Submission to the Senate Community Affairs References Committee Inquiry

Inquiry into Out of Home Care

October 2014

child wise
creating child safe communities

About Child Wise

Established in 1991, Child Wise is one of Australia's leading not-for-profit child abuse prevention organisations. Our vision is of a society in which children can grow up free from abuse and exploitation.

Child Wise work to build awareness, deliver education, and provide the tools to empower individuals and communities around Australia so they can actively prevent child abuse and exploitation.

About the authors

Anneliese McNeil is a Research Intern at Child Wise, currently studying her Masters of Social Work at the University of Melbourne. She has undertaken numerous volunteer positions working in mental health, drug and alcohol, and youth services.

Clare Van Balen is a Research Intern at Child Wise. Currently she works in the community sector for newly arrived and CALD women. She has also been a part of various volunteer projects working with job seekers and asylum seekers.

Scott Jacobs is the Head of Research, Media, & Advocacy at Child Wise. In conjunction with Child Wise's Programs team, he developed the '12 Standards for a Child Safe Organisation' and the 'Child Safer Organisations Certification' System.

Submission to the Senate Community Affairs References Committee Inquiry

> *If we... were assigned the task to deliberately design systems that would frustrate the professionals/para-professionals who sta it, anger the public who nance it, alienate those who require or need its services and programs, that would invest in reactive responses... and bear the brunt of public criticisms should a child be harmed in any way, we could not do a better job than our present children's protection systems* (Barter, 2005).

Australia's response to vulnerable children at risk of harm funnels them into a child protection system that is manifestly inadequate. Child protection in Australia is under-funded, under-resourced, and telescoped on responding to harm and risks rather than preventing them. The increasing number of children placed in out of home care is a direct result of this flawed system.

A prevention focused public health approach must be adopted, which addresses the underlying determinants of child wellbeing problems: domestic violence, mental health, and substance misuse (Bromfield, Arney & Higgins, 2014). This is a model that has been promoted for sometime within Australia, and notably included in the National Framework for Protecting Australia's Children.

However, Child Wise would argue that the rhetoric around introducing a public health model has not led to fully implementing that model – a serious, and long-term commitment must be secured, including funding and a willingness to invest resources at all levels of intervention. Until this occurs, and associated reforms to statutory systems are pursued, the child protection system, and out-of-home care in particular, will continue to see high numbers of vulnerable and at risk children presenting.

Perhaps the most important consideration for improving outcomes for children in out-of-home care is the need for improved care planning: wrap around models that include the whole family, and integrate service responses with the child at the centre of all considerations. Our response in Section G considers this in more detail.

There is a need to ensure that all organisations and institutions that provide out-of-home care for children are child safer organisations, including government departments. There must be effective safeguards for both facility-based and home-based care. The '12 Standards for a Child Safer Organisation' (the Standards) are simplest to implement within a traditional organisations; that is to say, facility-based interactions with children, or organisations with defined activities and contact with children, such as residential care units. Yet when considering home-based care, 93% of all out-of-home care, the structures of a facility-based organisation are not present. Nonetheless, home-based care should be subject to the same rigorous and thorough assessments and safeguards as any other organisation that works with children.

When implementing improved safeguards in OOHC, care must be taken not to raise the barriers for entry to foster or kinship care so high that people are discouraged from welcoming children into their home; equally children deserve adequate safeguards and the thorough assessment of potential foster or kinship carers. In particular, the means of protecting children in kinship care must be examined carefully – in 2011, for the first time, the number of children in kinship care outstripped those in foster care. This trend is expected to continue, with falling numbers of foster carers. Improved safeguards for children in kinship care should be a priority.

There are a number of ongoing Inquiries and studies that bear on this Committee's work. In particular, the Royal Commission into Institutional Responses to Child Sexual Abuse will issue findings and recommendations based on historical and current practices in organisations, including in out-of-home care. Consideration should be given to the Commission's Interim Report, and ongoing work in this space.

Steve Betinsky
Chief Executive Officer, Child Wise.

Section A

There are shifts in the underlying risk and societal factors that drive vulnerabilities for children. These may be occurring across society as a whole, but are frequently exacerbated in specific locations, or lower socio-economic areas. For instance, risk factors for vulnerability such as increasing numbers of single mothers, younger mothers, young people in out-of-home care (hereon in referred to as OOHC) having children of their own, higher divorce rates, mental health concerns, and drug or substance misuse, are increasing or intensifying. It is important to note that the existence of one or more of these factors does not necessarily indicate a high risk of abuse or neglect, but can contribute to children's vulnerability and lack of resilience. These factors feed into one another, and form underlying drivers of children entering OOHC.

Broader societal shifts can also play a role in children's vulnerability. The historical attitudes where children were 'seen but not heard' have changed markedly, which has led to challenges for some families to reach a balance between children having a voice and a say, and being seen as out of control. This requires changes in parenting styles for families that may lack the capacity or experience to handle these shifts, and negative reactions to children's behaviour can become an added risk factor for vulnerability.

Placement of children in OOHC within Australia has steadily increased over the years, with the Australian Institute of Health and Welfare (2014) have reported a 17% rise between 2009 and 2013. Amongst other factors, this increase is likely due the growing number of children entering the child protection system Australia wide; between 2010-2011 and 2012-2013, there was a 29% increase in the number of substantiations (AIHW, 2014). However, overall the number of children being admitted into OOHC has decreased by 7%. The increase in the overall number of children in OOHC is likely due to children remaining in OOHC as well as the increase in the number of Aboriginal and Torres Strait Islander children on care and protection orders and in OOHC. In the period of 2012-2013, 11,341 children were admitted in to OOHC and a total of 9,360 children were discharged (AIHW, 2014).

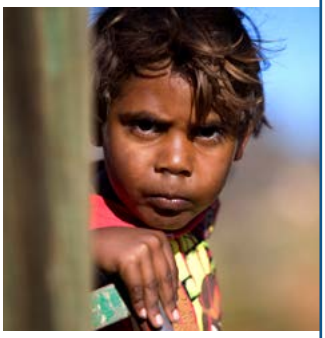
Kinship care, "where the caregiver is authorised and reimbursed (or was offered but declined reimbursement) by the state/territory for the care of the child" (AIHW, 2014; p. 58), is now the preferred type of OOHC placement. In the period of 2012-2013, 93% of OOHC placements were in home-based care, 48% of which was kinship care, followed by 41% in foster care (AIHW, 2014). Placement with a relative is mandated as the first option when consideration is made for OOHC for a child under care and protection orders, as stipulated in the Victorian Department of Human Services Child, Youth and Families Act (2005). According to the Aboriginal Child Placement Principle, it is aimed for Indigenous children to be placed with an Indigenous carer or relative. Sixty eight per cent of all placements of Indigenous children were either with relatives/kin or an Indigenous carer/residential unit (AIHW, 2014).

