



‘A Home for Hope’

The Berry Street Submission to Vulnerable Children’s Inquiry

April 2011

“...No....not that I can remember...there were no other services that were helping – there were no services that came out to our home to help – there was just the one time DHS came out to meet with me my Mum and my Step-Dad and I ended up in care later that day - I wanted to get away from my Step-Dad – well ex Step-Dad now – so I suppose it was my decision – but it was only meant to be for two weeks and it’s been five years now – once you are in the system it is hard to get back out....”

(Young Person Berry Street Case Management Service)

Copyright: This publication and its content are the protected intellectual property of Berry Street.

No interview material, quotes or case studies included in this report may be published, copied or in any way reproduced without the express written permission of Berry Street.

Suggested Citation:

A Home for Hope: Berry Street Submission to the Vulnerable Children Inquiry.

Berry Street, Melbourne Australia.

April 2011

Berry Street

Central Office: 1 Salisbury Street

Richmond Victoria 3121

ABN: 24 719 196 762

www.berrystreet.org.au

Table of Contents

Foreword	9
Background on Berry Street.....	11
Development of the Berry Street Submission.....	11
Executive Summary	14
Summary of Recommendations.....	17
Recommendations: Prevention and Early Intervention	17
Vulnerable Children’s Framework	17
Family Support and Child FIRST	17
Recommendations: Ensuring Good Outcomes from Out-of-Home Care	18
Stability, Placement Drift and Permanent Care.....	18
Case Planning, Case Management and LAC (Looking After Children)	18
Aboriginal Children and Cultural Care Planning.....	18
Leaving Care and Homelessness	19
Therapeutic Care.....	20
Education	20
Recommendations: Sustaining Capacity, Investment and Service Pricing.....	21
Recommendations – System Governance and Functions.....	21
Children, Youth and Families Act (2005).....	21
Rights of children and young people in OOHC.....	23
Children’s Court and Adversarial Decision Making.....	23
Department of Human Services (DHS) and Community Sector - Roles and responsibilities.....	23
Section One. Prevention and Early Intervention.....	25
Vulnerable Children’s Framework.....	25
Family Support and Child FIRST.....	28
Section Two: Ensuring Good Outcomes from Out-of-Home Care.....	30
Stability, Placement Drift and Permanent Care.....	30
Case Planning, Case Management and LAC (Looking After Children)	31
Aboriginal Children and Cultural Care Planning	34
Leaving Care and Homelessness	36
Therapeutic Care.....	37
Education for young people in OOHC.....	39
Section Three: Sustaining Capacity: Investment & Service Pricing.....	41
Section Four: System Governance and Functions: getting the partnership right	44
Children, Youth and Families Act (2005)	44
Rights of children and young people in OOHC	46

Children’s Court and Adversarial Decision Making	48
Department of Human Services (DHS) and Community Sector - Roles and responsibilities	49
Interviews and case studies	53
Client Interview: Experiences of Child Protection and OOHC (metro).....	53
Living in Residential Care	53
Case Management	54
Improving the residential care system.....	55
Home Based Care.....	56
Education	56
Improving the Care System.....	56
Early Intervention and Prevention	57
Connecting with family	58
Group One: Young people’s experiences of OOHC and Education (metro)	59
Residential care	59
Case management, case planning and education	61
Group Two: Residential Care Staff (metro)	63
Leaving Care and Homelessness	63
Therapeutic Care and Reflective Practice.....	64
Case management, Case planning and LAC (Looking After Children)	66
Group Three: Intensive Case Management, Disability Support & Home-Based Care (Metro).....	68
Department and community sector roles	68
Case Management, Case Planning and Looking After Children (LAC)	69
Leaving care	70
Family Support and Child FIRST.....	71
Children’s Court and adversarial decision making	73
Home Based Care and Residential Care	74
Group Four: Berry Street Aboriginal Team (statewide).....	76
Case management and Case planning.....	76
Cultural advice, information and planning.....	78
Therapeutic Care.....	79
Early intervention and prevention	80
Group Five: Family Support and Child FIRST (metro)	83
Family Support and Child FIRST.....	83
Community based Child Protection workers.....	85
Children’s Court and adversarial decision making	86
Funding of family support services	86

Child FIRST access, risk thresholds and referrals	87
Group Six: Family Violence, Leaving Care and Post Separation Support (Metro).....	91
Child Protection and Family Violence	91
Engaging Fathers.....	93
Flexible contact arrangements.....	93
Advocacy for women	93
Child centred practice	94
Access to specialist advice in relation to family violence and Child Protection	94
Leaving Care and Post Care Support	95
Intergenerational Child Protection involvement.....	96
Placement stability	96
Young people with mild intellectual disability	97
Home Based Care.....	97
Group Seven: Young People – experiences of OOHC and Education (Rural)	99
Residential Care	99
Case management and DHS workers	99
Education for young people in OOHC.....	100
Prevention and Early Intervention	101
Group Eight: Foster and Kinship Care (rural).....	102
Stability, placement drift and permanent care	102
Children’s Court and adversarial decision-making	103
2004 Child Protection Reforms and the 2005 Children, Youth and Families Act	104
Case management, Case planning and LAC (Looking After Children)	105
Out-of-Home Care (OOHC) funding.....	107
Therapeutic Foster Care.....	110
Rights of Children and Young People in Care	112
Providing normal childhood experiences for children and young people in OOHC	113
Connections to culture.....	114
Group Nine: OOHC, Case Management, Employment and Youth Services (Rural).....	116
Family Support and Child FIRST.....	116
Department and community sector roles	117
Children’s Court, the Children’s Court Clinic and adversarial decision making.....	119
Stability, placement drift and permanent care	119
Community Based Child Protection workers.....	121
Education for children and young people in OOHC	123
Case management, Case planning and LAC (Looking After Children)	123

Children and young people’s record of their time in OOHC	125
Group Ten: Foster Carers – Supporting children and young people (metro)	128
Case Management and Case Workers.....	128
Supervised access	129
Allowances to meet the costs of care	130
Professionalisation of Foster Care.....	130
Permissions and health needs of children.....	132
Entry to Care Health and Education Assessments.	133
Children’s Court and Permanent Care.....	133
Support for Carers.....	135
Leaving Care.....	135
Case Study: Therapeutic Care	137
List of Attachments.....	141
Berry Street 2027 Strategic Directions	142
Background Information on the Vulnerable Children’s Inquiry for Interview Participants	146
Inquiry Terms of Reference.....	148

Foreword

Having been established in 1877 in response to the emergence of an underclass of impoverished and vulnerable women and children in Victoria, Berry Street has generations of experience to draw upon for this Inquiry. Originally known to many Victorians as the Berry Street Babies Home our work in providing homes for vulnerable children has grown, diversified and now takes many forms.

From the outset, Berry Street has sought to share the insight we gain from working with vulnerable children with the broader community. And this is what we have set out to do in this submission. We have taken the opportunity to engage with young people with experiences of being in the Child Protection system, our carers who volunteer to bring children and young people into their homes and families and care for them; and our staff working at the front line building relationships and assisting children and young people to recover from the traumatic impact of abuse and neglect.

First and foremost I would like to thank and acknowledge the young people, carers and Berry Street staff who have taken the time to share their experiences, reflect on what is working in the Child Protection system, what isn't, and how things might be changed for the better. Thanks also to our Director of Public Policy and Practice Development, Julian Pocock, who led this work and successfully brought such a diverse range of stories and experiences together into a submission with a clear agenda for change.

Unquestionably the manner in which the Victorian community responds to impoverished and vulnerable women and children is far better now than it was in 1877. But all children have a right to a good childhood and a good childhood is not what tens of thousands of Victorian children are currently enjoying. The Vulnerable Children's Inquiry is a rare opportunity to initiate major reform to our systems for the care and protection of children. It's an opportunity that must not be missed.

We have titled this submission ***A Home for Hope*** as a dedication to one young client who Berry Street supports and has been inspired by. Providing a home for children who have experienced abuse and neglect is essential and so too is providing hope. Hope that we can prevent these things from reoccurring and hope that children and young people with support and care will recover. We have the privilege of seeing them do it every day.

Sandie de Wolf, AM

CEO Berry Street

Background on Berry Street

Berry Street's Vision is that *all children have a good childhood growing up feeling safe, nurtured and with hope for the future.*

Today we are the largest child and family welfare organisation in Victoria, providing an extensive range of services across metropolitan, regional and rural Victoria, to many thousands of people each year.

Our services and supports include all those that one associates with the public health model of Child Protection. Services, care and support including early childhood education and care, community development and public awareness, early intervention, family violence crisis support and assistance, parenting & family support, financial counseling, youth services, clinical therapeutic care, education (school and post-school), vocational training, employment assistance, case management and client support, residential care, research, policy and advocacy.

Incorporated under the Associations Incorporation Act, Berry Street is an independent, Not-for-Profit Public Benevolent Institution with Deductible Gift Recipient and Income Tax Exemption status. Our voluntary Board of Directors has responsibility for governance and stewardship of Berry Street's good name and resources.

For more detailed information about Berry Street see our *2027 Strategic Directions*, (attachment one), which outlines our long term public policy and advocacy agenda and major sector reforms that are of particular relevance to the Vulnerable Children's Inquiry.

Development of the Berry Street Submission

Consistent with the approach espoused by the Inquiry, we have developed our submission based on our considerable experience and knowledge framed by the views, experiences and ideas of clients, carers and staff working at the practice level across all our programs, services and regions.

Berry Street conducted a series of group interviews, and where requested individual interviews, with clients (young people with experiences of OOHC and Child Protection), foster carers and 'front line' staff. The Chair of the Inquiry, Justice Cummins, identified these groups as the key voices that need to be heard in the Inquiry process at the sector briefing in February, Berry Street agrees.

Client, carer and staff groups were provided with background materials (attachment two) on the Inquiry process and terms of reference, interview consent and privacy information, details of Berry Street's broad views in relation Child Protection reform and copies of interview questions.

Interviews were transcribed and through a process of content analysis key themes identified. These themes were used as the basis for structuring the recommendations in the submission.

We have also encouraged clients, carers and staff to make their own submissions to the Inquiry noting that the Inquiry is not seeking to intervene in individual cases.

In total over 70 staff, 14 young people and 10 carers participated in interviews during a six-day period. In addition a number of short case studies and detailed case study from the Take Two program was prepared for inclusion in the submission.

Berry Street will look to take advantage of the public hearings that will form part of the Inquiry process and encourage the direct participation of clients, carers and front line staff in public hearings.

For the development of this submission we conducted group interviews and collected case studies as follows:

Client Interview: Experiences of Child Protection and OOHC (metro)

A young person with a lengthy experience of the care system including residential and foster care, case management and leaving care volunteered to be interviewed and share their perspectives on the system and how it could be improved for other young people.

Group One: Young people's experiences of OOHC and Education (metro)

Conducted with young people currently attending the Berry Street School in Noble Park with experiences of OOHC.

Group Two: Residential Care Staff (metro)

Residential care staff from a Berry Street metropolitan region including staff with experiences in therapeutic residential care services.

Group Three: Intensive Case Management, Disability Support & Home-Based Care (metro)

Staff from a metropolitan region from the Berry Street intensive case management service, complex client services, home-based care, disability support and our adolescent support service.

Group Four: Berry Street Aboriginal Team (statewide)

Aboriginal clinicians and other staff from the Berry Street Aboriginal Team who work within the Take Two program. The team provides therapeutic, clinical and cultural expertise for Child Protection clients and through training and development activities supports the cultural competence of services and community understandings of trauma.

Group Five: Family Support and Child FIRST (metro)

Staff from Berry Street's family support services that form part of a metropolitan Child FIRST alliance.

Group Six: Family Violence, Leaving Care and Post Separation Support (metro)

Staff from a range of Berry Street programs and services in a metropolitan region including family violence, post separation support and leaving care programs.

Group Seven: Young People – experiences of OOHC and Education (rural)

Interview with two young people from the Berry Street School Morwell campus.

Group Eight: Foster and Kinship Care (rural)

Staff from a Berry Street rural region working in our home based care programs providing foster and kinship care.

Group Nine: OOHC, Case Management, Employment and Youth Services (rural)

Staff from a rural Berry Street region providing home based care, residential care, the youth connections program, education and case management services.

Group Ten: Foster Carers – Supporting carers to care for children and young people (metro)

Foster carers with a diversity of experiences as carers, some with decades of experiences others relatively new, from a Berry Street home based care program shared their views on improving the Child Protection system.

Case Study: Therapeutic Care

The Berry Street Take Two program provided a case study to highlight through the experiences of one client how therapeutic care is improving the Child Protection system.

Executive Summary

Throughout the history of the child welfare system in Victoria the voices of children, young people and families have often been ignored. That this Inquiry made clear its intention to hear from and privilege the voices of those most affected by neglect and abuse, children, young people and their families, is commendable.

Alongside the voices of children and young people, those that should benefit from the system, the voices of carers and front line staff are of particular importance. Carers, Child Protection staff, case managers, residential care workers, family violence staff, family support workers and other front line staff are the people we depend on to provide that benefit.

The people who work, interact and live with children and young people in the Child Protection system see most closely, and often most clearly, where systems are failing children and can sense what needs to be done better.

Developing this submission, *A Home for Hope*, through direct engagement with clients, carers and staff has been an enriching experience for Berry Street. Not only has it generated a wealth of ideas, insights and recommended reforms it has reinforced the importance and value of the work we do. Gathering, recording and publishing the views expressed directly, and often in very direct terms, by clients, carers and staff about the Child Protection system was bound to see the Department of Human Services criticised. Berry Street acknowledges that the Department, and in particular its Child Protection staff, are working on complex issues and under great pressure. We know from experience that the people working in DHS do so because of their commitment to achieve better outcomes for children and young people. Regardless of this, bad decisions are bad decisions and poor practice is poor practice. We need to re-shape the system to focus on outcomes for children and support those working with them, including Child Protection staff, to achieve those outcomes.

Key issues that led to the development of the 2005 Children, Youth and Families Act, including placement instability, children drifting in Out of Home Care with no clear plan for their future, adversarial Court processes that traded off the interests of children against the rights of parents and a lack of clarity on the outcomes to be achieved for children remain unresolved. Whilst the development of stronger early intervention through Integrated Family Services and Child First has been a significant reform, demand and capacity pressures are undermining their impact.

Berry Street is proposing a set of integrated reforms across four major elements of our systems for the care and protection of children. These reforms are detailed in the submission as follows:

Section One: Prevention and Early Intervention

As the centre piece of a commitment to supporting Victoria's vulnerable children the Victorian Government should commit to halving the gap in developmental outcomes for children from Victoria's most disadvantaged communities within four years (by 2016). This commitment should be legislated and it should drive government investment in prevention and early intervention at the community level.

Section Two: Ensuring Good Outcomes from Out-of-Home Care

The very least we owe children and young people who have experienced abuse and neglect is that we will intervene to stop the abuse and neglect and we will make things better. Government must make a very significant investment in re-structuring models of OOHC to establish a professionalised system of home-based care. In the short-term investment in support for carers and an empowerment of carers is required to stem the flow of carers out of the system and ensure that placement options are available for vulnerable children. We need also to modernise the regulation of OOHC to focus on measuring the outcomes that are achieved for children and young people.

Section Three: Sustaining Capacity: Investment and Service Pricing

Child Protection and OOHC systems in Australia for the past decade or more have been almost constantly in crisis. Escalating statutory demands have fuelled pressures within Child Protection systems such that there is little or no time for reflection, planning or carefully considered decision-making.

Integrated workforce development strategies are required to build and sustain the workforce required in the government and non-government sectors. There is a critical need to review funding and pricing arrangements for OOHC and move to an activity based model of funding that covers the full cost of meeting children's developmental needs. Until this happens, capped State budget allocations for OOHC will continue to be rationed between an OOHC population that is growing in number, growing in complexity and spending more years in care than ever before. It will also perpetuate the increasing use of responses which are unplanned and temporary and further damage the children.

Section Four: System Governance and Functions: getting the partnership right

A central part of the solution to easing pressures in the Child Protection system will be a reconfiguration of roles and functions. In a prevailing climate of fiscal restraint and high demand for additional resources we must make better use of the resources already in the system. Key to this will be assigning roles to those best placed to carry them out not those that have historically held them. Berry Street is proposing that the Department of Human Services be released from the provision of direct services including case management, a role better performed by community sector agencies, and supported to focus on core statutory responsibilities.

The adversarial decision making of the Families Division of the Children's Court is draining financial and human resources away from the system to the detriment of all, but particularly children. A panel based inquisitorial system of decision-making should be established to make the decisions currently entrusted to the Children's Court.

Modernising the regulation of the system, including OOHC, to focus on the outcomes that are achieved (or not) for children and young people will in the long term see resources directed where they can produce the greatest benefit for children and young people.

In addition to this submission Berry Street has collaborated with a number of our community based partner agencies to develop agreement on the major structural reforms that are critical to improve and sustain the Child Protection and OOHC systems. Specifically with Anglicare Victoria, MacKillop Family Services, the Centre for Excellence in Child and Family Welfare, the Victorian Aboriginal Child Care Agency and the Salvation Army Westcare. We trust the Inquiry will see the benefit of a combined submission.

Finally we would like to commend to the Inquiry the submissions from the following organisations which represent the views and interests of people that are often marginalised in these processes:

- Victorian Aboriginal Child Care Agency
- CREATE Foundation
- Forgotten Australian's (submission prepared with the assistance of Open Place)

Summary of Recommendations

Recommendations: Prevention and Early Intervention

Vulnerable Children's Framework

- 1.1 That the Victorian Government make a commitment to halving the gap in developmental outcomes for children from Victoria's most disadvantaged communities within four years (by 2016)
- 1.2 That halving the gap in developmental outcomes for children from Victoria's most disadvantaged communities be included as an objective in the 2005 Children, Youth and Families Act
- 1.3 That the Victorian Government develop a Vulnerable Children's Framework and that this framework incorporate specific initiatives including:
 - Funding early learning and care services to provide outreach, family support and other child development programs that connect with vulnerable and isolated families,
 - Resourcing Aboriginal agencies to assist families raise children well including two major trials to provide intensive long-term parenting support and assistance commencing pre-natal for Aboriginal mothers,
 - Establishment of a quality subsidy for excellence in social inclusion offered directly to children's services which demonstrate they are providing services to children in priority target groups,
 - Innovative in-home family support and family day care programs that provide quality in-home care for vulnerable children whilst modeling positive parent-child interactions, and
 - New investment in Child FIRST services for vulnerable families to connect with and access in-home and other forms of family support.

Family Support and Child FIRST

- 1.4 That Integrated Family Services and Child FIRST receive significant additional funding for early intervention and family support to extend their capacity to:
 - meet demand and prioritise support and intervention for vulnerable families, including self-referred families
 - pro-actively engage and support families where children are at risk of cumulative harm
 - provide greater focus on outcomes (rather than throughput) including flexibility to Integrated Family Services in relation to the length/hours of service and support provided to individual families

Recommendations: Ensuring Good Outcomes from Out-of-Home Care

Stability, Placement Drift and Permanent Care

- 2.1 That the financial support and non-financial support to home based (foster and kinship) carers who accept the permanent care of children and young people continue at least until the children and young people in their care reach the age of 21.
- 2.2 That the financial support to carers who accept the permanent care of children and young people meet the actual costs of providing care and support to children.
- 2.3 That the management of Permanent Care programs be transferred from the Department of Human Services to CSO's
- 2.4 That following appropriate assessment where parents are clearly unable to provide long term care of their children adoption without consent be pursued in the interests of children's lifelong well being.
- 2.5 That the adoption without consent of Aboriginal children only ever proceed where the adoption is to a family from the child's Aboriginal cultural group and has the approval of the Aboriginal Children's Guardian and of the CEO of the relevant Aboriginal agency as registered under the 2005 Children, Youth and Families Act.

Case Planning, Case Management and LAC (Looking After Children)

- 2.6 That the case management of Child Protection clients be contracted out from the Department of Human Services to the community based sector (see also recommendation 4.10 for more detail)
- 2.7 That existing regulatory arrangements directed towards standardized practice and process compliance, (such as compliance with LAC, cultural support plans, education support plans, leaving care plans, care management plans and stability plans), be replaced by an outcomes based regulatory system under the authority of the Independent Children's Commissioner
- 2.8 That CRIS/CRISP and the Looking After Children (LAC) systems be reviewed, simplified and fully integrated as a single electronic client information and case management system within 12 months or the use of LAC discontinued.
- 2.9 That the single electronic client information and case management system be designed to reflect the outcomes based orientation of the system enabling CSO's to monitor and evaluate performance against mutually agreed and articulated evidence-informed outcome measures.

Aboriginal Children and Cultural Care Planning

- 2.10 That the 2005 Children, Youth and Families Act be strengthened by:
 - the inclusion of an objective to eliminate the over representation of Aboriginal children in the Child Protection system
 - establishing an independent Aboriginal Children's Commissioner to have oversight of outcomes and services for vulnerable Aboriginal children

- establishing arrangements for the independent regulation and monitoring of OOHC include reporting on the outcomes attained for Aboriginal children in OOHC including connections to family and culture
 - clarifying that the following are requirements of the Aboriginal Child Placement Principle,
 - that child removal is a last resort, and that
 - the principle is to be applied to all decisions concerning the placement and care of Aboriginal children, not only the initial placement decision.
- 2.11 That the Aboriginal Children’s Commissioner as part of their periodic reporting to Parliament include the application in practice, and in all decisions relating to Aboriginal children in need of care and protection, of the Aboriginal Child Placement Principle
- 2.12 That the State Government;
- provide discrete resources for a community based Aboriginal child and family welfare peak body or lead agency to support the development of Aboriginal child and family welfare services, programs and practice interventions; and
 - that the Victorian Aboriginal and Child Care Agency (VACCA) have a first right of refusal in relation to carrying out this role.

