

Submission to the

**Protecting Victoria's
Vulnerable Children Inquiry**

Anglicare Victoria
April 2011



EXECUTIVE SUMMARY

Anglicare Victoria initiated a process with key providers and other experts in child and family welfare that has resulted in a combined submission to the Vulnerable Children's Inquiry from a coalition of Community Service Agencies including MacKillop Family Services, Berry Street Victoria, VACCA, the Salvation Army and the Centre for Excellence in Child and Family Welfare.

In this submission Anglicare Victoria responds to the Inquiry's overall focus. It establishes a set of recommendations for a system that protects vulnerable children and promotes development and recovery among children, youth and families who have experienced disadvantage, dysfunction, abuse and/or neglect.

The submission outlines a comprehensive approach to improving and sustaining child and family welfare services across Victoria. It advocates for fundamental reform to ensure that the advancements over the last five years are not lost or weakened in an environment of increasing demand.

The submission steps through the child and welfare system in logical sequence, commencing with a commentary on recent policy changes in the child and family welfare system and suggestions for reform to Child FIRST, Integrated family Services (IFS) and child protection services. Here, Anglicare Victoria recommends a stronger and earlier response to vulnerable families. This includes strengthening Child FIRST and IFS, broadening the interface of child protection across secondary and universal service systems and intensifying efforts to build family capability at the investigative phase of the child protection process. This proposal involves transferral of responsibility for statutory case work to the community services sector.

The submission moves to a discussion of demand pressures within placement services and sets out elements of a new 'placement prevention' service platform to keep children safely at home.

Out-of-Home-Care (OoHC) services are discussed next. Here, actions that are needed to enhance the capacity, diversity, quality and sustainability of this system are outlined.

The final two chapters focus on deficiencies within the Children's Court and current leaving care arrangements. The submission outlines a new vision for the Children's Court centred on the introduction of panels to adjudicate child protection cases as is the tradition in some European countries. As this reform would take time to implement, other improvements are also recommended as an interim measure. New initiatives are proposed to support a more gradual and flexible transition from care.

The submission is punctuated with case studies provided by Anglicare Victoria practitioners. These serve to highlight and evidence the Agency's position on challenges that are manifest within the system.

The Agency argues this package of reforms will see better results for children, youth and families and will address demand pressures at all points along the child and family service continuum.

SUMMARY OF RECOMMENDATIONS

Improving our response to vulnerable children and families in the community

Anglicare Victoria recommends a stronger and earlier response to vulnerable families. This includes strengthening Child FIRST and IFS, broadening the interface of child protection across secondary and universal service systems and intensifying efforts to build family capability at the investigative phase of the child protection process. This proposal involves transferral of responsibility for statutory case work to the community services sector. The following twelve recommendations are made:

1. Establish a family welfare service formula to address the expected growth for Child FIRST operations in growth corridors
2. Implement a professional development plan for IFS practitioners including state-wide practice development forums
3. Incorporate mental health, alcohol and other drug services and regional education officers as partners within Child FIRST
4. Pilot programs that provide practical assistance to increase functioning and organisation of vulnerable families
5. Develop a coherent policy relating to the provision of community-based parent education programs
6. Run test cases on cumulative harm to help set precedents and guidance under the current Act
7. Develop skills in co-working cases involving cumulative harm between family services and child protection workers
8. Increase the number of community based child protection workers provided to high demand Child FIRST sites across the State
9. Seek full DHS Regional compliance committing to the full allocation of community based child protection worker to Child FIRST sites.

10. Orient child protection work to the pre-Court and Court phases of the child protection process to facilitate a stronger focus on family strengthening during the investigative phase
11. Progressively transfer statutory case work functions to the community service sector and
12. Co-locate small child protection teams with other human service professionals.

A new service platform to keep children safely at home

Anglicare Victoria suggests six recommendations that would establish a new 'placement prevention' service platform to keep children safely at home:

13. Evaluate the Victorian Government's new support for vulnerable first time mothers at imminent risk of child protection involvement to determine its suitability as a core element of a broad placement prevention service platform
14. Support for the resourcing and introduction of family group conferencing programs early in the statutory protection process
15. Funding for new adolescent mediation programs to minimise placement breakdowns in the home and in foster care
16. Undertake a review of who should provide supervised access under new models of provision
17. Develop and implement new models for supervised access addressing the objectives of enhancing parenting skills, ensuring positive parent-child interactions and opportunity and promote healthy child development in preparation for reunification, based on the Arbour program model and
18. Remove authority of the Children's Court to determine access arrangements and move this to an administrative procedure.

Improving out-of-home care services

Anglicare Victoria proposes that Victoria's OoHC system is faced with a number challenges into the future that require transformative policy changes. Here, 22 actions are suggested to enhance the capacity, diversity, quality and sustainability of this system:

19. Allocate funds to undertake a multi media recruitment drive to increase the number of foster care placements
20. Boost caregiver reimbursements for home-based care placements including parity between payments to foster carers and kinship carers and variation in reimbursements based on child needs/complexity
21. Modify the current lengthy recruitment and assessment protocols to simplify and expedite the assessment and accreditation of prospective carers and introduce a probationary system
22. Review abuse in care processes to recognise the impact on the carer and their willingness to provide care in the future
23. Involve foster carers in the case team approach and invite formal feedback into the case planning process
24. Expand the therapeutic component of care services including CIRCLE/TRACK and intensive residential treatment models
25. Support an approach by a CSO such as Anglicare Victoria to the Fair Work Australia commission to propose a trial of the professional in-home support model
26. Allocate funds for a trial of professional in-home care in 2012/13 pending the outcome of an approach to Fair Work Australia
27. Review the costs of caring for a foster child and increase carer reimbursements in line with this review
28. Provide access to planned respite care to kinship and foster carers, including consideration of specifically trained family day care providers
29. Implement a range of measures to improve support to kinship carers including a review of respite care targets, access to parenting information, support and advice and housing services
30. Develop and pilot a range of models that are designed to accommodate the needs of larger sibling groups in a family-like environment
31. Reconfigure residential care to provide greater placement choice including two bed units, single sex units and specialist placements for children with sexualised behaviour
32. Greater investment in skills and qualification of residential care staff and a reconsideration of the theoretical basis for residential care so the full potential of this type of care might be realised
33. Establish a joint DHS-CSO assessment referral panel to assess referrals and determine the best placement option for children entering OoHC
34. Expand tailored care packages to enable flexible support for a wider group of OoHC children/cases (eg. sibling groups, Aboriginal children, children who have experienced multiple placement breakdowns) and to meet specific education and therapeutic needs
35. Review the home based care unit price to assess the actual costs of delivering quality OoHC programs
36. Increase provision of teacher training and resources in both initial and continuing teacher education to assist teachers to respond to trauma-related behaviour
37. Improve the scale and reach of targeted education supports and alternative education programs for children/young people across the age range whose learning is disrupted by the effects of trauma
38. Implement a system to ensure that children/young people who drop out of school and cease to be enrolled can be identified and located, and strategies put in place to secure their re-engagement in education

- 39. Improve the integration of assessment, planning and support to enhance the effectiveness of case management and supports for each child/young person in OoHC through introduction of education liaison workers located within CSOs
- 40. Implement a comprehensive health and wellbeing assessment program in OoHC
- 41. Strengthen and enhance access to therapeutic care and trauma therapy and
- 42. Establish a collaborative system to collate, aggregate, analyse and disseminate APR data as a vital scheme to assist OoHC services to function at their full potential.

Reform of the Children's Court

Anglicare Victoria outlines a new vision for the Children's Court centred on the introduction of panels to adjudicate child protection cases as is the tradition in some European countries. As this reform would take time to implement, other improvements are also recommended as an interim measure. Three recommendations are put forward:

- 43. Transfer responsibility for determining protection applications from the Family Division of the Children's Court to inquisitorial panels supported by multi-disciplinary experts
- 44. Decentralise the Children's Court to operate out of strategic suburban locations (eg. Moorabbin Justice Centre) and
- 45. Enhance young people's participation in administrative and judicial proceedings through adoption of a Guardian ad litem model of child representation.

More successful transitions to independent living

Six new initiatives are proposed to support a more gradual and flexible transition from care:

- 46. Adopt the principle that the care of OoHC young people continues to 21 years
- 47. Extend financial support to foster and kinship carers to age 21
- 48. Support workers to see care leavers through to the end of placement and foster their resilience and capacity to build relationships and connections in the broader community post care
- 49. Provide all care leavers full and proper access to health, social care and education services, commensurate with their needs, until they are 25 years of age
- 50. Introduce education and vocational specialists within CSOs and
- 51. Develop creative partnerships and incentives to encourage employers to take on care leavers, such as employee employment subsidies.

"There can be no more important subject from the standpoint of the nation than that with which you are to deal, because when you take care of the children, you are taking care of the nation of tomorrow; and it is incumbent upon every one of us to do all in his or her power to provide for the interests of those children whom cruel misfortune has handicapped at the very outset of their lives"

Theodore Roosevelt, 1908

INTRODUCTION

Anglicare Victoria welcomes the State Government's initiative to establish the Protecting Victoria's Vulnerable Children Inquiry.

Since the second half of 2010 Anglicare has been initiating discussions with leaders in the community services sector on new directions for the Victorian child and family welfare system. The Agency initiated these discussions because it observed that all areas of the system were experiencing increasing demand pressures and reforms were necessary to meet these challenges going forward.

With the announcement of the Vulnerable Children's Inquiry by the new State Government earlier in 2011, Anglicare Victoria initiated a process with key providers and other experts in child and family welfare that has resulted in a combined submission to the Vulnerable Children's Inquiry from a coalition of Community Service Agencies including MacKillop Family Services, Berry Street Victoria, VACCA, the Salvation Army and the Centre for Excellence in Child and Family Welfare. Professor Marie Connolly and Michael Wyles (SC) also contributed their expertise to this process.

This submission draws on Anglicare Victoria's legitimacy and experience as a significant service provider and offers commentary on many operational aspects of the child and family welfare system. It capitalises on the experiences and voices of Anglicare Victoria management, staff and clients representing a broad cross-section of services.

About Anglicare Victoria

Anglicare Victoria was formed in 1997 following the amalgamation of three Anglican welfare agencies; the Mission to Streets and Lanes, St Johns Homes for Boys and Girls and the Mission of St James and St John. It is now one of the larger child and family welfare not-for-profit organisations in Victoria. Anglicare Victoria was formed under an Act of the Victorian Parliament and has a long and proud history of helping children, young people and their families.