The rise in kinship care is due to a number of factors, including the suggested benefit of keeping family and cultural ties (Goertzen, Chan & Wolfson, 2007; Dubowitz et al., 1993), and the decreasing number of people offering to be foster carers (Paxman, 2006). That said, one argument against kinship care is the belief that parents who did not provide adequate care were likely to have been brought up by parents and relatives who also provided inadequate parenting (Rushton & Minnis, 2002, cited in

Holtan et al., 2005). Kinship care arrangements may be affected by abuse and family dysfunction, including strained relationships (Kirally & Humphreys, 2011).

Children in OoHC

Statistics pertaining to the demographic details of children entering OOHC differ yearly, however, trends have emerged, including the vast overrepresentation of Aboriginal and Torres Strait Islander children. According to the AIHW, the rate of Aboriginal and Torres Strait Islander children on care and protection orders as at 30 June 2013, was 10.2 times that of non-Indigenous children (AIHW, 2014).



The overrepresentation of Aboriginal and Torres Strait Islander children in care in Victoria has resulted in the development of 'Taskforce 1000' in July 2014, lead by the Victorian Commissioner for Aboriginal Children and Young People and the Secretary to the Department of Human Services. This taskforce will examine the care plans of Aboriginal children in care and critically reflect on the actions taken by the child protection system, which may ultimately assist in reducing the rates of Aboriginal and Torres Strait Islander children in OOHC (Commission for Children and Young People, 2014).

There is little data on the number of children from Culturally and Linguistically Diverse (CALD) backgrounds within OOHC in Australia, however one scoping research study within Victoria found that it was approximately 13% (Kaur, 2012). More boys than girls (52% cf. 48%) were on care and protection orders for the period of 2012-2013 and between 22-26% of children on care and protection orders were under 5 years of age (AIHW, 2014). Significantly, most children (42%) who were the subjects of substantiations were from the areas of lowest socioeconomic status (AIHW, 2014). A study based in the US has a large sample of 33,092 found three classes of children entering OOHC (Yampolskaya et al., 2013). These included: children with complex needs, children in families with complex needs and older abused children. It was found that children with complex needs (6% of the sample) had emotional issues, and a need for special care. All had physical health needs. Children in families with complex needs (64%) often had parents with histories of substance abuse and domestic violence. Lastly, older abused children (30%) have high rates of multiple types of abuse, and often faced caregiver loss through death, incarceration or long-term hospitalisation. To date, similar studies have not been carried out in Australia, however the current 'Pathways of Care' project, detailed below, should help to fill this gap.

Section B

There is not enough known about the long term outcomes for children in OOHC, nor how their outcomes vary depending on the various factors and impacts of being engaged in the child protection system. However, a recurring indicator of poor outcomes for children is the number of placements, and the frequency of being moved to a new placement. This is true for both Australian studies, and others conducted worldwide. Lack of stability in placement within the OOHC system is one of the most troubling aspects of current approaches to child wellbeing in the statutory child protection system.

Specific features of the risks and characteristics of each type of care are explored in more detail in Section G. The following is a broad overview of outcomes for OOHC.

Kinship care

Kinship care frequently has better outcomes for children. Some of the reasons include:

- It recreates the family environment, and children stay within their own family environment, and this leads to:
    - Increased likelihood they remain in the same school.
    - Increased likelihood they remain connected to their social networks and friendship circles.
- It removes the concerns around staffing issues that exist in residential care.
- Children in kinship care are less likely to be exposed to other traumatised children.

The risks for kinship care are explored in subsequent sections of this submission.

Foster Care

Outcomes for children in foster care are frequently better if they enter at a younger age, especially if it is a longer-term placement. These children are more likely to integrate into the family environment. Older children find it much harder to integrate into the foster family, and are more likely to experience poor outcomes – this runs counter to the intention of recreating a family environment through foster care.

Residential Care

The outcomes for children in residential care are frequently terrible. Children in residential care:

- Are exposed to other children with high risk behaviours, which they frequently learn and imitate,
- Have higher levels of placement instability,
- Lose contact with family (both immediate and extended), and frequently their schooling and friendship circles are disrupted,
- Live in an environment that is not home-like or a recreation of the family environment.

Workers and managers in residential care often have high turnover, and may not have adequate training to handle children as individuals with the need for a wrap around care plan. There are high agency or casual staff numbers, contributing to instability within placements, and shifts for workers can be long and tiring, with low pay.

Children are placed in residential care units by Department staff, with limited or no assessment of the suitability of placements. This frequently excludes agency staff, who are unable to input on a suitable mix of children in each facility. This often leads to children being placed wherever a vacancy exists, and sometimes with other children who may be abusive or be a high risk to certain other children.

Staying at home

Supporting families and children to remain in the home together can lead to better outcomes, subject to certain, strict conditions. This is discussed further in sections (G), (I) and (J) of this submission, but requires intensive supports for the family, and care planning for the whole family that considers the short, medium, and long term planning options.

Placement in OOHC, whilst often enforced for the best interests of the child, brings with it a number of risks to children. There is evidence to suggest that OOHC may result in issues of identity, especially for Aboriginal or Torres Strait Islander children (Moss, 2009). This is likely to be exacerbated if the child is placed in a non-kinship foster care or residential care arrangement. The inability to form stable relationships with parents, or parent like figures, can be damaging to a child's sense of place in the world, and with it, their identity formation.