Leaving Care and Homelessness

- 2.13 That the Children, Youth and Families Act be amended to require the continuation of all forms of financial and other forms of support directed towards the care, protection and well being of children and young people in OOHC (including permanent care) at least until the age of 21 years, and the continuation of financial and other forms of support to age 25 as required
- 2.14 That children and young people who are or have been the subject of a care and protection order and/or placed in OOHC be the highest priority for access to State Government housing assistance and accommodation
- 2.15 That the State Government initiate negotiations with the Commonwealth to establish a Commonwealth-State funding agreement for a range of measures to support care leavers to access post-compulsory education, labour market and employment assistance and housing including:
- specialized employment assistance and labour market participation case management
 - fee waivers under the Higher Education Contribution Scheme (HECS)
 - youth allowance at the independent rate for care leavers living in CSO managed residential or lead tenant services
- 2.16 That the State Government introduce a fee waiver for all TAFE fees and charges for children and young people that are, or have been, in the care and protection system
- 2.17 That the State Government fund the establishment of a post care support service, informed by the Open Place service model (the support service for Victoria’s Forgotten Australians, for care leavers that have left care post 1989)
- 2.18 That the State Government increase financial and other support to the CREATE Foundation to enable them to enhance and extend their support, assistance and advocacy for children and young people

Therapeutic Care

- 2.19 That all children and young people have, upon entry to care, a comprehensive entry to care health and psychosocial assessment
- 2.20 That over a specified number of years all foster and residential care placements be converted to a therapeutic model of care
- 2.21 That the funding be made available to extend the coverage of the Take Two program to not less than 20% of children and young people in care (including permanent care) over a three year period

Education

- 2.22 That the State Government develop a 'learning passport' for children and young people in OOHC that provides them with a minimum level of resources to fund their participation in school based education through any registered school
- 2.23 that the State Government establish an education support allowance for children and young people in OOHC of between \$5,000 and \$10,000 per annum to be used to assist children and young people to attain the Victorian Essential Learning Standards
- 2.24 That the State Government recognise, support and develop a range of alternative settings for the delivery of primary and secondary education for children and young in OOHC for whom mainstream settings are not viable
- 2.25 That the State Government establish a scholarship program for young people who have been in the Child Protection system, to provide them with financial and other additional support required to ensure that they are able to access post-compulsory education & training
- 2.26 That the State Government provide education fee waivers for all children and young people that have been in the custody of, or under the guardianship of the Secretary for all,
 - TAFE Courses, and
 - Vocational, Education and Training courses provided by Registered Training Organisations
- 2.27 That the State Government negotiate with the Commonwealth a fee waiver under the Higher Education Loans Program/Higher Education Contribution Scheme (HELP/HECS) for all children and young people that have been in the custody of, or under the guardianship of the Secretary

Recommendations: Sustaining Capacity, Investment and Service Pricing

- 3.1 That State Budget provides an activity based provision for OOHC that provides for growth and movement in the number of children and young people requiring OOHC at any point in time.
- 3.2 That the funding model for OOHC be based on unit price funding for each distinct form of OOHC (including residential care, home based care and kinship care) that incorporates:
 - a comprehensive health and psychosocial assessment on entry to care
 - the assessed needs, circumstances and complexity of issues for a child or young person
 - for all forms of home based care allowances that meet the full costs of providing care (including costs associated with children's education, health, dental, recreational needs) to be met by the Department of Human Services but administered and paid to carers by registered CSO's
 - an education support allowance of between \$5,000 and \$10,000 per child per year to be utilized exclusively to support children and young people attain the expected levels of educational attainment in school
- 3.3 That the State Government support and implement a professionalized model of home based care across the OOHC system, with the following key elements:
 - on-going training, professional development, support and supervision for foster carers, kinship carers and permanent carers
 - foster carers to receive the equivalent of a minimum wage to support the full time professional care of children and young people
 - enhanced and long term funding for the Foster Care Association of Victoria, and other relevant agencies, to provide support, assistance, professional development, advocacy and other services for home based carers
- 3.4 That the Price Review Framework developed by the Human Services Partnership Implementation Committee (HSPIC) be utilised as the pricing setting mechanism for:
 - any services and programs to be contracted to the community based sector by the Department of Human Services
 - the review of pricing for all existing services and programs contracted to the community based sector, and
 - indexation arrangements

Recommendations – System Governance and Functions

Children, Youth and Families Act (2005)

- 4.1 That 2005 Children, Youth and Families Act be amended as follows:
 1. objects and principles be amended and broadened as outlined in the combined community sector agency submission,
 2. a specific objective be included to halve the gap in developmental outcomes, as measured by the AEDI, for children from Victoria's most disadvantaged communities by 2016,

3. the inclusion of an objective to eliminate the over representation of Aboriginal children in the Child Protection system and OOHC,
4. provision be made for care protective applications and protection orders to be made or remain in force in relation to young people up until the age of 18, rather than 17 as it currently stands,
5. section in relation to Best Interests Principles to be amended to specifically include;
 - a. that in applying the principles to decisions relating to children and young people the Secretary must consider the impact of a decision on the Best Interests of other children on Child Protection orders or in OOHC; including children currently in a residential care unit in which the Secretary is seeking to place another child or young person, and that
 - b. being supported to safely maintain contact, connection and relationships with siblings is fundamental to the lifelong Best Interests of children and young people and must be provided for in any care and protection order or OOHC placement.
6. a provision that all permanent care orders include a condition that contact be maintained between siblings
7. a provision requiring that financial and other forms of assistance must be provided at a minimum until age 21 for the care, support, accommodation and development of children and young people that are or have been in the custody of, or under the guardianship of, the Secretary, and where in the best interests of children and young people can continue up to age 25
8. the inclusion of a section detailing outcomes for children and young people in OOHC consistent with the National Standards for OOHC as agreed by all states and territories
9. a provision for the establishment of an Independent Commissioner for Children and Young People, and an Aboriginal Children's Commissioner, with combined their functions and powers to include but not be limited to;
 - a. establishing an outcomes based regulatory framework for monitoring the performance of registered community based services and the Department of Human Services in their provision of OOHC services, Child Protection functions and other activities under the Children, Youth and Families Act
 - b. reporting to Parliament on matters including but not limited to;
 - i. the outcomes being attained for children and young people in OOHC,
 - ii. the extent to which children and young people in OOHC enjoy their rights as detailed in the Charter of Rights for Children and Young People in OOHC
 - iii. the application in practice of the Best Interests Principles and how the principles and their application can be improved
 - iv. the application in practice, and in all decisions relating to Aboriginal children in need of care and protection, of the Aboriginal Child Placement Principle and how the principle and its application can be improved
10. a provision that Commissioners for Children and Young People conduct an independent public review of the act by the end of 2014 and table in parliament every two years thereafter a report on the status of vulnerable children and young people including any recommended amendments to the act or other legislation; and a provision

11. to transfer responsibility for the issuing and review of Child Protection orders from the Children's Court to Child Protection Panels as detailed in the combined community sector submission

Rights of children and young people in OOHC

- 4.2 That where children and young people are placed in residential care their movement to a different residential care unit requires, if the child is 13 years or under the written consent of their case manager, if they are 14 years or older the written consent of the case manager and young person.
- 4.3 That where the movement of a child or young person in a residential care unit is required for their own safety and protection, or that of other children and young people in a unit, this must have the endorsement of the CEO of the agency that holds case management responsibility the child(ren).

Children's Court and Adversarial Decision Making

- 4.4 That the current adversarial decision making system of the Families Division of the Children's Court be replaced by an inquisitorial decision making process.
- 4.5 That the administrative panels be established for decision making in relation to the Best Interests of Children and Young People and the issuing of orders for the care and protection of children.
- 4.6 That these panels be comprised of three members with an appropriate range of professional qualifications including expertise relating to child development, trauma and attachment and Child Protection.
- 4.7 That where panels are considering matters in relation to Aboriginal children they must include one or more Aboriginal people.

Department of Human Services (DHS) and Community Sector - Roles and responsibilities

- 4.8 That the following DHS functions and areas of service delivery be transferred to CSO's:
 - Case management of children and young people once a legal determination has been made that they are in need of care and protection and a protective order issued (not including interim protection orders)
 - Case management of all families on Supervision Orders
 - Permanent Care programs
 - Kinship care program service delivery including the recruitment, assessment, training and provision of case management and support and assistance to kinship carers for kinship placements whether statutory or voluntary
 - Management of carer payments, allowances and brokerage funds for foster, kinship and permanent carers

- Where CSO's hold case management for children and young people who have been in care for three months or more; authorisation of day to day medications, health appointments, emergency medical treatments and their participation in community activities, school events and activities, family holidays and social activities
- 4.9 That a formal mechanism or body involving all key stakeholders be established, if necessary under the Children, Youth and Families Act, for collaborative long term policy development on the care and protection of vulnerable children in Victoria.

Section One. Prevention and Early Intervention

Vulnerable Children's Framework

"It's bigger than the Child Protection system.....there are families that for too long.....across more than a generation have been seen as an underclass – they don't fee like part of the community....they don't feel like their being included as part of the community. On the whole we aren't inclusive..... those families for whom Child Protection is a revolving door feel so excluded that they don't care what Child Protection or the rest of us think about them because they see that the rest of the community doesn't really care about them – it's a whole of community issue – people need to feel valued and part of the community before they can change..." (Berry Street Staff Metro Region)

Overview

The Australian Early Development Index (AEDI) confirms that there are particular geographical areas within Victoria, including a high number of rural communities, where children in those communities are far more likely than other Victorian children to fall behind even before they start school. Significant factors in this include more limited access to the services and supports required to raise children well, particularly early years services; and structural inequities including higher levels of unemployment, inter generational poverty and educational disadvantage.

It is not surprising therefore that there is a strong correlation between communities that rank poorly on the AEDI index and communities with significantly higher rates of substantiated abuse, neglect, Child Protection intervention and placement in Out-of-Home Care (OOHC).

As the centerpiece of a commitment to supporting Victoria's vulnerable children the Victorian Government should commit to halving the gap in developmental outcomes for children from Victoria's most disadvantaged communities within four years, by 2016.

Berry Street recommends that a Vulnerable Children's Framework be developed around this core commitment and that the framework support specific initiatives including:

- Funding early learning and care services to provide outreach, family support and other child development programs that connect with vulnerable and isolated families,
- Resourcing Aboriginal agencies to assist families raise children well including two major trials to provide intensive long-term parenting support and assistance commencing pre-natal for the primary carers of Aboriginal children's, in most instances Aboriginal mothers,
- Establishment of a quality subsidy for excellence in social Inclusion offered directly to children's services which demonstrate they are providing services to children in priority target groups,
- Innovative in-home family support and family day care programs that provide quality in-home care for vulnerable children whilst that includes modeling positive parent-child interactions. Such a model would focus on enhancing the in-home environment and parent-child relationships, and

- New investment in Child FIRST services for vulnerable families to connect with and access in-home and other forms of family support.

Recognising parents and families as a child's first teachers, the Vulnerable Children's Framework should create opportunities for vulnerable children and families to access the highest quality child development, family support and early learning and care services.

Berry Street believes that the intergenerational disadvantage experienced by Aboriginal families demands a dedicated and concerted response. We propose that two major trials be established to support the primary carers of Aboriginal children, in most instances their mothers, from the pre-natal period until the end of the child's first year of school, with the aim of securing those children's developmental outcomes consistent with the AEDI.

Berry Street supports the intentional focus in the Inquiry terms of reference on prevention of child abuse and neglect and the commitment to focus the recommendations from the Inquiry on prevention and early intervention.

We support the public health model approach to the prevention of abuse and neglect. The Child Protection system constitutes only a small but significant component of the resources, systems and supports that contribute to children's safety and well-being. Families, communities and government agencies beyond the Department of Human Services, in portfolio areas including education, employment assistance, health, housing and the early years, planning and community development are significant contributors to the lifelong well being of children.

The prevention challenge is to bring resources beyond those of the Department of Human Services to bear on the problems that undermine the well being of children and young people.

In relation to early intervention, where the aim is avoid the need for protective interventions in relation to 'at-risk' children, additional resources must be directed towards secondary support services. Particular priority should be given to increased funding for services that provide opportunities for families to voluntarily seek support and assistance at times of crisis. Providing Child FIRST with additional resources and the flexibility to undertake longer term work with families will prevent children that would otherwise enter the Child Protection system from doing so.

Recommendations

- 1.1 That the Victorian Government make a commitment to halving the gap in developmental outcomes for children from Victoria's most disadvantaged communities within four years (by 2016)
- 1.2 That halving the gap in developmental outcomes for children from Victoria's most disadvantaged communities be included as an objective in the 2005 Children, Youth and Families Act
- 1.3 That the Victorian Government develop a Vulnerable Children's Framework and that this framework incorporate specific initiatives including:

- Funding early learning and care services to provide outreach, family support and other child development programs that connect with vulnerable and isolated families,
- Resourcing Aboriginal agencies to assist families raise children well including two major trials to provide intensive long-term parenting support and assistance commencing pre-natal for Aboriginal mothers,
- Establishment of a quality subsidy for excellence in social Inclusion offered directly to children's services which demonstrate they are providing services to children in priority target groups,
- Innovative in-home family support and family day care programs that provide quality in-home care for vulnerable children whilst modeling positive parent-child interactions, and
- New investment in Child FIRST services for vulnerable families to connect with and access in-home and other forms of family support.

Family Support and Child FIRST

“The system of Child FIRST in many ways is working quite well. We often get lost in the families we don’t have much success with, but there is an awful lot of families that we do have success with.” (Berry Street Family Support Worker)

Overview

Family support services play a critical role with families and children who might otherwise end up in the Child Protection system and in supporting families with some Child Protection involvement to improve the care of their children.

Berry Street’s supports the Child FIRST model of coordinated access, referral to and referral between, a range of family service types and providers within a designated region. Child FIRST has improved service integration, coordination and partnerships, improved referral pathways for families and enabled some families with Child Protection involvement to improve the care of their to that extent that Child Protection can withdraw.

When proposed and then introduced, Child FIRST enjoyed very strong support from across the community services sector. The intention of making family support available to families earlier and avoiding the need for statutory Child Protection interventions is in everyone’s best interests. It is cost effective, prevents harm or further harm to children, supports families to remain intact and functioning well and strengthens communities.

Notwithstanding the success of Child FIRST there remains a significant gap between the level of need amongst families for support, direction and assistance when their circumstances and capacity are such that their children’s well-being is at significant risk. This can be at times of crisis but also, and perhaps less visibly, as a result of cumulative harm. From our experience, and as reflected in interviews for this submission, the Child FIRST program requires significant additional investment in order to fulfill its original objectives.

The inadequate level of funding for integrated family services and Child FIRST is resulting, in the work of integrated family service being concentrated at the interface with Child Protection, and families receiving short episodes of service that are not likely to create sustained change. Additional investment is required specifically to expand the early intervention work of integrated family service services.

Recommendations

- 1.4 That Integrated Family Services and Child FIRST receive significant additional funding for early intervention and family support to extend their capacity to:
 - meet demand and prioritise support and intervention for vulnerable families, including self referred families
 - pro-actively engage and support families where children are at risk of cumulative harm

- provide greater focus on outcomes (rather than throughput) including flexibility to Integrated Family Services in relation to the length/hours of service and support provided to individual families

Section Two: Ensuring Good Outcomes from Out-of-Home Care

Stability, Placement Drift and Permanent Care

“ Our carers really want what is best for the children and they really want these children to have the best chance at life and they know that kids that drift along in foster care for a long period don’t necessarily get the best chance at their childhood so they want timely decision made so these kids can get a family for life.....which is not what these carers have put their hands up to do and then we see kids having multiple placements and no stability.” (Home based care staff)

Overview

One of the most damning areas of feedback in relation to the performance of the Child Protection system has been the apparent decline in the number of children and young people experiencing placement stability and accessing permanent care.

Despite the clear intentions of the 2005 Children, Youth and Families Act and the evidence that placement stability underpins lifelong outcomes for children and young people the Victorian system appears to be doing worse in this regard than it was a decade ago. There are a number of drivers of placement instability, not least of which is the failure to carry out thorough assessments of the needs of children and young people and fully explore placement options in order to establish, not just the best (read least worst) placement but a suitable placement.

Placement stability is almost impossible to achieve in a system which is so often stretched, with limited capability to assess the child’s needs and match to the most appropriate placement.

Other significant factors that undermine placement stability and cause placements to breakdown include;

- the adversarial nature of decision making in the system and the periodic contesting and re-contesting of care and protection orders, particularly custody to the secretary orders,
- inadequate financial and non-financial support to carers which combined with the disempowerment of carers makes sustaining placements increasingly difficult, and
- the net loss of carers to the system that is being experienced each year.

In relation to permanent care it was consistently stated in group interviews that there is;

- a lack of understanding within DHS of permanent care,
- no significant resource or program commitment to permanent care
- an unwillingness to seek permanent care orders or pursue adoption without consent, and,
- that Children’s Court processes create such a resource drain on the Department that the Department seeks ‘soft’ options rather than the most appropriate care and protection orders and care arrangements for children.

Add to this the very real financial penalty and loss of ongoing support that carers face if they accept the permanent care of children and it is clear why permanent care is disappearing from the Victorian child welfare system.

Recommendations

- 2.1 That the financial support and non-financial support to home based (foster and kinship) carers who accept the permanent care of children and young people continue at least until the children and young people in their care reach the age of 21.
- 2.2 That the financial support to carers who accept the permanent care of children and young people meet the actual costs of providing care and support to children.
- 2.3 That the management of Permanent Care programs be transferred from the Department of Human Services to CSO's
- 2.4 That following appropriate assessment where parents are clearly unable to provide long term care of their children adoption without consent be pursued in the interests of children's lifelong well being.
- 2.5 That the adoption without consent of Aboriginal children only ever proceed where the adoption is to a family from the child's Aboriginal cultural group and has the approval of the Aboriginal Children's Guardian and of the CEO of the relevant Aboriginal agency as registered under the 2005 Children, Youth and Families Act.

Case Planning, Case Management and LAC (Looking After Children)

"one of the things that I have really noticed that contributes to case drift is the number of reallocations of case managers for kids that are managed through Child Protection....they have one for their removal then it goes to a different team and then gets handed on to a series of case managers and with each change information and knowledge about the kids gets lost.....because not everything is written down and well recorded.....and each time a new case manager picks up the case it goes to the bottom of their (case) list because they already have the ones they are working with..... so no-one is holding the case for long enough and you get this case drift" (Home based care staff)

Overview

There are at present major failures in the systems for case planning and case management that result in children and young people who have been found to be in need of care and protection receiving an inadequate service response.

At the most severe level, this includes the consistently high number of children, young people and families without a dedicated worker. These children and young people, who have already experienced significant harm, there is no one assigned to coordinate and promote their interests.

This adds to their vulnerability, delays the provision of support and assistance and exposes them to a higher risk of further harm.

In Berry Street's experience, the interests of children and young people are best served where the case management function is contracted to Community Service Organisations (CSO's). CSO's are better placed to engage with and maintain strong relationships with children and young people and working through care teams and other mechanisms advocate for their best interests. That CSO's are already required under the Children, Youth and Families Act to apply the Best Interests principles to all decisions they make in relation to children and young people provides a strong legislative base for the further contracting of case management to the sector.

The contracting out of all case management to CSO's would also allow the Department to focus their efforts and expertise on their core responsibility and major strength – the performance of statutory Child Protection work.

Alongside the need to reform case management by contracting this function to CSO's there is a need to review, simplify and integrate the overlapping case planning and client information management systems monitoring systems. At present the system is literally awash with well intended but overlapping requirements for the development and completion of plans for individual children and young people. Client related case planning and information management systems including the following, should be integrated, simplified and oriented towards enabling monitoring the outcomes achieved for children and young people not compliance with mandated processes or completion of various planning documents. Current planning and client information tools that require review and integration include, but are not limited to the following;

- Best Interests Plans
- Stability Plans
- Education Support Plans
- Case Management Plans
- Care Management Plans
- Cultural Support Plans
- Leaving Care Plans
- CRIS/CRISP
- Looking After Children (LAC)

Berry Street believes the current situation has arisen from a dated approach to regulation that focuses on compliance with processes which has been exacerbated by criticism from external bodies, including the media. The Department, in our view, is carrying too many roles and functions including that of system regulator. Its approach to regulation has been to mandate additional planning and practice requirements as and when issues have emerged. Greater focus on the importance of education precipitates the requirement that education support plans are developed for all children and young people. Concerns about young people exiting the system into homelessness precipitates the requirement for leaving care plans. All well intended, but this

approach delivers no additional support or opportunities for children or young people. Children and young people don't need an education support plan – they need an education.

Across all of the above sit CRIS/CRISP the electronic case information system and the Looking After Children (LAC) assessment and progress records. Intended as a tool to guide evidence informed practice and encourage an intentional approach to progressively enhancing support for children, LAC has predominantly become an administrative system for recording past activities. No one that Berry Street interviewed for this submission could state that the introduction of LAC has made a discernible impact on the quality of care experienced by children and young people.

In relation to CRIS/CRISP, it is almost inconceivable so many years after its development and implementation the system still lacks basic reporting functions that CSO's require; there is no return on CSO effort to input data in relation to supporting monitoring, evaluation and quality improvement. Worse still, CRIS/CRISP does not align with the domains of children's development included within LAC with the result that the two systems operate in parallel.

Berry Street's view is that the current regulatory system has developed a preoccupation with process and compliance, with the completing of planning documents, to the detriment of children, young people and case workers being able to develop and maintain relationships. Put simply the overlapping planning, case management and case note recording systems are limiting best practice rather than driving it.

Recommendations:

- 2.6 That the case management of Child Protection clients be contracted out from the Department of Human Services to the community based sector (see also recommendation 4.10 for more detail)
- 2.7 That existing regulatory arrangements directed towards standardized practice and process compliance, (such as compliance with LAC, cultural support plans, education support plans, leaving care plans, care management plans and stability plans), be replaced by an outcomes based regulatory system under the authority of the Independent Children's Commissioner
- 2.8 That CRIS/CRISP and the Looking After Children (LAC) systems be reviewed, simplified and fully integrated as a single electronic client information and case management system within 12 months or the use of LAC discontinued.
- 2.9 That the single electronic client information and case management system be designed to reflect the outcomes based orientation of the system enabling CSO's to monitor and evaluate performance against mutually agreed and articulated evidence-informed outcome measures.

