underestimations of the true figure. Children and young people with disabilities in care face many barriers when intersecting with the disability support sector. Barriers include complex assessment and reporting requirements, inaccessible language, poor inter-departmental and inter-sectoral collaboration, and breakdown of the care arrangements. Children with disability who are placed in out-of-home care may have experienced trauma, abuse and/or neglect in the family home and they typically have multiple, intersecting, complex needs.¹⁷

Investment in sourcing quality data, to better understand the experiences of young people with disability living in care, is critical to understanding their service and support needs and addressing the barriers to accessing the NDIS. The CCYP has previously advocated for the Victorian government to systematically collect and report on the number of children with complex medical needs and/or disability who are clients of Child Protection and to comprehensively train Child Protection staff on how to undertake risk assessment for these children.¹⁸ Without accurate numbers about prevalence and consistent quality risk assessment, it is difficult to review case practice and plan for service provision.

The Victorian child and family services sector supports families where one or more family members live with disability. Our foster care service providers report that the Victorian foster care training program does not adequately prepare foster carers to care for children with disabilities.¹⁹ Our members have raised concerns about this lack of training to take on challenging placements, particularly for carers of children and young people with complex needs, such as mental health challenges and disability.

Our members report that foster care families do not believe the care system provides adequate financial, emotional or practical support for them to continue caring full time for a young person with a disability. They have received only the basic carers payment, no additional training, and have had to set up the NDIS support services their foster child needed without any additional assistance.²⁰ The Centre asks that carers are given the appropriate training and assistance to provide safe and nurturing homes for children with disability and/or complex medical needs.

¹⁷ Commission for Children and Young People. (2021). Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Violence and abuse of people with disability at home. Commission for Children and Young People: Melbourne, p. 9.

<https://ccyp.vic.gov.au/assets/Submissions/Submission-to-Disability-Royal-Commission-Violence-and-abuse-at-home.pdf>

¹⁸ Commission for Children and Young People. (2018). *Systemic inquiry into vulnerable children and young people with complex medical needs and/or disability*. Commission for Children and Young People: Melbourne.

¹⁹ Centre for Excellence in Child and Family Welfare. (2023). Unpublished paper on the prevalence of disability in foster care amongst member organisations providing foster care.

²⁰ Ibid.

Recommendation 3. Build the capacity and skills of home-based carers to adequately support children in care who have disability and/or complex medical needs.

Improving educational engagement and outcomes for children in care

Children and young people in care experience significantly higher rates of disengagement from school compared to their peers, with around 44 per cent of care leavers disengaged from education before they leave care or at the point they leave care at 18 years.²¹ Around 73 per cent of these young people had a history of placement instability, having experienced five or more placements.²² The most recent CCYP report on the educational experiences of children in care found that, in 2022, secondary students in care had an average of 8 per cent lower attendance rates than their peers, with 64 per cent experiencing chronic absence, and were five times more likely than their peers to be suspended and expelled from school between 2018 and 2022.²³

Considering these children have been removed from their families and placed in the care of the state to improve their life choices and pathways, these figures are deeply concerning, highlighting the urgent need for targeted interventions and support to bridge these gaps. Of particular concern is the CCYP finding that substantially fewer students in care progress to Year 12 compared with other students. In 2022, the apparent retention rate of students in care progressing to Year 12 was only 25 per cent, compared to 82 per cent of students in the general population.²⁴ The Centre's Raising Expectations program, which supports care-experienced people to access and complete higher education and/or vocational education, was specifically mentioned in the CCYP report for its efficacy in enabling care leavers to stay engaged in education and to have high expectations of themselves as learners.

Children living in care are not currently classified separately as an equity group. Data specific to the educational needs of children in care is not collected and tracked. The Victorian Government needs to prioritise this equity cohort to better support their educational, well-being and employment outcomes.

One issue which has featured increasingly in the research, but which was not mentioned in the CCYP report, is the marked increase in school refusals. The terminology 'school refuser' refers to the emotional distress associated with attending school, which means a child cannot or will not attend.²⁵ It is different from truancy. There can be many reasons why a child becomes a 'school refuser' but researchers generally agree its prevalence has increased significantly since COVID-19, although as the recent Senate Inquiry into school refusal found, there is no way currently of

²¹ Commission for Children and Young People. (2020). *Keep caring*. p.26.

²² Ibid.

²³ Commission for Children and Young People. (2023). *Let Us Learn*. p.22.

²⁴ Ibid, p.37.

²⁵ McKay-Brown, L. & Melvin, G. (2023). School refusal needs a national response. Pursuit. University of Melbourne.

quantifying the scale of the problem.²⁶ The number of children in care whose disengagement takes the form of 'school refusal' is not known but quality data would help provide a better understanding of this issue and how it might be addressed for children in care.²⁷

The Centre supports the 44 recommendations made in the CCYP's *Let us learn* report. In particular we welcome those addressing the need for better data collection; increased allowance payments and removal of school-related education expenses for kinship and foster carers; integration of trauma-informed teaching practices and a whole-school approach to trauma; tailored training for teachers to build better understanding of the child and family services sector and out-of-home care system; a review of the Out-of-Home Care Education Commitment (Partnering Agreement) and the Early Childhood Agreement for Children in Out-of-Home Care (Early Childhood Agreement); and funding extensions for programs such as Raising Expectations which show clear evidence of working.

Recommendation 4. Review, prioritise and implement in a timely manner the recommendations of the CCYP inquiry into the educational experiences of children in care

Improving health outcomes for children in care

Children in the care system often have greater physical, mental, and developmental health needs than their peers.²⁸ There is a growing body of evidence that shows the health needs of young people in care are not adequately met or supported in the care environment,²⁹ which compounds poor health outcomes.³⁰

²⁶ Senate Education and Employment Committee. (2023). The national trend of school refusal and related matters. Commonwealth of Australia.

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/SchoolRefusal/Report/Chapter_4_-_Addressing_school_refusal_the_need_for_a_national_approach

²⁷ The Guardian. (2023). 'No one really knows': Senate inquiry into school refusal told first step is to track 'invisible' students, 25 February. <<https://www.theguardian.com/australia-news/2023/feb/25/no-one-really-knows-senate-inquiry-into-school-refusal-told-first-step-is-to-track-invisible-students>>

²⁸ Moeller-Saxone, K., McCutcheon, L., Halperin, S., Herrman, H., & Chanen, A. (2016). Meeting the primary care needs of young people in residential care. *Australian Family Physician*. vol. 45, Issue 10, October; McLean, K, Little, K, Hiscock, H, Scott, D & Goldfeld, S 2019a, 'Health needs and timeliness of assessment of Victorian children entering out-of-home care: An audit of a multidisciplinary assessment clinic', *Journal of Paediatrics and Child Health*, vol. 55, no. 12.

²⁹ Smales, M., Savaglio, M., Morris, H., Bruce, L., Skouteris, H., & Green, R. (2020). "Surviving not thriving: Experiences of health among young people with lived experience in out-of-home care. *International Journal of Adolescence and Health*. Vol. 25, Iss 1. <https://doi.org/10.1080/02673843.2020.1752269>

³⁰ Kachila H., Bulsara C., Farrant B., Johnson A., Michie C., & Pell C. (2023). Health outcomes of children living in out-of-home care in metropolitan Western Australia: A sequential mixed-methods study: A protocol paper. *Children*. 10(3):566. <https://doi.org/10.3390/children10030566>

The National Standards for out-of-home care mandate timely assessment and attention to the physical, developmental, psychosocial, and mental health needs of the children in care.³¹ The National Clinical Assessment Framework stipulates the need for an initial health check within 30 days and a comprehensive assessment within three months of a child entering care.