Anglicare Victoria provides a network of services across over 40 metropolitan and non-metropolitan Melbourne sites. These services span the service continuum from primary prevention (universal) and secondary prevention (targeted) services such as Communities for Children, Communities for Children Plus, Parentzone, Integrated Family Services, Alcohol and Other Drugs, Family Violence, Adolescent Support Services and Child FIRST, through to placement services including residential care, kinship care, foster care, other related home based care and lead tenant programs. It also operates a wide range of emergency relief centres across Victoria, it provides community and parish support services for homeless people, new refugees and asylum seekers and Anglican chaplains in every prison and youth training centre across Victoria.

The Agency supports this work through a local and regional management structure and a range of services and initiatives that promote learning, reflection, practice development and innovation.

The following statistics provide an indication of the size and breadth of Anglicare Victoria's operations in the child youth and family area. During 2009/2010 Anglicare Victoria provided 1,831 foster care placements. It has over 680 active foster carers. On any one night approximately 320 children sleep in foster homes across four regional localities. It operates six residential units for young people on statutory orders and a further two homeless youth refuges. It also operates a range of lead tenant, adolescent support programs.

In 2009/10 specialist services supported 463 young people to address their problems with alcohol and other drugs, 617 youth were provided with mediation and counselling and 555 people were helped through our Community Justice program.

In 2009/10 the Agency assisted over 18,713 people/families with outreach and family support services, 4,019 people/families with intensive in-home services and 1,048 people/families through family violence and anger management programs. Parenting information, education groups and resources were provided to 8,234 people/families and 6,552 people/families were assisted with brief outreach and telephone support by our family services and Child FIRST workers. Anglicare Victoria reached out to over 3,606 people through Parish Partnerships and Community Development programs, provided emergency relief for 64,929 people/families and offered financial counselling to 1,553 people.

CHAPTER 1: CURRENT CONTEXT OF REFORM AND SERVICE DEMAND

Recent policy changes in the child and family welfare system

There have been nine major reviews of the child and family welfare system over the last three decades. Many of these have led to change and improvement in the broad orientation and service delivery approach to responding to vulnerable children and families. Yet, not all parts of the system have progressed in line with current best practice and contemporary thinking.

In 2002, with the statutory child protection system overburdened with notifications of child abuse and neglect the Victorian Government began a process of reviewing the State's statutory child protection service with a focus on the merits of the child protection versus the family service orientation¹ to protecting vulnerable children (see Bromfield, 2004). The consensus from this review was that "the most effective response to support vulnerable families and protect children from harm involve an integrated, unified, broad-based system of service which aims to promote child wellbeing and protect children" (Allen Consulting Group, 2003:1).

This reform agenda, referred to as the *Every Child Every Chance* reforms (DHS, 2010), cumulated in the introduction of the *Children, Youth and Families Act 2005* (CYF Act 2005). It replaced and modernised the *Children and Young Persons Act 1989* and the *Community Services Act 1970*.²

¹ A family services orientation to statutory child protection emphasises the need for more resources to families at an earlier stage, inclusion of vulnerable children and youth in universal early childhood, health and education services, a local, integrated, flexible service approach to meet family needs and a more therapeutic, partnership focus to child protection interventions. The family services approach recognises that child abuse and neglect have set of risk factors and underlying and causal contributors that need to be tackled from a whole of Government and cross-sectoral perspective (Scott, 2006; Higgins, 2010). These principles align with a 'public health approach' to protecting children, which structures the child protection system towards family support (see ARACY, 2008). A public health model also assumes that that protecting children requires 'right services at the right time' so that vulnerable families can be supported, child maltreatment can be prevented and the effects of trauma can be reduced (AIHW, 2011:5).

² The Victorian Parliament also passed a companion piece of legislation called the Child Wellbeing and Safety Act (Vic), which provides guidance in the development and provision of Government and community services for children and provided for the establishment of bodies to oversee the child and family service system and to coordinate Government policy in this area.

The specific policy objectives supported by the CYF Act 2005 were:

- to promote children's best interests, including a new focus on children's development
- to support a more integrated system of effective and accessible child and family services, with a focus on prevention and early intervention and
- to improve outcomes for children and young people in the child protection and OoHC service system.

Further, the CYF Act 2005 outlined new policy and practice guidelines for children referred to child protection services. It introduced 'best interests' principles to guide child protection decision-making (DHS, 2008). It directed the child protection workforce to streamline its planning for the child, emphasised a stronger focus on development and stability, included 'cumulative harm' as a grounds for child protection intervention and included new responsibilities to assist young people transitioning from care.

The creation of Child FIRST (Family Information Referral and Support Teams) and Integrated Family Services (IFS) was also a major element within the *Every Child Every Chance* reforms designed to enhance the development of an integrated and community approach to protecting vulnerable children (DHS, 2006).³

This reform aimed to focus child protection services on cases that require a statutory intervention and to stream cases where concerns about a child's welfare appear less severe through a strengthened family service system.

By and large there has been much support for these reforms from Government, the non-Government sector and more broadly across other State and national jurisdictions. It is the Agency's view that the principles and intent of the CYF Act 2005 are generally sound. The key tenants of the current legislation and principles underpinning a family services orientation to protecting vulnerable children as an overarching framework should remain as a key plank of the child and family welfare system going forward.

While these reforms have had some initial success, further progress will depend on the capacity of the child and family welfare system to manage demand for services and build on the good work already commenced.

Demand pressures in the child and family welfare system

Nationally, notifications to child protection have been climbing since 2004/05. In 2009-10 the number of child protection notifications made in Victoria stood at 48,369. This represented a net increase of 10,846 since 2004-05, when the number of notifications was 37,523.

While the number of children on protective orders has steadily increased over the past decade, open cases in child protection (that is all cases active in all phases of child protection) have increased by 70 per cent over the last six years from just over 7,000 in 2003 to over 12,500 in 2009 (DHS, 2009).

³ This strategy focused on redesigning the family services system, coordinating this delivery across sub-regional catchments and providing (within each catchment) a visible point of contact, coordinated intake and prioritisation of client need. Development of a Child and Family Services Alliance within each catchment was expected to provide the platform through which to generate shared responsibility for at-risk children and families within the catchment and to ensure vulnerable families get the right support before more serious problems arise.

The spike in notifications since the introduction of the CYF Act 2005 and resulting pressures within child protection services was widely documented in the recent reports by the Victorian Ombudsman in 2009 (Ombudsman Victoria, 2009). The Ombudsman's investigation found that while the Department of Human services (DHS) was meeting targets for reports requiring an immediate response (notwithstanding concerns on the effectiveness of the response), targets for all other reports which were not classified as requiring an immediate response were not being met. It further indicated high unallocated case levels across all phases of the child protection process, high caseloads per staff and low staff retention rates across the entire child protection service system.

Such demand could be attributed to a number of factors. Net-widening has occurred because the original focus of child protection services on the physical abuse of children has expanded over the years to include sexual abuse, emotional abuse, neglect and witnessing family violence. Mandatory reporting and better community awareness of child maltreatment has also caused an increase in child protection reports and notifications (Bromfield & Holzer, 2008; AIHW, 2011; ABS, 2006; Morrison, 2006). Further, between 2005 and 2009, Victoria's fertility rate increased substantially. The CRIS data system was also introduced across child protection sites in 2005/06, with claims from end users that this system substantially increased the administrative burden on cases and slowed the movement of cases through the system. Heightened public scrutiny of child protection during this period is also likely to have had a bearing in this respect.

Demand is also high in many Child FIRST sites. This has resulted in a capping of referrals at a number of service locations, particularly in Child FIRST services located in Melbourne's growth corridors where the demographic reflects a high proportion of families with children and a high birth rate.

In the Western Child FIRST catchment, which incorporates five local government areas (LGAs) including the City of Melbourne, City of Maribyrnong, City of Moonee Valley, City of Hobson's Bay and the City of Wyndham, 46 per cent of all referrals involving substantiated cases received in March 2011 came from the City of Wyndham (N = 70).

Approximately the same proportion of all referrals between July 2010 and March 2011 came from the City of Wyndham (see figure 1). The Western Child FIRST and IFS Alliance held large numbers of vulnerable families for up to eight weeks while they waited for assessment and allocation to other relevant services.

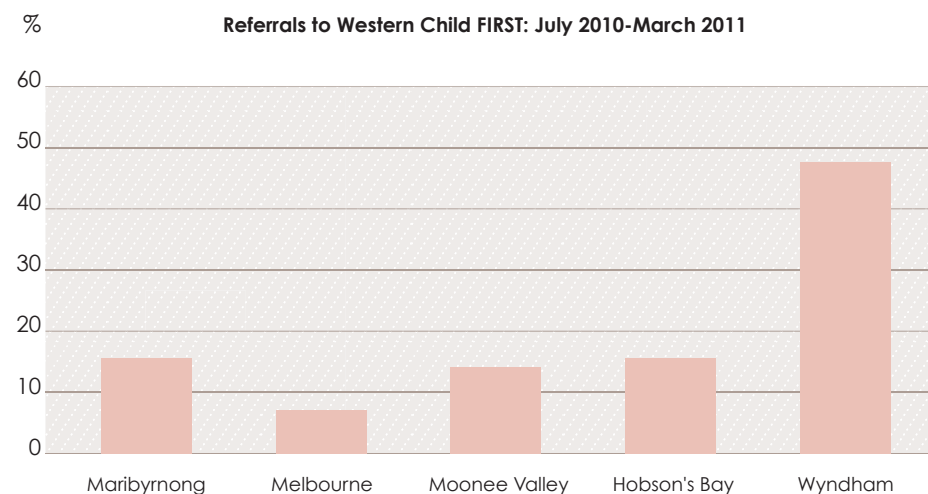


Figure 1: Proportion of referrals from five LGAs comprising the Western Child FIRST catchment.

There is little indication that demand across the child and family service system will plateau or decrease. Taking the last six years as a guide, child protection notifications are expected to climb by 12 per cent in the next three years and protective orders are expected to rise by 26 per cent. If one were to take into account the impact of the recent global financial crisis (GFC) and expected flow on to unemployment, increases are expected to be 17 per cent and 31 per cent respectively (DHS, 2008).

With rapid population growth expected in Melbourne's outer metropolitan areas of Hume, Melton, Wyndham, Wittlesea, Casey and Cardinia, resourcing strategies are needed to address the expected growth for Child FIRST operations in these areas.