Aboriginal Children and Cultural Care Planning

"If it's an Aboriginal child that is referred then they are supposed to have a cultural support plan but they never do and if you ask DHS they try and say that it is XX's responsibility to do the cultural support plans but it isn't. It is Child Protection's responsibility." (Berry Street Aboriginal Team)

Overview

As has been well documented, Aboriginal children in Victoria, and Aboriginal and Torres Strait Islander children across Australia, are over-represented in Child Protection and Out-of-Home Care (OOHC). Factors including inter-generational trauma and family poverty are more prevalent within Aboriginal communities and within Aboriginal extended family and kinship groups. This is no less true in Victoria than in any other part of the Australia. Overlaying these structural inequities are significantly higher birth rates, significantly lower life expectancy and the legacy of past practices of child removal and family separation. Part of that legacy is a diminished level of child rearing and parenting experience. The combination of these and other factors is that Aboriginal communities in Victoria have a much greater proportion of young children, a much lower proportion of people of an age to care for children and a depleted knowledge base of parenting.

None of this should ever allow us to forget that while Aboriginal children are over represented in Child Protection over 95% of Aboriginal children in Victoria are at home with their families being raised well, attending school and making their contribution to the life of their families and communities. Most of these children and their families still live with significant inequities, will confront racism and discrimination at some stage in life and are more likely to live in relative poverty. There are strengths in Aboriginal approaches to child rearing, and in the value placed on family and kinship inter-dependence, that brings a quality of life into the lives of Aboriginal children that would otherwise be absent.

Berry Street's view, and our practice experience tell us this, is that the strengths of Aboriginal approaches to child rearing and the value placed on family and kinship inter-dependence provide the starting point for creating a child welfare system that Aboriginal families need not fear.

The complexity and breadth of child and family welfare challenges within Aboriginal communities demands sustained long-term responses that operate at all the affected levels – the level of the child, immediate family, kinship network, local community and broader Victorian community.

The work of the Berry Street Aboriginal Team, located within the Take Two therapeutic program, is a prime example of the need and success of this approach. The clinical work of the multi-disciplinary Aboriginal Team addresses the impact of trauma at the child, immediate family, kinship network, local community and systemic level. The approach of working at all these levels, common in the work of Aboriginal community services and programs, needs to be better documented, understood and replicated within broader child welfare system.

Another significant strength to build upon is the almost universal commitment across Aboriginal and non-Indigenous agencies, local communities, government departments, parliamentarians and the broader community to do better.

More immediately there are a number of areas of Child Protection and OOHC policy and practice that need to change if we are to do better for Aboriginal children. These include the following;

- lack of adherence to the Aboriginal Child Placement Principle
- a failure to adequately recognize, evaluate and ‘take to scale’ Aboriginal service and program innovations and pilots that have made a significant positive impact in the child and family well being
- the inconsistent attempts by the Department of Human Services and community based sector to rigorously pursue cultural competence and cultural care planning
- the failure by governments , over a number of decades, to fully support and resource a community based Aboriginal peak body of lead agency to fast track the development of Aboriginal child and family welfare services, programs and practice interventions, and advocate for Aboriginal children
- a lack of transparency across the Child Protection and OOHC systems in relation to the resources specifically directed to benefit Aboriginal children
- a lack of full accountability towards outcomes achieved, including those relating to supporting children’s family connections and cultural identity, for Aboriginal children in OOHC

Berry Street is cognisant of the fact that the Victorian Aboriginal Child Care Agency, VACCA, has developed a detailed submission for the Vulnerable Children’s Inquiry. We have also partnered with VACCA in the development of the combined community based agencies submission. We commend that work to the Inquiry and trust that the public hearings stage of the Inquiry process will focus prominently on issues and solutions relating to Aboriginal child welfare.

Recommendations

2.10 That the 2005 Children, Youth and Families Act be strengthened by:

- the inclusion of an objective to eliminate the over representation of Aboriginal children in the Child Protection system
- establishing an independent Aboriginal Children’s Commissioner to have oversight of outcomes and services for vulnerable Aboriginal children
- establishing arrangements for the independent regulation and monitoring of OOHC include reporting on the outcomes attained for Aboriginal children in OOHC including connections to family and culture
- clarifying that the following are requirements of the Aboriginal Child Placement Principle,
 - that child removal is a last resort, and that
 - the principle is to be applied to all decisions concerning the placement and care of Aboriginal children, not only the initial placement decision.

- 2.11 That the Aboriginal Children's Commissioner as part of their periodic reporting to Parliament include the application in practice, and in all decisions relating to Aboriginal children in need of care and protection, of the Aboriginal Child Placement Principle
- 2.12 That the State Government;
- provide discrete resources for a community based Aboriginal child and family welfare peak body or lead agency to support the development of Aboriginal child and family welfare services, programs and practice interventions; and
 - that the Victorian Aboriginal and Child Care Agency (VACCA) have a first right of refusal in relation to carrying out this role.

Leaving Care and Homelessness

"Yeah that's always baffled me like once the child turns 17 or 18....if they haven't got a unit or place to go to.....what happens to these kids.....homeless..... yeah that's whatI used to think that I was just being stupid for thinking that's what happened.....that they were booted out into the gutter.....surely this isn't what happens.....but it is what happens to these kids....now I realise that is what happens.....if they haven't got a place to go to they've got nothing..... and that's not really going to help them." (Residential care staff)

Overview

The lack of systemic support for young people leaving care has dire consequences for their immediate and long term well being. We know that many young people leave care having not completed year 12, many leaving residential care have not completed year 10. Typically young care leavers have no secure independent financial capacity, very tenuous links to the labour market, significant health issues and few, if any, adults that they can depend on for support.

When acting as the parent of children and young people removed from family it is wrong for the State to leave children and young people with no visible means of support when they leave care. The inadequacy of the term 'leaving care' is that in reality young people don't leave care – care leaves them.

The circumstances of young people leaving care, particularly those exiting from residential care, should be amongst the very top priorities for this Inquiry to address. It is an area where the resources of other government agencies and departments have a fundamental role. We must ensure that young people leaving care are amongst the highest priorities for remedial and ongoing support assistance in relation to their education, employment, housing and health needs. Doing so will require a willingness to provide these forms of assistance in the manner that suits the circumstances of young people in and/or leaving care. It is those circumstances (which are not of their making) that have excluded them from accessing these supports in the first place.

We know that longer term outcomes for people who have been in state care depend on the quality of their care experience, as well as on the support they are offered with the transition to

independence. The stability of placement is one of the strongest indicators of positive life outcomes for care leavers, thus highlighting the importance of the recommendations we make in relation to “Stability, placement drift and permanent care”.

Recommendations

- 2.13 That the Children, Youth and Families Act be amended to require the continuation of all forms of financial and other forms of support directed towards the care, protection and well being of children and young people in OOHC (including permanent care) at least until the age of 21 years, and the continuation of financial and other forms of support to age 25 as required
- 2.14 That children and young people who are or have been the subject of a care and protection order and/or placed in OOHC be the highest priority for access to State Government housing assistance and accommodation
- 2.15 That the State Government initiate negotiations with the Commonwealth to establish a Commonwealth-State funding agreement for a range of measures to support care leavers to access post-compulsory education, labour market and employment assistance and housing including:
 - specialized employment assistance and labour market participation case management
 - fee waivers under the Higher Education Contribution Scheme (HECS)
 - youth allowance at the independent rate for care leavers living in CSO managed residential or lead tenant services
- 2.16 That the State Government introduce a fee waiver for all TAFE fees and charges for children and young people that are, or have been, in the care and protection system
- 2.17 That the State Government fund the establishment of a post care support service, informed by the Open Place service model (the support service for Victoria’s Forgotten Australians, for care leavers that have left care post 1989)
- 2.18 That the State Government increase financial and other support to the CREATE Foundation to enable them to enhance and extend their support, assistance and advocacy for children and young people

Therapeutic Care

“.....access to the therapeutic specialist makes such a difference.....they help the carer to understand the child’s behaviour.....what sits behind it and how to support that child or young person.....these forms of support just aren’t there in general foster care..” (Berry Street Aboriginal Team)

Overview

One of the most promising and significant developments in the child welfare system in Victoria has been the understanding of the impact of trauma and the development of a capacity to intervene

more intentionally in the lives of these children. As detailed in the Take Two third evaluation report, the impact of the Take Two program and availability of therapeutic care has been profound. The evaluation report amongst a number of positive conclusions notes the following:

“Its the positive and meaningful changes in the lives of children who receive Take Two intervention that is a central albeit not sole message in this report.”¹

In interviews conducted for this submission, staff working in foster care and residential care readily identified the benefits of a therapeutic approach. These extend to improved outcomes for children and young people, greater placement stability, and sustained family reunification and less time spent in OOHC. Not only are such outcomes of obvious benefit to children and young people but also they alleviate system pressures and demand for OOHC.

There was also a clear message from the interviews that the current funding arrangements for therapeutic foster care more closely align with the actual costs of providing good quality care. Stronger funding enables enhanced support to carers and case managers with lower case loads creating a solid platform upon which to build therapeutic response for children and young people.

At present, the limitations of funding mean that less than 10% of children and young people in OOHC receive support through the Take Two program. Berry Street and its Take Two partners have developed a separate submission for the advice of the Inquiry focused on therapeutic care that details the value of a therapeutic approach to care and need to make therapeutic care the prevailing form of care across the system.

An essential first step will be the introduction of a comprehensive entry to care health and psychosocial assessment for all children and young people upon their entry into care. Berry Street has recommended that this be built into the unit price funding for all OOHC placements.

Recommendations

- 2.19 That all children and young people have, upon entry to care, a comprehensive entry to care health and psychosocial assessment
- 2.20 That over a specified number of years all foster and residential care placements be converted to a therapeutic model of care
- 2.21 That the funding be made available to extend the coverage of the Take Two program to not less than 20% of children and young people in care (including permanent care) over a three year period

¹ Frederico, Jackson, & Black (2010) *More Than Words* -Take Two Third Evaluation Report, La Trobe University, Bundoora, Australia.

Education for young people in OOHC

'I would like to see the Education Department take more responsibility and see these kids as their clients that they have a responsibility to.....give more flexibility allowing us to set up some programs.....for us to deliver some specialist things.....there's a lot we can do. ... we could try a lot of things.... but there is a real resistance to paying for alternatives to mainstream programs.' (Berry Street Staff Rural Region)

Overview

A focus on education for children has long been at the centre of Berry Street's approach to what good care for children and young people is all about. Over 50 years ago, Sutherland Homes (which merged with Berry Street in 1994) opened its own independent school. Berry Street now operates a registered independent school, early years education programs, a broad range vocational education and training programs and has education partners from the local to international levels.

During interviews for this submission young people with experiences of being in the OOHC system that we interviewed stressed that young people who have not found mainstream schooling viable given their circumstances need access to alternative school programs and settings. This is what Berry Street provides through our independent school. A young person's opportunity to access education in alternative settings is however very much and 'accident of geography'. There needs to be planned approach from government to support the further development of alternative settings for the delivery of education programs.

Young people we interviewed, including one young person now living independently, when asked about what advice they would give other young people in the OOHC system, stressed the importance of taking whatever opportunity was available to study. Others expressed frustration that their requests to DHS for assistance to pursue vocational courses were not responded to and others commented that they were focused on Maths and English because they wanted to be able to work. They praised the combination of a less formal setting and individualized support and assistance from teachers with whom they had genuine relationships.

Many children and young people in OOHC experience disrupted schooling and face the difficult challenge of trying to catch up to the expected levels of attainments during a period of their lives when they are vulnerable, stressed and still impacted by trauma. It is very common for children and young people who have been in OOHC and had severely disrupted schooling and education to seek to return to education and training later in life and make up lost ground.

For children and young people in OOHC, time ticks away on their opportunity to gain a good education. Addressing this will take the combination of wherever possible supporting children and young people to remain learning at school, where this is not possible access an alternative setting and after their time in care to have clear and affordable pathways into post-compulsory education.

Recommendations

- 2.22 That the State Government develop a 'learning passport' for children and young people in OOHC that provides them with a minimum level of resources to fund their participation in school based education through any registered school
- 2.23 that the State Government establish an education support allowance for children and young people in OOHC of between \$5,000 and \$10,000 per annum to be used to assist children and young people to attain the Victorian Essential Learning Standards
- 2.24 That the State Government recognize, support and develop a range of alternative settings for the delivery of primary and secondary education for children and young in OOHC for whom mainstream settings are not viable
- 2.25 That the State Government establish a scholarship program for young people who have been in the Child Protection system, to provide them with financial and other additional support required to ensure that they are able to access post-compulsory education & training
- 2.26 That the State Government provide education fee waivers for all children and young people that have been in the custody of, or under the guardianship of the Secretary for all,
 - TAFE Courses, and
 - Vocational, Education and Training courses provided by Registered Training Organisations
- 2.27 That the State Government negotiate with the Commonwealth a fee waiver under the Higher Education Loans Program/Higher Education Contribution Scheme (HELP/HECS) for all children and young people that have been in the custody of, or under the guardianship of the Secretary

Section Three: Sustaining Capacity: Investment & Service Pricing

“even school uniforms, they (the carers) start with a list of what’s required and the carer rings us and we ring DHS and they ring their managers and they decide something and then it goes to a DHS admin person who rings the uniform shop who then rings us so we can ring the carer and tell them they are only allowed these pieces.....that they (DHS) will only pay for one shirt and one pair of shorts....” (Home based care staff)

Overview

As highlighted by recent Ombudsman own motion reports into Child Protection and Out of Home Care (OOHC), the Child Protection and Out-of-Home Care (OOHC) systems will continue to experience high levels of demand. The number of children and young people requiring a protective response continues to grow rapidly across all jurisdictions. In such a prevailing climate it is critical that resources, financial and human, are put to best effect.

The OOHC system is already beyond capacity and unable to meet demand. Demand is growing and children and young people who come into care are entering the system much younger and are staying in the OOHC system much longer. This is particularly the case for Aboriginal children.

Stabilising the system will necessarily involve prevention but it will also involve improving the quality of care, supporting families and children to heal and successful family reunification. The lesson of therapeutic foster care is that if you make good placement decisions, provide carers with good quality support and with the expertise of skilled clinicians support children’s healing - children return to family earlier and don’t return to the OOHC system.

As the total number of children and young people in the OOHC system grows the inadequacy of current funding arrangements will see existing system pressures escalate. This will further destabilise Child Protection, remove any remaining capacity in the OOHC system to match children with suitable placements, accelerate the decline in foster care numbers and send the Child Protection and OOHC systems into a downward spiral.

The present funding arrangements for OOHC do not relate to:

- the actual numbers of children and young people who require OOHC
- the varying levels of trauma, harm and neglect and consequent needs of children and young people or complexity of their needs
- the need and long term benefits of providing a therapeutic models of care
- basic standards of care for children and young people
- the actual costs of providing care that kinship and foster carers must meet

Setting a somewhat arbitrary and capped figure for OOHC, including Kinship Care and Permanent Care, funding for each financial year across the system simply rations those available resources between the children and young people in the system in a particular year. . It will also perpetuate

the increasing use of responses which are unplanned and temporary, and further damage the children.

At the operational level, this has corrupted the processes of properly assessing children's needs and the levels of support to be provided. One example is the funding for foster care placements which is rationed within DHS regions and each region has a set proportion of placement types; 60% are funded as general foster care placements, 30% as intensive and 10% as complex placements. There is no relationship between this mechanism for rationing the fixed budget and the actual number of children that present with complex needs or requiring an intensive placement. There is no accounting for the disproportionately high proportion of complex cases in some DHS regions compared to others. It is also inconsistent that Kinship Care and Permanent Care placements are uniformly funded at general foster care levels, regardless of the child's needs and complexity.

In relation to the actual costs of providing OOHC and other services such as case management, Berry Street supports the recent collaborative process that took place through HSPIC to establish pricing for family support services. HSPIC provides the appropriate forum through which to discuss and agree pricing for all forms of OOHC and the range of other services and programs that should be contracted to the community sector.

Recommendations

- 3.1 That State Budget provides an activity based provision for OOHC that provides for growth and movement in the number of children and young people requiring OOHC at any point in time.
- 3.2 That the funding model for OOHC be based on unit price funding for each distinct form of OOHC (including residential care, home based care and kinship care) that incorporates:
 - a comprehensive health and psychosocial assessment on entry to care
 - the assessed needs, circumstances and complexity of issues for a child or young person
 - for all forms of home based care allowances that meet the full costs of providing care (including costs associated with children's education, health, dental, recreational needs) to be met by the Department of Human Services but administered and paid to carers by registered CSO's
 - an education support allowance of between \$5,000 and \$10,000 per child per year to be utilized exclusively to support children and young people attain the expected levels of educational attainment in school
- 3.3 That the State Government support and implement a professionalized model of home based care across the OOHC system, with the following key elements:
 - on-going training, professional development, support and supervision for foster carers, kinship carers and permanent carers
 - foster carers to receive the equivalent of a minimum wage to support the full time professional care of children and young people

- enhanced and long term funding for the Foster Care Association of Victoria, and other relevant agencies, to provide support, assistance, professional development, advocacy and other services for home based carers
- 3.4 That the Price Review Framework developed by the Human Services Partnership Implementation Committee (HSPIC) be utilised as the pricing setting mechanism for:
- any services and programs to be contracted to the community based sector by the Department of Human Services
 - the review of pricing for all existing services and programs contracted to the community based sector, and
 - indexation arrangements

Section Four: System Governance and Functions: getting the partnership right

Children, Youth and Families Act (2005)

".....I don't think we have seen the true spirit of the Act (Children, Youth and Families Act).....if it was practiced the way the Act intends then we wouldn't see some of these frustrations and this drift in care.." (Home based care staff)

Overview

The suite of major reforms to the Victorian Child Protection and OOHC systems recommended in the combined community sector submission and this Berry Street submission will require a number of amendments to the 2005 Children, Youth and Families Act.

Since the introduction of the Children, Youth and Families Act it has become clear that whilst the legislation is basically sound there are a not insignificant number of areas of the Act that need to be strengthened in the interests of vulnerable children and families.

First and foremost the Act needs to be broadened to and include an intentional focus on achieving outcomes for vulnerable children and families. As the Berry Street Public Policy and Advocacy Agenda states, *Safety is Not Enough*; vulnerable children need more than safety. The Act should make reference to the outcomes we are seeking for individual children and young people who are in need of care and protection, and for vulnerable children at the community and population level.

In particular Berry Street would highlight the following areas for legislative reform:

- Application of the Best Interests Principles including that decisions said to be in the Best Interests of one child or young person can have severely negative consequences for children already in the custody of the Department Secretary or under their guardianship.
- The complete inadequacy of leaving care arrangements and the exiting from care of children and young people into homelessness.
- The failure of the legislation to give preference to the placement of siblings together and the need to have ongoing contact as a provision of all permanent care orders.
- A systematic failure to apply the Aboriginal Child Placement Principle in decisions relating to the care and protection of Aboriginal children
- Narrowness of the legislation's objectives and the lack of recognition that child abuse and neglect have systemic causes that require long term structural responses at the community wide level and protective responses for individual children at the individual family level
- The need for stronger independent oversight of the system and the outcomes being achieved (or not) for children and young people in OOHC
- A reconfiguration of system roles and governance to ensure that, within an ongoing climate of fiscal discipline, available resources are put to best use by those agencies and sectors best equipped to perform particular roles
- Modernisation of regulatory frameworks for Child Protection practice and the provision of OOHC away from compliance with process to accountability for the attainment of outcomes for children and young people.

Recommendations

- 4.1 That 2005 Children, Youth and Families Act be amended as follows:
1. objects and principles be amended and broadened as outlined in the combined community sector agency submission,
 2. a specific objective be included to halve the gap in developmental outcomes, as measured by the AEDI, for children from Victoria's most disadvantaged communities by 2016,
 3. the inclusion of an objective to eliminate the over representation of Aboriginal children in the Child Protection system and OOHC,
 4. provision be made for care protective applications and protection orders to be made or remain in force in relation to young people up until the age of 18, rather than 17 as it currently stands,
 5. section in relation to Best Interests Principles to be amended to specifically include;
 - a. that in applying the principles to decisions relating to children and young people the Secretary must consider the impact of a decision on the Best Interests of other children on Child Protection orders or in OOHC; including children currently in a residential care unit in which the Secretary is seeking to place another child or young person, and that
 - b. being supported to safely maintain contact, connection and relationships with siblings is fundamental to the lifelong Best Interests of children and young people and must be provided for in any care and protection order or OOHC placement.
 6. a provision that all permanent care orders include a condition that contact be maintained between siblings
 7. a provision requiring that financial and other forms of assistance must be provided at a minimum until age 21 for the care, support, accommodation and development of children and young people that are or have been in the custody of, or under the guardianship of, the Secretary, and where in the best interests of children and young people can continue up to age 25
 8. the inclusion of a section detailing outcomes for children and young people in OOHC consistent with the National Standards for OOHC as agreed by all states and territories
 9. a provision for the establishment of an Independent Commissioner for Children and Young People, and an Aboriginal Children's Commissioner, with combined their functions and powers to include but not be limited to;
 - c. establishing an outcomes based regulatory framework for monitoring the performance of registered community based services and the Department of Human Services in their provision of OOHC services, Child Protection functions and other activities under the Children, Youth and Families Act
 - d. reporting to Parliament on matters including but not limited to;
 - i. the outcomes being attained for children and young people in OOHC,
 - ii. the extent to which children and young people in OOHC enjoy their rights as detailed in the Charter of Rights for Children and Young People in OOHC
 - iii. the application in practice of the Best Interests Principles and how the principles and their application can be improved

- iv. the application in practice, and in all decisions relating to Aboriginal children in need of care and protection, of the Aboriginal Child Placement Principle and how the principle and its application can be improved
- 10. a provision that Commissioners for Children and Young People conduct an independent public review of the act by the end of 2014 and table in parliament every two years thereafter a report on the status of vulnerable children and young people including any recommended amendments to the act or other legislation; and a provision
- 11. to transfer responsibility for the issuing and review of Child Protection orders from the Children's Court to Child Protection Panels as detailed in the combined community sector submission

Rights of children and young people in OOHC

".....they just sent me home.....I felt pissed off because my mum wasn't ready to have me yet and a lot was supposed to be sorted out before I went home which never happened. Waking up and being told you had half an hour to move was really stressful made me stressed out....and what pisses me off is if I don't sort out my shit then my mum is going to kick me out and then I'm gunna have nowhere.... that's why they should have let me sort it out first. Waking up and they're like 'you got half an hour someone's moving in'..."(Young person – Berry Street School)

Overview

Little of what we have heard in the interviews for this submission suggests that children and young people in OOHC are enjoying full access to their rights. This is not to say that people across all levels of the Department, community based sector and broader community aren't committed to the rights of children and young people in OOHC. From Berry Street's experience, including in our partnerships with the corporate sector, with philanthropists, donors and benefactors, there is a deep level of concern for children and young people who have been harmed through abuse and neglect.