It has also been found that children in OOHC are more likely to be involved with the juvenile justice system (Yampolskaya, Armstrong & McNeish, 2011). Those with a history of domestic violence, physical violence and parental substance abuse in their family of origin are at an increased risk of placement instability (Osborn, Delfabbro & Barber, 2008). Not surprisingly, mental health issues are rife amongst children in OOHC, especially depression and anxiety (Osborn, Delfabbro & Barber, 2008; Tarren-Sweeney, 2008). There is also some evidence to suggest that those in residential care facilities have greater mental health issues than those in foster care arrangements, followed by kinship care arrangements (Tarren-Sweeney, 2008). These mental health issues continue long-term, with evidence to suggest that there are poorer mental health outcomes as an adult for children who have been in OOHC (Akister, Owens & Goodyer, 2010). Female children are also at an increased likelihood of teenage pregnancy post-care (Mendes, 2009).

Additionally, children in OOHC are more likely to have health problems, especially behavioural/emotional, than the general population, and have an increased risk of obesity and being overweight (Nathanson & Tzioumi, 2007; Skouteris et al., 2013). Multiple placements are likely to result in multiple schools (Morton, Clark & Pead, 1999), which may be disruptive and lead to poorer educational outcomes. Little research has focused on the impact of OOHC on education (Bromfield & Osborn, 2007), however, it has been suggested that children in OOHC are less likely to remain in mainstream schooling after it is no longer compulsory, and are more likely have high absenteeism (McDowell, 2009). This may in turn affect long-term employment as it has been found that children from the US with an experience of foster care had lower rates of employment and income, compared to the general lower income population and national samples through to age 24 (Stewart, Kum, Burth & Duncan, 2014). Long-term stays in one foster care placement were associated with better employment outcomes.

Finally, childhood trauma will be exacerbated if abuse within their OOHC placement occurs. A Dutch study with a sample of 329 adolescents found that approximately

25% reported physical abuse whilst living in OOHC (Euser, et al., 2014). Of those living in foster care, 16.4% reported abuse, whilst 30.4% of those in residential care reported abuse. Compared to the general population, those in OOHC are at a three-fold risk of abuse. Of the foster children who reported their perpetrator, 67% reported having been abused by a foster parent or member of the foster family. Similarly, those who reported their perpetrator and were in residential care facilities stated that 71% of their abusers were employees, whilst 9% of the abuse was perpetrated by other adolescents. While a small sample, this reflects concerns about sexual abuse within the OOHC system. The increased risk of sexual abuse has also been reported in children within OOHC compared to the general population has also been reported, with this risk higher in those in residential care compared to foster care (Euser et al., 2013).

The Victorian Ombudsman, George Brouwer, launched an investigation into child protection and out-of-home care in 2010, and found that children had experiences of physical and sexual abuse, were physically assaulted or raped by other children, were placed with adult 'friends' who sexually assaulted them, and engaged in prostitution whilst in care. Earlier, an Inquiry was launched in 2004 surrounding the sexual abuse of children in state care, through which, 104 people gave evidence of experience of sexual abuse whilst in foster care (including 72 females and 31 males) (Mulligan, 2008). The abusers included foster mothers, foster fathers, foster brothers, other foster children, relatives of the foster parents, partners of foster mothers and outsiders including a police officer, student social worker, camp worker, acquaintances and strangers. Twenty of the 104 cases occurred in the period of 1990-2004.

Recently, reports have been made to the Australian Broadcasting Association (ABC) claiming that there were 98 rapes of children in OOHC in a one-year period (Oakes, 2014a). Sexual abuse by other children is also prevalent, and has been reported recently in Victorian residential care facilities, with one case where two siblings under the age of ten were being groomed and abused by other children in residential units (Oakes, 2014c).

It was also stated that there were a staggering 96 indecent assaults and 73 instances of sexual exploitation, where children were providing sex in return for things such as cigarettes, alcohol and money (Oakes, 2014a). Reports of paedophile gangs targeting children in OOHC have also been made to the ABC, with between 30 and 40 children having been suspected of being sexually exploited in 18 months (Oakes, 2014b). In this report, it was suggested that children were undergoing commercial sexual exploitation, and groomed by gangs. These are not isolated reports, as service providers have raised concerns privately about exploitation of girls in community housing – many of whom have been, or are in, OOHC. Similar concerns exist in other states and territories.

The rate of sexual exploitation occurring within OOHC in Victoria is deeply concerning. Recently, the Commissioner for Children and Young People has initiated an inquiry into the sexual exploitation of children in residential facilities, particularly focusing on the responses of service systems, and the associated polices and procedures (Commission for Children and Young People, 2014).

While little is known about the commercial sexual exploitation of children in Australia, it is a community problem that extends beyond the OOHC system: the UK 'Independent Inquiry into Child Sexual Exploitation in Rotherham' found that in 'just over a third of cases, children affected by sexual exploitation were previously known to services because of child protection and neglect' (Jay, 2014). The same Inquiry

found evidence that children in OOHC who were being sexually exploited were often used to recruit other children in OOHC, or externally. This is reflected in evidence within Australia, both anecdotal and substantiated.

Many children at risk of, or actually engaging in commercial sexual exploitation, actively avoid OoHC and associated support networks. Child Wise's research in 2004 found that many young people engaging in commercial sexual exploitation were moving in and out of commercial sexual exploitation, depending on their current living conditions or situation (Child Wise, 2004). For instance, children and young people previously engaged in the OOHC system that become homeless may sell themselves for sex to get by, or to fund a drug habit. Often, this leads to serious exploitation and abuses, with physical and sexual violence common among young people on the street. Long-term outcomes for these children and young people are appalling.

Outcomes for children

The NSW Department of Family and Community Services, with the support if the Australian Institute of Family Studies, is currently conducting a longitudinal study of children and young people in OOHC, called 'Pathways of Care'. All children aged between 0-17 years, and entering the child protection system within an 18-month time frame will be eligible for the study, which will run from July 2010 to June 2015. It aims to follow children and young people who have entered the child protection system and in so doing, strengthen the service system and therefore improve the outcomes of children in OOHC (AIFS, 2014). Data will be sourced from carers, caseworkers, teachers, parents and the children involved. Child Wise recommends that any interim reports or data gatheredin this project are examined closely by the Committee.

In 2005, AIFS Child Family Community Australia (CFCA), published Out of home care in Australia: Key messages from research, which was aimed at reviewing and critique the Australian literature surrounding OOHC and to identify gaps for future research (Bromfield et al., 2005).