Recent data indicates these standards are not consistently met for Victorian children in out-of-home care.³² A study involving 5,676 children from Victoria aged under 13 years in foster or kinship care, found only 37 per cent had seen a General Practitioner (GP), 17 per cent had visited a paediatrician and less than 10 per cent had seen a dentist, optometrist or audiologist within the recommended timeframes.³³ The report noted 80 per cent of first-time visits to a GP after entering out-of-home care lasted under 20 minutes, and less than two per cent lasted longer than 40 minutes. Children in foster care were more likely to attend appointments than those in kinship care.³⁴

The Centre recently surveyed a selection of residential care workers across Victoria to better understand frequency of medical visits for the young people in their care, barriers to such visits and enablers of engagement.³⁵ The responses indicated a high rate of cancelled appointments by young people, with respondents suggesting the young people do not see the importance of prioritising their health needs or engaging in self-care. Other factors for not engaging with medical staff related to not having a regular GP or a health history like their peers or having a meaningful say in their own health decisions. Research highlights the importance of young people being consulted about their health and healthcare needs.³⁶

In Victoria, programs like Pathways to Good Health (PTGH) offer comprehensive health assessments in northern and western metropolitan Melbourne and Gippsland, benefiting around 250 children. Post-PTGH implementation, there's been an increase in attendance at paediatric and mental health clinics in these areas. The Centre welcomes the expanded rollout of these services state-wide, in collaboration with local health services. However, more must be done to improve the health outcomes of children and young people in care, who have specific requirements, including assessments by trauma-informed healthcare professionals.

³¹ Department of Families, Housing, Community Services and Indigenous Affairs & National Framework Implementation Working Group. (2011). An outline of National Standards for out-of-home care: A priority project under the National Framework for Protecting Australia's Children 2009-2020, Commonwealth of Australia: Canberra.

³² McLean, K., Hiscock, H. & Goldfeld, S. (2022). Timeliness and extent of health service use by Victorian (Australian) children within first year after entry to out-of-home care: Retrospective data linkage cohort study. *Children and Youth Services Review*. Vol. 134.

³³ Ibid.

³⁴ Ibid.

³⁵ Centre for Excellence in Child and Family Welfare. (2023). Unpublished paper on findings from health survey of residential care workers.

³⁶ Smales et al (2026).

Recommendation 5. Consistent with their recent educational inquiry, CCYP should undertake a review of the health experiences of children in care to improve their access to high-quality care and set them up well for healthy adult lives.

Implementing the Yoorrook Justice Commission’s report recommendations

AIHW data shows that Aboriginal children are 21 times more likely to be in the out-of-home care system than non-Aboriginal children.³⁷ In 2021-22, Aboriginal and Torres Strait Islander children accounted for 43 per cent of all children in out-of-home care, despite representing only 6 per cent of the general child population in Australia.³⁸ In 2020–21, in Victoria, 2,572 Aboriginal children were placed in the out-of-home care system.³⁹ Some predictions indicate a doubling of the number of Aboriginal child removals by 2029 unless urgent action is taken.⁴⁰

The Yoorrook Commission outlines key steps that need to be taken to stop this trajectory, including transferral of ‘decision-making power, authority, control and resources to First Peoples, giving full effect to self-determination in the Victorian child protection system’. This will require legislative change, establishment of a dedicated Aboriginal-led child protection system, and transfer of resources to reflect a proportionate funding response to the number of Aboriginal children in the system and the requisite services to be provided.⁴¹

The Centre supports the establishment of an Aboriginal-led child protection system with a stronger focus on preventing entry into care and reunification once in care. The report makes clear that decades of mainstream child protection policies and decisions have resulted in high rates of Aboriginal child removal from families, often never to be returned. The Yoorrook Commission recommendations provide a systemic response to systemic challenges.

We also support the need for proportionate funding, to work toward a system that is adequately resourced, with responsibilities transferred to ACCOs. To effectively meet the National Agreement on Closing the Gap targets and successfully implement Victoria’s Closing the Gap Implementation Plan, ACCOs must be allocated proportional funding.

³⁷ Australian Institute of Health and Welfare. (2023). Community safety for First Nations people. Web article. <https://www.aihw.gov.au/reports/australias-welfare/indigenous-community-safety>

³⁸ Ibid.

³⁹ Victorian Government (2022). Aboriginal Affairs report 2021.

<https://www.firstpeoplesrelations.vic.gov.au/victorian-government-aboriginal-affairs-report-2021/>

⁴⁰ See for example, SNAICC. (2020). Family Matters.

⁴¹ Yoorrook Justice Commission. (2023). Yoorrook for Justice: Report into Victoria’s Child Protection and Criminal Justice Systems.

Recommendation 6. Consistent with the principle of self-determination, implement the recommendations in the Yoorrook report to keep Aboriginal children safe, nurtured and connected to culture.

Building the capacity of early years education and care settings

The Centre welcomes Victoria's Best Start, Best Life early childhood education reforms. Early childhood education and care (ECEC) is not simply about facilitating workforce participation but provides critically important foundational opportunities for later development. Consistent with the literature, the reforms recognise that two years of pre-school have more impact on a child's development than one year, especially for the children most likely to be developmentally vulnerable.⁴²

While publicly funded universal early education and care can be a powerful instrument for the promotion of social equity,⁴³ more needs to be done to ensure early years' services are accessible and responsive to the needs of diverse communities. Studies show that families who experience disadvantage and vulnerabilities such as trauma are the least likely to access and participate in early years education and care.⁴⁴ Children living in rural areas of Victoria, from non-English speaking backgrounds, with disabilities, and/or from Aboriginal or Torres Strait Islander backgrounds are still under-represented in early childhood education and care, as are children who live in low socioeconomic areas.⁴⁵

Complex trauma affects developing bodies and brains, leading to difficulties in forming relationships, emotional regulation, behaviours and learning that can worsen educational and life outcomes.⁴⁶ Children in vulnerable circumstances do not always receive the care and support they need to thrive in early education and care settings. Our members report that early education settings where there is not a trauma-informed approach to education can risk misunderstanding

⁴² Fox, S and Geddes, M. (2016). *Preschool - Two Years are Better Than One: Developing a Preschool Program for Australian 3 Year Olds – Evidence, Policy and Implementation*, Mitchell Institute Policy Paper No. 03/2016. Mitchell Institute: Melbourne.

⁴³ Hahn, R., & Barnett, S. (2023). Early childhood education: Health, equity and economics. *Annual Review of Public Health*. 44: 75-92.

⁴⁴ Moore, T. (2021). *Developing holistic integrated early learning services for young children and families experiencing socio-economic vulnerability*, Centre for Community Child Health, Melbourne: Murdoch Children's Research Institute.

⁴⁵ Ibid.

⁴⁶ Early Childhood Australia. (2020). Trauma-aware early education and care. <
<https://www.earlychildhoodaustralia.org.au/our-publications/research-practice-series/research-practice-series-index/2020-issues/trauma-aware-early-childhood-education-care/#:~:text=It%20is%20now%20known%20that,for%20these%20vulnerable%20young%20children>>

the trauma manifestations conveyed by children – such as the ‘quiet’ child or the ‘naughty’ child – and not responding in evidence-formed ways.

A trauma-informed approach to early learning ‘includes developing a thorough understanding of the ways trauma impacts developmentally on children and recognising symptoms of trauma’.⁴⁷ A recent scoping review of trauma-informed practice in early childhood education and care settings identified several themes:⁴⁸

- Inclusion of coaching with training to help teachers translate what they have learned into their practice.
- Development and evaluation of multi-tiered trauma-informed interventions, examining the sustainability of outcomes over time.
- Understanding the context in which early childhood education and care settings operate and the cultural and socioeconomic background of the children and families they serve can help tailor trauma-informed approaches
- Partnerships between families and the early childhood education and care settings are critical to ensuring high-quality education and care with the potential to inform and improve program implementation and enhance a trauma-informed culture within the community, and subsequently maximise child outcomes.