We owe it these children to guarantee that they will:

- Have a safe, secure and caring place to live
- Have their needs professionally assessed and met
- Get the help they need to recover

The very least we can and must do for children and young people harmed through violence, abuse and neglect is support them to make their lives better.

The Charter of Rights of Children and Young People in OOHC developed by DHS and the Child Safety Commissioner is a commendable piece of work. Berry Street has embraced the charter and with support from DHS and the Child Safety Commissioner been working to see it embedded into the practice and culture of the sector. However more needs to be done to ensure children and young

people freely experience what it is the Charter intended. The pressures in the child welfare system emanating from an OOHC system that is under resourced and decision making in Child Protection that is not just adversarial, but dispiriting for all involved, are seeing the Charter relegated and ignored.

Children and young people in residential care are in our experience particularly vulnerable to systems abuse and decision making that sets rights that the Charter espouses. The following case study, which details events that took place shortly after the Vulnerable Children's Inquiry was formally announced, illustrates all too well how the rights of children and young people in residential care are not being met.

Three young people in different residential units are informed that they will all move by lunch time that day to new placements to "free up" space in residential care. There is no opportunity for these young people to express a view about this decision. The new placements are in different residential care units in different country towns within the same DHS Region. For these young people their residential care units were their homes. The young people know nobody in these units they are being moved to and have no particular connections to the places they are being moved to. Their agency case managers had no warning of this and could not prepare the young people, two of whom were Aboriginal. No Aboriginal agency or worker was consulted about the moves which resulted in all three young people running away from their new placements.

Everything we know in child welfare practice tells us that to treat children and young people with such disregard is itself a form of abuse. Everything that the *Forgotten Australians* have shared with us about their experiences in child welfare institutions reminds us that to treat children this way is inhumane.

Decisions like these, which are too common, contravene all the rights included in the charter as well as the provisions of the Children, Youth and Families Act relating to the Best Interests Principles and the Aboriginal Child Placement Principle.

This shuffling of children and young people between in and out of residential care units with no regard for their rights is a practice that must cease.

Recommendations

- 4.2 That where children and young people are placed in residential care their movement to a different residential care unit requires, if the child is 13 years or under the written consent of their case manager, if they are 14 years or older the written consent of the case manager and young person.
- 4.3 That where the movement of a child or young person in a residential care unit is required for their own safety and protection, or that of other children and young people in a unit, this must have the endorsement of the CEO of the agency that holds case management responsibility the child(ren).

Children's Court and Adversarial Decision Making

".....some of that the court process and the time it takes to get decisions made.....at the moment in Shepparton it takes between 7 and 8 months to get a contested hearing case and then it might be adjourned.....so then the child remains in care with no direction about what's happening in their life because your waiting on a contested hearing and court availability.." (Home based care staff)

Overview

Berry Street supports the introduction of an inquisitorial approach to decision making in Child Protection and the removal of decision making from the Families Division of the Children's Court. The combined community service organisations submission expands on the need for an inquisitorial approach to decision making in some detail. Specifically we support the establishment of administrative panels with the legal authority to determine where children are in need of care and protection and issue orders for their care and protection.

From our practice experience, the adversarial nature of decision-making in the Families Division of the Children's Court is having a number of severe and unintended consequences that are materially harming the well-being of vulnerable children and young people. In summary these include:

- the diversion of financial and human resources of the Department away from service delivery and programs and into servicing the decision making processes of the Court
- as a consequence of the above DHS seeking 'lower tariff' orders and agreeing to orders by consent with parents that compromise the best interests of children
- periodic contesting and re-contesting of orders such that children in placements experience periodic instability and are re-traumatised and are less likely to trust and feel safe in their care arrangements
- permanent care being beyond the reach of children and young people for whom it would be the most appropriate placement
- loss of dedicated Child Protection workers and foster carers who have felt so bruised or disillusioned by the experience that they leave the sector.

Recommendations

- 4.4 That the current adversarial decision making system of the Families Division of the Children's Court be replaced by an inquisitorial decision making process.
- 4.5 That the administrative panels be established for decision making in relation to the Best Interests of Children and Young People and the issuing of orders for the care and protection of children.
- 4.6 That these panels be comprised of three members with an appropriate range of professional qualifications including expertise relating to child development, trauma and attachment and Child Protection.
- 4.7 That where panels are considering matters in relation to Aboriginal children they must include one or more Aboriginal people.

Department of Human Services (DHS) and Community Sector - Roles and responsibilities

" We don't have the stigma of being the agency that is removing children....so it is easier for us to build relationships with families.... get them engaged....and this isn't having a go at the Department....it is just the reality.....families are less likely to engage with the people taking kids away." (Berry Street Staff Metro Region)

Overview

As outlined at a number of points in this submission, Berry Street is seeking a significant re-alignment of the current allocation of roles and functions across the Victorian child welfare system. The combined community services submission to this Inquiry includes a detailed account of the need to reform the 'system architecture' and benefits of doing so.

In determining what particular functions are directly provided by different stakeholders, the aim must be to ensure the most efficient and effective use of resources and achieve the best outcomes for children and young people. Part of the solution to the ongoing workforce pressures being experienced by the Department will be to shift some of the functions, some of the work, to the community based sector. This process will take careful planning, monitoring and needs to be accompanied by a workforce development strategy for the sector.

Berry Street would cite the recent contracting out of Kinship Care and case management of families on Supervision Orders through our *Focus on Families* as demonstrating the benefit to all stakeholders of locating this service delivery with the sector.

In 2010 the Department contracted out a significant component of Kinship care to the sector and a number of CSO's including Berry Street are now providing kinship care programs in a number of regions. Berry Street and Anglicare Victoria have commissioned an independent evaluation of our Kinship care programs to identify the impact of the changed way of working. That evaluation (conducted by Thompson Goodall and Associates) has identified benefits for kinship carers and

children and highlighted that the transfer of the program to the sector has also eased pressure within the Department in a number of ways. It provides a sound rationale for the full transfer of kinship care to CSO's.

We also cite the success of Intensive Case Management Services (ICMS) to support high risk young people having been contracted out to CSO's. Berry Street has long standing experience of delivering ICMS across three DHS regions. The provision of ICMS had also been independently reviewed and evaluated and the capacity of CSO's to more successfully engage high risk adolescents identified. That not there is at present not state coverage of ICMS needs to be rectified.

In response to high unallocated Child Protection cases, Berry Street and MacKillop Family Services agreed to case manage a number of families on Supervision Orders for the Department. . The Berry Street Focus on Families program carried out this work case managing twenty families on Supervision Orders. While the driver for this time limited initiative was workload pressures within the Department, it was viewed by all as an opportunity to trial a different case management pathway for families on Supervision Orders. Priority was given to families who were assessed as having their Supervision Orders requiring an extension or lapsing within the nine month period.

Of the twenty families only three families had to be handed back to Child Protection at the end of the nine months. Of these only one was as a result of moving further into the statutory system. The general impact for referred families included;

- Increased levels of supervision had a direct bearing on an increase in the safety of children and the capacity of parents to meet their needs.
- Regular outreach visits resulted in case plan goals being progressed and this in turn resulted in families addressing areas of identified concern and there-by increasing safety and having cases concluded in a more timely manner.
- The close working relationships developed between FOF workers and their families often resulted in reducing the adversarial nature of the families relationship with 'the system'.
- Improved 'family-system' relationships led to greater levels of consent within the statutory environment. For example, one family agreed for an extension to the Supervision Order on the condition that they could continue to work with the FOF program.

Focus on Families Case Example

A father with three children in his care was not complying with conditions of his Supervision Order largely because of his refusal to cooperate with Child Protection. From his point of view the process of statutory Child Protection intervention was unfair, unsupportive and prejudicial. The voluntary orientation of the FOF service was instrumental in getting the father's agreement to proceed with the referral. Further, the assertive outreach approach of the FOF staff member enabled the father to build a supportive working relationship and begin addressing the Child Protection case plan. This father was able to reframe the Supervision Order into something that was in the best interests of his children rather than something punitive about him as a parent.

Within six months, this father was supported by the FOF program to attend a case plan meeting with Child Protection which resulted in the lapsing of his Supervision Order. He has subsequently recontacted the FOF program for support when he was feeling overwhelmed with the parenting of his children.

From our perspective, allowing the Department of Human Services to do what it does best, statutory Child Protection work, and the sector to do what it does best, direct service delivery, is in the best interests of children and young people. As noted in other sections of this submission the regulatory functions currently exercised by the Department should be transferred to the (proposed) Commissioner for Children and Young People.

Specific functions and areas of service delivery that should be transferred to CSO's include:

- Case management of children and young people once a determination has been made that they are in need of care and protection
- Case management of families on Supervision Orders
- Kinship care program service delivery including the recruitment, assessment, training and provision of case management and support and assistance to kinship carers for kinship placements whether statutory or voluntary
- Management of carer payments, allowances and brokerage funds for foster and kinship carers for placement
- Where CSO's hold case management for children and young people who have been in care for three months or more; authorisation of day to day medications, health appointments, emergency medical treatments and their participation in community activities, school events and activities, family holidays and social activities

A collaborative approach to policy development and ongoing reform should continue and could be enhanced through a formalized, and possibly legislated, high level policy development body. Consideration should be given to the creation of such a body under the Children, Youth and Families Act with appropriate linkages to the Victorian Children's Council and the Commissioner for Children and Young People.

Recommendations

- 4.8 That the following DHS functions and areas of service delivery be transferred to CSO's:
- Case management of children and young people once a legal determination has been made that they are in need of care and protection and a protective order issued (not including interim protection orders)
 - Case management of all families on Supervision Orders
 - Permanent Care programs

- Kinship care program service delivery including the recruitment, assessment, training and provision of case management and support and assistance to kinship carers for kinship placements whether statutory or voluntary
 - Management of carer payments, allowances and brokerage funds for foster, kinship and permanent carers
 - Where CSO's hold case management for children and young people who have been in care for three months or more; authorisation of day to day medications, health appointments, emergency medical treatments and their participation in community activities, school events and activities, family holidays and social activities
- 4.9 That a formal mechanism or body involving all key stakeholders be established, if necessary under the Children, Youth and Families Act, for collaborative long term policy development on the care and protection of vulnerable children in Victoria.

Interviews and case studies

Included in the section of the submission are summaries of the interviews, with the major themes identified and supporting quotes from interview participants, and a case study from the Berry Street Take Two program.

In transcribing the interview material we have included direct quotes and have not altered the text or the way in which interview participants chose to express their views and experiences. In the quoted material where dots are included (.....) this does not indicate the omission of words but that the interview participant paused at this point.

The material is presented in an order consistent with the flow of the conversation. Conducting the interviews with a consistent set of questions and topics, that broadly mirrored the terms of references for the Inquiry, enabled the interview material to be presented under a consistent set of themes.

Client Interview: Experiences of Child Protection and OOHC (metro)

The young person interviewed volunteered to come in to Berry Street and talk with us about their experiences in Child Protection and Out of Home Care. They had been in foster care, residential care, had been case managed by DHS and more recently by Berry Street and had lived in more than four different residential care units managed by four different agencies. They had also attended the Berry Street School and the 'Darwin Trip', an annual trip to the Northern Territory that Berry Street organizes for young people in care with funding provided from donors and supporters.

At the time of the interview they were living in rented accommodation.

We started the interview just asking them to talk about how and when they had first come into contact with Berry Street.

"Well I suppose I've had contact with Berry Street for about four or five years – in resi and in case management and it's has been the best service that I've been involved. I've been in most the resi units in the area with four different agencies including Berry Street. Resi at Berry Street could be a bit better – you're not allowed to have TV in your room which I don't like."

Living in Residential Care

We talked about what made some residential care units better than others.

"Well the rules are a bit more laid and a bit fairer – it's good in resi when you are allowed the basic things like a TV in your room - Berry Street doesn't let you have a TV in your room which I don't understand and there aren't locks on everything and more things to do – activities for kids."

We asked about what had happened that they had lived in different units with different agencies

"What has happened-well I don't know - DHS have just decided to move me to another placement – something like – maybe it's because I've had an argument with another client – I don't know they just decide to move me sometimes. "

"And it happens with not much warning – one day they say that you are going to be in that unit for who knows how long and the next day you get moved to another unit."

We asked them how they felt about this and what impact it had on them

"Kind of grown used to it being in care so long - and I'm pretty laid back with that sort of stuff – Mum is interstate now and these things are little compared to that."

We asked the young person what could be improved about residential care services.

"I don't know - but I have noticed that the four different agencies I have been in seem to have different funding from government because they are all quite different and the rules are quite different – some you have to be in your room by ten o'clock and others you can stay up in the unit as long as you like."

"Also the no pets thing is quite stupid - I know there is reasons for it - but if a kid can prove they are trustworthy enough they should be able to have one."

Case Management

We talked with them about their experience of case workers, what makes a good case worker and any differences between how DHS and Berry Street case workers support them."

"I have had some very good DHS case workers and some very bad ones but you just have to put up with what you get – I guess that they are more or less trying to look after the best interests of each one of their clients."

"what makes good case worker - someone you can talk to – someone who is not overly blunt – someone you can relax with, have a bit of fun with - rather than just go over stuff I don't need to hear and stuff I've heard from 10 other people that day already."

"but really the nicest way I can put it is that DHS is crap – they do next to nothing for you – don't help you - if anything they make things worse – I find I get very stressed when DHS are around - and I get more edgy – you can't really talk with them it has to be their way or you go get stuffed – basically everything that's been done for me Berry Street has had to push extremely hard for – I've been with Berry Street (in case management) for a few years now."

"For the trip up to the NT I went on with other kids with Berry Street a few years ago – they had to push really hard for me to go - it was good – I really enjoyed it swimming basically every day – it was good fun."

With Berry Street now responsible for case management we asked what involvement DHS continued to have with them

"Well I'm still on an order – custody to secretary. I feel like if it wasn't for Berry Street, DHS wouldn't have done half the stuff they done for me – I see myself with Berry Street but stuff has to go through DHS as well – I realise that - if it wasn't for Berry Street DHS wouldn't have done half the stuff."

Improving the residential care system

We asked them, that given there will always be some kids in care what they would like to see changed about the care system including residential care.

"Funding for some more activities in the units – other than that - have some more - have Foxtel so all these little bits and pieces can make it more like home - when they do more activities it stops the kids from getting in trouble – instead if we are going out and doing stuff like going to the movies together – it makes it a bit more normal – doing stuff a family would do – I know it's hard with some of the kids you get in care and I know myself I was an absolute pain at times too...but if the kids aren't so bored. "

Home Based Care

The young person had also been in foster care before they were placed in residential care and we talked about the differences they had noticed about the two.

"Yes – difference - (foster care) is a lot more relaxed more of a home environment and not as many rules – you still have to take your turn to wash dishes or whatever – keep your room clean – which is - is like being in a normal house – you have to do the normal stuff."

"it was better – yeah we'd go to the football, soccer, out for a drive, movies do whatever really – go and play pool – normal stuff just do an activity every weekend every – whatever it was – its better than doing nothing its keeps your mind occupied."

Education

We also talked about education, school and the Berry Street School and what they would like to do in the future.

"I've been at the BEST School (Berry Street School) - my education is – I haven't done much – there is stuff I liked doing at the BEST centre – stuff I liked about the about the Berry Street school, the music program, mechanics, cooking it was all good – I've always wanted to be a chef."

"to get into TAFE or a pre-apprenticeship program and stuff like that – I don't have my year 10 pass so I should have – I've always wanted to be a chef – (XXXXX) are helping organise a course in the city so hopefully that will happen."

"Having someone come in and teach them at the unit if the kids like music – if kids had more to do I than that would stop them getting in so much trouble."

Improving the Care System

We returned to the broad issue of how to make the care system better for children and young people

"Other things to change to make care better - I don't want to see any kids in care really - I find it really makes kids a hell of a lot worse – if I wasn't in care I wouldn't have started smoking and drinking – but its what happens really."

"Change the rules to make it more like home- three things that could make it better – well like I said you could let kids have pets at the units, have a room out the back where you could have an Xbox or something and TV allowed in your bedroom."

"More or less making it more like home instead of unit – let friends come over – just one at a time and if they stuff up or there are any problems than fair enough they can't come back - but bring them over for a BBQ for once a month – it's good to able to have someone round."

"...rather than just having nothing to do all day – there needs to be something done so there are more activities that's the way I got in so much trouble – since I've been in care I have had more or less nothing to do - I wish DHS would see it that way though "

"Locks on rooms is OK but not on cupboards – don't have locks on everything make it more like home rather than like a little prison – I've been in remand and it's just like being in remand."

Early Intervention and Prevention

The young person talked about when they came into the care system. We talked with them about that period of time when they came into care and if they could remember if any services, DHS or services like Berry Street, had been trying to help the family.

"No – not that I can remember there were no other services that were helping – there were no services that came out to our home to help – there was just the one time DHS came out to meet with me my mum and my step-dad and I ended up in care later that day."

"I wanted to get away from my Step-Dad – well ex Step-Dad now – so I suppose it was my decision – but it was only meant to be for two weeks and it's been five years now – once you are in the system it is hard to get back out. "

Connecting with family

We talked about what it was like trying to stay in touch with family whilst in care and if the agencies they had been involved with assisted them with this.

“Well I always had a phone and used to catch up with mum regularly – its always been weird with Mum and me sometimes we see each other every month or few weeks and sometimes its every six months – but it is really just been down to me and Mum – Berry Street has helped me with the practical things like the phone. ”

Group One: Young people's experiences of OOHC and Education (metro)

".....they just sent me home.....I felt pissed off because my mum wasn't ready to have me yet and a lot was supposed to be sorted out before I went home which never happened. Waking up and being told you had half an hour to move was really stressful made me stressed out....and what pisses me off is if I don't sort out my shit then my mum is going to kick me out and then I'm gunna have nowhere.... that's why they should have let me sort it our first. Waking up and they're like 'you got half an hour someone's moving in'..."

Berry Street operates an independent school providing education programs for children and young people for whom mainstream schooling has not proved an appropriate option. Most of the young people participating at the Berry Street School are or have been in OOHC. We talked with young people from our campuses about their experiences in the care system, how it might be improved for other children and young people and their experiences at schools including the Berry Street School.

Consistent with the Vulnerable Children's Inquiry terms of reference, we indicated to the young people that the interviews were not about trying to change their individual situation. Rather they were about learning from their experiences so that the care system could be improved for other children and young people in the future. Young people were happy to participate on that basis.

The interview material below is from a group interview with young people. Some of the young people took the opportunity to speak with us one on one at the end of the group interview process.

Residential care

We talked with young people about their experiences in residential care, what they liked about living in residential care and what they would like to see improved. Much of the discussion focussed on young people finding that residential care was not a system within which they had any rights or much control over what happened to them on a day-to-day basis. These issues of being disempowered and feeling disrespected ranged from being moved in and out of residential care at the whim of the Department and with no discussion or input from them to having no say over their day to day experiences including control over their own rooms, what meals they had and few opportunities to pursue their interests.

Many experienced been moved whilst in residential care, not because it was in their best interests, but because the Department 'wanted the bed' for someone else. This shuffling of young people around the system is an appalling state of affairs, disrespects the rights of children and young people, adds to their trauma and experiences of being disregarded and further diminishes their capacity to trust the adults in their lives. One young person reported:

"no say..... when they (DHS) moved meI woke up with my worker in my room and she's like you have to leave right now..... got told I had half

an hour to pack my stuff I had no idea I was moving they just gave me half an hour and said some one else was coming in..... “

We asked this young person how they felt about this.

“.....they just sent me home.....I felt pissed off because my mum wasn't ready to have me yet and a lot was supposed to be sorted out before I went home which never happened. Waking up and being told you had half an hour to move was really stressful made me stressed out....and what pisses me off is if I don't sort out my shit then my mum is going to kick me out and then I'm gunna have nowhere.... that's why they should have let me sort it our first. Waking up and they're like‘you got half an hour someone's moving in'....”

“and it killed one of my fish – cause I had to move them and had to put them in a bag and it was too many for the bag so one of them died and that pissed me off too”.

We asked the young person what they would have liked to have happened and what role their DHS case manager had in moving them back home and following up with them after they had moved back home.

“more time and notice so I could at least have my stuff ready.....sort out my shit.....mum wasn't expecting me to be home... she wasn't happy.....she..... my mum pretty much found out after I did.....the same day they didn't give her any notice.....the day before or anything.....it made me really stressed. I never see my worker – I hate her – I never see her. She wouldn't even take me to court.”

We asked young people if they could think of ways in which residential care could be made better for kids.

“If it wouldn't look like an institute it should look like a house it is too hospital like.....and they like hardly have any food.”

[At the residential care unit]... “We always have to ask for everything.....they keep all the food and stuff locked up.....and they are doing their reports and stuff and it takes like two hours to do their reports and they don't like it if you keep disturbing them.....I do keep disturbing them. And they turn my power off in my room because they

say I'm using too much power and that's how my computer gets wrecked.... that the power is costing them too much and I hate people confiscating my laptop off me they took my laptop off me because they said I hacked into this Telstra stuff.....I like here (the Berry Street School) because.....I like woodwork.....making this cabinet."

Case management, case planning and education

Another young person at the school talked about their experiences in residential care and trying, through their DHS case manager, to get some help with education.

"They take fuck'n too long to set things up I've like asked them to do stuff and it takes.....it takes them three or four months to set anything up..... I asked them.... since I've been in this unit.....to help give me some training in hairdressing or music or something..... I asked when I first moved in to this unit about 3 or 4 months ago and I'm still waiting. I hate my worker."

We talked with them about how this made them feel when things took too long.

"Even when I'm like good and shit it still takes them ages. It makes me feel fuck'n angry – it still takes them ages – to organise things – I asked if we could go to the gym and XXXXX (resi worker) took me the same day and they (case worker) said they'd organise it.... after they (resi worker) took me once (for a fitness assessment) and the guy said I should do weights and stuff.....it's been weeks now and they (DHS case worker) still haven't organised anything."