Their key messages included:

- Foster children may have an impact on foster families biological children,
- It may be more effective if strategies are developed so that carers are recruited for a specific child in need of care,
- It is important to include children's views of OOHC (Delfabbro, Barber & Bentham, 2002a),
- Although most children and young people are relatively happy and feel that they are better off, most stated that they wanted more time with their family of origin (Delfabbro, Barber & Bentham, 2002a, NSW Community Services Commission Report, 2000),
- Case workers, carers and residential workers should receive training in engaging Indigenous children and young people,
- Outcomes for children and young people in care:
- Behavioural and emotional problems (Delfabbro & Barber, 2003),
    - Higher rates of placement breakdown related to the child's age, level of conduct disorder and mental health status. (Delfabbro & Barber, 2003),
    - Placement instability impacting on education.

Another report was released last year by the CREATE Foundation. There were a number of main findings in their Experiencing OOHC in Australia: The views of children and young people Report (McDowell, 2013) of note:

- 83% of the 1069 respondents were happy with their current placement, but
- most were dissatisfied with previous placements
- There were an average of 6 placements per child (TAS, SA and NT). NSW had more stability, with an average of 4 placements per child,
- Aboriginal and Torres Strait Islander children, as well as those currently living in residential care facilities, reported the most disruption,
- One third of children had five or more caseworkers during their time in care,
- Aboriginal and Torres Strait Islander children reported they received little information about their placement,
- 30% of Aboriginal and Torres Strait Islander children reported they had little connection with their community,
- 80% of the children in OOHC rated their health as good.

Child Wise would urge that this Senate Inquiry further explore methods of including children's voices in a truly participatory manner when developing their recommendations and findings. Article 12 of the UN Convention on the Rights of the Child requires that children's voices are listened to and taken seriously – this should be a fundamental element of any consideration of children's safety and wellbeing, especially in the OOHC system where children frequently feel powerless and alienated.

Section C

"Australian child protection services are in crisis and struggling to cope with unsustainable demand. However, the solution to reducing demand lies outside of these embattled agencies. If we fail to fundamentally rethink our approach to protecting children, it is the child victims of abuse and neglect who will ultimately pay the price."

Associate Professor Leah Bromfield, 2014.

The state of OOHC in Australia is largely crisis-driven and under-capacity. This means that children's needs – stability, developmental, educational and therapeutic – are largely unmet, and despite best intentions, are treated as secondary needs. The consequences of this approach are increasingly well known and have been outlined above. The decline in the population of foster carers, particularly those capable of caring for children with complex needs, and the increased reliance on kinship carers, needs to be recognized as a serious risk. As such the OOHC system will need to be funded adequately to enable those that operate in the foster, kinship and residential spaces to better absorb crises while still providing stable and suitable placements for all children in OOHC.

In Victoria, significant problems relate to kinship care service delivery. Service growth and coordination has not kept up with the growth in the numbers of children and young people in kinship care, currently 46 per cent out of a total of 3,526 in OOHC.[1] While the shift towards service delivery through Supervised Custody Orders (SCOs) (such as in the case for foster carer support services) has largely taken place, the delivery of case management and assessment of carers is still largely the responsibility of Child Protection workers (McConachy, 2008). Unfortunately, the transition of kinship care from the Child Protection domain to OOHC sector, through deliberate and holistic policy/ directional reform has been slow and unsystematic. This poses difficulties for kinship carers and services, namely:

- Inadequate assessments of carers often in crisis situations by under capacitated Child Protection workers,
- Under-involvement of Aboriginal Community Controlled Organisations in placements[2],
- Lack of support for informal (non-statutory) carers,
- Significant delays of more than three weeks in follow up assessments for emergency placements (VCCYP, 2014),
- No training and no caseworkers apart from underequipped child protection workers (VCCYP, 2014).

An alarming indicator of the current approach in Victoria is that 50-60 per cent of young people in youth justice custody have an OOHC history (VCCYP, 2013).

The situation in NSW is similar. Deliberate shifts of kinship care to OOHC are relatively recent in legislation and incomplete in practice. This leaves the kinship care space (particularly informal kinship care) relatively under-supported, even when compared with the stretched foster care system. For instance, legislation only refers to kinship care as OOHC when the child is in the care of the Director-General or

1. It is worth no ng signi cant undercount of children and young people in informal kinship arrangements, which are thought to be 4-5 mes that of statutory/formal. The Victorian CCYP es mates that 11,328-14,160 children are in informal kinship placements (2014).

2. Only 7 per cent of Aboriginal children are in such placements (VCCYP 2014).

through a court order.[3] This excludes informal kinship care arrangements from certain protections, as well as leaving kinship care within the Child Protection realm rather than OOHC.

This approach has serious consequences, particularly for carer assessments. In NSW, like most other jurisdictions, assessment can be limited and includes a police check, interview and home assessment (Mason et al., 2002). In practice, experts such as psychologists, and adequate involvement of the child in assessments is limited, once again exposing the need for a more systematic approach across all jurisdictions and inclusion of kinship care in a therapeutic OOHC space. The level of risk present due to inadequate placement assessment is unacceptably high, across Australia.

Unlike assessment practices in other states, Queensland's foster and kinship carers are checked under the blue card system.[4] Unlike police checks, the blue card is an ongoing monitoring system, rather than a point in time check. Queensland's Public Guardian (OPG) carries out a Community Visitor Program (CVP) with relative success (previously the responsibly of CCYPCG), and Queensland requires the most visits compared to other states and is the only state that visits all OOHC children (QLCPCE, 2013). Such follow-ups are important in terms of monitoring other adults residing in the home and maintaining a focus on the child and his/her needs, rather than limiting services to simply responding to crises. It also provides an avenue for children to express themselves to someone not directly involved in their care, and who sits outside the child protection system – a powerful way to value children's voices. Most states and territories have some form of community visitor program, which should be considered central to children's safety and wellbeing in OOHC.

However, with the recent closure of the CCYPCG office, the subsequent transfer of commission responsibilities from CCYPCG to OPG, and with Blue Card system now run by Public Safety Business Agency[5], it is uncertain what oversight OOHC will receive in the future. For instance, since the changes, CVP no longer visits all OOHC children on a regular basis and visits to some longer-term placements may cease completely (OPG, 2014).[6] This would seem to be a backward step from a system that was leading practice for community visits.