The Centre’s Early Start, Bright Future program is funded by the Department of Education to build the capability of child and family services to support families experiencing vulnerabilities or complex needs to access information, subsidies and services. However, further investment is needed to strengthen the knowledge and skills of the early education workforce. This work could be delivered by the Centre through its Early Start, Bright Future initiative to support early educators to recognise and work closely with children and families who have experienced trauma, while also supporting child and family services practitioners to better understand the critical importance of early learning opportunities and supporting families to access these pre-school opportunities. The Centre’s team of practice specialists provide child-centred, trauma-informed coaching and training to increase workforce knowledge about the impact of early trauma on children, signs of trauma in children, and evidence-informed responses to the child and family.

Recommendation 7. Continue investment in the Centre’s Early Start, Bright Future project to support child and family services practitioners to build knowledge about early years learning and

⁴⁷ KidsFirst. Trauma informed practice in early learning. <https://www.kidsfirstaustralia.org.au/page/Trauma-informed-practice-in-early-learning/#:~:text=A%20trauma%2Dinformed%20approach%20to,it%20can%20be%20particularly%20damaging>

⁴⁸ Sun, Y., Blewitt, C. & Skouteris, H. (2023). Trauma-informed interventions in Early Childhood Education and Care settings: A scoping review. *Trauma, violence and abuse*. Vo.25, Iss.1. <https://doi.org/10.1177/15248380231162967>

the supports available to families, and to support early years educators in understanding the impact of trauma on vulnerable families.

Supporting families

Continued investment in provision of proven and promising programs

Child and family services are at the core of the support given to families across multiple areas of need in Victoria. The 2021 census showed Victoria has around 1,058,637 families.⁴⁹ It is estimated that each year in Victoria around 155 organisations provide State Government funded programs to around 40,000-50,000 of the most vulnerable families in the state.⁵⁰ With greater investment, we could be supporting many more children, young people and families, providing the earliest possible assistance to prevent escalation of need and referrals to specialists when the need is urgent.

Family services are neither well known nor defined as a sector and it is worth highlighting three key functions, which are to:

- Support and promote child safety and wellbeing
- Support family functioning
- Integrate and connect systems of support for the child and family.

Family services, particularly ACCOs, also play an important role in strengthening a child's and family's cultural identity. The work of Aboriginal and mainstream family services is vital not only for children, young people and families but for the wider communities in which they live. However, the high demand for the services means that many children and families are missing out on the critically important support they need.

Our sector supports families at the earliest sign of need to prevent a potential trajectory of intensive, high-cost, tertiary services in addition to the irretrievable breakdown of families and continuation of the cycle of intergenerational trauma. The new Strategic Framework being developed by DFFH reflects this continuum with service responses based on need rather than programs. The continuum reflects families with emerging or situational needs (Connecting and enabling families), cumulative and escalating needs (Strengthening families) and families with significant and enduring needs (Safeguarding and restoring families).

Victoria's commitment to an evidenced approach to service delivery has resulted in significant progress being made in preventing entry into statutory and criminal justice systems and improving the lives of children and families. Continued investment in the provision of proven and promising

⁴⁹ This includes Couples with children (775,063), One-person families (254,704) and Other families (28,870). See <https://profile.id.com.au/australia/households?WebID=110> which provides a breakdown of ABS 2021 census data for household types in Victoria.

⁵⁰ EY. (2022). Supporting Victorian children and their families: Family services Victoria. Unpublished paper. The number 40,000-50,000 families is an estimate of the number of families covered by both government and independently funded programs offered by CSOs.

programs is urgently needed if we are to maintain the momentum of these program's successes and expand the reach of the service system to other at-risk families.

This means sustaining support for initiatives like the Family Preservation and Reunification response, which provides strengths-based, culturally safe, trauma-informed and family-centred approaches to families at risk of entry into child protection, alongside other early intervention initiatives designed to alter the trajectories of children and families in need.

Early Help Family Services focuses on emerging needs. The program places child and family services practitioners in universal settings – such as early childhood education and care services, schools, and maternal and child health services – providing families with a rapid response, support and intervention, and connecting them into other community services. The pilot has enabled early warning signs to be picked up promptly by professionals. It demonstrates the benefits of embedding child and family services in easily accessible spaces to be able to identify and respond to child wellbeing concerns, and as an early access point for intervention and service provision.

There are also effective programs, such as Caring Dads, an evidence based program designed to increase the safety and wellbeing of children by working with their fathers to end controlling, abusive and neglectful behaviour.

These programs have demonstrated their capacity to make a significant difference in the lives of those they support. They provide services at key points across the system, building connections across sectors and increasing social connection for families.

Some populations are particularly vulnerable and are not currently receiving the support they need to maintain familial relationships. Women in prison – often from disadvantaged backgrounds with a history of mental health issues, poverty, substance use, childhood trauma and family violence – have complex health and wellbeing needs.⁵¹ Around 54 per cent of women entering prison have at least one dependent child.⁵² An evaluation of a two-year trial of the Women Transforming Justice (WTJ) project found 'significant service and legal gaps, as well as an urgent requirement for much greater and more nuanced understanding of criminalised women's experiences'.⁵³ This is particularly the case where children are involved and there is an opportunity to maintain or rebuild a bond between mother and child/ren. Family services, working alongside legal professionals, are well placed to support the needs of these women and their children and to support reunification when in the interests of the child.

⁵¹ Australian Institute of Health and Welfare. (2020). The health and welfare of women in Australia's prisons. Australian Government. <https://www.aihw.gov.au/getmedia/32d3a8dc-eb84-4a3b-90dc-79a1aba0efc6/aihw-phe-281.pdf?v=20230605184349&inline=true>

⁵² Ibid.

⁵³ Campbell, E., Macmillan, L. & Caruana, C. (2020). Women Transforming Justice: Final Evaluation Report, Centre for Innovative Justice, RMIT University, Melbourne.

Another service gap is for children who are victims of family violence, sexual abuse and crime. Children are largely invisible when it comes to reporting on family violence, sexual abuse or the impact of violent crimes, as highlighted by the 2016 Royal Commission into Family Violence report, the 2023 Australian Child Maltreatment Study and the AIHW report on the prevalence of recorded crimes against children.

The Royal Commission into Family Violence found a lack of targeted resources to meet the specific needs of children and young people who have experienced family violence.⁵⁴ The ACMS found 60 per cent of adults nationally have experienced one or more forms of maltreatment as children, with 28 per cent of the Australian population having been sexually abused in childhood and nearly 40 per cent having experienced domestic violence.⁵⁵ The evidence base is strong in relation to the long-term impacts of childhood exposure to these kinds of harmful and damaging experiences. In their 2022 review of the impacts of family violence on children, Deloitte Access Economics highlighted the need for a system-based response and for increased investment in child-focused and age-appropriate interventions for children who experience family violence.⁵⁶

The AIHW report on children and crime highlights the range of crimes – from non-violent theft or fraud to aggravated sexual assault and homicide – to which children may be exposed.⁵⁷ Nationally in 2018, the AIHW reports, there were around 9,300 sexual assault, kidnapping/abduction, robbery and blackmail/extortion offences against children aged 0–14, with sexual assault accounting for around 85 per cent (or around 7,900 cases) of these. However, studies show the number of children who engage with or complete appropriate therapeutic service provision for sexual assault or abuse is low. More needs to be done to build knowledge about evidence-informed services and to make sure these services are available when and as needed.

Recommendation 8. Continue to invest in early intervention and prevention programs and approaches that are working, including key lapsing programs such as the Family Preservation and Reunification response, Early Health Family Services initiative and Putting Families First program.

Recommendation 9. Consider funding a pilot program involving a family services practitioner and legal specialist who can work intensively with a small group of incarcerated mothers to support

⁵⁴ Royal Commission into Family Violence. (2016). Summary and recommendations. Victorian Government. p.6.

⁵⁵ Haslam, D., Mathews, B., Pacella, R., Scott J., Finkelhor, D, Higgins, D., Meinck F., Erskine, H., Thomas, H., Lawrence, D, & Malacova, E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology. DOI: <http://doi.org/10.5204/rep.eprints.239397>

⁵⁶ Deloitte Access Economics. (2022). Consultancy project: These are our kids. Final report.