We talked with the young people about the difference between how they feel at mainstream school and the Berry Street School.

"Teachers work with you individually and you don't have to wear a uniform.....there aren't as many kids.... I don't like kids much....it's smaller and less formal. I just want to grab all my shit (from the residential care unit) and move in here (the school)."

In relation to their DHS case manager young people made consistent comments about changes in case managers, not being able to get their case managers to do things for them and some of the day-to-day things that could be improved in their residential care units.

"Workers (case managers) keep changing I don't like that.....and the resi workers could give us keys for our room and for the

cupboards.....or they should have a special lock....with like a timer.....so that the cupboards are open at certain times.....they always put the stuff away in the cupboards or in the fridge..... so then.....so this one of the kids got angry and started throwing everything.”

Another young person we spoke to at the school talked about some of their experiences in care and what they thought of school.

“Yes.....three.....five times.....I’ve lost count (of the number of times they have been in care).....but they couldn’t keep me in care..... and the fact that they put me next to a train station.....but even if they didn’t I would have walked ten miles....”

Berry Street: *Was it important for you to go home?*

Young Person: *“No....no....I just had to look after my cats.”*

Berry Street: *What do you think about school, including the Berry Street School?*

Young Person: *“I don’t like going to school....I hate school....including the Berry Street school.....but I have to go...”*

Berry Street: *What don’t you like about school?*

Young person: *“writing, maths and stuff like that.....I didn’t go to the gym or stuff like that [at mainstream school] I just sat out and read..... I like to read.”*

Berry Street: *What are you reading now?*

Young Person: *[gets up and goes to library shelves, comes back with a book] “This one. Warriors: Forest of Secrets (book 4)”*

Berry Street: *Was there anything good about care?*

Young Person: *“Anything good about care.....it’s care.....there’s nothing good about care.....didn’t like my room.....had no computer.....couldn’t have a pet to keep me company.....I’m not going back in care..... care is horrible.....haven’t had much sleep for the past year or two.”*

Berry Street: *And how could we make care better?*

Young Person: *“First of all would like to bring a pet, my computer and some books – make it more like home.”*

Group Two: Residential Care Staff (metro)

“Since taking on therapeutic we have learnt a lot.....we used to have to be extra firm with the clients to manage things – taking on that therapeutic approach we have learnt how to understand and talk to the clients much better and we don’t seem to have those complex issues anymore...we can also be re-deployed into the other units to help out.”

Berry Street held a group interview with residential care workers in a metropolitan region. Some of the staff had over ten years experience in a number of residential care services and were currently working within a therapeutic residential care unit.

Leaving Care and Homelessness

Staff spoke at length about the injustice of young people having to leave residential care services with nowhere to go and no one to support them. That this made no sense and undid much of the good work that had been done whilst young people were in residential care.

One staff member was relatively new to the sector and, having assumed that the system would support young people until they were ready to live independently, expressed dismay at the lack of support for young people leaving care:

“Yeah that’s always baffled me like once the child turns 17 or 18..... if they haven’t got a unit or place to go to..... what happens to these kids.....homeless..... yeah that’s what I used to think that I was just being stupid for thinking that’s what happened..... that they were booted out into the gutter.....surely this isn’t what happens.....but it is what happens to these kids.... now I realise.....that is what happens.....if they haven’t got a place to go to they’ve got nothing..... and that’s not really going to help them.”

“To see clients and whilst they aren’t home with their parents at least in resi they get the basics – they don’t get everything – but then they go right back to square one they’ve got nothing – absolutely nothing - that’s not going to help them get on with their life – at least if we help them for a bit more of a period until they were 19 or something that’s the part I can’t understand.”

The realisation that the safety, shelter and support that residential care has provided is going to be completely withdrawn is a terrible moment for young people. It can fuel intense feelings of rejection and anger during the final months of their time in residential. This manifests itself as disruptive and at times violent behaviour as young people detach from the people that they had come to depend upon. Young people know that beyond residential care homelessness is their most

likely destination. That they will leave residential care with no visible means of support, few if any possessions, a very low level of education and little or no employment prospects.

"I've always been one to advocate for a Berry Street leaving care house.....but unless we can get the funding.....because then we would know if we knew that kids had somewhere to go it would give us an extra goal to help them get ready for that.....but with nothing.....we need a leaving care house and a leaving care program so that kids can go from resi to that program.....if we had that extra place for them and we were still linked in..... they could learn to be by themselves and get ready to rent their own place.....just a couple more years."

"And its hard for us around that time because the kids start playing up because they know they are leaving us.....they don't want to know.....six months before they are the worsttheir worst because they are trying to detach from us."

"Especially ones that have been in for years and it's like...I'd [new residential care worker] never experienced it before..... they get really really bad because it is easier for them to hate us when they get out..... whereas if we had that extra area or program we could link them into. 17 it's so young they are still babies really."

Staff also talked about the need to work with families knowing that for the young people no matter what their childhood experiences have been they are likely to seek out their family once they leave care.

"It doesn't really matter how bad the parents are or how bad the kids experiences have been they always want to go home – we can't stop them from going home – they go off their own back so we should be preparing them for that."

Therapeutic Care and Reflective Practice

With their combined experience of working for more than a decade in residential care services, including most recently in a therapeutic residential care unit, staff were able to reflect on what contributes to the success of residential care programs.

These included having a stable staff team, ongoing training and professional development that was relevant to the current challenges, supportive leadership that would advocate for the interests of

the children and young people within each residential care unit and the ability to access expert advice and assistance.

"We're lucky, very lucky in therapeutic care because there is good planning about who is coming so we don't have those problems but working on on-call for the our other units recently I know that there are still lots of problems with kids coming into units when it is not right for them – you know young ones that are still at school are at that impressionable age and they shouldn't go into those bigger units. "

"I can say that over the past ten years and I can only talk about Berry Street things have go better – we have very strong support and supervision – our supervisor would never ask us to do things they wouldn't be prepared to do themselves."

"Not sure if it is due to experience but the kids seem a lot tamer now than ten years ago – back then the kids were more violent – there seems to be a lot less drug use – it was constant back then – substance use – so we were trained different – there used to be a lot of emphasis on substance use and behaviour from that but now days it is much more about mental health – things have changed for the better our support systems are great at Berry Street."

Staff talked about the way in which internal reflective practice meetings were helping them to identify better ways of supporting children and young people to be connected to the community and to school. At their most recent reflective practice meeting they focussed on how they can support kids to get back to school.

"That's a big one and we just talked about it our reflective meeting we've got one young person in school and another one we're trying to get connected into different things in the community and back into school through different things we are planning for the next fortnight – so that came up in our reflective meeting and we have an agreed set of things we will be doing to support this young person starting tomorrow. We will then see how it is going and talk about it further."

"Since taking on therapeutic we have learnt a lot.....we used to have to be extra firm with the clients to manage things – taking on that therapeutic approach we have learnt how to understand and talk to the

clients much better and we don't seem to have those complex issues anymore...we can also be re-deployed into the other units to help out."

Case management, Case planning and LAC (Looking After Children)

Staff expressed a level of frustration with case management where responsibility for case management was with the Department and the way in which poor case management could have an immediate negative effect on young people's behaviour in residential units. A particular concern was that DHS case managers often do not appear to keep the promises they make to young people and at times make unrealistic promises and over promise – perhaps to appease children and young people. This, however, sets them up for disappointment and reinforces their childhood experiences that adults will inevitably let them down.

".....they over promise, and then don't deliver and they aren't available for the kids or for us to talk to whereas with our case managers it's much better – they don't over promise and we can always talk to them when we need to."

Where Berry Street held case management, staff in residential care reported being able to have a much more effective working relationship and provide better care for children and young people.

"I'd like to see that as soon as the client comes into Berry Street – if they can be ICMS case managed straight away that would be fantastic because DHS and Berry Street aren't on the same page and they (DHS) are not available for the kids – we wait for the day when case management comes across because a lot of promises are given to these kids by DHS and we can't contact them (DHS) and they don't see the kids – promises they never keep and then we get stuck with the behaviour – promises for basic stuff – like the kids being able to see their case worker – for things like clothing allowances – just small things – whereas when we have case management we can always get hold of and speak to the case managers."

Staff were asked if the problem as they saw it was that DHS don't deliver on promises they make to children and young people or that they over promise.

"It is both of those things they over promise, and then don't deliver and they aren't available for the kids or for us to talk to whereas with our case managers it's much better – they don't over promise and we can always talk to them when we need to."

In relation to the Looking After Children (LAC) system, staff in the interview had considerable experience working in residential care before and after the introduction of LAC. They commented that it took considerable effort to stay on top of all the LAC documentation and that the team approach in the residential units supported them to complete LAC assessment and progress records in that staff would assist each other with this work. In relation to how effective LAC was in guiding their work with children and young people, staff were not convinced that the introduction of LAC had changed practice but thought good communication about clients was more significant.

“The types of things we do under LAC are the things we have always done – it is a bit more paperwork but we manage to get it done OK – our reflective meetings and taking together as a team and with our ICMS staff is what is most important – that team approach to help each other out and ensure everyone knows what’s going on with the kids – it’s more about the conversation than the LAC records.”

Group Three: Intensive Case Management, Disability Support & Home-Based Care (Metro)

“The shuffling of kids from one placement to another....I always thought that it was hypocritical.....we (the system) say we are wanting to promote stability, attachments and connection and that.....that’s what kids need.....but then we just move kids from one resi unit to another without their consent.”

This interview was conducted with staff from a range of Berry Street programs in a metropolitan region including Intensive Case Management Services, Home Based Care, Disability Support Services and Adolescent Support.

Department and community sector roles

The interview commenced with some discussion about what was working well in the system including what areas of work staff considered to be the major strengths of the Department of Human Services (DHS).

Staff commented that the Department has clear strengths in responding to crisis and responding to notifications. That it was able to gather resources together quickly in the face of a crisis and carry out the statutory work involved in Child Protection.

There was also a strong understanding of the pressure the Department is under driven by high levels of staff turnover and the impact this has particularly when there is turnover of team leaders and managers.

“This very quickly has an effect on the quality of the work when there isn’t sufficient experience at that team leader level and above.....it impacts on the individual cases but also the ability of the Department to liaise with the sector, work collaboratively and maintain relationships.”

“I’ve had really positive experiences of working collaboratively with the Department around the needs of young people in the system but it is pretty hit and miss and the pressure they are under always seems to be increasing.”

In relation to case management and support of young people and adolescents staff were able to contrast what it was like working with the Department across different DHS regions. In one particular Region, with its specialist adolescent team, staff felt that there was better understanding and responding to the needs of young people in the system. This flowed through to the relationship with clients with staff, noting that ICMS clients across the two different DHS regions had very different experiences of the Department. In the one region, clients seemed to know their DHS case

managers and have regular communication, whilst in the other, it was the common experience that young people had not met and didn't know who their case managers were.

"Clients need to know their DHS workers and their needs to be a relationship in place – I've got clients and they have no idea who their DHS case manager is supposed to be and it has a very real impact on that young person's life and what's going for them....when that case manager makes decisions about what's going to happen to the young person the young person can't be expected to respect that decision they say, ' Well I've never met this person that is making decisions about me'..... respect has to work both ways and these young people aren't being respected."

Case Management, Case Planning and Looking After Children (LAC)

There was strong support expressed for case management of Child Protection clients to be contracted out to the sector and for the Department to focus its role on statutory functions. Whilst all the staff were able to refer to examples of where DHS had done, and was doing, effective case management work and coordinating care teams, they were clear that sector agencies were more effective in doing this work.

What staff had observed was the crisis driven statutory work of the Department and the demands of the Children's Court take precedence over client support and case management. This resulted in Departmental case managers who were over worked, disconnected from their clients, unresponsive and not able to manage cases effectively due to other pressures.

"They are always under so much pressure and spend so much time in the Children's Court.....they will be in the Court all week and orders are contested and re-contested so their client work just doesn't happen.....we are much better placed to do that work and in my experience clients get much better support from contracted case management.....we need to separate the roles...have the Department do the legislative, statutory and notifications.....and we are much better in the sector at doing the case management and support"

Care teams were discussed and the role the importance of care teams working collaboratively with all the information and input from everyone involved with clients in order to get the best possible outcomes.

It was noted that care teams play a particularly important role with high-risk adolescents and it was critical that care teams met fortnightly. For clients in stable placements or young people living at home but on supervision orders care teams still played an important role with less frequent meetings sufficient.

The importance of detailed case recording and ensuring that good information is on file and available was discussed in the context of the additional layers of reporting and different types of plans that are now in use in the system. Specifically the Looking After Children (LAC) assessment and progress records, CRIS/CRISP, cultural support plans, Best Interest Plans, Care Management Plans, Stability plans, leaving care plans and education support plans.

Staff talked about the complexity of these overlapping plans and frameworks and the need to consolidate all the various plans, case recording and reporting functions into a much simpler system. These different layers of process were seen as taking away from the time that was available to actually work with clients and potentially compromising client relations.

“It would be great if they could be consolidated...they all have a good purpose but they overlap and you put information in CRIS/CRISP and it should pull through into any other documents...you spend a lot of time typing the same things out again and again.”

“If we could just do one thing instead of ten different things that overlap it would make life a lot easier as a case manager.”

“Particularly when you are working with high risk adolescents...it is unrealistic....more efficient planning and case recording more efficient paperwork so we can actually maximise and give the priority to working with the clients...we all know the paperwork is important but contact with clients should always come first.”

“Cultural support plans can be useful but they are a bit tokenistic... I’m working with an Indigenous client who is 15 coming up 16...we have already done a cultural support plan and worked through a lot of things creating opportunities for him to stay in touch with his (Indigenous) family...he has been to family gatherings, Christmas, had lots of contact with people, has everyone’s phone numbers and it’s gone pretty well.....but he’s making his own decisions now...sometimes he wants to do things with the community some times he doesn’t...we need to respect that but we have to do another plan now and it seems quite tokenistic....”

Leaving care

When asked what some of their main concerns were about the Child Protection and OOHC systems, staff spoke very strongly about the failure across the sector, government and non government to support young people at least until age 21. The types of support staff spoke about included housing,

education and employment assistance, case management support and preparing them to re-connect with family.

"....this (the Inquiry) certainly has to do something about leaving care...it's been ongoing for a long time.... since I've been in the sector.....we don't do it well...kids are just left.....we need to ensure that all young people are supported at least until age 21...."

"Another thing that really concerns me about the system is that we know kids go back to family.....we should be preparing them for that....a lot don't find the dream family they were hoping for."

Family Support and Child FIRST

The focus of the system towards crisis and a crisis being the trigger for the provision of some intensive family support or assistance was highlighted as a major issue to address. Putting more resource and effort in to early intervention and family support was highlighted as a priority and making those resource available to families before children were removed – not after as a condition of families getting children returned to them.

"My experience is that young kids will often go from care back to family....unless there has been really serious physical or sexual abuse....what doesn't happen is any form of early intervention before children are removed from home it's then that all these supports are put in place.....but nothing is done early enough to prevent the removal its after the crisis that extra support starts to get put in place."

There also discussion of the difficulty in getting families to engage in family support services and the short comings of Child FIRST, not as a model, but in terms of Child Protection referrals being their main priority and not being resourced to do long term work with families.

Another issue raised was the difficulty in getting families to engage with services and that at times it wasn't that the Department wasn't seeking to support families but that some families don't want to engage with the services being offered.

"Families aren't always receptive to support it is not just about what the Department is or isn't offering and a lot of that comes down to the relationship between the Department and the community."

"There isn't much effort put into promoting the role of the Department....I used to work for the Department in Child Protection and

you have to always do 'PR' when you got to the front door.... I know Child Protections knocking on the door isn't a pleasant experience but Child Protection can be a bridge to support for a family but it is very hard to get that message across."

"If the system could do some case contracting with families on a voluntary basis.... have a system for providing longer term support to families before children are removed.....whilst working with Berry Street I've seen how families are more willing to engage even if there are orders in place."

".....and that's a problem with Child FIRST it can offer support but a lot of families don't know that it is there and most of the referrals come from the Department and what we see is that in those cases families only engage when Child Protection is involved – once they withdraw families disengage."

"Through Child FIRST you end up with very short periods of support and it's hard to see if it is making the difference it needs to for the families and community."

Staff also talked about the families who are constantly being notified to the Department and the difficulty in changing the situation for families where there has been Child Protection involvement across generations and inter-generational disadvantage.

"It's bigger than the Child Protection system.....there are families that for too long.....across more than a generation have been seen as an underclass – they don't feel like part of the community....they don't feel like their being included as part of the community. On the whole we aren't inclusive..... those families for whom Child Protection is a revolving door feel so excluded that they don't care what Child Protection or the rest of us think about them because they see that the rest of the community doesn't really care about them – it's a whole of community issue – people need to feel valued and part of the community before they can change..."

"And it's about capabilities.....some of the people we are dealing with just don't have the capabilities to look after kids well.....they don't

have the ability to function.....they are always going to need lots of support so.....we need to just recognise that and provide support...we can't change them."

Children's Court and adversarial decision making

The discussion moved to the decision making process in Child Protection and the role of the Children's Court. Whilst respecting that magistrates do their best to protect and promote the interests of children, staff were clear that the magistrates were not the best qualified people to be making decisions about children, that the process was too adversarial and often resulted in children being returned to situations where they would be further harmed.

"One thing that came to light working in Child Protection is that even though you've got the skills to gather all the relevant information, you've got detailed family history, information on the pattern of issues, you understand their circumstances and you can make assessments and make professional judgements but then it goes to the court and magistrates.....they aren't that educated about these issues....so that contributes to kids being bounced around between care and their families creating a lot of instability for the children and the families."

"There are some [magistrates] that know a little about trauma and the theory but they don't understand the service system, what needs to be done to engage families, what supports are and aren't available, what it takes for families to change they don't understand the logistics."

In considering what a better process might be staff suggested a panel of professionals would be better placed to make decisions about what was in a child's best interests.

"maybe having a panel of professionals to make the decisions and educating the legal system more."

"there is a parole board why can't there be a Child Protection board – there are certainly more qualified people to make these decisions than magistrates."

"....or you could have the magistrate act on the advice of a panel so the panel has to meet and come up with agreed recommendations to go before the court."

Home Based Care and Residential Care

Another major priority area for reform suggested by staff was investing in the professionalisation of foster care to make it a career option. Staff indicated that the cost of foster care under a professionalised system would still compare favourably to the costs of residential care. At the same time staff recognise the important role of residential care in the overall OOHC system and the improvements being made in residential care through therapeutic models of residential care.

".....I get frustrated by the amount it costs to keep a young person in a residential care unit compared to how much it costs to support them in foster care.....and I worked in residential care for some years and know that for some young people it is the best option.....but I am certainly an advocate for professionalisation of foster care and making it a career option and increasing the financial support around foster care to meet all the costs.."

"We know the basic concept around a young person living in a family is the most positive OOHC option and we have to endeavour to support those placements much better.....in those home based placements we can do much better at developing attachments and connections...it is so much harder to develop those connections in residential care..."

In relation to the importance of young people being in a stable environment and having the opportunity to make connections the way in which children and young people are shuffled around between residential care units was identified as a form of systems abuse. Whilst the Charter of Rights for children and young people in OOHC was viewed as an important document it was not seen as making a difference to these fundamental issues impacting on children and young people in residential care.

"It is such a big thing but we act as though it is just normal for them to constantly be moved around but it shouldn't be like that....it's something that would have been commented on in their risk assessments in terms of their transitory life style, things at home being unstable them absconding all the time and we bring them into residential care because of that pattern of behaviour and then we are doing the same thing to them.....just shuffling them around....it makes no sense."

"The shuffling of kids from one placement to another....I always thought that it was hypocritical we (the system) say we are wanting to promote stability, attachments and connection and that.....that's what kids need.....but then we just move kids from one resi unit to another without their consent."

“Young people should be able to meet with the people thinking about making these decisions before they are made – it is so disempowering the way decisions are made and I have young people that say they want to meet these people that are making these decision about their lives.”

“.....and we say we are advocating for them and communicating what it is they want but that doesn’t do much for them in terms of them feeling heard and acknowledged.”

“Good things about residential care include the movement towards therapeutic care.....those units are much better at making it feel like home for the young people...simple normal things like having a veggie patch, kids being able to choose what color their room is painted – those little things – I know one girl who when I was dropping her off the first thing she wanted to do was check on her strawberries her little veggie patch.....making it really personal and home like – it is their home.....”

Group Four: Berry Street Aboriginal Team (statewide)

“The over representation of our kids in the system is terrible and some of it is because they (DHS) see things that they don’t understand.....they don’t understand our culture and if they don’t understand our culture they can view things as neglect...that situation isn’t being assessed or properly understood.”

Berry Street interviewed Aboriginal clinicians and other staff from the Berry Street Aboriginal Team who work within the Take Two program. The team² provides therapeutic, clinical and cultural expertise for Child Protection clients and through training and development activities supports the Aboriginal cultural competence of services within Berry Street and the sector more broadly. Take Two is a statewide program providing therapeutic support to children and young people referred by Child Protection. The statewide scope of the Aboriginal Team and their work to support therapeutic care with home based carers and in residential care services provides them with strong insights into Child Protection and OOHC across Victoria.

Case management and Case planning

Staff from the Aboriginal Team talked about the importance of good information and documentation from the point of referral and their experience that this rarely happens. Most often the referral documentation from DHS and cultural support plans have not been completed at the time of referral to Take Two. It was also noted that in cases involving siblings it was common practice for Child Protection to cut and paste information from one child’s documentation into that of a sibling and not recognize the different needs, experiences or situation for each child.

“When they refer siblings, they tend to just cut and paste information from one referral form to the next and pay no regard to the individual situation of each child....there is no sense that the kids are seen as individuals at all.”

“So when you get the referrals and there is no basic information you are already on the back foot in terms of trying to understand that child’s needs.”

“If it’s an Aboriginal child who is referred then they are supposed to have a cultural support plan but they never do and if you ask DHS they try and

² In recognition of the particular needs of Aboriginal children, young people and families, Berry Street funds ## additional positions in this team and dedicated professional development

say that it is X's responsibility to do the cultural support plans but it isn't. It is Child Protection's responsibility."