The OOHC situation in the Northern Territory shows a slightly higher proportion of children and young people in residential care than other states. It is estimated that 10 per cent of the 750 children in OOHC are in residential care (NTG, 2010; Children Commissioner Annual Report, 2013).[7] Also, some children might find themselves in certain fee-for-service emergency/'overflow' arrangements such as family day care and private child minding agencies when alternative placements for high-need children can't be found. These can 'become long-term and can at any one time constitute a significant proportion of home-based care' (NTG, 2010). 119 children were in such fee-for-service arrangements in 2010 and the Children's Commissioner has raised concerns around how these arrangements skew data on OOHC populations, their lack of suitable accreditation[8] and the overall ad hoc approach to these types of emergency arrangements. The Commissioner even reports some instances of children being left in hospitals when alternative arrangements cannot be made in time. There is a need for Community Visitor Program as well as increased capacity for monthly monitoring as specified in Northern Territory Families and Children Policy and Procedures Manual (NTG, 2010). Overall, the NT OOHC is significantly uncoordinated and under capacity, thus forced to respond to emergency situations and complex cases to the detriment of the system as a whole.

3. Sec. 135 (3) of Children and Protection Young Persons (Care and Protec on) Act 1998 (NSW) states "out-of-home-care" does not exceptions include care by rela ve (with excep ons).

4. This includes some adults living in the home of children in OOHC (CCYPCG 2014, 7).

5. Other du es have moved to the QL Ombudsman and QL Family and Child Commission.

6. All children and young people entering or re-entering care will receive a visit from a CV (OPG 2014).

7. There are said to be issues around undercounting for residential care in NT (NTG, 2010), which might explain why AIHW claims that 'No children were in residential care in the Northern Territory' (2012).

8. The NT Commissioner reports carers in these arrangements are often only assessed against national standards relating to day care centres, and therefore often not assessed by NTFC, with few formal review measures (NTG, 2010).

In Tasmania there are estimated to be 1,057 children and young people in OOHC (as at March 2014). Children and Youth Services (CYS) notes a lack of strategic direction across the entire system leaving OOHC uncoordinated and un-integrated, with individual organisations largely having their own vision for service delivery and placement (CYS, 2014). While there are placement vacancies, organisations find it difficult making placements that match child needs due to this lack of integration. This correlates with an implicitly accepted paradigm of OOHC as a rescue oriented measure, which can have negative consequences in the absence of a more child focused and holistic approach (CYS, 2014). As in other jurisdictions, there are long-term and developmental issues present such as increased chance of involvement in the criminal justice system (see AIHW, 2012; Goodwin, 2008) and lower educational achievement. Tasmanian children in OOHC are likely to be 19 to 43 per cent below National Minimum Standards for education (Commissioner for Children Tasmania, 2013).

An integrated system that caters holistically to children's needs would help to address these problems. Tasmania would benefit from a CVP due to the strain placed on Child Protection Practitioners (CPPs) who conduct visits currently. The Tasmanian Commissioner for Children notes significant problems relating to visitations, reporting low compliance rates and confusion of what constitutes a visit (2011).[9] It is of particular concern that compliance rates are lower for visits to carers with less than 12 months experience (12.2% cf. 17.1% for other carers (CCT, 2011) especially considering the decline in carer populations and the increased need for care of children with complex family situations (NTG, 2010).

Similarly to other states mentioned above, South Australia has issues around providing stability and holistic care. The Guardian for Children and Young People (GCYP) reports a decline in stable, long-term placements, with a marked increase in temporary and inappropriate placements, including emergency care for lengthy periods (2013).

Once again, this is a problem because there is less rigorous monitoring of temporary placements and general lack of experience among agency workers in caring for traumatized/complex needs children. There exists a lack of consistency, planning and communication between Families SA and care agencies, which correlates with decreased use of care plans, inadequate allocation of case workers[10] and delays in information sharing between Families SA, carers and agencies (GCYPb, 2014). Similarly to NT, there are a slightly higher proportion of children and young people in residential care, (10.08%).

It is worth pointing out issues that affect the quality of care provided at residential institutions, such as increased use of physical restraint in larger residential facilities, significant levels of critical incident reports, and the presence of bullying in all larger residential facilities (GCYP, 2014a). In light of the growth in demand and current limitations in providing permanent placements for children, the problems that present in residential care demonstrate the strain on the system as a whole.

In the ACT, Community Services is currently developing the Out of Home Care Strategy 2015-20, which will aim to depart from current practice towards a more therapeutic approach (see ACT Community Services website). A positive example of progress in a therapeutic direction is the ACT Children and Young People (Transition from Out-of-Home Care) Amendment Bill 2011 which now requires relevant government bodies[11] to ensure young people are provided with help and planning to transition from care to independence (CREATE Foundation, n.d.). Remaining areas for

9. While the CCT's audit focused on children in OoHC generally, the majority of children were in foster care placements (2011).

10. GCYP 2013-14 Audit of Annual Reviews recorded 10 per cent of children on long-term orders were not allocated a caseworker, compared with 3-7 per cent in previous years (GCYP, 2014b).

11. Community Services Directorate, the Office for Children, Youth and Family Support (CREATE Foundation, n.d.).

concern, however, include the assessment process for children entering OOHC. ACT Community Services has identified child assessment practices as ad hoc (2014). Not only does this undermine effective long-term case planning for children themselves, a lack of rigorous assessment of complex cases inhibits equitable resource allocation for the system as a whole (Community Services, 2014).

Another concern is support provided to carers. Presently, kinship carers do not feel adequately supported by current training models, partly because they are often not attached to agencies that provide a substantial portion of that training (Community Services, 2014). This is a significant problem because just over half (51.6%) of children in care are in kinships arrangements. The kinship space is predicted to grow considering foster carer recruitment is struggling to meet the increased numbers entering care, as well as kinship care's well-documented benefits to children. Training and parenting models that cater to the unique challenges of kinship carers therefore require increased resources (CYPC, 2013) as well as coordination across agencies (such as Interagency Guidelines (Public Advocate, 2013).[12] With these issues in mind, further monitoring of the roll out of the Out of Home Care Strategy is therefore required.

In Western Australia, there are nearly 4,000 children and young people in OOHC (CCYP WA, 2013). Most of these young people are in kinship and foster care arrangements.

