



MHCC PRESENTATION TO CHILD PROTECTION HEARING

On 6th November 2002 I had the pleasure of representing the Mental Health Co-ordinating Council (MHCC) and gave evidence to the Standing Committee on Social Issues into Child Protection Services at Parliament House. Jenna Bateman, MHCC Executive Officer, had prepared and lodged a written submission to the Standing Committee on Social Issues raising a number of concerns facing parents with a mental illness and their children when brought to the attention of Department of Community Services. This submission was formally tabled with the Standing Committee at the time I gave evidence.

In my capacity as the representative of MHCC members and Director of Charmian Clift Cottages, I provided the Standing Committee with a brief overview of the role of both organisations. The Standing Committee then raised the following discussion points:

Range of needs and problems facing women with a mental health status and their children, which bring them into contact with the child protection system.

Summary of issues/problems facing women with a mental health status included: Stigma of mental illness; lack of awareness, acceptance and understanding by wider community; lack of flexible and responsive community based resources; current service providers are under-resourced and unable to respond to demand; homelessness; social isolation; domestic violence; poverty; overall sense of powerlessness; access and equity issues regarding service provision, employment, education and training; mental illness co-existing with drug and alcohol abuse; dual diagnosis (mental illness and developmental delay); family “burn out” or poor family relationships; higher incident of sexual and/or physical assault.

Views held regarding how well (generally) DoCS Caseworkers understand and respond to needs of families with a parent with mental illness.

Response varies and is dependent on level of experience, expertise and knowledge held by Caseworkers. There is a lack of consistency across the Department relating to intervention, case planning and decision-making. Working within an interagency approach is applied in an ad hoc way and dependent on the “professionalism” of the Caseworker and Casework Manager. There appears to be no consistent application of Departmental policies, procedures and implementation of interagency guidelines. Access to financial resources within DoCS to assist families is also inconsistent, some Caseworkers insist DoCS is unable to provide appropriate financial assistance yet other Caseworkers are able to access financial assistance. This situation is again dependent on the experience of the Caseworker and the Casework Manager supervising the Caseworker.

Overall DoCS officers are unable to provide long term casework planning and necessary resources when working with families. However there is no “quick fix” and short-term intervention and case closure usually results in the family being re-notified to DoCS. In many cases resource issues become the family’s problem and in some instances the lack of appropriate resources results in children coming into the out of home care system unnecessarily. The majority of Caseworkers have high caseloads, which impedes their

ability to provide a responsive and appropriate casework service. Caseworkers are also faced with using a risk assessment model and data base system that is user unfriendly and cumbersome resulting in more time being taken up in administrative tasks than face to face casework with families.

Training of DoCS caseworkers about mental illness and good practice in working with these families. Would ongoing support and supervision assist caseworkers to be more effective?

Currently DoCS Caseworkers receive one day training in mental health issues with very limited access to further specialist training in mental health. This lack of training leaves Caseworkers ill prepared to respond effectively to families with a parent with mental illness. Generally there is a paucity of knowledge and expertise held by DoCS Caseworkers regarding the complexity of issues facing these families. The combination of inadequate training and a poor knowledge base compromise effective intervention.

DoCS Caseworkers do not receive clinical supervision and support. Current supervision of Caseworkers, if available, is provided by Casework Managers and is administrative supervision via a case review process. In many instances new Caseworkers receive poor support and direction. There is no doubt that with regular clinical supervision and support Caseworkers would be more effective and better equipped to work with families.

Interagency collaboration:

This area of practice continues to be problematic and DoCS Caseworkers and management apply an interagency approach inconsistently. This is especially evident with inexperienced Caseworkers and Casework Managers. There is no doubt that good outcomes are achieved for children and parents when DoCS Caseworkers work with other service providers within an interagency model. However, many community-based services still raise this as a problem when working with DoCS. It was questioned how a department can effectively lead and implement a model of interagency collaboration when it is unable to communicate and work collaboratively internally. Standing Committee members identified the "silo" effect between DoCS Helpline, Central Office and DoCS areas.

Provision of casework services for children in out of home placements and their parents:

DoCS casework services are focused on child protection leaving little or no casework resources for children in out of home care placements. Generally parents of children in out of home care receive no ongoing casework intervention or support from DoCS. This has serious implications for children and parents; ongoing needs of children and their parents are not addressed or at best compromised to some degree. Another concerning aspect is the tendency of DoCS management to 'unallocated' cases where the Children's Court has made short term out of home care orders with the understanding that DoCS and the parent/s will work towards restoration of the child/children. As these cases remain unallocated a restoration case plan cannot be facilitated. This situation has resulted in children remaining in the out of home care system by default.

Other issues discussed included the total lack of early intervention and prevention services provided by DoCS. Resource issues relating to unallocated cases within the child protection program and reported cases of child abuse and neglect being closed without any investigation or assessment being carried out by DoCS officers. This situation effectively precludes an early intervention model of practice being implemented and results in families not receiving appropriate support and assistance. This raises concerns regarding access

and equity issues for children and their parents.

I was allocated one hour with the Standing Committee; whilst my time did go over I am sorry to report I was not able to discuss issues relating to DoCS Helpline, Children's Court process and adolescent mental health. My experience with the Standing Committee was very pleasant, the members appeared genuinely interested in what I had to say and the process was user friendly.

This article was prepared by Mary Jelen, Director of Charmian Clift Cottages (an MHCC member organisation).

[BACK](#)