Staff were asked about the current approaches to case management, case planning and the regulation of community based agencies. In particular if a system of monitoring the outcomes that agencies achieve with clients would be better than the current systems that has a lot of focus on various plans. These included case plans, LAC, education support plans, leaving care plans and cultural support plans.

"My initial reaction is it could be a nightmare if you went to the extent of not having any common system for documenting client information and case plans that everybody has to use – we work across the State with the Department and lots of different agencies and if they all used a different case management systems or tools it would be impossible but I like the idea of focusing on outcomes so you would have to have some balance. "

In relation to case management and contracted case management staff were clear that the system worked much better when agencies held case management. This was thought to be due to sector agencies having lower case loads than DHS and higher staff retention in community based agencies.

"In my experience overall the kids are better off when the case management is done by agencies.....DHS seem to have such big case loads and then there are all the unallocated cases as well."

"When Child Protection have case management they never see the kids until there is a crisis – so it's kind of like they only see the squeaky wheel which doesn't give them an overall impression of kids and they will only get involved when a placement is on the verge of breakdown and then they will offer a bit of respite."

"For Aboriginal families in particular I've seen that it makes a difference to have the case management done by agencies because families often don't want to be involved with DHS due to the history of Child Protection involvement in families and the community.....there is still that fear there from that history."

There was reference to the ongoing problems of unallocated cases and the impact has on carers, children and young people.

"Clients that have been unallocated for years and years and the carers are so unsupported.....that's why placements breakdown.....DHS only get involved when the crisis (in the placement) comes but the damage is done by then and carers just throw their hands in the air."

Cultural advice, information and planning

Staff talked about the need across the system and at all levels of the system, the individual client level, program or service level and the system level for Aboriginal cultural advice, support for Aboriginal ways of doing things and a for the proper support of Aboriginal child welfare agencies such as the Victorian Aboriginal Child Care Agency, VACCA.

In particular staff highlighted the importance for Aboriginal cultural consultants and Aboriginal clinicians to be working within the OOHC system to ensure that children's needs were met. That it was not just about completing a cultural support plan once for a child but supporting the placement throughout a child's time in OOHC.

The need for the system to have access to cultural expertise from the point of notifications was seen as critically important. Concern was raised that at times Child Protection staff view situations involving the parenting of Aboriginal children as harmful and neglectful when in reality they don't understand Aboriginal child rearing. This was said to contribute to the over representation of Aboriginal children in OOHC.

"The over representation of our kids in the system is terrible and some of it is because they (DHS) see things that they don't understand.....they don't understand our culture and if they don't understand our culture they can view things as neglect... at times situations aren't being assessed or properly understood. "

The Aboriginal Team liaise with the VACCA Lakidjeka program that is funded to provide specialist advice and input into Child Protection decision making in relation to the Best Interests of Aboriginal children and young people. Staff expressed strong support for this model, considered that VACCA did good work through the program but that it was grossly underfunded. It was noted that Lakidjeka has only one worker per DHS region and that it simply isn't possible for them to meet all the demand to provide advice and input in relation to the best interests of Aboriginal children in Child Protection.

"When you've only got one Lakidjeka worker per region what hope have you got.....VACCA workers can't possibly turn up to every meeting about every child the Department has concerns about - it's a good model in principle but it isn't resourced effectively."

Staff spoke about the failure of the system and the broader sector, despite much stronger awareness of cultural competence, to fully develop and implement particular programs and services for Aboriginal families.

“There’s a real gap in the sector.....people.....the Department and agencies like VACCA and Berry Street all have a basic commitment to developing culturally specific services and interventions but we always seem to fail to go from the broad agreement that this is needed to properly articulating what it actually means.... to thinking through and working out what it means in terms of assessment frameworks and service interventions.....so you get left with the mainstream ways of assessing and delivering and that gets imported into what was supposed to be the Aboriginal service.....the family coaching programs are an example where this has happened...”

Therapeutic Care

Staff within the Aboriginal Team had experience working with carers and clients in therapeutic residential care, therapeutic foster care and general foster care and had seen vastly different outcomes for carers, children and young people. They talked about some of the differences.

“In therapeutic foster care it is vastly different and so much better for the children and the carers.....the level of support that the carers get is so much better.....it includes better training and ongoing development, better worker access because the workers have a smaller case load.....just this makes a big difference because they have time to do all the liaison with DHS and the carer doesn’t have that constant hassle with DHS.....workers have time to be proactive and liaise with the school, help get the resources carers and kids need....”

“.....access to the therapeutic specialist makes such a difference.....they help the carer to understand the child’s behaviour.....what sits behind it and how to support that child or young person.....these forms of support just aren’t there in general foster care..”

The group discussed the difficulty in getting the maximum benefit from therapeutic models of care when the OOH system was so poorly resourced, driven by crisis and failing to provide good case management and carer support.

"At times trying to introduce therapeutic care is like trying to patch up a house whilst the foundations are crumbling."

Support for families after they have had children removed was another area where more needs to be done. Taking a longer-term view staff felt that if families received a therapeutic response, advice and support after children had been removed than they could be assisted to understand what was happening for their children. That providing some case management and support to the family could prevent subsequent Child Protection interventions.

"The families get left behind after the child is taken and families get walked all over....they aren't confident to deal with DHS....they don't understand what's happening....no-one advocates for them."

"We know that to have the biggest impact we have to change what is happening for the family not just for the child that has been removed.....supporting the family to understand the impact of trauma on children at the very least this will benefit the other kids in that family."

The team discussed a therapeutic support model practiced in the United States in which a therapeutic team would work with families known to Child Protection with a separate clinician for the child, a clinician to work with the family and a case coordinator.

"This model would be a great improvement because it makes it safer for kids to go home, supports the needs of the child and the needs of the family."

"....how many times have we seen one child taken and then another and another until after a decade you have six or seven kids from that family in the system all with case managers..... but there has never been one case manager for the family."

Early intervention and prevention

The need for the system to acknowledge and understand the value of therapeutic care as a form of prevention and early intervention was discussed. The staff expressed disappointment that, since Take Two began, the program had not received a single referral for an Aboriginal child under the age of three. Staff commented that it was as though the system failed to recognise that young children are impacted by trauma and have a need for, and a right to, a therapeutic response.

"They underestimate the impact of trauma on infants and young children so all the referrals we get are for the older kids and teenagers"

that are causing everyone problems.....but if they at least had some referrals for the younger children we could prevent them from ending up like those teenagers.....there is no interest in prevention or early intervention."

"We just get flooded with the crisis and adolescent referrals.....yet we could do some great clinical early intervention work if they (DHS) would refer those younger kids to us...when Take Two started they are supposed to split the referrals across three age groups including infants and young children aged 0-3, but they never did that.."

Permanent Care was raised as an issue in relation to the systemic problem of permanent care not being viable from the perspective of carers knowing that they will lose their access to support if they transition to permanent care.

"I've got a carer who would like to go over to permanent care but she can't because she will lose all her support...so it's not good for the kids and means they don't get the stability they need and now the Department is threatening to take the kids off her if she won't agree to permanent care and give them to someone else.....so we will end up ruining a good placement and traumatizing the kids again."

The team briefly responded to the option put to them of amending the current mandatory reporting system to enable people mandated to report concerns in relation to children to a Child FIRST agency rather than to the Department. Such a model might enable people to raise a concern without taking the step of making a formal notification and allow the Child FIRST agency to assess if a formal notification was required.

"It sounds like a good idea but it would need to be resourced effectively to ensure that services could respond but it could give Child Protection a stronger local community feel."

"And the timeframes for service provision need to be improved most families going into Child FIRST only get about three months of support and we know that isn't enough to get sustained change.....if we started to place more demand on Child FIRST it would have to better resourced."

“We would have to do something about the community profile of Child FIRST.....people who work in the sector struggle to understand what it is and it has no profile in the broader community.”

Group Five: Family Support and Child FIRST (metro)

“ They [Child Protection] get reports to Child Protection, they don’t even contact the family, they send it straight to Child FIRST, and then Child FIRST contacts the family and the family didn’t even know there was a report against them ... they’re getting it out so quick that they didn’t have the conversation with the family. And this is not the best way for families to find out a notification has been made against them.”

Staff and managers from a metropolitan family services program participated in a group interview. Berry Street is part of an alliance providing family and other services under Child FIRST funded by DHS in the region.

Family Support and Child FIRST

Family services staff expressed strong confidence in the Child FIRST model for coordinating earlier intervention and family support. However, staff called for greater recognition of the need for longer-term service intervention in working with families, particularly as families presenting in the system currently have more complex and significant issues, including mental health issues. They also identified the need for practice approaches to family services that go beyond the traditional brief of getting the families in short term, building their parenting capacity, and moving them on and out of the system.

“The system of Child FIRST in many ways is working quite well. We often get lost in the families we don’t have much success with, but there is an awful lot of families that we do have success with.”

Family services staff reported that when Child FIRST was being established, there was recognition of the need for longer-term programs and family support intervention but that there hasn’t been the resources to bring this to fruition. Staff were concerned that long-term intervention that was needed to make a sustainable difference to families wasn’t being accommodated within the Child FIRST funding arrangements. The Department was focused on throughput and short episodes of service and tended to view longer term work as causing the system to get ‘backed up’, rather than being valued as essential in working with families with complex needs.

“There are the families where the reality is you cannot build the capacity and get out, which is the brief.”

“There are people out there with mental health [issues] having children who actually need longer-term help. You can’t just get [them] in and out, you can’t just build capacity.”

Berry Street family service staff highlighted that Berry Street's ethos of 'we never give up', service approach to working long-term, and Out-of-Home Care culture were conducive to a long term family service delivery model that was more effective with families who were right on the edge of the Child Protection system, whom other services were reluctant to work with. Consequently, staff feel able to resist any pressure to 'close' with families within Berry Street if they are working well with the service.

"We've had some marvelous successes with families over the years, including where we've been able to keep them out of the [Child Protection] system."

Staff highlighted that what works really well in these cases is building relationships with people, supporting parents, monitoring them, and checking in with them regularly – 'parenting the parents' was seen as a big part of the work. Staff also identified that some families may need to be worked with 'forever' – until the youngest child turns 18.

A strength and success of their model of practice based on building relationships with families has meant that they have good success in families engaging – and remaining engaged – with their services, including parents requesting that the service stay involved with their families beyond the time initially intended, or returning to the service when they need assistance again.

Family services staff supported the 'hours of service' funding model as a good funding model for family services delivery. The model is based on a target number of hours of service delivery rather than the number of families worked with, and staff identified it as ideal for the long-term approach necessary to working with the families with complex and significant issues, and is ideal as a 'preventative model'.

"Our commitment and aim is not to rush them through. It's not about throughput, it's about what we're actually achieving."

Family services staff also advocated that this funding model be extended to other services supporting families, such as in respite care. Staff identified that extending the service model to respite care would enable greater efficiency in service delivery, and allow for respite care and family services to compliment each other in achieving success in supporting families sooner and more effectively.

Staff identified a number of factors that placed pressure on their capacity to work effectively with families. These include pressure from Child FIRST to pick up cases and the traditional family services culture that was originally premised on building parenting capacity in families over the short term and then moving the clients on and out of the caseload. Regarding the latter, staff found that the contemporary reality of families with complex and ongoing issues, such as significant mental health issues and very young, vulnerable families, no longer met the model or expectations of traditional

family services practice, and that many immediate concerns need addressing before parenting can be addressed.

"If you look back over the four years experience of this [Child FIRST], change is slow, and we changed a lot of culture in bringing in Child FIRST. But I think that conversations are being had in the alliance with the longer-term work, but you've got workers who've been around a long time in some agencies and they grapple with the changes anyway, and you do have different agency cultures. We accept that."

However, staff highlighted that, despite the differences, there had been much progress in developing consistent practice between the agencies operating in their region, including through strong cooperation and relationships between agencies and team leaders, and through practice consistency working groups. This was particularly the case with developments in family services practice that can accommodate longer-term approaches to supporting families with multiple and complex needs.

Community based Child Protection workers

Family services staff identified the Community Based Child Protection worker model as an excellent model that supports the work of family services in Child Protection matters. However, staff found that the initiative is not well resourced and staffed, as evidenced by their experience of workers whom they contact being under-resourced and unable to do all the things that the role could do.

Family services staff urged that the Community Based Child Protection worker model be better resourced and staffed. They also advocated for better support be afforded to the Community Based Child Protection workers, who were sometimes placed in stressful positions in dealing with the issues 'right on the edge of risk' and the grey areas of Child Protection matters.

"The community-based Child Protection model is a fantastic model, but it is not supported well enough, it is not recognised well enough."

They also advocated that greater flexibility be returned to how family services workers could consult with and seek advice from the community Child Protection workers. Previously, Community Based Child Protection Workers could provide advice for family services staff in relation to children and families that were of concern to them, without necessitating formal recording or a Child Protection notification. This allowed workers to discuss risk factors and explore possible avenues for response with practitioners with a high level of Child Protection expertise.

Currently, however, Community Based Child Protection Workers record all contact and consultations with them as 'Section 38' consultations. Furthermore, staff expressed concerns that they could therefore not have repeated contact or consultation with the Community Based Child Protection

workers over a period of weeks regarding a given family as each consultation is recorded, and the accumulation of records could look 'bad' for the family.

"It makes you as a worker think twice before doing a consultation with them knowing that it will be recorded."

Family services staff were concerned at this gap in the availability of such specialist Child Protection advice. Staff also advocated that the Community Based Child Protection workers facility be extended and made available to others working with children, such as schools and those working in family violence (currently the facility is only available to family services).

Children's Court and adversarial decision making

Family services staff observed that it was very common that Child Protection workers they'd dealt with experienced frustration at the court system, and that these workers were not motivated to take up cases because they felt that they could not get them through the courts. As a result the threshold of risk that Child Protection use before they intervene had become much higher and cumulative harm, which by its nature required more detailed investigation and preparation of case history, was being routinely ignored.

Funding of family support services

Family services staff expressed concerns that while family services were crucial to supporting children and families, their services are not adequately resourced.

They drew a comparison between the high level of services and resources available to children and families once they are in the statutory system with the limited resources and opportunities available to families in early intervention programs and services such as theirs.

"If we want to get serious about preventative work, we need the resource (levels) that [statutory] end has as well. We are professional beggars."

While being cognisant of the inadequate levels of funding for OOHC and support for carers, staff observed that children in the OOHC system had relatively more support and resources than families and children on the edge of the tertiary system. Rather than invest more in early intervention and family support, the system seemed to have a perverse incentive for families to penetrate further into the Child Protection system before they and their children would receive support in the early intervention end of the spectrum. Staff cited as examples the numerous opportunities for children under statutory orders or in OOHC, including opportunities such as free tickets, but not available to the children in the families they work with.

"We don't have carers – we just have families with nothingour families are really, really struggling, and the resources are thin."

"Family services get lost a bit. They are not 'seen' as much. ... It is an essential service for keeping kids out of the [Child Protection] system. It is really key. But it is not seen that way."

"All that preventative work is vital, and under-resourced."

Staff raised strong concerns that the model of funding for Child FIRST only looks at the overall demographics and perceived needs in a given LGA, and does not drill down to specific postcodes or locations within a catchment area. Staff highlighted that while there were relatively affluent suburbs in a region, there were also suburbs with high concentration of intergenerational issues and entrenched socio-economic disadvantage. It posed significant challenges to their service delivery, with approximately 60–70 per cent of their referrals coming from that one postcode. And yet the resources available to the services working with the families from that area are relatively limited.

Family services staff highlighted a number of issues that have significant impact on their work with families in their Local Government Authority catchment areas. Staff reported that access to child and adolescent mental health and adult mental services is very difficult, while they are observing more clients with significant mental health issues in their area.

"There are all sorts of issues within that area that are so complex that people don't want to know about it."

In addition, they noted the difficulties in accessing disability services for their clients.

"We call it [disability services] the Teflon coated service – they don't pick anything up, nothing sticks to them."

Child FIRST access, risk thresholds and referrals

There was a strong sense that it was often the cases that really should have been Child Protection cases that ended up being referred to Child FIRST. Equally there were many situations of cumulative harm, children not attending school and families really struggling that the Child Protection system seemed reluctant to pick up and address. Child Protection seemed more likely to focus on individual instances of harm rather than cumulative harm as such cases were easier to present to the Children's Court.

“...cumulative harm is a bit of a myth really, it is still a system very much focused on the immediate risk, and protective intervention on a safety level.”

Staff highlighted education issues as particularly significant in their area of work. They noted that without the strength of a statutory order behind them, they experienced greater difficulty in advocating for the children they work with in relation to the education system. They also noted that the families they work with are particularly vulnerable to being manipulated in the education system and not getting the resources they need.

“We are working with these kids so that they reach their best potential – so they don’t fall into the [Child Protection] system – so we need more advocacy there.”

Staff expressed strong concerns that Child Protection authorities worked under a high threshold of risk before they intervened in the care and protection of a child in families experiencing difficulties.

The level of risk is high in cases coming to family services; however, family support staff report that the threshold of Child Protection risk is even higher in order to get Child Protection involved in a family they are working with.

“For us to get Child Protection involved in a family – it’s unbelievable what they are unable to actually get involved in.”

“We’ve got one particular family where they’re a good example of how cumulative harm is not yet recognised by the [Child Protection] system, and you feel like you’re beating your head against a brick wall to say if this is not cumulative harm in action, I don’t know what is.”

Children’s non-attendance at school was also cited as a case in point. Staff expressed strong concerns that children not attending school did not warrant significant Child Protection response. They identified that there were a number of children who were not attending school in a particular area, with whom they saw significant risk, but where there had not been significant action by the department.

“We have groups of kids in XX aged between 7 and 10 not attending school at all, roaming around on bikes.”

“School refusal (schools won’t take kids) comes up all the time.....and there’s nothing anybody can do about it.”

Family services staff have worked with relevant Local Government Authorities and the Education Department in a working group to address this issue, to address the requirement that all school-age children under 15 years old attend a minimum of 300 minutes of schools per day, including by exploring alternative education models for these children. However, they have not been able to engage Child Protection authorities on this issue or get them to participate in the working group.

“It doesn’t get a guernsey with Child Protection if a child’s not attending school. I can never understand how that that is not cumulative harm.”

Staff observed that while Child Protection authorities received notifications or reports on children not attending school, generally from the Education Department, no action seems to be taken by Child Protection authorities.

“It is amazing to think that you can have a kid at eight not attending school but it is not enough of a risk though to get Child Protection involved – if they are not going to school.”

Staff expressed the concern that Child Protection did not act in these situations potentially because they did not give priority to the significance of cumulative harm in children, and instead waited until an ‘incident’ involving a child triggered a Child Protection response.

“Eventually, Child Protection got involved with a small boy because he witnessed a murder – one of the family members was murdered in front of him. That’s what it took [for Child Protection to get involved] – quite a high level [of risk]. Not attending school, parents using drugs regularly, not engaging with us – but that was not enough [of a risk].”

Family services staff observed that this example of a high threshold of risk in Child Protection responses was not isolated, and that Child Protection authorities appeared to respond primarily when an ‘incident’ involving the child or family occurred. This highlighted for them the vagaries of how Child Protection notifications are responded to by the department.

To further illustrate this concern, family services staff drew comparisons between the cases they worked on in the Child FIRST community context (community cases), and cases they had worked on for a particular period involving families on supervision orders. Staff observed that cases on supervision orders were in their assessment less ‘at risk’ than those they were working with in the community.

Where they had been asked to work with families on orders on issues such as children with head lice, or on not taking lunch to school, they reported that they worked with many clients in the community where their children had nits, or where not taking lunch was a daily occurrence. What distinguished the clients, however, was that those on supervision orders had experienced some 'incident' involving their child that had triggered Child Protection to respond and hence being placed on an order.

"Many times that family [on an order] is what I would deem far more functional than those we are trying to prop up in the community – we're just waiting for the 'incident' [that warrants a response from Child Protection]."

Family service staff identified a spate of family services cases in a four-week period involving four infants under the age of four weeks not being fed. In these cases while workers can monitor the children's situation, they cannot be with them everyday as the children are not in care or under supervision orders.

This situation highlighted for staff their concern that significant Child Protection cases were being referred very quickly from Child Protection authorities to Child FIRST/family services, and in instances too quickly. Child Protection were not seeking orders for children but closing cases at intake and referring them to Child FIRST as part of a demand management strategy that may not be in the best interests of children.

"A lot of referrals to Child FIRST come from Child Protection ... they will be around reports for major Child Protection [matters]; they will often be closed at intake and automatically referred to family services."

They noted that family services were often used as a 'clearinghouse' for Child Protection cases, to the extent that Child Protection authorities are, on receipt of a Child Protection report, closing off cases and referring them straight to Child FIRST sometimes without even contacting the families involved.

"They [Child Protection] get reports to Child Protection, they don't even contact the family, they send it straight to Child FIRST, and then Child FIRST contacts the family and the family didn't even know there was a report against them ... they're getting it out so quick that they didn't have the conversation with the family. And this is not the best way for families to find out a notification has been made against them."

Group Six: Family Violence, Leaving Care and Post Separation Support (Metro)

This interview was conducted with staff from a range of programs in a Berry Street metropolitan region, including our Youth Housing Support, Post Care Support and Family Violence Programs.

The interview commenced with staff sharing their experiences of how the Child Protection system, family law and family violence sectors overlap. The discussion included examples of where, from the perspective of Berry Street staff, the Child Protection system can close cases and disengage too early and place an unreasonable expectation that women act protectively in relation to their children without the formal support of Child Protection.

Child Protection and Family Violence

“Child Protection disengages and closes cases because they say that the mother is acting protectively, which is great but that often puts all the responsibility on her – for keeping the kids safe – in the case where the dad has been abusive – he isn’t engaged by the service system or linked in to services – assessments are done on the extent to which the mother is acting protectively but no assessment of the father’s capacity or willingness to act protectively and they were the perpetrators.” (Berry Street Staff Metro Region)

“In a case requiring access and the mother has been trying to act protectively. During supervised access there was an incident that led to Child Protection involvement and Child Protection making the assessment that because the mother allowed the access she had failed to protect the child. The expectation on her now is that she not allow access even though this is a requirement of the family court orders.’ (Berry Street Staff Metro Region)

Staff talked about a typical case where the father is facing charges, there are intervention orders in place to safeguard the mother but she is under pressure from the father to organise for him to have access to the children.