Recommendation 1. Establish a family welfare service formula to address the expected growth for Child FIRST operations in growth corridors.

CHAPTER 2: IMPROVING OUR RESPONSE TO VULNERABLE FAMILIES AND CHILDREN IN THE COMMUNITY

Strengthening Child FIRST and Integrated Family Services

While the general principles of the *Every Child Every Chance* reforms and the related legislation are basically sound, more significant structural reform is needed if the family services approach to protecting vulnerable children is to work to safeguard children and minimise the need for more intrusive interventions.

Improving the Child FIRST and IFS response will depend in large part on its ability to respond to increasing case complexity. The Agency suggests that this would be achieved by integrating other professionals to Child FIRST and increasing work skills in family services. The Agency also suggests that family services need to respond better to families with less intensive needs before problems escalate into crisis. This requires more practical forms of family support and proven parenting programs.

Responding to increasing complexity in Child FIRST

One of the main consequences of systems pressure in child protection services is higher tolerance of risk to children and higher risk cases being referred to Child FIRST for a non-statutory response.⁴ These observations accord with the experience of Anglicare Victoria workers, findings of the Ombudsman's inquiry into child protection services and preliminary findings on the success of implementation of the CYF Act 2005 undertaken by KPMG (2009).

Demand for services is also creating pressure to work with families in a more narrow and time-limited way than what may be needed to bring about lasting change.

Anglicare Victoria workers in family services observe that the number of complex cases continues to rise. Families and parents present with a range of vulnerabilities and problems including family violence, disability, debt and financial insecurity, parental stress, lack of social support and social isolation, mental health and drug and alcohol problems.

⁴ It should also be noted, however, that differentiation between a child protection "protection from significant harm" and family services "significant concern about wellbeing" response is far from straightforward. Indeed, there is evidence to indicate that even experienced practitioners are unlikely to concur on where the demarcation line is (Spratt, 2000).

The effectiveness and sustainability of the Child FIRST service will therefore depend on its ability to work within a higher risk threshold. This involves increasing work skills in family services and integrating other professionals into Child FIRST.

Increasing work skills in Family Services

While Child FIRST and IFS are enabling earlier intervention when families have difficulty promoting the safety, stability and development of children, effectively responding to families with complex needs is a key challenge. The KPMG evaluation concluded that the requirement to provide more intensive interventions with families 'at-risk' has occurred in the absence of intervention models and expertise among family services workers. KPMG also suggest there is a "need for staff with greater experience and more advanced qualifications" (2009:5).

The need to develop the family service professional to successfully intervene with complex families is a key area for action. Here, there is a balance to strike in maintaining the attributes of the effective and engaging family worker and building their capacity to respond to specific scenarios in the family home.

As the Dartington Social Research unit suggest, "...the most important factor contributing to success was the quality of the relationship between the child's family and the responsible professional" (1995). Anglicare Victoria would support this observation, arguing the centrality of relationship characterised by trust, empathy, caring and respect as the key facilitator of change (Giles & Pizzi, 2009). Without establishing empathic, caring and compassionate relationships, effective interventions and personal change and development unlikely.

Despite new resources into family services over the last five years, a workforce skill development plan is needed. Increased skills training in mental health, alcohol and drug assessment and family group work are some areas that should be considered. It is further recommended that DHS convenes regular gatherings of IFS professionals to explore new developments in the family services sector and share knowledge and practice approaches much like the way current professionals in drug and alcohol services come together several times a year.

Recommendation 2. Implement a professional development plan for IFS practitioners including state-wide practice development forums.

Integrating other professionals to Child FIRST.

Another way to develop capacity in IFS to respond to increasing client complexity is through collaboration with other specialist services. Anglicare Victoria has been developing co-location arrangements with the family counselling service Life Works, Queen Elizabeth Early Parenting Centre and its own Parent Zone programs to enhance the scope of services available to Child FIRST clients.

There are a range of other proven parenting programs that could be brought into closer contact with Child FIRST/IFS. For example, Anglicare Victoria's parenting programs designed to build parenting skills and/or to meet the needs of children have been effective in engaging vulnerable families and moderating risk factors for child maltreatment (eg. attitudes towards family violence and child discipline) and enhancing protective factors (eg. practical skills and secure parent-child attachment).

Research undertaken by DHS shows that one in five substantiated child protection cases involve psychiatric disability, approximately half involve family violence and approximately one-third involve alcohol and a further one-third involve substance abuse.

The response offered by the CYF Act 2005 does not involve integration of other services vulnerable families require such as mental health, disability, family violence, alcohol and other drug and is thus only a partial solution to systemic service fragmentation. It has been recognised for some time that “strategies are needed with parent services in fields such as family violence, mental health and drug treatment services to enhance their sensitivity to children’s needs (Scott, 2009:14)”. In hindsight, it would have been advantageous to formally include mental health and alcohol and drug services into the Child FIRST platform during the formulation of the CYF Act 2005.

As it stands, responsibility for joint governance arrangements and local service integration including mechanisms for interagency consultation and support currently rests with funded family services. It would appear that responsibility to support family resilience and mitigate vulnerability and risk for children in a broad sense remains aspirational rather than actual. The need to build a platform where adult services are active and willing participants is the next step for a maturing Child FIRST system.

While sensitivity and responsibility of adult services to children’s needs is a critical issue, Anglicare Victoria workers suggest they would be better able to engage specialist services and provide a more timely and tailored response for vulnerable families if they were funded to purchase specialist services.

Notwithstanding the challenges of local, cross-sectoral collaboration just identified, there are many examples of excellent case outcomes from cross-disciplinary working. Case study no. 1 highlights the potential for change when family services are able to draw on the skills and expertise from multiple sectors.

Case study no. 1: Potential for change in cross-disciplinary working

Beyond the Violence offers training to cross sector professionals who then work together as a team to support families who have experienced family violence. These professionals come from a range of services and work together to help the non offending parent and children to deal with the impacts of the violence and work with the whole family to move beyond unhealthy family dynamics and establish stronger parenting responses and family interactions.

One such program included staff from child protection, family services, family violence service, children’s services and parenting. They were able to provide an educational and skill building program that enabled families to re-establish a sense of safety and stability, deal with the impacts of the past violence dependant and respond to children’s developmental needs.

Outcomes for families and the professionals who worked alongside them were remarkable. Parents commented that their next steps as a parent were to “continue our journey of sanity and self worth” and establish a “more bonding routine”. Professionals also commented that participation in the program showed them “the potential power for change” in vulnerable families.

Recommendation 3. Incorporate mental health, alcohol and other drug services and regional education officers as partners within Child FIRST.

More practical forms of family support

In December 2009 Anglicare Victoria conducted a client feedback focus group with parents who had received support from Anglicare Victoria's family support service in Werribee (Shannon, Wise & Pizzi, 2009). Information collected through this process provided evidence of the value of practical and emotional support to parents experiencing stress. Feedback from one client highlighted how contact with family service workers can provide a valuable source of social support:

"I don't have family or a lot of friends in this area, so I have to deal with things on my own. So sometimes she'd [family service case worker] sit there and let me spill my guts. I hadn't had anyone to talk to. That was good for me".

While this type of feedback reinforces Anglicare Victoria's approach, the Agency's experience would suggest that a less intensive form of family support delivering concrete, practical support to families under pressure and emotional support to parents experiencing stress can be highly effective in preserving healthy family functioning and preventing more serious problems.

Fellow human service sectors such as disability and aged care have developed a practical and responsive suite of services that meet basic, everyday needs. For instance, meals on wheels, home help, 'dial an angel', cleaning and gardening services and transport services are designed to meet the practical needs of clients within their own home.

Anglicare Victoria would argue that family services should also be able to leverage practical assistance to families to manage domestic chaos, relieve pressure, enhance family functioning and bring about an improved quality of family life. In order to encourage innovation in this area demonstration projects should be developed to provide support to families with challenging domestic issues and needs.

Recommendation 4. Pilot programs that provide practical assistance to increase functioning and organisation of vulnerable families.

Better access to parent education

Anglicare Victoria offers a wide range of parent education groups. These include the 'Dads Matter' program⁵, 'Parenting Again' (which is targeted at kinship carers) and 'Breaking the Cycle', which is designed for parents experiencing violence committed by their teenage children. These services are linked into IFS within all Child FIRST arrangements that the Agency is a partner to.

Case study no. 2 summarises the objectives and outcomes of one of these programs called *Parents Building Solutions*. Specialised parenting programs such as *Parents Building Solutions* play an important part of the support for vulnerable families and should appear in any new policy framework for family services.

⁵ This program was recently profiled in the Herald Sun for helping to engage fathers in parenting.

Case study no. 2: Parenting support effective in reducing risk of abuse and neglect.

Evidence indicates that strong parent-child relationships are essential protective factors in reducing risk of child abuse and neglect.

Parents Building Solutions is a module based program that matches the values and needs of parents to an age appropriate responses as parents develop a life long view of their role in teaching children rights and responsibility.

An evaluation of the outcomes from 13 Parents Building Solutions programs identified changes at a six month follow up ($N = 46$, 94% of participants). These were:

Pre Group - Parents had indicated that they wished for:

- less aggressive behaviours and unwanted behaviours from their child (10)
- increased positive communication (27)
- that their own responses to their children was improved (18)
- no response (3).

At the six month follow up parents reported:

- improved interactions (43)
- calmer/more confident (28)
- improved communication (20)
- more fun and enhanced emotional connection between parent & child (17)
- identified changes due to understanding of child developmental stage (3)
- no change as yet (1).

The gains achieved by respondents has been maintained over time, with increased levels of calm, confidence, communication.

Generally speaking, parenting programs and services that provide a prevention and earlier intervention response are short-term and fragmented rather than strategic (Katz & Coley, 2010). A coherent parenting policy agenda is needed that specifies an optimal range of universal and targeted programs at a community level to prevent problems within families escalating to the point of crisis.

Recommendation 5. Develop a coherent policy relating to the provision of community-based parent education programs.

A better response to cases involving cumulative harm

The CYF Act 2005 has broadened the definition of when a child is in need of protection to incorporate the concept of cumulative harm caused by patterns of family behaviour over a period of time. This is related to the new focus on children's developmental outcomes promoted by the best interests principle.