⁵⁷ Australian Institute of Health and Welfare. (2022). Australia's children: Children and crime. Web report. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/justice-safety/children-crime>

their health, well-being, financial and legal needs, to maximise their chances of successful reunification with their children and reintegration into the community after release from prison.

Recommendation 10: Map the service system to identify gaps in specialist service provision for children who are victims of family violence, sexual assault/abuse and/or victims of crime and invest in place-based, evidence-informed, therapeutic and child-focused responses to meet the needs of these children.

Integrating the child and family services and mental health systems

The Centre recognises the critical importance of continuing to build strong health and human services intersections and welcomes the transformative nature of the mental health reforms currently being rolled out in Victoria. The reforms provide opportunities for child and family services to be involved more centrally in the implementation and embedding of these reforms, moving toward a more integrated and person-centred mental health system. We need more collaborative, integrated service models to recognise the drivers behind people's experience of mental ill-health and inherent complexity of their health care needs.

Child and family services support children and families at all points along the continuum of mental health and wellbeing, providing prevention, early intervention, crisis responses and recovery supports. Our sector recognises that strengthening and repairing family relationships is necessary for healing from trauma and makes mental health recovery more achievable. Practitioners put in place early supports and assist families to engage with specialist services while working with families in the home providing practical support to strengthen parenting confidence and child and family relationships. Being in the home means practitioners can observe and address early signs of psychological distress and can work closely with specialist mental health and wellbeing services while supporting children, parents and families in their day-to-day lives.

Successful implementation of the mental health and wellbeing reforms requires:

- Closer alignment of our efforts (bringing the two service systems together seamlessly)
- Prioritising lived experience and maintaining a whole of family approach
- Drawing on existing expertise available in child and family and mental health sectors (child and family services work with children and families who present with multiple, complex and co-occurring needs, including mental health and wellbeing concerns)
- Building new evidence (for example, gathering data that clarifies the prevalence of parental mental illness as a precipitating factor for children's entry into out-of-home care and research to explore the appropriateness of current services system responses to these families – looking for good examples of mental health informed prevention and early intervention practices which can be replicated, as distinct from service system responses that make entry into out-of-home care almost inevitable)
- Taking a trauma-informed approach (recognising the role that trauma can play in the onset and development of mental illness/distress when not recognised or addressed. Adverse

childhood experiences for example cover a wide range of traumatic experiences which can affect a person's sense of safety, stability, attachment, health and wellbeing.

- Identifying opportunities to work collaboratively to improve outcomes for children and families (the reforms provide many possibilities for multi-disciplinary and cross-sectoral partnering).

The Centre as the peak body is in a unique position to support child and family services. We currently co-host a Cross Sector Working Group with FaPMI (Families where a Parent has a Mental Illness) which has a capacity building role in every public adult mental health service. This Cross Sector Working Group is well placed to build knowledge and provide practice support in partnerships across both sectors. The program of activities include:

- Building generalised profiles of families who are involved in both the mental health and child and family services sectors and mapping their experiences.
- Developing a framework (in the form of Guidelines for Best Practice) to guide organisations in practice improvement, service design and development when working with a parent with a mental health issue and reducing the risk of becoming involved with community services.
- Identifying key training needs and priorities across both sectors to support best practice.
- Developing collaborative working frameworks at a regional level to support both sectors.
- Establishing a shared platform for communication, issue identification, problem definition, shared design options, and actions and strategies.
- Inviting partnerships across both sectors to deliver programs to children and families living with mental health concerns.
- Including lived experience voices of parents, children and young people.

The Centre submitted a proposal to the Department of Health several months ago underpinned by extensive consultation with the child and family services sector. The proposal identifies current mental health and wellbeing practice, knowledge gaps, sector strengths in supporting children and families where mental health is a concern, and partnering opportunities when the two systems could come together and collaborate in the interests of clients.

We made the case for a funded role at the Centre to deliver a program of activities that would support successful implementation of the mental health and wellbeing reforms. This role would also coordinate the work of the Cross Sector Working Group with FaPMI to build on the significant expertise that resides in the FaPMI workforce. An additional position will enable the planning and undertaking of this significant agenda (given that there is an evidence-building component to this work).

Recommendation 11. Fund two full-time positions at the Centre to enable the development of a coordinated, cross-sectoral approach to the mental health needs of children, young people, their parents, carers and families as part of the mental health reform agenda.

Better support for refugees, asylum seekers and CALD communities

Culturally and linguistically diverse (CALD) communities in Victoria are not a homogenous group and 'cultural diversity' can mean different things in different contexts. For example, it can be considered by country of birth, language spoken at home, ancestry or other characteristics.⁵⁸ CALD communities include children, young people, families and individuals with a range of migration experiences and cultural, ethnic and religious backgrounds.⁵⁹ The 2021 Census showed that 58.7 per cent of Victorians have at least one parent who was born overseas and that 41.1 per cent of people living in Greater Melbourne, and 35 per cent of all Victorians, were born overseas.⁶⁰ In August 2021, there were 1,639,000 temporary visa holders nationally, 23.1 per cent of whom lived in Greater Melbourne.⁶¹

This diversity brings a responsibility to ensure inclusive and equitable support for migrants, refugees and asylum seekers. However, many children and families from non-English-speaking CALD backgrounds can face barriers to accessing services. Challenges include difficulties navigating complex or fragmented services, language barriers and inadequate interpretation services, cultural misunderstandings, and implicit bias in practitioners.⁶²

Newly arrived migrants may need English language services and interpreter support, but the service needs of refugees and asylum seekers are likely to be more complex, shaped by often traumatic pre-settlement experiences and higher levels of vulnerability. In addition, there is the trauma of the journey to Australia and the uncertainties associated with Commonwealth visa status which may or may not entitle the holder to differing levels of care and support. Asylum seekers in particular receive little if any Commonwealth Government support with the 'gap' being picked up by the Victorian Government and service system.

There is a growing awareness amongst service providers of the importance of training and supporting a culturally competent workforce, as part of a wider commitment to ensuring a culturally safe environment.⁶³ Expanding the pool of bicultural workers available to partner with

⁵⁸ Qu, L., Baxter, J. & Gorniak, M. (2023). Population, households and families. Australian Institute of Family Studies. Australia Government.

⁵⁹ Australian Institute of Family Studies. (2023). Creating culturally responsive practice and services to support the mental health of children from culturally and linguistically diverse (CALD) backgrounds. <https://d2p3kdr0nr4o3z.cloudfront.net/content/uploads/2023/07/04153000/Creating-culturally-responsive-practice-guide.pdf>

⁶⁰ Victorian Multicultural Commission. (2023). Annual Report 2022-2023. Victorian Government.

⁶¹ Australian Bureau of Statistics. (2023). Over 1.6 million temporary visa holders in Australia on Census night. Media release. <https://www.abs.gov.au/media-centre/media-releases/over-16-million-temporary-visa-holders-australia-census-night>

⁶² Australian Institute of Family Studies. (2023). Creating culturally responsive practice and services to support the mental health of children from culturally and linguistically diverse (CALD) backgrounds.

⁶³ The Ethnic Communities' Council of Victoria (ECCV), (2018) ECCV Policy Position Paper, Child and Family Welfare Services in Multicultural Victoria, <https://eccv.org.au/wp-content/uploads/2018/07/4-ECCV-Position-Paper-on-Child-and-Family-Welfare-final.pdf>

child and family services could see increased engagement of CALD communities with targeted child and family services. A team of para-professional bicultural support officers and/or family mentors working within and across language groups can support community engagement for migrant families with a lived experience of the settlement journey, and a commitment to further long-term social cohesion and citizenship. Bicultural workers generally work within ethno-specific groups and across multicultural groups, depending on the level of need and English language literacy of families in the area. Bicultural workers can be sourced from a central pool and can be offered on a short or long-term basis.