“In this one family violence case mum has acted to protect the children - Dad is facing charges but having contact still with the kids supervised by a family member and mum is in the middle of this - at present he is saying he will plead guilty if she allows contact to go on. Mum is hoping that he will plead guilty - she doesn’t want it to go to trial – there is an intervention order in place to prevent him from having contact with her and Child Protection have disengaged – so the mother is caught in the middle of all this – if she doesn’t allow some contact and take the kids along – and the kids want to go along - but Child Protection are

expecting her to act protectively by not having any contact with him- if they had have stayed involved, and focused on the need for him to act protectively, she wouldn't be caught in the middle of this.” (Berry Street Staff Metro Region)

“Child Protection pulled out too quickly and has made no proper assessment of the need for the father to act protectively – we understand that they are under immense pressure to close cases and move onto the next one but women shouldn't be left in these situations there is not enough of a concern about the family violence and how mum feels intimidated by the father – Child Protection need to think about the wider context and take family violence more seriously. “

Staff talked about the different legal areas that impact on access arrangements including the Family Court, parenting plans negotiated through family relationship centres, family violence related intervention order and Child Protection involvement. It was highlighted that access can be determined by all of these differing authorities and create requirements for access that place women and their children at risk.

“Child Protection could play a helpful role if they were prepared to assess the parenting capacity fathers in these situations and provide that information to the Family Court in terms of parenting plans or if they would take out intervention orders on behalf of the children rather than the mother being left to seek intervention orders - just as police take out a safety notice for women Child Protection could take out an intervention order to protect the children and take the pressure off the mum - they are able to that but I've never seen them do it.”

Staff cited a case example of where a mother was caught between conflicting expectations of the Family Court and the Child Protection System

“... and we had a case of a mum we were working with – there was a Family Court order in place and there had been issues of family violence – part of the order required her to allow the father access – during an access visit he placed the child at very significant risk and a notification was made by a service – Child Protection investigated her and said she had not acted protectively by allowing the access to occur – they didn't investigate him or his actions – so the choice is don't allow access which would be in breach of the Family Court order or go back to Family Court and get that order varied which isn't easy. “

Engaging Fathers

Staff highlighted the systemic bias of the Child Protection system which at the practice level assumes that it is up to the mothers to act to protect children or ensure they are not neglected.

“And dad always seems to fall of the radar – mum but might be the primary carer but if dad is still around and comes over occasionally why aren’t they assessing him the kids are always going to have this dad and getting him to develop some skills wouldn’t hurt.”

“There is always this focus on dads when it is about their rights to have contact or to be consulted but then there is not that expectation that he needs to participate and develop his parenting skills and work on his anger or work on himself - it’s always around will mum protect the children from dads anger. “

Flexible contact arrangements

Staff talked about another case example relating to contact where Child Protection had played a very constructive role in assessing, with input from Berry Street, if the contact would be detrimental to the well being of the children.

“There were two young children the dad being in prison and Child Protection wanting to take the kids to prison for contact but in the end Child Protection were fantastic and agreed with us that this would be too much of a traumatic impact on the children – there need to be better arrangement for contact and it doesn’t always have to physical contact there are other ways for children to stay in touch with their fathers.”

“There is a lot of room for us to be talking about other forms of contact whether it be text messaging, phone calls, phone calls at designated times I’ve see some creative work done with that – but not a lot.”

“And children’s contact centres have time limits and waiting lists – there is a need for more options like that so contact can take place in a safe, supervised environment – there is a lot of poorly arranged and supervised contact happening in places like McDonalds and hand overs in car parks even though there is a significant history of family violence.”

Advocacy for women

Continuing with the theme of the extent to which women are left to manage these situations without formal support and advocacy, staff highlighted the crucial the role of effective case workers and good lawyers.

“A lot of the good outcomes do come from lawyers and case workers – but too often women are left to their devices – we had a young woman who had 2 very young children and she was expected to drive to take the children to jail – when there has been significant abuse, physical and sexual and there was no real assessment of the father’s parenting capacity – and even though there was an intervention order he was still contacting her writing to her and the expectation that she do all these things for him was ludicrous – it took a lot of advocacy from Berry Street to convince Child Protection that this contact was - so soon after these terrible things had happened - not healthy for the children.”

Child centred practice

A further issue in relation to the needs of children and the rights of non-custodial parents that was discussed was the way in which parents can use their enduring rights to consent (or not) to counseling for children.

“Our children’s counsellors notice that the kids will often disclose more about the violence that they have experienced some time after the family violence intervention order – but dads have to consent to the kids having the counselling and at times they won’t– so that would be another useful role that Child Protection could play – assessing the needs of the kids and overruling dad if he doesn’t want them to have access to counselling – the therapeutic needs of the child should come first not the parenting right of the dad to withhold consent.”

Access to specialist advice in relation to family violence and Child Protection

Staff discussed how being able to access specialist advice in relation to family violence and Child Protection would assist people to identify how they could best respond to children at risk.

“it would be good to be able to access a specialist worker for secondary consultations where you weren’t necessarily doing a notification – be good to have a team of specialist Child Protection staff that you could consult with – when people in the community have an issue of abuse or violence or severe neglect - it is very confronting and being able to get some advice from someone is critical,”

Support for people who first disclose some form of abuse or neglect was also identified as important.

“There needs also to be assistance for people that can assist the person who first discloses so they can be supported to think through how they might be able to assist that family rather than after that disclosure – Child Protection rushing in with some intervention which sometimes can precipitate worse things happening – reactive action is not always the best.”

“We need more capacity in the Child FIRST system to help the mother with some real things some like childcare and respite so you can take the pressure of the situation and really try and understand what level of risk is involved and what is going on – but we need to be able to provide real support quickly in those situations and you don’t want Child Protection intervention to be the trigger for accessing support – our family services need more capacity and flexibility.”

Leaving Care and Post Care Support

The interview then focused on issues relating to post care support and leaving care and the vulnerability of children and young people once they leave care, particularly young people that have been in residential care.

“What we are finding is that the young people who come to our post care support programs are very significantly under resourced– particularly if they have come out of resi care in terms of their skills and their resources. “

“The number one issue is that that kids are exited from care without any housing options – often they are placed back with, or end up with, the families that they have been removed from – when some of these kids have been in care since they are 3 years old to then just go back to that family.”

Leaving care plans and the difficulty young people have in accessing and managing within transitional housing was discussed.

“If they have a leaving care plan, or if it is enacted, the plan will say that they are being exited to a particular property, maybe back with the family they were taken from or to a friends place until a longer term option can be found. However we are finding that there are no longer term options to be found and there is no planning. At best it might say that they have a segment 3 office of housing application for housing assistance submitted but they can’t be completed whilst the young

people are in care and even with a segment 1, the highest priority, it the could still take 3 years before they are offered housing."

"what we see happening is they get to 6 months before they're about to leave care – and there might to a segment 3 application done – if they then get exited with a referral to a SAPP funded service and they don't engage with that service they will be exited from that transitional housing – the SAAP service could have done a segment one application for them if they'd been able the engage with the young person – but if they get exited from the SAAP service they then have a black mark against their name in relation to seeking housing."

Intergenerational Child Protection involvement

Working with young people who have been exited from care staff saw how the Child Protection system was involved with families across generations.

"...and the other thing is that many of them are young parents – and they are being investigated by Child Protection – and many of the young people we are working with in this situation their parents are Forgotten Australians or have been in Child Protection."

"the system is creating these generations of Child Protection clients and nothing is being done – Child Protection aren't looking at that and saying what support can we put in place to stop this happening – and they wonder why people are so fearful of Child Protection."

"We had the Forgotten Australians and the Stolen Generations Inquiry and it's like we have learnt nothing."

"Most of the kids coming out of resi lack all the basic skills – the skills to do a budget , cooking, they have no insight into nutrition, their living skills across the board are non-existent - their education has been so disrupted so that their literacy and numeracy skills are low – this impacts on their ability to move forward."

Placement stability

The impact of frequent changes in placements was seen in young people leaving care with no mentors or someone with whom they had a secure attachment who could support them after they had left care.

“One young client we work with in the last two years of her time in care she had seven different placements and not necessarily because she kept getting moved due to placement breakdowns she was getting moved in and out of different contingency units - she went to seven different school in two years. “

“The other thing for these young people is they don’t have positive adult relationship with anyone that has lasted through all their time in care - there is no mentoring for these young people they don’t have family, a neighbour or a close and friend who they have known consistently – they have just had a string of workers and chronic abandonment.”

Young people with mild intellectual disability

A chronic area of need was to provide better support for young people with a mild intellectual disability.

“A big gap we see relates to young people with mild intellectual disability – their level of disability means that they don’t qualify for heavily supported accommodation and its very hard for them to maintain themselves in a transitional housing property and because they don’t qualify for any in-home support that they struggle and often get exited into the homeless sector.”

“.....we see that many of these young people end up in relationships – where they are taken advantage of - so sexual abuse, prostitution, drug use all becomes part of their life because there is nothing for this group of young people.”

Home Based Care

Staff talked about the more promising outcomes they see for young people leaving care if they have been in a stable long term home based care placement. They reported a very significant difference in the types of support these young people may require after that leave care compared to young people that have been in residential care

“We see the difference with kids that have been in HBC who have had a stable family – they may have had a similar early childhood trauma to the young person who has ended up in resi – but by being in that stable home environment, they learn by osmosis how to do things - they learn that there are consequence for your actions - they experience normal child and teenager issues.”

“Kids that have been in home based care they come to our service and they might need some assistance with paying for books or materials for TAFE or Uni – but the young people that have been in resi they come to our service and it’s I don’t have anywhere to live, I need somewhere to stay, I haven’t got any money so there are these two extremes.”

Group Seven: Young People – experiences of OOHC and Education (Rural)

“Being able to talk to someone like a teacher or school counsellor or principal and that time I was first in the unit (residential care) if I could have stayed there just for a bit and sorted things out at home....it’s too hard being out by yourself at my age.... it’s too young.....you can sort of look after yourself but not really.”

This interview was conducted with two young people from a Berry Street School campus. One of the young people had been in the care system in a series of placements including in residential care but was currently at home. They had been attending the Berry Street School for more than a year. The other young person had also been at the Berry Street School for more than a year having been excluded from High School. They indicated that they had not been in the care system.

Residential Care

The young person who had been in residential care, a number of times in different units (not including any units run by Berry Street), was able to reflect on how residential care services could be improved for young people.

“In some ways resi care was great but in other ways it was hard because you didn’t really feel like you had anyone you could depend on. The workers were always busy on the phone or complaining and bitching about their own lives and not many of them every wanted to talk to us...some workers just didn’t care.”

When asked about what was good about living in residential care the young person indicated that the freedom to do what you want was good but also reflected that there was a down side to this freedom.

Case management and DHS workers

The young person with experiences in care talked about the lack of contact with their DHS case worker and the problems in getting them to respond to phone calls or requests.

“DHS they say they are going to be there..... that you can contact them but then they never are.....you call them and they never call you back..... I know that they have other cases but what if it was important..... you call them and then hear nothing for two weeks or more.....what if I was in trouble and really needed to talk to them.....it shouldn’t take two weeks to call you back.”

This young person, who was now back with family talked about the transition in and out of care and back to her family.

"No-one really talked to me about it that much I was spending some nights at home and some at the unit and just wanted to sort stuff out with my family before I had to leave the unit.....it was good at the unit.....it was good to be at home a bit and have the unit too.....but DHS kept saying they were following up and would help sort things but nothing happened and then I had to go home."

Education for young people in OOHC

Both of the young people had been at the Berry Street School after finding mainstream school did not suit them and after having been excluded for a variety of reasons. In relation to the Berry Street School they commented that it was better than mainstream school but that after a year they were starting to get bored and needed more of a challenge. They both commented that the school was a little too informal and that they needed to spend more time on the basics like Maths and English

"It's just a bit boring and too informal at times....we need to do more on Maths and English.....I don't like reading but I know I have to get better at Maths and English if I am going to get a job. "

"I like the school and attend four or five days a week...there should be some more rules though...some kids don't seem to turn up much and we end up waiting around for them. "

"Now that I've been there for a year it is getting a bit too easy."

Both of the young people talked about the trip that they had done through Berry Street to the top end of Australia and Darwin knows as the Darwin Experience. The trip was for kids in OOHC and from the Berry Street School and funded by Berry Street through our Positive Memory Bank which is a fund set up to help children and young people have some experiences which lead to positive memories. They both said it was a great experience and gave them a chance to make new friends and see different things

"It was just good to go away I had never been up there before.....but this was better just seeing different places and making new friends."

Prevention and Early Intervention

The young person that had been in and out of care and the family home over the past several years talked about what could have helped that first time when things were going bad at home – helped to keep things OK at home so they could have stayed there. We talked about what advice they would give other young people in similar circumstances.

“Being able to talk to someone like a teacher or school counsellor or principal and that time I was first in the unit (residential care) if I could have stayed there just for a bit and sorted things out at home....it’s too hard being out by yourself at my age.... it’s too young.....you can sort of look after yourself but not really.”

Group Eight: Foster and Kinship Care (rural)

"....our carers really understand the importance of the child and their birth family.... we spend a lot of time in the general foster care training talking with them about that....we are not trying to make any replacement for these children in terms of their own birth family....we are just trying to give them a normal childhood experience.....which is what every child deserves and has the right to....."

Stability, placement drift and permanent care

Staff expressed their concerns at the significant and increasing placement drift as the Child Protection system fails to make decisions regarding children's best interests in a timely way or with the appropriate stakeholder input. Further even where good decisions are made, early in the statutory part of the system, it is too often the case that these decisions are not adhered to, resourced or implemented effectively.

It results in the Department not seeking guardianship orders, agreeing to conditions within orders to placate parents and delays, for years on end, in any attempts to provide permanent care for children.

".....and it is just up above the care teams (within DHS) that the dollar comes in.....we might have everything going really well.....have a care team that has been going well and we want to go for guardianship but we get told that we (DHS) don't have the dollars to go for the contest (take it to court) so it just stops...."

"Decisions aren't made in the best interests of the child. A current one where there has been significant case drift because DHS hasn't made timely decisions about these kids and we do have kids that we would be looking to putting into permanent care and that is delayed but DHS don't make the decisions when they need to occur so we get kids who are 8 or 9 years of age..... they are too old for permanent care now..... so there goes their chance of having a permanent stable family forever."

For children in home-based care this results in very significant placement drift, an absence of stability and uncertainty regarding their future. This places stress on the carers, who may have agreed to placements on the understanding that they would not have the long term care of children, and causes placements to breakdown.

"It's a source of frustration for carers because there is no light at the end of the tunnel when you are looking after kids with complex behaviours it

is nice for carers to know that there is an end date and that there is a long term plan for these kids – carers get tired and worn out. ”

“Our carers really want what is best for the children and they really want these children to have the best chance at life and they know that kids that drift along in foster care for a long period don’t necessarily get the best chance at their childhood so they want timely decision made so these kids can get a family for life.....which is not what these carers have put their hands up to do and then we see kids having multiple placements and no stability.”

Children’s Court and adversarial decision-making

The adversarial nature of Children’s Court decision making and the drain on financial and human resources involved in orders being sought, contested and re-contested is not conducive to securing children’s best interests.

The significant time it takes to schedule a contested hearing works against making quality decisions - decisions that are timely, well informed, are reasonable in that they can be implemented and are focused on the best interests of children and young people.

As the current court based decision-making process drags on Berry Street staff have witnessed Child Protection staff being worn down by the process and seeking ‘easier’ orders with parental consent in order to minimise the drain of the Department’s resources. This compromised approach to securing the best interests of children ripples through the care system.

Rather than the process of securing orders being a process that secures the best arrangements for a child or young person it becomes a bargaining process in which the best interests of children are bargained away in pursuit of an order and a set of arrangements that are convenient.

“.....some of that court process and the time it takes to get decisions made.....at the moment it takes between 7 and 8 months to get a contested hearing case and then it might be adjourned.....so then the child remains in care with no direction about what’s happening in their life because you’re waiting on a contested hearing and court availability..”

Settling for orders that are not in the best interests of children poisons the opportunity to establish a stable placement, stabilise the family and kinship relationships and work towards a successful transition from care back to family. It creates scenarios in which the parents that have been deemed not capable of caring for their children retain a range of day-to-day responsibilities that become the source of ongoing conflict and dispute. Hence the arrangements can further harm the child-parent relationship and create conflicts within the child’s family and kinship networks.

".....also with the court process and with the Child Protection they appear to go for the soft option.....with court orders..... being in kinship the clients we've got coming over (from DHS) the view is no reunification..... but they've got them on a Custody to the Secretary order which means the parents have to sign medical forms, school forms and the parents are still financially responsible for them.....but they are never going home..... there is no plan for reunification.....and you've got grandparents who are caring for their grandchildren and they've got their adult kids angry with them because they've got the children...it's a minefield of relationships and we have to go in and get Mum to sign for basic things and they say no because their angry with the grandparent.....and there is no plan for reunification..... but instead of going for Guardianship Orders the Dept has gone for Custody to the Secretary Orders because it isn't contested and the parents have agreed to that...."

At present, the adversarial nature of the Families Division of the Children's Court and the failure of the system to provide orders for the care and protection of children that appropriate their circumstances are significant factors in placement breakdown, the re-traumatisation of children and young people, family conflict, carer stress and carers leaving the system.

Staff spoke about decision making in the system being driven by expediency and minimising the financial costs to the Department associated with seeking orders through the Children's Court. That seeking Guardianship orders was rarely pursued because of the risk that they would be contested and the financial costs to the Department associated with the legal process.

"They take the soft option....they often say it's easier to get this through (a Custody to the Secretary Order) than go for guardianship."

"I get the sense that it is very much a top down DHS decision and that they take a risk management approach...and they are thinking about the financial risk of going for guardianship and the risk with any contested case is the financial impact it has on their budget so to avoid that they take the soft option."

2004 Child Protection Reforms and the 2005 Children, Youth and Families Act

Whilst the 2004 reforms to Child Protection in Victoria and the Children Youth and Families Act (2005) proceeded on the assumption that stability planning and permanent care would prevent placement drift the practice has turned out quite different.

Staff supported the intentions of the major reforms developed in 2004 and the new the Children Youth and Families Act (2005) to prevent placement drift and promote stability and permanency. However in the implementation of these reforms staff had seen none of the broad child focused goals realised with placement drift more common and stability and permanency more difficult to achieve than at any time in the past decade.

An over emphasis on the rights of parents to continue to exercise some day to day care of children, have opportunities to contest and re-contest orders and inappropriate contact and access arrangements are significant factors the destabilise placements.

“I’ve got a child (with a carer) who has been in care since she was a few weeks old, an Aboriginal girl, and now she’s over two and a half..... now the referral process for permanent care takes over two years.....so she will be four or five before she even gets considered for permanent care.....all that time she has been in care she has known no-one else.....no-one else other than her carers.....”

“And it becomes a way of practice across the Department, you hear them say things like, ‘we don’t go for guardianship anymore because we don’t win them’ – and we say well how do you know if you don’t try if you don’t present the matter – it just becomes there way of practice – they won’t go for guardianship so kids drift along”

“In some cases there seems to be an over emphasis on the parents and what it is that the parents want and the child gets lost.....you know if the parents are difficult and robust through the court it all becomes about what the parent wants and what they can agree and they (DHS) go for the easier order to avoid going to a contest and in the mist of all of this the child gets lost.....if parents are difficult in court there are processes to deal with that.....we need to go back to what is in the child’s best interests.”

“.....I don’t think we have seen the true spirit of the Act (Children, Youth and Families Act).....if it was practiced the way the act intends then we wouldn’t see some of these frustrations and this drift in care.”

Case management, Case planning and LAC (Looking After Children)

Case managers, (either DHS or contracted to CSO’s), play a pivotal role in identifying, securing and protecting the best interests of children and young people in the Child Protection system.

A constant source of frustration for carers, children and young people and agency staff is the constant changing of case managers and how disconnected case managers are from the children and young people that depend upon them.

“one of the things that I have really noticed that contributes to case drift is the number of reallocations of case managers for kids that are managed through Child Protection....they have one for their removal then it goes to a different team and then gets handed on to a series of case managers and with each change information and knowledge about the kids gets lost..... because not everything is written down and well recorded.....and each time a new case manager picks up the case it goes to the bottom of their (case) list because they already have the ones they are working with..... so no-one is holding the case for long enough and you get this case drift”

With case management for the vast majority of children held by the Department and the problems in turn over of case managers, the vital information held by agencies like Berry Street is lost to the system. In practice non-government sector agencies have more stable and enduring relationships with clients and their families.

“and they don’t utilise the information held by the people working with the kids.....so we are working closely with the kids and they don’t use our information or expertise.....so they make decisions to try re-unification and remove a child from a carer without knowing the situation..... each new case manager wants to try things that have already been tried and haven’t worked.”

Whilst concerned about the negative impact of constantly changing case managers on the well being of children and young people staff could empathize with the pressure experienced by DHS staff.

“but I do really emphasize with Child Protection and the lack of resources and the high case loadsthere needs to be a lot more resources put in.”

Staff also highlighted that good practice can come from motivated DHS workers who have been retained in their role for long enough to stay with their allocated cases, participate in care teams and work collaboratively with their sector colleagues. Clearly however the experience of Berry Street staff is that this is more of an exception than the common experience.

“...Good practice can come from a motivated case worker and our working relationship with DHS.....it depends a lot on the motivation of the worker..... if they’re working there to make a difference you can get

some pretty fantastic care teams where you are working together and achievinga recent case..... it's been five years.....but we finally have a case worker who wants to make a difference.....so in 2011 we are finally going to get somewhere.....so if we're motivated and you can strike a case worker that is motivated you can get somewhere.....but the difficulty is getting them to engage in that care team process."

Equally there was a strong sense that contracting out case management to the sector had to be well planned and well resourced.

".....and if we are going to think about contracting out case management to the sector there's no use just transferring that problem (excessive case loads) to the sector...."

"that lack of staffing (in Child Protection) that we see.....in kinship they push cases through without very thorough assessments and we are getting kids going into placements that are not viable long term because it's a matter of getting them placed, case contracted and off the books.....off to Berry Street as fast as they can and we are seeing a lot of placement breakdowns.....time hasn't been put into making good placement decisions."