Anglicare Victoria workers have indicated that cases involving low impact high frequency abuse are challenging and that the response from child protection workers (CPWs) has changed very little since the introduction of the new legislation. Anglicare Victoria workers suggest that this is partly because CPWs are still struggling to shift focus from event driven intervention to intervention that is able to incorporate both current and past harm, despite practice advice contained in DHS own publication *Cumulative harm: A conceptual overview* (Miller, 2007). Demand pressures are another reason why some cases involving cumulative harm are prematurely closed. A similar observation was made by the Victorian Ombudsman in his recent report. He states: "Throughout my investigation, it has been apparent that the department's capacity to respond is so stretched that cumulative harm to children has not been given the priority and attention it should" (Ombudsman Victoria, 2009).

It has also been raised that cumulative harm cases are not being pursued through the Children's Court because they are more difficult to substantiate and less tangible than other forms of maltreatment. Case study no. 3 highlights the difficulty of managing accumulating harm issues without the statutory leveraging role that can only be provided by child protection.

Case study no. 3: Managing cumulative harm issues without statutory support

Sam is an infant and an only child. His care is shared between his parents, Toni and Don, and his maternal grandmother Peta. Both Toni and Don have an intellectual disability and other issues that impact on their parental capacity.

A referral came to Child FIRST from an Enhanced Maternal Child and Health Nurse (EMCHN) who had been supporting the family and reinforcing with Toni and Don the desirability of Peta being an active carer of Sam. The EMCHN nurse was concerned about the laxity of the shared care arrangement and Toni and Don's refusal to attend for a parenting assessment. Reports from other sources provided indication of ongoing low-level neglect.

A consultation with the community based child protection worker was conducted. However, before a joint home visit could be organised Toni and Don were evicted and forced to move to temporary and unsuitable accommodation. The community based child protection team leader supported a report being made to child protection.

Child protection accepted the report but then closed without investigation. The Anglicare Victoria worker remains concerned about Sam. Toni and Don continue to take Sam overnight irregularly. The last home visit conducted by the Anglicare Victoria worker suggested that Sam becomes very distressed in response to Toni's attention and there were concerns that Sam had rolled off his parent's bed.

Recommendation 6. Run test cases on cumulative harm to help set precedents and guidance under the current Act.

Recommendation 7. Develop skills in co-working cases involving cumulative harm between family services and child protection workers.

New reform in child protection services

Locating child protection workers along the entire service continuum

The community based child protection worker (CBCPW) role has been one of the success stories of the *Every Child Every Chance* reforms. These positions have been effective in facilitating collaboration between Child FIRST and child protection, providing advice to Child FIRST and family services about the engagement of families with complex needs, identifying significant risk indicators and ensuring timely child protection involvement if a child is at risk of significant harm. There is also a sense that IFS is able to hold more risk when CBCP is working well.

One Anglicare Victoria program manager observes:

"The relationship with the child protection community partnership team [Outer East] has been collegial and robust. There will continue to be ongoing discussions in relation to risk management and consultation processes; these have been and are currently productive and evolving. The program has been well served by two attentive and thoughtful community based child protection team leaders, both who have made a contribution to the internal Child FIRST processes, as well as providing timely advice in relation to risk identification and management".

However, a major shortcoming of this innovation is the regular tendency for regional child protection programs to coopt these positions back into forensic child protection work when demand becomes unmanageable, or when there are severe staffing shortages in child protection teams.⁶

Practitioners whose day-to-day work brings them into contact with children and families – GPs, community health nurses, teachers, counsellors, child care worker and others – also need assistance to identify

and respond early to the needs of vulnerable children and families and provide them with the assistance they need before problems escalate into crises – without jeopardising a trusted relationship between the child/family and the professional who identifies needs and suggests a support pathway (ARACY, 2010).

In order to respond to the service demand issues discussed earlier in the submission and build on the success of the CBCPW innovation, Anglicare Victoria would call for additional CBCPW positions to be located across high demand Child FIRST catchments. This would strengthen the child protection/Child FIRST interface, help absorb the increase in demand within Child FIRST/IFS and manage the associated risk and support the flow of work and cases between Child Protection and Child FIRST.

Recommendation 8. Increase the number of community based child protection workers provided to high demand Child FIRST sites across the State.

Recommendation 9. Seek full DHS Regional compliance committing to the full allocation of community based child protection worker to Child FIRST sites.

Co-locating child protection services with other human service professionals

Purposeful co-location of small child protection teams with other human service professionals in disadvantaged areas would also help build interdisciplinary working on risk issues and build a child protection workforce with a broad outlook. Such initiatives have worked well in Colac, Frankston Sexual Assault and Child Abuse Units (SOCAU) and on a smaller scale in several rural locations.

⁶ There has been lack of CPCW in the Western catchment over a lengthy period.

Co-location could also work where small investigative case teams focused on infants or adolescents work alongside other human service professionals who work with the same client group. Here, Anglicare Victoria would propose co-locating specialist infant protective workers (SIPW) in services such as Maternal and Child Health (MCH), hospitals and education settings in disadvantaged areas to increase the child protection interface with the secondary and universal service system.

Child protection workers from the United Kingdom (UK) recruited in Victoria over the period 2008/09 commonly observed how quickly child protection cases in this State progress to Court. In the UK these child protection workers were heavily involved in family strengthening and capacity building. Court-related work was a relatively minor part of their role.

Locating child protection workers with other human service professionals would help focus attention on parental capability and capacity to change and not just the possible need for statutory intervention.

Though there is a reluctance within regional child protection management to place child protection roles outside the regional office environment (stemming from a desire to minimise case mistakes and a belief that it is safer to have these roles 'under the one roof') there are a number of arguments against having large numbers of child protection staff based in regional offices. Locating child protection workers along the service continuum would improve poor employment retention rates in child protection, introduce professionals from other disciplines to risk issues and encourage a greater focus in child protection work on building capacity within families to stabilise their functioning before leveraging a statutory response.

Expanded statutory case work for the community services sector

At present the child protection workforce is responsible for a broad range of responsibilities including assessment, early intervention, forensic investigation, Court presentations, case work with children on statutory orders and moving OoHC children to permanent care arrangements. Commentators have suggested that "the combination of roles such as protection to all children, investigation, surveillance, prevention and early intervention, assistance and support to families, provision of alternative care placements, and guardianship of children in care as seemingly impossible for any single agency to handle" (Lonne, Parton, Thompson, & Harries, 2009:140).

It is Anglicare Victoria's position that the responsibilities of child protection workers should be more focussed on cases from notification through investigation to statutory intervention in Court. This would ensure the system is working to its strengths. Although child protection workers do perform good case work in the post-Court phase, the current culture of child protection and related demand issues often mean cases 'drift'. A more focussed child protection service would ensure child protection workers have capacity to work more intensively and for a longer duration with families at the investigation phase of the child protection process. It would also free up time to co-work complex cases involved with IFS and other human services and permit a more organised and prepared presentation to Court as needs be.

Reorienting child protection services in this way would involve a move away from statutory casework post-Court. Community Service Organisations (CSOs) are well equipped to be the alternative provider of statutory casework responsibilities under contract to Government.

It is generally accepted that one of Victoria's human service delivery strengths is its well organised and capable community services sector. Indeed, the long history of well respected community organisations providing work and service to disadvantaged Victorians are a hallmark of the gains made in the child and family welfare system to date. Several organisations including Anglicare Victoria have established themselves as significant and capable providers of strong, interdisciplinary case work to children, high risk young people and chronically disadvantaged families.

Currently in Victoria over 1,700 cases are contracted to the community services sector. In 2009, 750 cases within child protection were moved to the community services sector with minimal issues. Many of these cases were unallocated child protection cases. This demonstrates that the community services sector is prepared and capable to undertake a large role in statutory case work.

Progressive transferral of statutory case work functions to the community service sector would enhance child protection capacity to direct their work to the pre-Court phase of the child protection process. Such a move would not only see better outcomes for the children, youth and families concerned, in the long-term it would decrease the number of unallocated cases - a problem that has beset the child protection system for over a decade.

Anglicare Victoria believes that undertaking this reform would contribute to a decrease flow of child protection, help reduce the expected rise in Court Orders, increase allocation rates for the long term and contribute to a more focussed, connected and effective service system.

Recommendation 10. Orient child protection work to the pre-Court and Court phases of the child protection process to facilitate a stronger focus on family strengthening during the investigative phase.

Recommendation 11. Progressively transfer statutory case work functions to the community service sector.

Recommendation 12. Co-locate small child protection teams with other human service professionals.

CHAPTER 3: A NEW SERVICE PLATFORM TO KEEP CHILDREN SAFELY AT HOME

Despite OoHC growing at an annual rate of five per cent, there have been relatively few purposeful strategies to prevent OoHC placements and reduce demand into the system. Currently, children are recognised as either 'at home' or 'in care'. Systemically, there is no focus to support children at imminent risk of placement to remain at home with their families and/or to work with birth parents to support early reunification.

Yet, diverting children away from an OoHC placement has significant human and fiscal benefits. As outlined later in the submission, there are compelling reasons why every effort should be made to divert children at risk of entering OoHC.

Prior to 2007 'placement prevention' responses as they are commonly termed, sat on the periphery of the OoHC system with small initiatives hidden within regional child protection programs.⁷ Pilots into family coaching and early family support are positive, but these are unlikely to meet demand expected in OoHC into the future. Even Victoria's well regarded early parenting services can only provide short and intense assessments regarding forensic concerns of parent(s) and baby. Core OoHC agencies also appear to have done little in relation to developing placement prevention responses, concentrating mainly on placement provision.

Good evidence exists to suggest that there should be a shift towards strengthening families in the home to prevent circumstances requiring removal. A longitudinal study of 1,786 children who entered care for the first time in 2004-05 found that 54 per cent of first time entrants of care returned home within 6 months.⁸ Many young people who exit care at 18 years of age also return to live with parents who may not have the skills to cope without appropriate support.

⁷ While there is currently no systemic intensive family service response in Victoria to prevent imminent separation of children from their primary caregivers because of protective concerns and to reunify families where separation has already occurred "Four new family coaching pilots have also been developed as part of strengthening family capacity, to support, where safety can be reassured, earlier reunification of children in out-of-home care and prevention of children entering out-of-home care" (AIHW, 2011:110).

⁸ Of the population that remained, 74 per cent exited care within 4 years and the remainder were in care 4 years later.

Anglicare Victoria suggests four initiatives are needed to keep children safely at home. They are:

- intensive family services targeted at new mothers
- locating family group conferencing early within child protection services
- reintroducing teenage mediation models
- reorienting supervised access to support reunification.