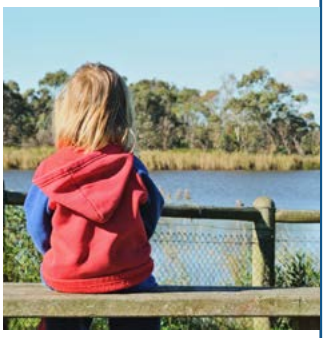
Aboriginal children are drastically overrepresented, making up 45 per cent of children in care (CCYP WA, 2012). The areas that need attention in OOHC in WA are similar to those in other states, and generally involve a need for increased coordination across the system. For instance, according to the WA Commissioner for Children and Young People, access to mental health services for children in care is inadequate (2012). To address this, there is a need for inter-agency collaboration and coordination, multi-modal health assessments and timely access to multi-disciplinary teams (2012). Other issues identified include the need for better management, improved recruitment, support and training of carers, the development of evidence based therapeutic care models and improved attraction and retention of staff (DCP, 2009).

These issues are particularly important when the rapid growth in home-based care and a number of Inquiries revealing abuse of children in home-based care (CCYP, 2013) are considered. These vulnerabilities, coupled with increased demand, therefore demonstrate the importance of placement stability, regular caseworker visitation and access to independent advocacy (CCYP, 2013). In terms of professional or residential care, the Department for Child Protection has made positive steps toward therapeutic approaches, including the Residential Care Conceptual and Operational Framework.

This is important considering the number of young children requiring residential care has increased (DCP, 2009). However, the growth in residential care is not desirable and preventative actions for children with complex needs should therefore be prioritised.

12. Support for informal kinships arrangements are particularly desirable considering there are few formal programs to assist them (Barnardo's Australia, 2012).

Section E



Child Wise's response to section (c) of the terms of reference highlight the varied approaches to OOHC across Australia, and the similar challenges faced nationally.

As identified by many commentators, researchers, and practitioners, and in the introduction to this submission, there needs to be a radical shift in how child protection is approached in Australia.

Harmonisation of existing child protection systems, including OOHC, will contribute to more effective systems, but only if a far higher level of care, assessments, and support is provided within the OOHC system. A fragmented and adhoc approach to OOHC will always leave children at risk, and result in poor outcomes and long-term harm and trauma. Funding models must also be harmonised, to ensure funding is available both where it is most effective, and where it is most needed.

Section G

As identified above, there needs to be a far higher emphasis and investment on prevention, and a rethink of how child protection is approached in Australia. Tinkering with the current OOHC system is not the most effective way to ensure improved outcomes for children – often there are serious harms and trauma inflicted upon children before a child has entered the OOHC system. To reduce the strain and impact on the OOHC system, prevention and early intervention before a child requires placement must be prioritised.

The general trend worldwide in OOHC is a reduction in the use of residential facilities, and a greater emphasis on recreating a family environment, as this is thought to better meet children's developmental needs. Of the 12 countries compared in a study by De Valle and Bravo (2013), Australia is the leading country that has the most family foster care placement compared to residential care. It is also one the leading countries in the international comparison that prefers kinship based family placements compared to non-kinship foster care (De Valle & Bravo, 2013).

'Therapeutic foster care' is an alternative foster care model recently employed in Australia, which involves the specialised training of foster parents to provide a structured environment for learning social and emotional skills for children with complex needs. In Australia, specialist foster care services have been used for the past few decades, especially by the non-government sector. Many of these involve 'wrap around' care programs that link all relevant services to the high risk housing models. These therapeutic programs draw together trauma therapists, educational support workers, drug and alcohol services, etc., and can be highly effective.

For example, Berry Street's Take Two therapeutic intervention program in Victoria supports children who are victims of abuse and neglect (McHugh & Pell, 2013). More high-level fostering programs have been created by government child protection agencies such as NSW's Department of Communities Intensive Foster Care program, which is a type of foster care for children, and young people who have higher support needs or for groups of children (DoCs, 2012). MacKillop Family Services' Sanctuary Model is also an emerging area of practice that aims to improve organisational approaches and outcomes for children, and should be considered by the Committee.

There have been a number of studies assessing the effectiveness of therapeutic foster care: it has been found in the US that therapeutic foster care is more effective than group residential facilities in reducing violent outcomes amongst adolescents who have histories of delinquency (Hahn et al., 2005). However, prior to this, little research supporting the efficacy of therapeutic foster care over residential care was documented (Curtis, Alexander & Lunghofer, 2001). The Odyssey Project, a descriptive and prospective study in the US comparing therapeutic foster care and residential care found that those in therapeutic foster care had increased levels of social support and had less contact with mental health and behavioural services (Baker et al., 2004).

There are a number of different, low volume OOHC placement types that are highly effective, though costly for the system. The older 'cottage parent' house model has a husband and wife living with the children, usually 12 days on, 2 days off. In these situations a consistent parenting model can be applied in a home like environment, where workers, who are seen to be workers, engage with the children both at the

home and outside it, but in a clearly demarcated manner that causes less disruption and distress. Similar models have been used for the young mother and baby units, and are worthy of consideration by the Inquiry.

The Lead Tenant model has also proven to be effective, provided there is a strong supervision model in place to support it. In these settings, a volunteer lead tenant supports older, more independent young people, which allows them to develop skills that will help them live independently when they leave care. This model frequently has higher levels of school attendance by children and young people, and better outcomes for them in general.

In kinship care, it has been suggested that there has been a tendency within child welfare practice for the maternal relationship to be the dominant focus. Instead, perhaps more work should be done with fathers and positive extended family members (Kiraly & Humphreys, 2011). There is mixed research supporting the advantage of kinship care over foster care (Strijker, Zandberg & van der Meulan, 2003; Vanschoonlandt et al., 2012). For example, although higher behavioural problems have been reported for children in non-kinship foster care compared to kinship care (Van Holen et al., 2008; Keller et al., 2001), this result was also found to be insignificant when other factors such as the number of previous out-of-home placements, ethnicity and gender were taken in to account (Vanschoonlandt et al., 2012; Keller et al., 2001).

Whilst one study had found that children in kinship care were no more likely than the general population to be in the clinical range of the Child Behaviour Checklist (CBCL), and only those who were in non-kinship based OOHC were at an increased risk (Keller et al., 2001), most other studies comparing behavioural problems in kinship care to the general population, have found that children in kinship care have an increased risk of scoring within the clinical range on the CBCL (Dubowitz et al., 1993; Holtan et al., 2001). For example, Dubowitz and colleagues (1993) found that children in kinship care were nearly 5 times more likely to have behavioural problems than children in the general population.