Child and family services need to be accessible for all Victorian families, regardless of cultural or language background. One way of enabling this is to build a diverse and bicultural child and family services workforce which can work directly with CALD families. Similar to the Government's investment in CALD outreach workers in local government areas and in the Family Mentoring Program⁶⁴ – which has been shown to be particularly effective in engaging CALD families in early years services – the Government could fund Practice Lead (CALD) positions in areas of high need.

Recommendation 12. Fund a trial of bicultural child and family services Practice Leads in areas of high need to help address the access barriers experienced by refugees, asylum seekers and CALD communities.

Sustaining Raising Expectations to improve educational opportunities for care-experienced students

The CCYP report, *Let us Learn*, found that most care leavers did not have supports in place to help them engage in further education, training or employment after they leave care.⁶⁵ Even with the government's commitment to reform the care system, there remain significant challenges for young people leaving care and people who have left care when it comes to engagement in tertiary education; an issue with implications for their future life trajectory and outcomes.

Raising Expectations provides a unique platform for government, universities, TAFEs and the community sector to work together to improve access, provide dedicated support and enable successful completion of vocational and/or higher education study for individuals who have been in care.⁶⁶

The model continues to contribute to tangible improvements in the education and life opportunities for care-experienced young people, seeing the number of care leavers enrolled in further or higher education rise to more than 650 students across four institutions. Continuing

⁶⁴ Centre for Excellence in Child and Family Welfare, Submission: Inquiry into Early Childhood Engagement of culturally and linguistically diverse families, 2019

⁶⁵ Commission for Children and Young People. (2023). *Let us learn*.

⁶⁶ Australian Council for Educational Research. (2023). Raising Expectations program: Draft evaluation report. Unpublished.

investment in this proven model would allow the Centre to reach more care leavers and continue to improve their life opportunities through increased access to post-secondary education and employment in high-need sectors. The CCYP *Let us Learn* report endorsed the model and recommended that the Victorian Government funds programs to encourage students in out-of-home care to pursue post-secondary education. The report specifically notes the efficacy of Raising Expectations, the Game Changers Transitions Peer Mentoring Program and the Level Up Peer Mentoring Program, all of which are led by the Centre with our partners.

Recommendation 13. Continue to invest in the Raising Expectations program to support care-experienced students to access education, employment opportunities, and reach their full potential.

Improving educational engagement and performance for students in care

The CCYP report *Let us Learn* highlights the significant barriers to educational engagement, achievement and post-secondary school options for children and young people in care. The report is clear about the impacts of the barriers faced: 'limited education can lead to fewer career opportunities, poorer physical and mental health, financial insecurity, and lowered self-esteem'.⁶⁷ It is also clear that children and young people in care are motivated to achieve academically with the right support, which includes professionals understanding and responding in informed ways to manifestations of trauma. The report describes in detail the challenges faced by primary and secondary students in care, how these diminish engagement and motivation, and limit future pathway choices, but also some of the ways these challenges might be addressed.

The Department of Education currently funds the Centre, together with VACCA and the Victorian Alliance of Aboriginal Children and Young People (the Alliance), to work closely with the LOOKOUT Centres and caregivers to support the implementation of the *Out-of-Home Care Education Commitment* and *Early Childhood Agreement for Children in Out-of-Home Care* partnering agreements. This project work involves awareness raising about the care system and impacts of trauma on children and improving collaboration between the out-of-home care and education systems. The funded tripartite collaboration between the Centre, VACCA and the Alliance provides an opportunity to actively support implementation of the CCYP's recommendations in relation to pre-school, primary and secondary school. The inquiry found that LOOKOUT Centres are not sufficiently resourced to implement the scope of their responsibilities. The expertise of the tripartite collaboration partners provides a cost-effective opportunity to help address this gap.

The CCYP report identified several priority cohorts which have significant unmet need. The Centre supports the CCYP recommendations to review the partnering agreements to include the specific needs of children and young people who are in care and are disengaged from education,

⁶⁷ Commission for Children and Young People. (2023). p. 7.

transitioning from care and youth justice settings, and have recently been reunited with their families.⁶⁸

Recommendation 14. Continue to fund the tripartite Out-of-Home Care Education project to support the LOOKOUT Centres in designing and implementing activities aligned with the CCYP *Let us Learn* findings and recommendations.

Resource ACCOs to deliver culturally safe and appropriate services

While the Victorian Government has demonstrated a strong and consistent commitment to Aboriginal self-determination, the statistics on Aboriginal child removal, length of time in the care system, and involvement in the justice system indicate there is a long way to go, as the Yoorrook Commission report highlights.

ACCOs are well positioned to effectively meet the varied needs of their communities,⁶⁹ yet often lack the necessary resources to design and deliver a comprehensive suite of services which cater to these diverse requirements. VACCA alone delivers more than 80 programs tailored to the needs of local communities.⁷⁰ These programs include child and family services, child protection, family violence and sexual assault supports, youth and adult justice supports, early years, education, homelessness, disability, AOD, cultural programs and supports for Stolen Generations.

ACCOs more broadly provide strengths-based, holistic and all-of-family responses. The evidence is clear about their critically important role in early intervention and in supporting families who have entered or are at risk of entering the statutory and justice systems.⁷¹ Unless ACCO service capacity is planned and resourced consistent with Aboriginal population growth, and funding is proportionate to the overall needs of service provision for Aboriginal children, young people, families and communities, the proportion of child and family services delivered by ACCOs will decline.⁷²

By investing in these organisations, and committing to proportionate funding, the state government has an opportunity to support the integral role that that ACCOs play in keeping

⁶⁸ Ibid.

⁶⁹ Morley, S. (2015). What works in effective Indigenous community-managed programs and organisations. Child Family Community Australia. CFCA PAPER NO. 32. Australian Institute of Family Studies. Commonwealth of Australia.

⁷⁰ Victorian Aboriginal Child Care Agency. (2022). Yoorrook - Nuther-mooyoop on Systemic Injustice in the Child Protection and the Criminal Justice Systems. <https://yoorrookjusticecommission.org.au/wp-content/uploads/2022/12/Submission-Victorian-Aboriginal-Childcare-Agency-VACCA-REDACTED.pdf>

⁷¹ SNAICC. (2020). Stronger ACCOs, stronger families: Final report. <https://www.snaicc.org.au/wp-content/uploads/2023/05/SNAICC-Stronger-ACCOs-Stronger-Families-report-2022.pdf>

⁷² Victorian Aboriginal Child Care Agency. (2022).

families together, reducing the impact of hardship and trauma, and keeping First Nations peoples connected to culture, community, and Country.

Recommendation 15. Invest in ACCOs to deliver the full range of services needed to meet the needs of Aboriginal children, young people, families and communities across Victoria, including a commitment to additional service responses relating to strengthening culture and connection to community and Country.

Investing in place-based responses

Many of the Centre's members offer place-based services characterised by multi-agency and/or coordinated services, a focus on supporting clients in a specific location, and encouraging community involvement/co-design including the most underrepresented voices. While evidence about the efficacy of place-based service provision is still growing, a recent overview of place-based initiatives in Australia highlighted the fact that these approaches by their nature are long term and developmental.⁷³ As a consequence, building strong, locally grounded partnerships amongst trusted organisations requires funding that is long term, flexible, and with sufficient resources to cover co-design processes, implementation, evaluation, capacity building and training, and mentoring.⁷⁴

Recent community-led responses to emergencies highlight the value of on-the-ground expertise which can draw on local relationships to provide timely and tailored responses, not only to emergencies but to local challenges. Given the appropriate support, regional communities are best suited to design and deliver local, place-based recovery solutions, as the example below indicates:

In October 2022, much of the state was impacted by a major flood emergency. Some of the most significant losses were experienced in the Goulburn Valley and, in particular, Shepparton and Mooroopna. The Goulburn Flood Recovery Service, funded by the Victorian Government, is a great example of local capacity at work. The service aided flood-impacted people across the shires of Moira, Greater Shepparton, Strathbogie, Mitchell and Murrindindi. Led by Shepparton-based FamilyCare, the seven delivery partners include a range of organisations, large and small. They share a common interest and physical presence in the communities where the flood waters caused loss, damage, and trauma. Many families have still not been able to return to their homes and services are still supporting their wellbeing and material needs.