Intensive family services targeted at vulnerable new mothers

New legislative provision to make and receive unborn reports provides a perfect opportunity to design a placement prevention response to babies coming into the system. In the five years or so since the CYF Act 2005 came into operation it is estimated that over 700 unborn reports have been made to child protection services. The child protection program would report that approximately two-thirds of these cases proceed to further statutory intervention.

The Victorian Government's 2012 budget announcement of \$19 million over four years in assistance to new mothers at risk of child protection involvement is encouraging and the proposal for extended support through to preschool years is particularly welcomed. However, these initiatives may fall short of the type of investment needed to respond to the demand in referrals into the child protection system involving children aged between birth and four years.

Anglicare Victoria would argue that unborn reports should be responded to with a range of in-home family support. Many other vulnerable parents could also benefit from such support to prevent them coming into

contact with child protection services and to give their baby the best start in life. Home-visiting programs that are delivered on a universal basis in disadvantaged areas have shown to leverage a significant return on investment (Rand Corporation, 2005; Wise, da Silva, Webster & Sanson, 2005). Effective support at this time is crucial when parents face the stresses of disadvantage.

The well documented Olds home visiting model (Olds, Henderson, Cole, Eckenrode, Kitzman, Luckey, Pettitt, Sidora, Morris & Powers, 1998) and other intensive home visiting approaches are a promising form of universal support targeted at early parenting. Here, qualified nurses are partnered with mothers from pregnancy, helping them learn how to take care of themselves and nurture their baby, addressing parental vulnerabilities and preventing entry into OoHC.⁹ These programs require the commitment of staff and resources to the new mother and child over several years, often to school age.

Recommendation 13. Evaluate the Victorian Government's new support for vulnerable first time mothers at imminent risk of child protection involvement to determine its suitability as a core element of a broad placement prevention service platform.

⁹ Randomised controlled trials (RCTs) in the US have shown that high quality, targeted home visiting models such as the Nurse Family Partnership have significant positive outcomes for children and their families (Norr, 2011).

Locating family group conferencing within child protection services

Another placement prevention initiative the Agency supports is family group conferencing at an earlier stage in child protection intervention. Currently, priority to, and resourcing of, these services is mixed across regional child protection offices. For example, workers who chair family group conferences (FGC's) often have to perform this function around a range of other responsibilities.

Family group conferencing represents an innovative method for solving child protection concerns. Other jurisdictions in Australia and countries including New Zealand, Ireland, the UK and the United States have explored family decision-making models as a means to prevent placement in OoHC (see Ban, 2005). Evaluation studies suggest that conferences are an effective method for solving child protection concerns and increasing the safety of children. The Rumbarala Aboriginal Cooperative has operated a successful¹⁰ family decision-making program in Victoria since 2002 and the role of Aboriginal communities in decision-making has been formalised in Victoria's child protection legislation.

The Eastern Region child protection demonstration model also suggests that renewed emphasis on family group conferencing earlier in the child protection process can be effective in preventing OoHC placement.

Recommendation 14. Support for the resourcing and introduction of family group conferencing programs early in the statutory protection process.

Reintroducing adolescent mediation programs

The teenage cohort is placing heavy demands on the OoHC system as the result of placement breakdowns and problems within the family home (DHS, 2009).

Youth mediation models and approaches were well supported in the 1970s and 1980s when the parent-teenager relationship was a policy priority. Such mediation programs were operated by local governments to facilitate communication between family members before major disputes occur or in a pro-active preventative manner. They helped facilitate respectful communication, assisted family members to learn and use new communication skills while identifying issues that need resolving.

There has been considerable movement away from such models, but it would be Anglicare Victoria's position that there is a need to reintroduce these programs as part of a placement prevention/family stabilisation service platform.

Recommendation 15. Funding for new adolescent mediation programs to minimise placement breakdowns in the home and in foster care.

¹⁰ An evaluation of the pilot program showed positive results (Harris, 2008).

While some parents may not be able to care for their children, it does not mean they no longer care about their children (Kroll & Taylor, 2003).

Strengthening and supporting birth parents to promote reunification

Anglicare Victoria's experience suggests that birth parents are a highly traumatised population where personal change and development is unlikely without treatment and emotional support. Parents who have had children removed from their care are often left feeling devastated, judged and disinclined to make necessary changes in their lives.¹¹

Birth families do not get a great deal of social work care and intervention. Anglicare Victoria has witnessed this in a lack of follow up to the birth family post case planning decisions, over separation of contact between foster parents and biological parents and in the treatment of birth families during supervised access.

One way of assisting birth parents is through an overhaul of the State's supervised access system.

Reorienting supervised access to support reunification

Every week supervised access takes place for literally thousands of OoHC children and youth. Some of the work to facilitate access arrangements is undertaken by CSOs, but the majority is undertaken by child protection services.

Family contact visits as they are currently structured and organised cause consternation among Anglicare Victoria placement workers. They suggest that child protection offices are an unnatural and unsuitable environment for contact. Such rooms and the occasional 'observation' of birth parents by security guards are threatening to parents and work against the type of sensitive, quality interactions that maintains and builds positive parent-child relationships. The North West Metropolitan Region's (NWMR's) review of supervised access conducted in 2006 and the follow up study that was initiated as a result of this review, titled *Babies on Board*¹² drew similarly negative conclusions about the state of supervised access for infants.

¹¹ *Still Screaming* (Charlton, Crank, Kansara, & Oliver, 1998) documents the experiences of birth parents separated from their children by adoption, and O'Neill (2005) has described birth parents' views in a study of permanent care, including difficulties with contact arrangements. Recent articles have described the views of parents of children in kinship care (Gleeson & Seryak, 2010) and parents after resuming the care of young children (Malet, McSherry, Larkin, Kelly, Robinson & Schubotz, 2010).

¹² This study was lead by Professor Cathy Humphreys of the Social Work Department, University of Melbourne.

The NWMR access review investigated average travel times for children to reach access locations, the number of strangers transporting children and conditions for access imposed by the Children's Court. It also reviewed the quality of access. It found that access often took place at inappropriate settings such as McDonald's, public parks or the typical uninviting room in a regional office. The *Babies on Board* research also found that high frequency family contact for infants was counterproductive when it brought babies in contact with multiple strangers and/or involved excessive travel (Humphreys & Kiraly, 2010).

The *Babies on Board* research informed the development of a partnership between Tweddle Child and Family Health Services and the DHS NWMR for new supervised access arrangements called the Arbour Project. This program provides access in a family friendly environment with stimulating play equipment, lounge rooms and kitchen spaces. This environment for access enables parents to learn new parenting skills and strategies and strengthen relationships with children in preparation for reunification.

The Southern DHS Region has made a similar attempt to improve the quality of supervised access and there is a desire in the Grampians Region to follow suit.

Anglicare Victoria argues that the function and operation of supervised access needs to shift to a focus on parental skills development and preparation for reunification. This requires development of purpose built physical spaces and partnerships with new providers to provide a parent education role. The possibility of utilising Federally funded Family Relationship Centres for supervised access is an option that the State Government should explore.

Recommendation 16. Undertake a review of who should provide supervised access under new models of provision.

Recommendation 17. Develop and implement new models for supervised access addressing the objectives of enhancing parenting skills, ensuring positive parent-child interactions and opportunity and promote healthy child development in preparation for reunification, based on the Arbour program model.

Recommendation 18. Remove authority of the Children's Court to determine access arrangements and move this to an administrative procedure.

CHAPTER 4: IMPROVING OUT-OF-HOME CARE SERVICES

Victoria's OoHC system is faced with a number challenges into the future that requires transformative policy change. Children are in care for longer periods of time and with increasingly complex needs at a cost per child which continues to rise (Wood, 2008). The OoHC system also struggles to deliver high quality care due to funding shortfalls and lack of diversity and capacity in placements. Young people also require greater assistance to make a successful transition to independent living. Anglicare Victoria suggests two main areas of reform focusing on increasing capacity and diversity in placement and improved support to enhance developmental outcomes.

In any given year in Victoria approximately 3,000 children are removed from their biological parents for their protection and care. At 30 June 2010 there were 5,469 children in OoHC. Approximately 40 per cent of these children were in foster care and another 40 per cent were in kinship care, while just over eight per cent were in residential care units. Compared to other States and Territories, relatively few Victorian children are in OoHC. At 30 June 2010, 4.4 Victorian children in every 1,000 were in OoHC. This compares to rates as high as 8.1 in the Northern Territory and 9.9 in NSW (AIHW, 2011).

Despite the introduction of Child FIRST and an apparent decline in the number of new entrants into OoHC over recent years, placements have increased five per cent each year for the past five years. As noted in *Child Protection Australia 2009-10* "Although front-end child protection demand has exhibited some growth in recent years, the enhanced availability of diversionary services, especially through referrals to Child FIRST, has meant the number of children entering out-of-home care has been falling" (AIHW, 2011:110).

Pressure within placement services appears to be driven by the cumulative impact of children remaining in OoHC for longer periods of time.¹³ The increasing average length of stay in OoHC goes hand in hand with a rising number of birth parents with a history of disengagement and/or diminished capacity to change. Substance misuse is a particular problem among parents with children entering OoHC. Greatly deprived home environments are also responsible for children entering care with greater needs and complex issues.¹⁴ Forecasts provided to the Victorian Ombudsman by the Department of Human Services suggest that without further placement prevention initiatives 1,000 additional beds will be needed by 2014.

¹³ At 30 June 2010 almost three-quarters (73.6%) of Victorian children in OoHC had been in a continuous placement for 1 year or more (AIHW, 2011).

¹⁴ It should be noted, however, that Aboriginal children are entering OoHC in as many numbers as previously, although the length of stay has not changed considerably.

Capacity and diversity within placement services has a direct bearing on the quality of care provided to OoHC children. Although the introduction of a new placement prevention platform outlined earlier in the submission will help reduce pressure in OoHC, the quality, capacity and diversity of OoHC placements needs to be enhanced.

Anglicare Victoria workers in placement services have cited a number of circumstances where children's placements have not been appropriately matched to their needs due to a lack of capacity and diversity in the system. These include:

- a high proportion of siblings separated in care (Wise, 2011)
- children less than 12 years of age in residential units
- children co-placed in residential units with children exhibiting sexualised and violent and/or criminal behaviour (see also Ombudsman Victoria, 2009)
- placements that do not meet the needs of adolescents and care leavers.