Another recent study by Taussig & Clyman (2011) also suggested the negative impact of a kinship based placement after following 200 children in the US after 6 years in care and found that the longer the time spent living with kin, the more delinquent, sexual, substance abuse and total risk behaviours. Therefore, there are still significant risks associated with kinship care, and conclusions are mixed on whether it results in better outcomes for children compared to those in non-kinship placements. However, some authors have suggested that kinship may be beneficial in providing a continuity of community links, and a sustainment of social networks, which may be less disruptive for the child. This suggestion emerged from a study by Holtan and colleagues (2005) that found that male gender and placement outside the local community significantly related to CBCL scores within the borderline/ clinical range.

Future directions

Current trends and policies indicate that kinship care is not only growing, but will continue to grow and become the dominant form of OOHC into the future. For such an approach to be effective, there are several concerns that must be urgently addressed.

Placements

In Victoria, and other states, there are serious concerns about the assessment of kinship carers, other family members, and regular visitors to the kinship carer's home. In some cases, children may be placed with the kinship carer for up to six weeks before a full assessment is conducted – exposing the children to potentially high levels of risk.

Greater investment in child protection systems, and independent oversight of child protection, is required to ensure assessments are effective, thorough, and conducted in a timely manner.

Carer support

Frequently, kinship carers are poorly placed to respond to children with problem or abusive behaviours – due to age (too young, or too old), lack of experience, lack of training, and lack of understanding on the issues facing the child or young person. While the level and nature of support varies from state to state, overall there are poor or inadequate supports, training, and education offered to kinship carers to support them in raising a child. Far greater investment needs to be made in this area, and new ways to support carers in a way that does not place undue burdens on their time – too extensive time commitments will likely reduce engagement with support services.

Financial support

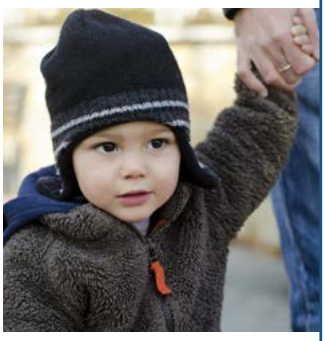
Financial supports for both foster and kinship carers vary across Australia, and are frequently inadequate. This is a driver for the reduced number of new foster carers, and the higher rates of foster carers leaving the system, particularly in Victoria. Child Wise recommends that harmonised payments for carers should be implemented across Australia, at a sustainable rate that will provide adequate supports for carers, and encourage additional carers to enter the system.

Child Wise recommends the Inquiry consider submissions from organisations and peak bodies working in the OOHC sector when assessing current best practice – in particular, the Centre for Excellence in Child and Family Welfare in Victoria, and Berry Street.

Section I

At present, many children leave care and return to their family, as they frequently have no other places to go. In these cases, the family situation may still be volatile, or unstable, and the young person may have had no or intermittent contact with family members for years. This can exacerbate trauma and problems that the young person has experienced, and reinforce poor outcomes.

It is critical that, where safe to do so, some level of contact is kept with families, and that continued work is done to reduce risk and vulnerabilities in the family setting. This holds true for the extended family, which may be a more appropriate link to maintain, especially with siblings, aunts, uncles, and grandparents. This should form a central part of any care planning for the child and their family when they enter the child protection system.



Alternative options for leaving care need to be considered as well, where longer-term support and counseling is made available for the young person. While young people may be legally considered adults when they leave care, in practice, many of them will have been developmentally delayed or harmed due to the trauma they have experienced, and are likely to struggle to live independently of the supports they have relied on until that point.

Section J

The response to vulnerable children requires a flexible and creative way of services working collaboratively to develop and implement a long-term response to effectively meet the needs of the child. A wrap around approach should be employed that involves strong, coordinated care planning for children and their families. There have been some highly innovative and effective programs developed that will be outlined below, and that Child Wise recommends the Inquiry consider in detail.

Any solution for children in OOHC should include general principles of practice that need to consider:

- quality client outcomes,
- ongoing monitoring of the care plan,
- sustainable timelines,
- a supported workforce,
- a shared risk management,
- a coordinated and flexible planning process,
- strong partnership and collaboration,
- a multidisciplinary and cross sector approach,
- a strong person centred approach.

Investment in an external care planner for children, who can ensure a coordinated care planning process, should begin from the moment a child enters the statutory child protection system. While such a process can be time consuming, it will both save money and improve outcomes in the long run. Such an approach can:

- reduce high risk activities by the child,
- increase staff retention rates,
- improve children's attendance at school,
- reduce alienation and exhaustion that exists due to difficulties engaging with multiple services.

The Victorian 'Multiple & Complex Needs Program', developed from the earlier 'High & Complex Needs Program' is a model that seeks to implement these key approaches, and that has been highly successful. The coordinated care planning, linking in services and ensuring each one is considering the whole child and family needs in a holistic care plan, is highly effective.

In many ways, the care plan coordinator can act as an advocate for the child within each service. For instance, many present approaches escalate harmful behaviours by engaging at the emergency level (i.e. self harm, medical and mental assistance), which reinforces patterns of harmful behaviour. Instead, the focus needs to shift to consider the underlying reasons for why the child is behaving in this manner, and seeking to ameliorate the risk factors that lead to the harmful behaviour. However, at present the 'Multiple & Complex Needs Program' only applies to the top 2% of OOHC placements – to be truly effective a model of this kind should be employed for all children at point of entry to child protection. The Inquiry should consider this approach in more detail.

Addressing the societal and local risk factors that increase child vulnerability is critical to reducing the burden on the OOHC system. There are a number of emerging initiatives and practices for supporting both children and their families in vulnerable situations.

Rather than listing the various programs that are leading this field, it would be more effective to point to the key themes and approaches that guide practice.

Child Aware Approaches (CAA) is a grassroots initiative that engages civil society to develop local approaches, actions and initiatives to keep children safe and well, recognising that protecting children is a shared responsibility. These consist of five approaches:

- family-sensitive
- child-inclusive
- strengths-based
- collaborative
- culturally competent

Importantly, one of the focuses of the CAA has been 'Building Capacity, Building Bridges', a program designed to strengthen adult-focused services' ability to consider and respond to children's need. For instance, drug and alcohol services targeting adults may fail to consider the impact on children, or how this impact can be minimised. By improving services engagement with the risk factors and vulnerability of children, earlier interventions can occur (Hunter & Price-Robertson, 2014).