This model of genuine and practical collaboration, drawing from and adding to existing locally based strengths and relationships, has enormous potential for development and replication as

⁷³ Harris, D., Cann, R., Dakin, P., Narayanan, S. (2023). Place-based Initiatives in Australia: an overview. ARACY, Canberra.

⁷⁴ Ibid.

the effects of climate change intensify. The approach aligns with the Federal Government's intention to set up a National Centre for Place-Based Collaboration, known as a Nexus Centre.

The government has engaged a consortium during 2023-24 to inform the development of such a Centre, which is envisaged as an independent entity designed to support 'more inclusive and effective place-based partnerships between communities, governments, the non-government sector, business, and investors. It will recognise that place-based approaches differ and the "right" approach reflects the needs and local arrangements that work best for that community'.⁷⁵

The Nexus Program is designed to work across sectors to create the conditions for place-based change models to thrive, so that communities are enabled and empowered to accelerate progress on the things that matter most to them.⁷⁶ One of the Centre's regional members, whose organisation has been part of a place-based welfare conditionality project, has identified several core principles to increase the effectiveness of place-based approaches:⁷⁷

- Local community members need to be given agency in the setting up of a place-based response or program, included in both the formulation of the problem and its solution.
- 'Place' is more than a physical location; it encompasses a sense of shared history and reflects community aspirations, with links to a wide range of people in the community, making local agencies well placed to respond to evolving local need.
- Place-based programs need to recognise the importance of service users' lived experience and their unique perspectives on the nature of the service they receive and allow sufficient time for meaningful participation to occur.
- For place-based approaches to work, community members need to see themselves in an initiative, resources need to be sufficient and governance across the partnership needs to be strong and continually being reviewed.⁷⁸

The Centre supports the finding of the Strengthening Communities Alliance that place-based responses are relevant to many different policy areas and academic disciplines, which need to be brought into discussions about place-based work,⁷⁹ and recommends that the Victorian Government work closely with the Federal Government in the establishment of a National Centre for Place-Based Collaboration which can potentially encourage seed-funded national trials of what works and why.

⁷⁵ See Department of Social Services website: <https://www.dss.gov.au/place-based-collaboration>

⁷⁶ Nexus Foundation Partner, Prospectus for the National Centre for Place Based Collaboration, p. 8.

⁷⁷ Tennant, D. (2023). Place-based interventions: What helps and what doesn't. Croakey Health Media. <https://www.croakey.org/place-based-interventions-reflections-on-what-helps-and-what-doesnt/>

⁷⁸ Ibid.

⁷⁹ Mission Australia. (2023). Strengthening communities position paper. Strengthening Communities Alliance. <https://www.missionaustralia.com.au/publications/position-statements/strengthening-communities>

Recommendation 16. Consistent with the case for the proposed National Centre for Place-Based Collaboration, provide seed funding to establish and evaluate a small number of community-led, place-based responses to local need.

Establish a whole-of-government taskforce for child-centric emergency response and recovery

The Centre asks the Victorian Government to consider establishing a whole-of-government taskforce dedicated to making sure children are not overlooked in the state's emergency response and recovery efforts. As Victoria navigates the ongoing challenges of bushfire recovery, the escalating risks associated with climate change, and the persistent effects of the COVID-19 pandemic, there is a heightened risk that the needs of children might be neglected. The Centre welcomes the government's appointment of a Minister for Children and sees this as a positive step in ensuring children and young people are considered in policy and legislation across government.

The impact of disasters and emergencies on children can be profound and lifelong with children experiencing challenges associated with their physical, mental, emotional, cognitive, and social development.⁸⁰

As communities across Victoria face evolving demographic landscapes and the growing impacts of climate change, particularly in regional and remote communities, there is a critical need to adapt local infrastructure and support systems accordingly. The lack of integration of family service providers in this planning process can lead to a disconnect between community needs and the solutions implemented. Research into the mental health impacts on children and families in the four years after the 2009 Black Saturday bushfires found that programs mainly targeted secondary school aged students and were mainly focused on individual mental health support. Very few programs provided support for parents, and almost no services specifically aimed at restoration of a sense of safety and stability for younger children.⁸¹ The majority of services were also delivered in the second and third years after the fires rather than in the immediate or short-term aftermath.

Family service providers offer a breadth of knowledge about the needs of families, making their insights invaluable in shaping meaningful and sustainable infrastructure plans. They are best placed to identify potential risks, contribute to resilience-building strategies, and ensure that planning processes are inclusive and equitable. The involvement of child and family service

⁸⁰ Gibbs, L., Nurse, J., et al. (2019). Delayed disaster impacts on academic performance of primary school children. *Child Development* Vol. 90, No. 4, pp. 1402-12.

⁸¹ Gibbs L., Molyneaux R., et al. (2020). 10 Years Beyond Bushfires Report. University of Melbourne, Melbourne, Australia.

organisations is crucial in fortifying local support networks and in developing long-term solutions which are child, family and community centred.

Implementation of a whole-of-government taskforce would provide a vital channel for direct communication between children, the sector, and government officials who have the authority to enact change. It would facilitate real-time sharing of experiences and insights from those on the ground, enabling the government to tailor its responses effectively. Such a proactive approach is essential to adapt to the dynamic and often unforeseen needs of children in a rapidly changing environment, ensuring their wellbeing and safety are prioritised in all emergency response and recovery plans.

Recommendation 17. Establish a whole-of-government taskforce to make sure that children are at the forefront in the state's responses to and recovery from emergencies.

Creating a skilled, diverse and empowered child and family services workforce

Strengthening the role of Child and Family Services Alliances

The Child and Family Services Alliances play a critically important coordination role in local communities, bringing together a wide range of community and universal services to promote vulnerable children's safety, wellbeing and development in the community. The Alliances are integral to the provision of more wrap-around and integrated service responses. They are in a unique position to support better coordination across child and family services, The Orange Door, child protection, government, universal and specialist services.

The Alliances work closely with local and state government departments to encourage two-way communications, support best practice, and improve service delivery and sector capability. They function as the cornerstone of child and family services governance and are a key driver of continuous improvement in service provision. Their place-based planning approach 'builds a collective knowledge of local issues to be targeted, improves articulation of local needs, and supports development of shared localised strategies to address them'.⁸²

The Victorian Government has funded a part-time position at the Centre to help build more collaborative opportunities across Victoria for Alliance members to come together to learn from each other, collect data for continuous improvement opportunities, and support practice informed by the best available evidence. As the peak body for child and family services, the Centre

⁸² Department of Health and Human Services. (2022). Alliance Planning and Oversight Policy for Child and Family Alliances. Victorian Government.

is well placed to host this dedicated statewide coordination role to raise the profile of the Alliances and support them to strengthen their governance structures to provide effective strategic and service planning, service coordination, workforce and demand management.

The Centre seeks an extension of the statewide role at the Centre for another two years to be able to deliver on the full range of activities set out in the project plan. These include assisting Alliance facilitators to access and analyse critical data to inform their alliance planning, build capability across all Alliance members in response to identified gaps in knowledge or practice skills, develop and share relevant resources consistent with Alliance planning domains, support Alliance members to implement new policy and reforms – particularly in light of the new family services strategic framework being developed by DFFH, and to support the long-term usefulness, value and longevity of the Alliances as the primary governance infrastructure in the child and family services sector.

Recommendation 18. Extend the current funding for a dedicated statewide coordination role based at the Centre for an additional two years to increase the robustness of this governance model.