Strengthening diversity and capacity in foster care

Similar to many other countries in the Western world, foster care in Australia is experiencing significant challenges that are being driven by an increasing reliance on its services, the increasingly complex needs of families from whom children are admitted into OoHC and a shrinking volunteer base due to labour force trends and other macro-level demographic shifts.

It has been well documented that there are decreasing numbers of individuals willing to foster (McHugh, 2002; Siminski, Chalmers & McHugh, 2005). At 30 June 2010 in Victoria there were 907 foster carer households

with a placement. In the 2009-10 period 354 households commenced foster care, while 495 households exited foster care (AIHW, 2011). In 2007 the Centre for Excellence in Child and Family Welfare also reported a decline in the number of inquiries and in the number of foster carers overall.

Many foster families are finding the experience overwhelming and frustrating, causing many to leave foster parenting. A considerable body of research documents the difficulties that carers face in the OoHC system (Smyth & Eardley, 2008, Elarde & Tilbury, 2007). While there are many positive aspects of fostering¹⁵, there are a range of challenges as well. A recent survey of foster carers conducted by Anglicare Victoria in October 2010 reported challenges including "emotional and relationship costs", "tensions with birth family and difficulties with access", "frustrations with Children's Court", "abuse allegations", "lack of 'voice' in decision-making", "inadequate financial assistance", and "lack of support from DHS and Agency workers". Four in ten (42%) respondent carers indicated that at some point in time they felt they had made the wrong decision becoming a foster carer, or felt they couldn't go on fostering. More than four in five (83%) of these carers indicated difficult child behaviour as the reason for such feelings (Wilks & Wise, forthcoming).

Many carers have expressed to Anglicare Victoria staff that they are not provided with enough basic information about the child on entry into their home, that they are deliberately shut out of case planning and/or case review and that they must endure challenging and concerning behaviour without therapeutic or clinical assistance due to the long waiting lists for these type of services.

¹⁵ Findings from an Anglicare Victoria survey of foster carers conducted in October 2010 provides insight into the rewards of fostering. The most frequently cited 'rewards' were: supporting children (41%), emotional and relationship benefits (26%) and the nature of fostering (15%). Carers reported their "love of children" and "joy of caring for children" "helping children and meeting children's needs", "upholding children's safety and wellbeing", "witnessing children's positive change and development" and the "hope of improving a child's quality of life" (Wilks and Wise, forthcoming).

The struggle that some foster carers have with the system is illustrated in case study no. 4 below.

Case study no. 4: Poor treatment of foster carers in allegations of abuse

This case involves foster carers of approximately three years who had been looking after a 13 year old boy in a long term placement and a sibling group of four. As the foster carer writes in a letter to DHS:

"Shortly after he [the 13 year old boy] left our care we were told there'd been allegations made against us. These came out of nowhere. It had been one of the best, most successful placements we ever had. Imagine how it felt to know you're accused of something, you have no idea what it could be. As per the system we were left for days in bewilderment. What a great system...Eventually we had our meeting with DHS and Anglicare. Nearly all the issues were complete lies or dramatisations."

About a month later, after a weekend visit with their mother, the children in the sibling group also made allegations against the carers. The carers go on to write:

"...again we were now expected to wait about a week until we found out what had been said. The kids were immediately taken out of our care. What annoys me the most is the DHS system of guilty until proven innocent. Allegations are easy to make, particularly by children with the mentality that it will get them back to their parents. How can you disprove allegations? Most of the time it's their word against yours...Until all this nonsense began we always found foster care very rewarding, if extremely demanding at times...Now I have issues about the way carers are treated."

To directly arrest the declining numbers of foster carers the Queensland Government recently launched a successful \$15 million multi-media campaign to recruit new foster carers into the system. Victoria should consider utilising the Queensland material for a similar campaign in this State.

Anglicare Victoria also feels that while the processes of registering and training foster carers are thorough, they take too long. Anglicare Victoria would advocate the creation of a 'probationary' carer system to allow carers to provide short-term or respite carer in a more expedited way.

Recommendation 19. Allocate funds to undertake a multi media recruitment drive to increase the number of foster care placements.

Recommendation 20. Boost caregiver reimbursements for home-based care placements including parity between payments to foster carers and kinship carers and variation in reimbursements based on child needs/complexity.

Recommendation 21. Modify the current lengthy recruitment and assessment protocols to simplify and expedite the assessment and accreditation of prospective carers and introduce a probationary system.

Recommendation 22. Review abuse in care processes to recognise the impact on the carer and their willingness to provide care in the future.

Recommendation 23. Involve foster carers in the case team approach and invite formal feedback into the case planning process.

Increasing therapeutic foster care

Before their placement in OoHC, most children have suffered serious adversity, including abuse and/or neglect perpetrated by parents or other trusted caregivers, or grossly inadequate care relating to parental psychological problems or drug- and alcohol-related issues. These experiences are known to result in a range of psychological problems for the children concerned. A longitudinal study of children in care in South Australia indicates that approximately 15–20 per cent of young people in Australian OoHC may have significant emotional and behavioural problems that place them at risk of repeated placement instability and psychosocial harm (Barber & Delfabbro, 2004).

Although the emotional and behavioural difficulties of children in OoHC are well known, general home-based and residential care services do not operate within a therapeutic framework. Pilot programs have been operating for some time and in many situations have proven successful given the right staffing, structure and support. There is only limited access to CIRCLE/TRACK programs (therapeutic foster care). Moreover, not all children who require trauma therapy receive timely therapeutic services.

A system of care that is effective in meeting the needs of a children who have suffered significant trauma must have, at its core, a strong therapeutic focus.

Recommendation 24. Expand the therapeutic component of care services including CIRCLE/TRACK and intensive residential treatment models.

New professional in-home care program

Directions for out-of-home care (2009) specified funding for a specialised in-home care project. The service was to be targeted at a more challenging group of children that were finding themselves in residential care due to a lack of suitable foster care placements.

As noted later in the submission, inappropriate mix of children in residential care arrangements has been related to critical incidents. Anglicare Victoria believes that children aged under 12 years are not suitable for placement in residential care for reasons of safety and concerns that children are vulnerable to learning harmful behaviour.

The professional in-home care pilot included funding for fulltime carers on a salary range of \$80-\$100,000 per annum. It sought people with appropriate tertiary qualification in either psychology, social or youth work or a related children's or humans service discipline. The concept was to employ a specialist in-home carer to look after one child or a sibling group in a high quality home environment with the provision of a specialist therapeutic worker. The carer was to have lead responsibility:

- for ensuring the day to day needs of the child
- working in partnership with the care team
- ensuring the goals and tasks outlined in the child's care plan are implemented.

The pilot proposed that 100 children would be in such accommodation by 2012/13.

The pilot was stopped by DHS under advice that employing full-time professional in-home carers would not be possible or feasible under the current taxation and industrial awards. However, Anglicare Victoria has received alternative advice from Senior Counsel suggesting that such a trial should be tested to Fair Work Australia under current industrial laws. Specifically, the advice gained by Senior Counsel indicated that a professional in-home care model could comply with the Social Community Home Care and Disability Services Industry Award 2010 and stay within the estimated salary range of \$80,000-\$100,000.¹⁶ Anglicare Victoria is happy to provide this advice to the Panel for their perusal on request.

In the light of this advice the decision to not continue with the trial is premature. It is very important to proceed with the trial in order to increase the options for very challenging children aged under 12 years in the OoHC system. Anglicare Victoria proposes that an approach is made to Fair Work Australia to determine the feasibility of the model and that, following a successful outcome, the unused resources dedicated to the original initiative be directed to a trial of professional in-home care.

Recommendation 25. Support an approach by a CSO such as Anglicare Victoria to the Fair Work Australia commission to propose a trial of the professional in-home support model.

Recommendation 26. Allocate funds for a trial of professional in-home care in 2012/13 pending the outcome of an approach to Fair Work Australia.

Carer reimbursements

Currently, no State or Territory is paying a reimbursement to foster carers equal to the estimated costs of caring such as food, housing, energy, clothing, insurance, basic health, dental, daily transport, leisure and personal care. This is one of the frustrations carers report about the fostering role (eg. Wilks & Wise, forthcoming). Further, as noted later in the submission, while discretionary payments are available to pay for additional costs such as counselling and tutoring, education expenses, child care, specialist services and respite care, these can be arbitrary and slow. Currently, Victorian carer reimbursements cover approximately 64 per cent of the costs of caring for a foster child. This is well below states such as NSW who provide reimbursements equal to approximately 80 per cent of the costs of caring and well below the real costs of care.

Recommendation 27. Review the costs of caring for a foster child and increase carer reimbursements in line with this review.

Enhancing quality in kinship care

Much of the demand within OoHC has been met by kinship placements rather than foster placements. Kinship care has become the preferred placement option whenever a decision is made to place a child away from their parents.

There has been increasing use of kinship care in comparison with non-relative care. At 30 June 2010 the number of and children in 'statutory' kinship care and non-relative foster care was approximately equal (AIHW, 2011).

¹⁶ The advice also drew attention to clause 7.1 that outlined the conditions whereby employer and employee may agree to vary the application to the award. Further it provides this under the penalty, overtime, arrangements for when work is performed, leave and allowances. The advice also proposed the provision of a further respite worker to provide one or two days rest for the in home carer would meet the provisions under 25.3. With Community Sector Organisations receiving charitable status, the provision of salary packaging to reimbursement for costs could also be explored in the final package.

Anglicare Victoria currently has contracts with DHS to deliver kinship care. Anglicare Victoria workers suggest that children are often placed with kin (and maintained in these placements even if they do not meet quality of care guidelines developed and endorsed by DHS in 2010) not because it is in the child's best interests but because there is no better alternative. The fact that kinship carers are provided with less therapeutic support than foster carers, have difficulty accessing community services and are not trained in relation to quality of care issues further compromises the quality of this program.

Anglicare Victoria workers in placement services are concerned about the level of payments to kinship carers. In the main, kinship carers are paid a general reimbursement only, despite many children having more complex or intensive needs. Anglicare Victoria workers in placement services also find that many kinship placements are unstable. Some kinship carers are also reluctant to receive support and have remained unserved for some time.

In partnership with Berry Street Victoria the Agency has engaged Goodnall and Associates to understand the effectiveness of the current kinship care program model as well as the practice processes linked to good program outcomes. The research also aims to identify some of the practical and policy problems in kinship care. Anglicare Victoria would encourage the Panel to consider findings from this evaluation as they come to hand.