There are also serious gaps in service provision that must be addressed to reduce the burden on the child protection and OOHC system. One of the major concerns is the lack of education and awareness in the community, and among parents, of the risks and vulnerabilities of children. This extends beyond at risk or vulnerable families to all parents and carers of children.

A key obstacle to reducing child abuse and neglect through prevention is a lack of parent awareness. Studies have found that 28% of the community would not recognise child abuse or neglect, and one in five people would not know what to do if they suspected a child was being abused or neglected (Tucci, 2010). On average, children need to tell three people to be believed: the Royal Commission's Interim Report provides many examples where parents did not believe children, or parental 'paralysis' of response occurred (Royal Commission, 2014).

Children at risk of abuse or neglect, or who are experiencing the abuse or neglect directly, are often unable to speak up, but will display signs and indicators of risk or of abuse. Research suggests that greater parental and carer awareness of child development and risk factors for abuse and understanding of child outcomes following abuse may reduce incidents of abuse or neglect, or reduce the long-term impacts through higher rates of reporting and early interventions (Holzer, 2006).

Parents who have experienced abuse as a child may also suffer from trauma or be unsure how to respond to their children – this is particularly relevant for the kinship care sector, where intergenerational trauma can be a concern. Raising parent and carer awareness of childhood development stages, risk factors for abuse, and protective actions to take, will help to influence parental behaviours and assist them to recognise when children are at risk or need additional support for their healthy development.

This has concurrent effects for children's wellbeing by preventing and minimising the associated and long term harms of child abuse.

Most strong child-focused programs have recognised parent involvement as a critical component to the education of children' (Wurtele & Kenny 2010). For example, research has found that children *"learn risk reduction messages better when they receive them both at home and at school"* (Finklehor & Dzuiba-Leatherman 1995; NSVRC 2005). Parents and carers *who* have undergone training will be better placed to build children's resilience – improving outcomes for children and reducing the burden on child protection and the OOHC system.

There are limited programs of this nature in Australia that address all aspects of children's wellbeing and prevention of abuse, creating a gap in prevention and early intervention approaches: currently programs only address children's protective behaviours, developmental needs and behaviours, or organisational capacity individually. Child Wise is currently developing the Wise Parent program, which aims to fill this gap. Additional information around this can be provided to the Committee upon request.

References

ACT Community Services website, Out of Home Care Strategy 2015-2020. Available at <http://www.communityservices. act.gov.au/ocyfs/out-of-home-care-strategy-2015-2020>.

Akister, J., Owens, M., & Goodyer, I. M. (2010). Leaving care and mental health: outcomes for children in out-of-home care during the transition to adulthood. Health Research Policy and Systems, 8(1), 10.

Australian Institute of Health and Welfare (AIHW), 'Children and Young People at Risk of Social Exclusion: Links Between Homelessness, Child Protection and Juvenile Justice', Data Linkage Series, no. 13., Cat. No. CSI 13., Canberra, 2012.

Australian Institute of Health and Welfare (AIHW), Child Protection Australia: 2011-12. Child Welfare series no. 55., Ca. no. CWS 43. Canberra: AIHW, 2013.

Australian Institute of Health and Welfare (AIHW, 2014). Pathways of Care: Longitudinal Study of Children and Young People in Out-Of-Home-Care. Retrieved from: <http://www.aifs.gov.au/institute/research/projects/poc.html>.

Barter, K. (2005). Re-conceptualizing services for the protection of children. In J. Turner, & F. Turner (Eds.), Canadian social welfare (5th ed.) (pp. 316-332). Toronto: Pearson Education Canada.

Bromfield, L., & Osborn, A. L. (2007). 'Getting the Big Picture': A Synopsis and Critique of Australian Out-of-home Care Research (Vol. 26). Australian Institute of Family Studies.

Bromfield, L. (2014). 'Abuse and neglect: Australia's child protection 'crisis''. The Conversation. Available at: <https://theconversation.com/abuse-and-neglect-australias-child-protection-crisis-32664>.

Barnados Australia, Permanency Planning Practice Paper-Setp 7 Partnering with Kin Carers, submitted to ACT Community Services Directorate Discussion Paper, 2012. Available at <http://www.communityservices.act.gov.au/ocyfs/out-of-homecare-strategy-2015-2020/submissions/attachment-a-barnardos-practice-paper-partnering-with-kin-carers>.

Children and Young People Commissioner ACT Human Rights Commission, Out of Home Care Strategy 2015-2020

Discussion Paper Submission, 2013.

Children and Young Persons (Care and Protection) Act 1998 (NSW).

Children and Youth Services (CYS), Out of Home Care Reform in Tasmania, Tasmanian Government, 2014.

Commission for Children and Young People and Child Guardian (CCYPCG), Measuring the value and contribution of the blue card system in Queensland, Web article, April 2014. Viewed September 1st 2014 at <http://www.bluecard.qld.gov.au/pdf/publications/Measuring-the-value-and-contribution-of-the-BC-system-web-article-April-2014.pdf>.

Commissioner for Children Tasmania, Child Protection Case File Audit of Children in Out of Home Care 2010, February 2011.

Commissioner for Children Tasmania, Fact Sheet No 2, 2013. Available at <http://www.childcomm.tas.gov.au/wpcontent/uploads/2013/06/Updated-Factsheet-No-2-Out-Of-Home-Care-in-Tas-2013-06-18.pdf>.

Commission for Children and Young People (2014). Annual Report 2013-2014. Retrieved from: <http://www.ccyp.vic.gov.au/downloads/annual-reports/ccyp-annual-report-2014.pdf>.

Commissioner for Children and Young People (CCYP) Western Australia, Issues Paper 4: Preventing Sexual Abuse of Children in Out of Home Care, 2013.

Commissioner for Children and Young People (CCYP) Western Australia, The mental health and wellbeing of children and young people, Children and young people in care, Policy brief, May 2012.

Community Services ACT, Out of Home Care Strategy 2015-2020: Information paper for consultation: Proposed service system policy direction, April 2014.

CREATE Foundation, What's the Plan? Living in the Ausralian Capital Territory Factsheet. Available at <http://www.create.org.au/files/file/Create_WhatsThePlan_InfoSheet_ACT2.pdf>.