Strengthening workforce capability to support families with complex needs

The Centre's members work with families experiencing a wide range of challenges. From supporting new parents to assisting children and families where there are complex co-occurring vulnerabilities and risks, such as child abuse and neglect, poverty, family violence, mental health challenges, alcohol and other drug dependency issues, and disability.

Existing risk factors have been exacerbated by changes in the external environment, with significant cost of living pressures, profound impacts of COVID-19 and the devastating impacts of natural disasters and climate change on communities (e.g. floods and bushfires). This means many Victorians are experiencing hardship and vulnerability and are in need of additional support.

In addition to existing workforce knowledge and skills and the attributes to respond to families with complex needs, our child and family services workforce also need the ability to be able to:

- Blend face-to-face and virtual interaction with clients – COVID-19 has required an ability to engage creatively and comfortably with technology, and with dynamic family needs during periods of crisis
- Gather and use the best available evidence, including client outcomes measurement, to underpin practice approaches, reporting, continuous improvement and funding bids
- Work in collaborative arrangements, sharing information, training and resources to deliver more coordinated, multi-disciplinary services for clients, such as the TriPeaks initiative and OPEN Expansion project

- Work locally with community – COVID-19 highlighted the strengths and importance of local community connections and place-based decisions to address local challenges
- Understand and adapt to new reforms, including those involving mental health, family violence, Aboriginal self-determination and child protection.

The demand for highly skilled and qualified workers in child and family services remains high, outstripping workforce capacity. Existing initiatives such as Jobs That Matter, Switch to Social Work, and Social Work Placement Scholarships seek to address gaps in attraction, retention and professional development. The original sector industry plan expired in 2021. There is an urgent need to develop a new strategic approach that takes into account the growing complexity of family needs and the events and reforms which have occurred or are underway – such as the Social Services Regulation Reform, Client Incident Management Review, Early Intervention Investment Framework – since the first plan was conceived.

The ten-year Family Violence Industry Plan was initiated in 2017 and since then ‘has achieved a five-fold growth in the specialist family violence sector; and through MARAM has supported 400,000 practitioners to build family violence capability’.⁸³

The Centre asks for a one-off funding grant to develop a new four-year Child and Family Services Industry Plan to grow our own critically important sector and to strengthen practitioner capability and sector leadership to meet emerging and future workforce challenges and provide sustainable career pathways for entrants into the sector.

Recommendation 19. Fund the Centre to develop a refreshed and contemporary Child and Family Services Industry Plan to support strengthened workforce capability and sector sustainability.

Invest in cross-sectoral collaboration

As mentioned above, the importance of cross-sectoral collaboration between child and family services and other service systems cannot be overstated. The Centre’s OPEN Expansion Project is an example of such collaboration, bringing together key peak organisations across the family violence sector, focusing on improving the capabilities of workers in the family violence and sexual assault service systems. Comprised of Safe and Equal, No to Violence (NTV) and Sexual Assault Services Victoria (SASVIC), this project has demonstrated the importance of having shared language and understandings when it comes to evidence, program design/implementation and evaluation across our four workforces. The project will enable the OPEN portal to showcase the best available evidence on family violence and sexual assault services available to any member of the partner peaks as well as more broadly.

⁸³ Department of Families, Fairness and Housing. (2023). The Community Services Fair Jobs Code and wider workforces strategy. Slide presentation as part of a Tri-Peaks forum.

The success of the Tri-Peaks model, which involves the Centre, the Victorian Healthcare Association (VHA), and the Victorian Alcohol and Drug Association (VAADA), demonstrates the efficacy of a collaborative approach in building more integrated practices and professional capability across different sectors. The partnering arrangement brings together leaders, managers, workers from the child and family services, alcohol and other drugs, and community health sectors. The Tri-Peaks initiative has delivered webinars, forums, resources, mentoring and training to cross-sectoral groups with significant uptake by each sector.

Building on this successful framework, the Centre suggests a new configuration of the Tri-Peaks model could be created, focusing on early years peak organisations given the importance of early childhood education and care and the current roll out of Victoria's Best Start, Best Life initiative. We propose a four-way collaboration between the Centre, Playgroup Victoria, Early Learning Association Australia (ELAA) and the Community Child Care Association to bring together expertise in policy, research, the professional development of early childhood educators, good governance and integrated practices. Such a new model, based on a proven approach, would bring valuable insights and strategies to enhance the quality of early childhood education and care in Victoria.

Recommendation 20. Fund a small team at the Centre to increase statewide, evidence-informed, multi-sectoral capability in working effectively with children and young people

Recommendation 21. Fund the implementation of a new Early Years Tri-Peaks model to support the workforce capability and capacity objectives of the Best Start, Early Life initiative.

Creating a sustainable service system based on the best available evidence

Continue government investment in sector evidence capability building through OPEN

The Centre's Outcomes, Practice and Evidence Network (OPEN) was set up in 2017 to foster a learning system which would support child and family services to build and share evidence from research, evaluation, practice and client experience to deliver better outcomes for children, young people and families. Since then, OPEN has driven the evidence journey for child and family services through its annual program of activities, resources, events and partnerships.

Child and family service providers have different and multiple evidence needs. To embed and sustain evidence practices which will support a strong outcomes-focused learning culture, OPEN

needs to support sector partners to be able to access or build the evidence they need. This means taking a broad view of evidence and supporting CSOs to access published research and practice expertise, undertake outcomes measurement as a core part of clinical practice, embed evaluation into organisational practice, and partner with external research or evaluation experts. Concurrently, there is a need to build leadership and organisational culture, evidence capability, and the systems to support this.

In the period 2021-2023, the OPEN team:

- Expanded its newsletter subscription base to more than 3300 subscribers from CSOs, government organisations and academic institutions, along with local government, health providers and other peak bodies in Victoria and elsewhere
- Held 13 OPEN forums and 3 symposiums involving around 2400 participants
- Established an Evaluation Community of Practice with more than 30 agencies actively committed to building the sector's capacity in evaluative thinking
- Promoted and shared a diverse range of sector and research event opportunities and recordings to policy makers, practitioners and researchers across the state
- Provided advice, training and intensive project support to around 80 organisations with a particular focus on designing and measuring client outcomes.
- Refreshed the OPEN portal to translate knowledge, resources and tools from research and practice more efficiently.

OPEN has earned the trust of the child and family services sector and strengthened inter-agency and inter-sector collaboration. The Centre wants to take OPEN to the next level and be able to commission research for the benefit of our sector. Similar to the ANROWS current pool of \$2 million available for funding projects in the identified areas of Trajectories and influencing factors; Evaluations; Society, systems and institutional enablers; and the Use of violence against marginalised women, children and sexuality and gender diverse people, OPEN is ready to commission dedicated child and family services focused research which will inform policy and practice design decisions in relation to prevention, early intervention and safeguarding/restoration.

Recommendation 22. Continue government investment in sector evidence capability building through OPEN to improve the lives of children, young people and families in Victoria.

Recommendation 23. Provide a dedicated pool of funding to enable OPEN to commission timely, relevant, and child- and family- centred research for the benefit of the whole sector and clients.

Capturing client feedback in relation to service provision

The Department of Treasury and Finance is seeking Early Intervention Investment Framework (EIIF) proposals which can clearly demonstrate strong outcomes, particularly for service users. Most child and family service providers have developed their own ways of capturing client feedback and measuring success, but these are not necessarily robust, consistent or shared across providers.

The Centre recently undertook a sector consultation in relation to client outcomes measurement across Victorian CSOs to determine what data is being collected, how, for what purposes, barriers to collection and what would support better client data collection. We found that most CSOs capture feedback and perspectives from clients on the difference service provision has made to their lives and do so through a wide range of qualitative and quantitative methods and tools. The consultations highlighted the importance of client outcomes being seen to be an integral part of the organisation's therapeutic response, which helps reinforce the meaningfulness and quality of the data being collected, rather than an 'add on' step which is disconnected from the clinical service. The CSOs also described how they validated the client outcomes data, how they use this data and what would enable improved data collection.