Recommendation 28. Provide access to planned respite care to kinship and foster carers, including consideration of specifically trained family day care providers.

Recommendation 29. Implement a range of measures to improve support to kinship carers including a review of respite care targets, access to parenting information, support and advice and housing services.

Responding to the needs of sibling groups

One of the issues Anglicare Victoria practitioners have raised on the basis of their experience accrediting, supervising and supporting foster care placements is the difficulty following legislation and practice guidance that supports siblings being placed together when they enter OoHC. Findings from a study conducted by Anglicare Victoria found that among children with siblings in care:

- 84% were separated from at least one sibling
- 43% were separated from all their siblings
- 16% were placed with all their siblings (Wise, 2011).

The *All Together Now* report (Wise, 2011) included ten recommendations to ensure current and future generations of foster children are not further traumatised by losing important relationships and a natural source of lifelong support.

Recommendation 30. Develop and pilot a range of models that are designed to accommodate the needs of larger sibling groups in a family-like environment.

Strengthening capacity, diversity and quality in residential care

The number and type of critical incidents are a very good indicator of quality of care. Sadly, there is evidence of abuse in care within the Victorian OoHC system. In 2008/09 the Child Safety Commissioner found 593 children were subject to alleged physical or sexual abuse while in care.

While measures need to be taken to improve the quality of home-based care and eliminate caregiver misconduct, there are also a number of critical incidents that occur in residential care which are thought to relate to the inappropriate mix of children. In his recent report, the Victorian Ombudsman indicated cases of alleged verbal, physical and sexual abuse to both staff and clients sharing residential care facilities, alleged property damage, alleged dangerous behaviour and absconding (2010).

These types of incidents indicate the need for a restructuring and diversification of residential care facilities to ensure children are not exposed to risk of sexual assault. Facilities with fewer young people are also needed to respond to young people with particular needs such as disabilities. As discussed earlier in the submission, children aged less than 12 years should not be accommodated in residential care facilities.

Recommendation 31. Reconfigure residential care to provide greater placement choice including two bed units, single sex units and specialist placements for children with sexualised behaviour.

The skills, training and theoretical orientation of residential care also impacts on quality of care. Direct care staff require a high level of skill to support young people with arguably the most challenging behaviour and highest support needs in OoHC. However, it is not always possible to attract direct care workers who are suitably qualified. Moreover, the general residential care model currently lacks a therapeutic focus, which is essential as these youth are almost certain to have experienced multiple and/or traumatic placement disruption and abuse histories, and may present a range of challenging behaviours and social/emotional difficulties, often in combination. However, with appropriate focus and investment, the residential care sector has the potential to offer high quality, stable placements for a minority of young people.

Recommendation 32. Greater investment in skills and qualification of residential care staff and a reconsideration of the theoretical basis for residential care so the full potential of this type of care might be realised.

Better placement coordination

At present the DHS placement coordination unit determines what type of care is most appropriate for a child or sibling group entering OoHC. Anglicare Victoria workers have suggested that limited capacity and diversity within placement services can lead to placement decision-making based on capacity or funding imperatives, rather than the child's best interests.

Recommendation 33. Establish a joint DHS-CSO assessment referral panel to assess referrals and determine the best placement option for children entering OoHC.

A fairer funding arrangement

While capacity and placement mix are key factors influencing the quality of placement services, any care option for highly vulnerable children with complex needs will only be successful with intensive support and substantial resourcing.

The home-based care (HBC) unit price has a direct bearing on the capacity of CSOs to deliver quality services. The HBC unit price based on levels of intensity was instituted in 2006-07.¹⁷ Anglicare Victoria staff suggest the classification of children into 'general' 'intensive' and 'complex' is unsound. All children entering OoHC are classified as general targets unless there are complex issues or serious health concerns. This is out of step with the complexity of children entering OoHC, especially adolescents.

In 2009-10 Anglicare Victoria contributed almost \$1.5 million of its own funds over and above DHS funding to support quality services across residential care services in the North and East (\$575,000) and HBC programs in the North West, East and Gippsland (\$829,000). This is an indication of the extra resourcing of these services by CSOs over and above funding levels. It suggests that State funding is insufficient to ensure an appropriate level of quality alternative care for OoHC children.

CSOs also need a fair and adequate price for residential and HBC placements to pay for the range of activities necessary to deliver quality care services to the specified standard.

Tailored care packages (TCPs) have been rolled out across the State to create new or support existing home-based care (HBC) placements with a flexible range of supports. TCPs are 'attached' to the child or young person.¹⁸ However, the criteria attached to TCPs are specific and narrow (eg. children less than 12 years of age and in residential care, children aged 12 years and under at risk of entering residential care, children and young people aged 13 years and over in residential care and sibling groups) and these funds cannot be accessed in a timely way.

Funding models are needed to purchase 'packages of care'. This involves discretionary funding to invest in therapeutic services, bridge developmental delays and ensure indigenous, cultural, community and family connections.

Recommendation 34. Expand tailored care packages to enable flexible support for a wider group of OoHC children/cases (eg. sibling groups, Aboriginal children, children who have experienced multiple placement breakdowns) and to meet specific education and therapeutic needs.

Recommendation 35. Review the home based care unit price to assess the actual costs of delivering quality OoHC programs.

¹⁷ The Centre for Excellence (CFE) has recently commenced work to put forward a recommendation for a review.

¹⁸ This means there is flexibility to change the nature of supports or placement provider in response to a change in child/ young persons' needs, goals or where they are living.

Improving developmental outcomes among children in OoHC

Although a main aim of OoHC services is to improve how children do developmentally after entering into care, the outcomes and experiences of young people who have been 'looked after' remain poor. Far from compensating for their often extremely difficult pre-care experiences, certain features of the care system itself in fact make it harder for young people to succeed: they are moved frequently and often suddenly, miss too much schooling, and are left to fend for themselves at too early an age.

Improving education outcomes

Poor education outcomes among OoHC children has received a good deal of policy attention in recent years. Effort to increase education opportunity and outcomes among the OoHC population include initiatives under The Partnering Agreement (Victorian Department of Education and Training and the Department of Human Services, 2003). The Victorian Department of Education and Early Childhood Development (DEECD) has also recently undertaken the development of policy relating to the education of the most at risk children and young people, including those in OoHC (KPMG, 2010). DEECD has released an associated discussion paper, "Pathways to re-engagement through flexible learning options: a policy direction for consultation" (DEECD, 2010).

Despite this focus and activity, children and youth who live away from the families of their birth parents still experience poor education outcomes compared to children and young people in the community generally, and more needs to be done. Children in OoHC perform academically below what is normal for their age, are at risk of disengaging or are disengaged from school and often don't achieve any academic qualification.¹⁹

Findings from Anglicare Victoria's *Care-systems impact on Academic Outcomes* (CIAO) study suggested that reform to improve education outcomes for children in OoHC needs to be focussed on improving quality of care and the child's emotional and behavioural functioning, the quality of education provision and assessment and planning across care and education departments. Recommendations relating to the latter two foci are outlined below.

Recommendation 36. Increase provision of teacher training and resources in both initial and continuing teacher education to assist teachers to respond to trauma-related behaviour.

Recommendation 37. Improve the scale and reach of targeted education supports and alternative education programs for children/young people across the age range whose learning is disrupted by the effects of trauma.

Recommendation 38. Implement a system to ensure that children/young people who drop out of school and cease to be enrolled can be identified and located, and strategies put in place to secure their re-engagement in education.

Recommendation 39. Improve the integration of assessment, planning and support to enhance the effectiveness of case management and supports for each child/young person in OoHC through introduction of education liaison workers located within CSOs.

¹⁹ Research into the impact of OoHC on education outcomes has highlighted several care-system factors that may operate to diminish children's chances of success at school. These include; lack of participation in school-based opportunities and extra-curricula activities, disruption to educational continuity and school stability (caused by factors such as court appearances, placement changes and parental visitation), lack of co-ordination and planning between significant stakeholders responsible for children's care, and inadequate commitment, encouragement and support for education among carers and caseworkers. OoHC children also accumulate considerable risks for education failure as a result of trauma and deprivation experienced prior to entering care. The quality and suitability of the school environment to manage, support and effectively engage OoHC children in learning is another significant factor that appears to impact on education pathways and success at school (Wise, Pollock, Mitchell, Argus & Farquhar, 2010).

Identifying and responding to developmental needs and problems

The 2007 audit of 614 Assessment and Action Records found OoHC children were not developing as well, or did not have the same opportunities to develop normally well as children in the community (Wise & Eggar, 2007). This research showed:

- 53% of school aged children and young people met only half their educational benchmarks
- 45% of those aged 5 years or more were unable to behave appropriately according to setting
- 26% of the 10-17 year age group were involved in criminal activity
- 48% of 10-17 year-olds did not always have suitable clothing
- 30% of 5-14-year-olds did not socialise with other children outside school
- only 59% of cases had all identified health issues met
- only 34% scored high in their assessment of daily living skills.

As mentioned earlier in the submission, many of the health, educational and psychological issues experienced by OoHC children have their roots in abuse/neglect experienced prior to entering care. A comprehensive health and development assessment on placement will ensure health and developmental needs are identified at the earliest possible stage and a pathway created to appropriate health and welfare services. Victoria's proposed *Entry to Care Assessment Service* was a promising model to ensure children entering care are able to access appropriate service in a timely way. However, this service appears to have fallen off the policy radar screen. While new funding for health and education assessments on entry into residential care is noted and welcomed, Anglicare Victoria would argue the need for a more comprehensive health and wellbeing assessment for all children and young people entering the OoHC system.

Recommendation 40. Implement a comprehensive health and wellbeing assessment program in OoHC.

Recommendation 41. Strengthen and enhance access to therapeutic care and trauma therapy.

Knowing how children are faring

At present there is very little information available to systematically assess whether or not OoHC services are doing well or improving over time. The new Assessment and Progress Records (APRs) of the Looking After Children (LAC) system developed by Anglicare Victoria (Wise & Argus, 2010) are important tools for improving knowledge about the needs of children in OoHC for evaluation and planning.