Key suggestions for improving government-sector relations in relation to better client data measurement included:

- Funding which enables ongoing evaluation, feedback, reporting and implementing for change as required
- A clear consistent framework, outcomes measures and the tools to support this
- Recognition that outcomes are part of a learning and continuous improvement process for all, rather than an end point of a program.
- Funding opportunities for smaller service providers to continue their place-based work, which frequently shows improved outcomes for clients.

Recommendation 24. Co-design, with the child and family services sector, a more coordinated approach to outcomes data collection, including capturing client voice, across government departments and the child and family services sector.

Enhancing organisation decision-making with fit-for-purpose data systems

Investing in fit-for-purpose data systems to support the collection, timely analysis, and use of de-identified shared data is fundamentally important for organisations. These systems serve as the backbone of data-driven decision-making, ensuring that choices are based on accurate and up-to-date information. They enhance efficiency by streamlining data collection and analysis processes, reducing manual effort, and minimising errors, resulting in more effective decision-making.

Our members recognise the value of having an outcomes-focused, evidenced-informed family capacity-building framework for the delivery of family services which could be consistently applied across Victoria.

The Centre believes the Early Intervention Enabler fund could be used to build collaboration across CSOs, encouraging them to share data and information in innovative ways. It will be important for this Fund to promote principles of collaboration and partnering as opposed to competition and siloed projects with non-transparent data that does not benefit the broader sector and clients.

Recommendation 25. Emphasise the collaborative potential of EIIF projects, making it a condition of funding that proposals involve cross-organisation collaboration and meaningful client participation.

Invest in First Nations evidence building

The 21st Aboriginal Children's Forum (ACF) in Victoria in September 2021 highlighted the importance of Aboriginal-led research, knowledge, learning, and evidence. The vision outlined at this ACF was for a more equitable, inclusive and culturally responsive approach to evidence generation, assessment and use which recognises and legitimises Aboriginal ways of knowing, being and doing. There was recognition that there needed to be a broadening of what is accepted as evidence and that a future independent Aboriginal Knowledge and Practice Centre could be a powerful agent of change in capturing, building and sharing Aboriginal learning and evidence.

Western ways of collecting and presenting data, and promotion of evidence hierarchies, are quite different from Aboriginal ways of knowing and doing, and of understanding what works for Aboriginal children and families and why. SNAICC has argued strongly for an increase in investment and support for ACCO-led research and evaluation nationally, arguing that ACCOs are disadvantaged in procurement processes by the lack of available research and evaluation available to demonstrate the effectiveness of ACCO designed and-led programs.⁸⁴ This disadvantage is the result of decades of underfunding and of the historical exclusion of Aboriginal peoples from access to assets.⁸⁵

The Yoorrook Commission made several recommendations in relation to monitoring and evaluation of First Nations programs, including that:

- First Peoples related programs and policies are rigorously monitored and evaluated
- Monitoring and evaluation are built into the program or policy (and commence at the same time as implementation) 'with measurement focused on real outcomes'
- The monitoring and evaluation processes are in accordance with the Burra Lotjpa Dunguludja (AJA4) Monitoring and Evaluation Framework including:
 - being consistent with First Peoples values

⁸⁴ SNAICC. (2022). p. 44.

⁸⁵ Ibid. p. 42.

- reflecting First Peoples priorities for what is measured and how it is measured
- having an approved regular reporting cycle, and
- having a commitment to the open reporting of results.

The Centre supports these recommendations and the development of an Aboriginal Knowledge and Practice Centre to collect and showcase evidence of what is working for Aboriginal children, young people and families.

Recommendation 26. Continue to invest in First Nations evidence building and sharing to support the growth and development of ACCOs and strengthen their capacity to demonstrate what is working and why for First Nations children, young people and families.

Appendix: Summary of Recommendations

Recommendation 1: Explore opportunities to work with the Commonwealth Government to identify what actions could be taken to better support the financial needs of home-based carers.

Recommendation 2: Review existing evidence to underpin a new, fit for purpose, co-designed model of home-based care and lay the foundations for implementation when adequate funding is available.

Recommendation 3: Build the capacity and skills of home-based carers to adequately support children in care who have disability and/or complex medical needs.

Recommendation 4: Review, prioritise and implement in a timely manner the recommendations of the CCYP inquiry into the educational experiences of children in care.

Recommendation 5: Consistent with their recent educational inquiry, CCYP should undertake a review of the health experiences of children in care to improve their access to high-quality care and set them up well for healthy adult lives.

Recommendation 6: Consistent with the principle of self-determination, implement the recommendations in the Yoorrook report to keep Aboriginal children safe, nurtured and connected to culture.

Recommendation 7: Continue investment in the Centre's Early Start, Bright Future project to support child and family services practitioners to build knowledge about early years learning and the supports available to families, and to support early years educators in understanding the impact of trauma on vulnerable families.

Recommendation 8: Continue to invest in early intervention and prevention programs and approaches that are working, including key lapsing programs such as the Family Preservation and Reunification response, Early Health Family Services initiative and Putting Families First program.

Recommendation 9: Consider funding a small pilot program involving a family services practitioner and legal specialist who can work intensively with a small group of incarcerated mothers to support their health, wellbeing, financial and legal needs, to maximise their chances of successful reunification with their children and reintegration into the community after release from prison.

Recommendation 10: Map the service system to identify gaps in specialist service provision for children who are victims of family violence, sexual assault/abuse and/or victims of crime and invest in place-based, evidence-informed, therapeutic and child-focused responses to meet the needs of these children.

Recommendation 11: Fund two full-time positions at the Centre to enable the development of a coordinated, cross-sectoral approach to the mental health needs of children, young people, their parents, carers and families as part of the mental health reform agenda.

Recommendation 12: Fund a trial of bicultural child and family services Practice Leads in areas of high need to help address the access barriers experienced by refugees, asylum seekers and CALD communities.

Recommendation 13: Continue to invest in the Raising Expectations program to support care-experienced students to access education, employment opportunities, and reach their full potential.

Recommendation 14: Continue to fund the tripartite Out-of-Home Care Education project to support the LOOKOUT Centres in designing and implementing activities aligned with the CCYP *Let us Learn* findings and recommendations.

Recommendation 15: Invest in ACCOs to deliver the full range of services needed to meet the needs of Aboriginal children, young people, families and communities across Victoria, including a commitment to additional service responses relating to strengthening culture and connection to community and Country.

Recommendation 16: Consistent with the case for the proposed National Centre for Place-Based Collaboration, provide seed funding to establish and evaluate a small number of community-led, place-based responses to local need.

Recommendation 17: Establish a whole-of-government taskforce to make sure that children are at the forefront in the state's responses to and recovery from emergencies.

Recommendation 18: Extend the current funding for a dedicated statewide coordination role based at the Centre for an additional two years to increase the robustness of this governance model.

Recommendation 19: Fund the Centre to develop a refreshed and contemporary Child and Family Services Industry Plan to support strengthened workforce capability and sector sustainability.

Recommendation 20: Fund a small team at the Centre to increase statewide, evidence-informed, multi-sectoral capability in working effectively with children and young people.

Recommendation 21: Fund the implementation of a new Early Years Tri-Peaks model to support the workforce capability and capacity objectives of the Best Start, Early Life initiative.

Recommendation 22: Continue government investment in sector evidence capability building through OPEN to improve the lives of children, young people and families in Victoria.

Recommendation 23: Provide a dedicated pool of funding to enable OPEN to commission timely, relevant, and child- and family-centred research for the benefit of the whole sector and clients.

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Recommendation 25: Emphasise the collaborative potential of EIFF projects, making it a condition of funding that proposals involve cross-organisation collaboration and meaningful client participation.

Recommendation 26: Continue to invest in First Nations evidence building and sharing to support the growth and development of ACCOs and strengthen their capacity to demonstrate what is working and why for First Nations children, young people and families.