Although information collected in the course of routine practice is not perfect in many respects, previous research (Wise & Eggar, 2008) has highlighted a real potential to use LAC data for outcomes monitoring purposes. By establishing a process to aggregate LAC data the Department of Human Services and individual agencies will have systematic data to consider what effects their services are having on children in OoHC and how best to respond. Outcomes monitoring will also enable services to consider whether particular investments have proven their worth, or whether alternatives are indicated. Involving all agencies in a common information system means that managers will be able to talk the same language, use the same concepts and identify commonalities with other agencies.

Recommendation 42. Establish a collaborative system to collate, aggregate, analyse and disseminate APR data as a vital scheme to assist OoHC services to function at their full potential.

CHAPTER 5: REFORM OF THE CHILDREN'S COURT

There is much debate on the degree of reform that needs to occur in respect of the Children's Court, with some commentators suggesting a radical departure from a Court-based model and the introduction of panels to adjudicate child protection cases as is the tradition in some European countries.

Anglicare Victoria workers would support the idea that the current adversarial process that involves the use of procedures that are used in summary criminal prosecutions does not function to uphold the child's best interests and works against parental engagement and long term work with children and families.

There is a view that key participants in child protection proceedings do not always have a shared view of how 'best interest' principle should be applied in individual cases. In some instances Court decision-making (for example relating to children's access arrangements and cases involving cumulative harm) is contradictory to the views of social workers. Anglicare Victoria workers appreciate that preparation for Court consumes a considerable amount of CPW time and is a particular drain on resources across child protection services.

Calls have also been made to strengthen connectivity and collaboration between the Children's Court and other areas of the system. Case study no. 5 below is one example of the 'disconnect' between Court processes and the work CSOs undertake with children and families.

Case study no. 5: Disconnect between Court processes and other areas of the child and family welfare system

Colin and Travis first entered foster care when they were 6 and 4 years old respectively. There were significant issues with exposure to family violence, parental substance abuse and chronic neglect. Both parents had significant health issues and the mother was believed to be suffering from some undiagnosed mental health issues.

Colin and Travis were maintained in a placement together until they were 11 and 9. They initially had weekly access with their parents, however this quickly dropped off. Months would go by with no contact. A non-reunification plan was endorsed and it was explained to the boys that they would never be returned to the care of their parents.

Anglicare Victoria was subsequently advised that the relevant Custody to the Secretary Orders had lapsed. The boys had to be legally “apprehended” via a Protection Application (PA) and placed on an Interim Accommodation Order (IAO). In the eyes of the court, the boys had then only been in care since the date of this new PA so

a reunification plan came into effect. The parents utilised this legal opportunity to seek high levels of access and spoke to the boys about having them returned to their care. Colin and Travis were extremely confused by this new turn of events and the placement was greatly disrupted and threatened.

However, the parents consistently failed to attend contact visits, which resulted in greater disappointment for the boys. The boys were subject to an IAO for a full 12 months before the Custody to the Secretary Order was reinstated and a new non-reunification plan was endorsed again. The changing legal status and case plans set the boy’s progress back many years. Their relationship with their carers and their case worker was undermined, as the boys no longer knew what to believe. When it was explained to them, for the second time, that they would not be returning to the care of their parents, their response was “You said that before, and then you changed your mind”.

Improved processes in the Children’s Court

Anglicare Victoria acknowledges that the Victorian Law Reform Commission (VLRC) recommendations on legislative arrangements for child protection in Victoria were well researched (2010). However, the Agency would argue that these recommendations would only lead to incremental improvement and not solve the fundamental problem of an adversarial approach to resolving child protection matters. Further, Anglicare Victoria would argue that the VLRC has expected too much

improvement through the proposed changes to appropriate dispute resolution processes. The VLRC recommendations also under-rated the importance of decentralising the city Court to suburban locations.

Anglicare Victoria believes that improvements to the Children Court are limited while it continues to function within an adversarial model. Anglicare Victoria is of the firm view that radical reform to the legislative arrangements in relation to decision making surrounding protective applications is required.

In Scotland panel tribunals determine questions on the protection of vulnerable children (Scottish Home and Health Department, 1964) and this approach is reported to be working well. Anglicare Victoria recommends that the Panel considers whether it is advisable that protection application orders cease to be decided by the Family Division of the Children's Court and instead be referred to appropriately skilled persons who can deal with them, in the first instance at least, in an administrative inquisitorial manner. This position is outlined in more detail in the joint submission from a coalition of community service agencies including Anglicare Victoria.

Recommendation 43. Transfer responsibility for determining protection applications from the Family Division of the Children's Court to inquisitorial panels supported by multi-disciplinary experts.

As this proposed reform may take some time to implement and the need for improvement is urgent, further enhancements to the current model are proposed.

The Court's austere physical environment is not fit for purpose. Cramped, crowded and uncomfortable physical conditions are not conducive to resolving what are deeply private sensitive and anxiety provoking issues. There is also the need to keep (often distressed) children and young people of all ages occupied for long periods of waiting time.

The Neighbourhood Justice Court pilot in Collingwood represents a more appropriate physical environment that could be adopted by the Children's Court.

In 2008 DHS, the Department of Justice and the Children's Court worked to move relevant cases to Moorabbin Justice Centre facilities, which has been recognised as a more appropriate environment and approach to hearing matters in the Family Division. The benefits achieved through the Moorabbin Justice Centre initiative should be extended across Melbourne by the decentralisation of the Children's Court to operate out of four strategic suburban locations – Moorabbin, Broadmeadows, Sunshine and Ringwood where current youth justice matters are heard.

Recommendation 44. Decentralise the Children's Court to operate out of strategic suburban locations (eg. Moorabbin Justice Centre).

In some jurisdictions across the Western world (eg. individual States in the USA, Northern Ireland) the legislative arrangements for child protection provide for a trained and accredited third party to represent the best interests of children or young people in legal and administrative proceedings. This role is known as 'Guardian ad litem' and Anglicare Victoria believes that introducing such a scheme in Victoria would enhance children and young people's participation in decision making about their best interests as well as providing the Court with independent advice.

Recommendation 45. Enhance young people's participation in administrative and judicial proceedings through adoption of a Guardian ad litem model of child representation.

CHAPTER 6: MORE SUCCESSFUL TRANSITIONS TO INDEPENDENT LIVING

The CYF Act 2005 introduced new leaving care support [16(1)(g), 16(4)], yet many young people in foster and residential placements are inadequately prepared for living independently. Moreover, Anglicare Victoria workers in placement services observe uneven access to all features of effective leaving care support across the State and a general lack of consistency in application of leaving care supports. There is also a critical shortage of foster carers available to care for young people beyond 18 years of age.

Anglicare Victoria believes the concept of 'leaving care' is an artificial construction. The physiological, emotional, economic and social realities requires delivery of ongoing care and guidance from significant adults well past the age of 18 years. Yet, we have created systems and policies around this chronological age.

Reasonable progress has been made in the areas of legislative change, leaving care alliances, financial provision for housing and establishment needs and mentoring. However, further change and action is required if we are to enhance 'transition' from care.

Anglicare Victoria supports the messages from international research that suggests three key reforms are necessary to improve outcomes for care leavers. These include:

- improving the quality of care
- building a more gradual and flexible transition from care
- offering more specialised aftercare supports.²⁰

In relation to building a more gradual and flexible transition from care, Anglicare Victoria advocates a leaving care approach that ensures continuity and care for the young person well past their 18th birthday. The Agency would also advocate stability of placement for all young people in foster care by guaranteeing a stable placement until they turn 21 years of age.

²⁰ Appropriate, stable accommodation is one of the main problems facing young people leaving care. Approximately one-third of care leavers who took part in a recent survey conducted by the CREATE Foundation had been homeless at some stage while transitioning from care (McDowall, 2008). Unstable accommodation for young people exiting care has been found to lead to other difficulties such as unemployment and disconnection from further education and training pathways.

The Agency is currently examining whether it can provide a package of support to encourage foster carers to look after young people until that are aged 21. This would include carer reimbursements, access to a support worker, finance subsidies for car licence approval, work sport or education related costs and some recreational opportunities. The Agency's long-term aim is to ensure that any young person in foster care or lead tenant arrangement will leave a supported placement when they are ready to do so.²¹

Other important aspects of life beyond care include income and income support, further education and training employment and the development of caring social and emotional networks. Anglicare Victoria believes that Government can play a more purposeful role to attract employment for these young people by exploring the provision of an employment subsidy of \$200 per week (or \$10,000 per year) to approximately one-third of care leavers.

Anglicare Victoria estimates the cost of providing this service for young people leaving care up to the age of 21 years to be approximately \$31,000 per annum per young person.²² This cost includes the cost of accommodation, support for accessing required services and benefits (such as health treatment, education, training and employment), an education or employment subsidy, and completion of driver education.

Recommendation 46. Adopt the principle that the care of OoHC young people continues to 21 years.

Recommendation 47. Extend financial support to foster and kinship carers to age 21 to maintain placement.

Recommendation 48. Support workers to see care leavers through to the end of placement and foster their resilience and capacity to build relationships and connections in the broader community post care.

Recommendation 49. Provide all care leavers full and proper access to health, social care and education services, commensurate with their needs, until they are 25 years of age.

Recommendation 50. Introduce education and vocational pathways for those leaving care.

Recommendation 51. Develop creative partnerships and incentives to encourage employers to take on care leavers, such as employee employment subsidies.

²¹ Anglicare Victoria has also recently obtained philanthropic funding to establish a Leaving Care service from July 2011. The service will be integrated into the agency's suite of regional services and collaborate with other service providers to ensure continuity of service and minimize disruption during transition from the young person's perspective.

The service will ensure that care leavers:

- continue in or obtain and maintain stable accommodation
- establish or maintain engagement in education, training or employment
- continue to access any necessary health treatment
- are supported in their further personal and social development.

Anglicare Victoria, 2011, Leaving Care – Independent Living and Extended Care Models, unpublished service costing paper

²² Anglicare Victoria, 2011, Leaving Care – Independent Living and Extended Care Models, unpublished service costing paper

CONCLUSION

Anglicare Victoria knows from long experience that child abuse and neglect is a deeply complex and multidimensional problem with overlays of the psychological, social, developmental and cultural. Whilst there are no simple answers to this problem, our society has a moral obligation to keep testing new ideas and new ways of working. Anglicare Victoria urges the Victorian State Government through the Protecting Victoria's Vulnerable Children Inquiry to keep building on the good work already commenced. Anglicare Victoria believes the package of reforms included in this submission will see better results for vulnerable children youth and families and address demand pressures at all points along the child and family service continuum.

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