Out-of-Home Care (OOHC) funding

Adding to the pressure on OOHC placements arising from poor decision-making and case drift is the inadequate level of financial and other forms of support provided to foster and kinship carers. The management of carer payments and allowances is overly bureaucratic and tied up in multiple levels of Departmental decision-making. Carers and their support agencies face constant battles with the Department in order to have a child's most basic necessities such as school uniforms, school fees and medical expenses covered.

That volunteers caring for children on behalf the State have to request that the State meet the costs of those children attending State government schools is an appalling situation. It suggests that the level of care the State is prepared to provide for children who have experienced abuse and neglect is little more than a subsistence level of care.

"Its dollars for everything – we don't have the dollars for children's psychological support, we don't have the dollars to put them in the appropriate school, we don't have the dollars to get the tutoring they need.....we can get bumped (from accessing) Take Two.....we can get bumped from accessing CAMS. "

“you have to fight for every single thing for that child and it shouldn’t be like that..... the system should be there to support the child.....we take a child into care to do a better job than the parents were doing.....then you need to provide the resources to do a better job”

“...if we don’t.....all we are doing is creating a series of negative placement experiences for the child because the carers can’t deal with what that child needs all these trauma and attachment behaviours – plus fight for every basic material thing that child needs as well.....they (carers) need to be supported to provide positive placement experiences for children which is some of the differences we are seeking with therapeutic foster care as compared to general foster care.”

“.....or carers need a birth certificate and we get told ask the parents to pay for it and these are kids where there is no plan for reunification.....the parents are disengaged or not around.....so why are we expecting them to pay for it?”

Staff are aware that the base level of payment for general foster care in Victoria is well below that of other States and Territories. Rather than continuing with system in which carers and agencies constantly have to submit to the Department to meet children’s basic needs the financial support to provide care needs a very significant increase and administrative overhaul.

“We really need to up the carer payment level, at least to the level in NSW and give the carers the financial capacity and responsibility to make these basic decisions and get the things that kids need like shoes and school uniforms.”

The inefficiency of the current system whereby carers must seek Departmental approval, often involving multiple layers of decision making, to have basic needs met was highlighted. Given the Department faces significant workforce pressures and that Departmental staff are constantly under pressure it is an extremely ineffective use of the Department’s human resources for them to be managing such a burdensome payments system.

“Getting basic government school fees, books and uniforms paid for but they want to argue about that – it is their right to go to school they are in the care of the state just pay the fees.”

"Like school fees.... at the start of the year the school fees come through and you send them through to DHS and they argue and won't pay for them.....and you have to argue for everything."

".....even school uniforms, they (the carers) start with a list of what's required and the carer rings us and we ring DHS and they ring their managers and they decide something and then it goes to a DHS admin person who rings the uniform shop who then rings us so we can ring the carer and tell them they are only allowed these pieces..... that they (DHS) will only pay for one shirt and one pair of shorts...."

"... and the child's experience of this – the child needs school shoes and their fees paid and the carer has to say well I'll have to ask Berry Street and they have to ask DHS to see if we can get that – that's not a normal childhood experience"

Inadequate funding for carers to meet children's basic needs also creates scenarios in which the Department pressures carers to seek financial contributions from the parents that children have been removed from. This sets up further sources of conflict and resentment and places children at the centre of a circle of conflict rather than a circle of care.

"They (DHS) push back and say will the mother contribute to the cost of that – so we have said she is not capable of caring for her children, so we have taken the children away, there is no plan that the child will return to her care ever and then we go back to her and say will she help pay for school shoes – and if you do ask the mother often it is put back on the child then – next time they have contact the parent will say I don't have enough money to feed myself, or I couldn't afford the bus fare to come to access – so we scapegoat the kids again."

The inadequacy of carer financial support, and the sense that carers have to beg for the most basic things are at present another reason why carers find the system too difficult to deal with and decide to cease providing care. In an environment of increasing client complexity is acknowledged to be increasing so too should the levels and forms of support for carers.

"....they are certainly becoming frustrated with the system because they are not seeing the support that we sell to them at the start of the process in recruitment...."

"...we have carers that just get burnt out, they are so disillusioned because the system makes it so hard and they don't get the support to deal with the complexity of kids behaviour – they just say they can't do it anymore – unless there in therapeutic that can't get the assistance – most of our carers are families where two parents work because they have to in order to meet the financial demands and we make life so difficult for carers – we don't help with the basic things that might make a difference like paying for after school care – we don't provide the therapeutic assessments and training – it has too much impact on their lives and they leave."

"instead why aren't we saying yes that's possible and providing the resources, letting them know they're doing a fantastic job and here's the resources you need, here's the access to therapeutic support, here's the training, here's the thorough health assessment of this child's needs and what you can expect, we know what this child needs and here's what we can provide."

"so for basic stuff the carer sees that the child is waiting and waiting and waiting – every other child at that school has got a uniform but this child has to wait and wait and wait and the carers get so disillusioned and then they only approve one shirt and one pair of shorts and expect the carer to wash them every day – this (fighting with DHS) isn't why they volunteered to be carers."

Therapeutic Foster Care

Staff talked about the outcomes being achieved through therapeutic foster care attributable to the combination of a greater focus of effort from all parties, particularly through care teams and a care environment as experienced by the child of genuine therapeutic benefit. The gains being made in therapeutic care are testament to what can be achieved through a more appropriate level of investment in placements.

".....with the therapeutic model we are able to put a lot more resources into our carer and give them a professional status and the outcomes we get from those placements far outweigh the outcomes we can get from general foster care. "

"The focus on the care team in therapeutic care means that the Child Protection worker is hearing a lot more information about the

child.....the most significant forensic information your going to get for the court process is about the gains the child is making in care – so if you’ve go them coming along and hearing about this is.....what the child is now doing, this is what it was like when they entered (care) – this is what the child is doing and saying – because the child holds all the information about what their trauma has been and if we put them in a secure environment that information can come out and its invaluable for the Child Protection workers to hear that given their role in the court process. “

The importance of making the right decisions early and sticking to them was highlighted and there are learning’s from this that should be applied more broadly across the system. Care teams in therapeutic foster care are playing the collaborative role that they are intended to play across the OOHC system.

“the most particular benefit of therapeutic placements is that once the early decisions are made we are sticking with them.....and whilst we get some case drift it isn’t nearly as bad as with general foster care.....and its because of the focus on the care teams and meeting regularly and Child Protection are required to go the care team meetings... they are getting the focus they need.....Child Protection are turning up.....once decisions are made they are becoming permanent decisions for the child so if we can provide positive care experiences for our kids.....which we are.....once decisions are made, such as to reunify.....kids are going home.....the reunification is working and kids aren’t coming back into the system. “

This collaborative approach was said to extend to working with birth parents and supporting them to understand their children’s needs and behaviours. Reunifications are more successful in therapeutic foster care as the notion of the care team extends to birth families and carers and birth families are able to act as allies in supporting children’s well being.

“.....sometimes our carers do a lot more work with the birth parents.....carers can be less threatening for the birth parents than Child Protection or even Berry Street.....they can be fabulous at trying to get them to understand the child and working on that attachment with the parent.....the carers plays key role in doing that.....but that can only do that when they are properly resourced and properly trained and that’s what the therapeutic program offers them. “

“And we have Take Two support that in terms of providing a really thorough assessment on what the child needs you’ve got a report that says what their therapeutic needs are and the care team has that and gives them a lot of direction in terms of helping and assisting that child and it provides support to the carers as they don’t feel they have primary responsibility for every aspect of that child’s life – the carer has a whole team that supports them to care for that child in a holistic manner.”

Staff believe the professionalization of the foster care system, learning from the enhanced outcomes being achieved through therapeutic foster care, as providing a blueprint for the development of the system. Put another way the level of support provided through therapeutic foster care should be the base level of support provided across the system for all children and young people.

“The extra support that carers in therapeutic care get should be provided to all carers.....it would be great if general foster carers got more support, financial assistance and training so they could see it as a profession.” (Home based care staff)

Rights of Children and Young People in Care

In relation to the rights of children and young people in care, and the Charter of Rights developed by DHS and the Child Safety Commissioner staff had mixed views regarding its usefulness and impact. On the positive side, staff commented that it was a useful reminder and practice tool they could use in their advocacy for children and young people. However staff could not see what difference the Charter of Rights had made to the fundamental issues that impact on children and young people in the system. Access to education remains an area of critical need and the struggle carers encounter in having basic education costs met for children suggests that their right to an education is anything but certain.

“I definitely incorporate it into my work and use it to advocate for children and young people and advocating on their behalf.....its not ok (for DHS) to say that kids can’t have a new pair of school shoes when they need them to go to school.....they have a right to access what they need to participate in school – they have a fundamental right to these basic things whether DHS wants to provide it or not..... you need to advocate on their behalf.”

“It’s a bit disappointing to say but it doesn’t seem to have made any difference.....like its not something that the Department case managers or care teams use to make sure they are doing what they should...it doesn’t change what support carers get or what resources get provided to look after kids.”

"Well to give you an example at a meeting with a case worker (DHS) I mentioned the kids rights charter and they didn't know it existed.....they'd never heard of it..."

Providing normal childhood experiences for children and young people in OOHC

Fundamental to models of home based care is the presumption that this form of care provides the opportunity to replicate normal childhood experiences. In practice the regulation of foster and kinship care mitigates against this by intruding into the relationship between carers and children to such an extent that providing normal childhood experiences is often not possible. As a consequence children and young people in care may have their trauma experiences reinforced, attachment to carers destabilized and have to confront situations in which they are likely to feel shamed rather than supported. Rather than the system enabling carers to include children and young people in family and community life the system places impediments in the way of this inclusion.

Staff support the need to manage risk and regulate the OOHC system but at present the system is not investing sufficient trust in carers to do what it is they have been recruited to do – support children and young people by including them as part of their family and community. This has become a significant element in the loss of carers to the system.

"If the system invested in our carers and our carers had a good experience then we would find that from their networks we would get more carers."

"But it is so hard even organizing things that should be easy...like getting approval to take kids away for family holidays.....carers don't even bother (taking the holiday).....or they have to get respite for the foster children – how normal is that – we will all go on holiday but you are staying behind and going to stay with another stranger"

"....and kids, when they are 16 or 17, don't want to stay in placements because they are so sick of the care system and there are so many rules so they make their own decisions to leave – they want to go to a mates house and they aren't allowed because that have to get all this paperwork done, police checks..... so they say I'm out of here."

"....raise them in a family not in a system.....the more autonomy we can give to people who are well trained, well resourced.....those kids can then have that benefit of living in a family rather than a system and then we will get healthier outcomes."

“Even to take a child on holiday is so hard – they won’t let them go because it clashed with a parents access visits – well a normal childhood experience is that kids have some holidays together with the family they are living with – it is such a battle to get Child Protection to have the discussion with the parent... and we know it (parental access) is hugely important..... it is critical that they maintain connections to their parents and we do a lot to support that and create positive experience with their parents.....but we forget the family they are living with..... the child needs to have some normal childhood experiences with the family they are living with as well.”

Connections to culture

Staff identified a range of issues and challenges in relation to supporting children and young people to maintain connections to their culture. Whilst understanding of the importance of this, particularly for Aboriginal and Islander children, is generally better understood, there are still major challenges.

In relation to supporting Aboriginal children and young people staff felt that the system tended to insist on the development of cultural care plans but in a manner that had lost sight of the intention of cultural care planning. Emphasis was on completing documentation rather than engaging with children, young people and their families. At times this meant completing cultural care plans for adolescents and young people that were expressing opposition to contact with the Aboriginal family. At other times very young Aboriginal children were allowed to drift in care with no cultural care plan in place.

Staff also highlighted the challenge for the sector of developing the expertise to work with refugee and emerging communities. The Child Protection system, with inadequate understandings of family roles and culture can, further traumatize vulnerable children and young people.

“.....and there comes a point too where the child reaches an age and they can determine what involvement they want with their cultural heritage I know when there are young its really really important that we support and encourage them to have that involvement so they can make informed decisions when they get older – but when they are 16 and they don’t want to be involved somewhere along the line that has to be respected.”

“the system lacks cultural expertise and sensitivity and at times this can add to the trauma that children experience. As an example we have seen a case where a child has been removed from family and the family don’t have any understanding of why and now the child is being blamed for leaving the family and won’t be welcomed back.”

“...the sector hasn’t really considered before and isn’t great at working with new emerging communities – communities where there is a history of trauma – where there has been a lot of trauma and a lot separation of family members from each other...”

Group Nine: OOHC, Case Management, Employment and Youth Services (Rural)

A group interview was conducted with staff at a Berry Street rural regional office with staff and managers from foster care, residential care, kinship care, case management, youth services, employment and education and family support services participated.

Family Support and Child FIRST

Staff expressed support for early intervention and family services as important to support families experiencing difficulties and to assist them from tipping over into a situation of crisis and entering the Child Protection system. Despite concerns expressed at the availability – or lack of – crucial services through the program at the time it is needed, there was general agreement amongst staff that Child FIRST is the right model.

Staff highlighted the significance of how really simple little things can make a difference – just some involvement, just creative approaches, in working with families. However the poor level of funding for family support services, the lack of flexibility, the difficulty in accessing funds to work with families and the orientation of services to working with families at the point of crisis or on the cusp of Child Protection all worked against family services have the optimal preventative impact.

“We had a case of a mum with an 8 year old autistic child.....15 year old daughter.....the 15 year old was doing much of the parenting. Mum had behavioural issues, struggled in her parenting and there seemed to be some underlying mental health problems. She had already had some involvement with another local family support service. But she was looking for help and asking around the community for support.....we we’re able to organize a weekend of respite for the 8 year old and over that weekend Mum collapsed and ended up in hospital for 24 days. They discovered she has had thyroid problem and this is what was probably affecting her behaviour.”

“Now for \$194, the bill for the weekend respite, and eight weeks of case work – that’s it.....this is what keeps a family from going into the Child Protection system, from having that history repeated, and never really getting out of it (the Child Protection system), always having a history, and then the pattern re-occurring in the next generation with the children. She and the kids are doing quite OK now.”

Staff talked however about how difficult it is to access support services and brokerage funding at the point in time when a family like this is on the brink of crisis and looking for support. Because the family support system had no spare capacity, families have to struggle on to the point of crisis or end up in Child Protection in order to get access to some form of services.

‘Being able to access the resources you need right on the spot when that’s happening so that it does not tip over and fall into crisis.

They highlighted that CHILD First is dependent on what services are available in the area in the first place and that whilst the model of Child FIRST was a good model it was dependent on a community having a good range of primary and secondary services with the capacity, willingness and skills to work with vulnerable families. what the health system is like, and other related support services.

“The key to CHILD First being successful is that it needs to be ‘about not baulking and taking full responsibility for an issue. Services families are referred to have to take on the family and stick with them but at times the system operates with short episodes of service rather than doing the longer term work. Too much focus on throughput and not outcomes.”

The group discussed the ‘Gateways’ model, as developed in Tasmania, under which people required to make mandatory reports of child maltreatment could fulfill that requirement by reporting to the local Gateway non-government agency rather than to the Department. Staff expressed good support and positive interest in the model proposed for Tasmania and could see that Child FIRST could be extended in that way.

Staff highlighted that the intent of Child FIRST had included providing people with an avenue to discuss their concerns about clients where there may be uncertainty, rather than jumping to the step of making a notification. However, they noted that Child FIRST was ‘full’ of Child Protection cases.

“Child FIRST was intended to be an avenue for those wishing to query or discuss issues or concerns about clients where there is uncertainty, without immediately having to initiate mandatory reporting. However, it is ‘full of Child Protection cases and has become a very cheap way of trying to do what is very complex work.....”

Department and community sector roles

There was discussion about the appropriate roles and functions that should sit with the Department functions and those that should sit with community sector agencies. In particular the value in having service delivery functions sit with the sector and the Department focus its efforts on statutory functions, collaborative policy development and allocating resources.

From the perspective of families, it was highlighted that having the Departmental Child Protection staff that remove your children also responsible for family reunification doesn’t work due to the inherent conflicts. These conflicts make it difficult for Departmental staff to engage families, build trust and facilitate change.

'Part of the problem is that a number of functions that would allow families to make choices before things go down some horrible track of no return, like say family group conferencing, ... reunification, case plans – a whole range of models – they are all done by the Department. ... The very people they [clients] very least want to be involved with are providing the services....the same people who are determining whether or not someone's child is removed.'

"For Child Protection staff, it is very hard.....you've gone out and removed someone's child then you have a duty to get that child back to them. ... this is a cascading of absurdities."

"One of the only ways to get families to willingly engage is to take those 'softer' statutory functions away from the Department and have them more forensically concentrating on going out and determining whether it is an issue of abuse or not ... and then the work around family decision-making, family work, family support, access and contact is done by someone other than the person who took your child off you."

"If I was a mum going in and wanting to have access to my child, and I had to go in and have it with the person who took my child off me, a lot of the time it's just easier not to turn up."

Non-government agencies have the advantage of being able to engage with and support families and provide them and their children with practical non-judgmental support. In contrast, the core function of Child Protection is to judge and this understandably creates suspicion and a reluctance to engage.

Staff also highlighted that some of the existing service settings, including formal pre-school and kindergarten, were less successful, and at times had no reason to, include vulnerable families. Often these services were either already full or were managed by 'middle class' parents and families creating a sense (real or imagined) amongst vulnerable families that they won't be welcome. However agencies such as Berry Street that know and work with vulnerable families can be better placed to provide these early years programs.

"We certainly found that we had heaps of people turning up to our playgroups (which were not funded), but with kindergarten, which had lots of funded places, had nobody show up] because people don't want to go somewhere where they feel judged or that you have Child Protection looking over your shoulder.'

Children's Court, the Children's Court Clinic and adversarial decision making

Staff at the group interview were also supportive of the possibility of removing decision making from the Children's Court and creating an inquisitorial model of decision making utilizing children's panels similar to those that operate in Scotland.

Strong concerns were raised about the quality of information and advice stemming from the Children's Court Clinic and being fed into the Court's decisions. Staff were concerned that the advice is too dependent on the perceived biases of individual practitioners in the Clinic, where there may be individuals who are biased against child welfare agencies, or those who are biased against children's families, or those who may only believe Child Protection authorities, or those the parents.

Staff were strongly of the view that the quality of the advice provided by the Clinic was no better than, or even not as good as, advice that the agency had been able to pay consultants for, or that Take Two clinicians can provide. Experience of the Children's Court Clinic was that advice from that source was unreliable and often based on a less complete understanding of a child's trauma experiences, circumstances and development than could be obtained from the collaborative input of agencies, Take Two and Child Protection.

Stability, placement drift and permanent care

Staff were concerned that the XX region had an appalling reputation for never doing permanent care. That the intention of the 2004 reforms and the 2005 Children, Youth and Families Act had not been realised. Children's prospects of stability and permanency had in fact declined since the introduction of the new legislation. They spoke of an entrenched culture within the Department where guardianship, permanent care and concurrent stability planning were very poorly understood and viewed as 'all too hard' with constant staff turnover contributing to very short term thinking.

'A lot of (DHS) people still think you can only go to a permanent care order from a guardianship order, but of course you can go from a custody order but a lot of people won't do that.'

'In this region we have the most appalling reputation for never doing permanent care. There is one agency who does permanent care here, and ... the year before last they did only one permanent care conversion.'

One of the major problems highlighted is that permanent care is seen as the only alternative, when there is nothing to stop Child Protection from going through an adoption without consent process but they had no willingness to do so.

'Not only do we need more permanent care, but we also require really early concurrent planning..... which at present just isn't done.....and adoption without consent is another option that is not utilized.....it is a County Court decision which should happen more often.'

'Because what happens is.....when a kid is allowed to drift..... permanent care order is supposed to be done when they are out of home for two years continuously..... but because it doesn't happen, there may be contest after contest or whatever.....you may have a child who has been with someone for three, four or five years and clearly is attached to them.....and the matter will still be contested, because orders are heard every year or for guardianship orders every two years usually, you could have been with someone from the day you were born, and be 13 years old, and still having the order contested every year as to whether or not you go home to mum or dad.' ...

'How does a foster child relate to and attach to their carer with that knowledge every year the order can be contested ... it is ridiculous.'

Staff considered that Australia's child welfare systems took a much more conservative approach than those of the United States and the United Kingdom in relation to permanency and adoption. This was thought to be due to the lingering shame of past policies of family separation and policy confusion about what is in the best interests of children.

'because of our history of removing Aboriginal children and our Forgotten Australians.....that we have situations where people are moved as a group and en masse....there is an issue in the national psyche against any kind of permanent removal.'

Permanency is also a double-edged sword for carers as permanent care results in a reduction of financial support and the removal of other forms of support. This combined with the reluctance of the Department to seek permanent care orders through the Court combined to mean that permanent care wasn't happening. There is no connection between the needs of the child, the costs of caring and the financial support provided to carers. Expecting carers to take on the permanent care of children and

'A lot of times carers will not want permanent care because they've got a child who may need heavy orthodontic work or who's got some congenital medical problem, and they're only paid general foster care payments no matter the complexity of the child and they think "Oh god, when they get to adolescence how am I going to afford for this?"

'We've got a little boy who should be in permanent care but he's got a congenital liver problem, his carers, because he's got to have a liver

transplant, they could never pay for that, so with him, even though he's been with them since he was 14 or 16 weeks of age, and now he's nearly three, living with these carers, they could never agree to permanent care, under the current policy settings, because they can't pay for the liver transplant and everything, and now ... his parents have come back on the scene and saying "we want him back", and there's no permanent care order because the carers couldn't afford it, so in actual fact, his rights to ongoing security with that family that he's attached to, and effectively all he can remember, are now going to be compromised again, because of what were financial considerations.'

In relation to the recently contracted out kinship care program the failure of the system to provide a pathway to permanent care is undermining the program. Staff commented that the Department was operating with the assumption that kinship care cases would proceed to permanency enabling throughput within the program. However from the perspective of Berry Street this seems unrealistic.

'They've contracted it (kinship care) out to us and other agencies around Victoria, and said your primary aim with your contracted targets is to permanent care them. And our response locally has been that not a single one of these targets is going to shift for a minimum of two years or more, so you've given us X cases, and don't expect any through-put, and we have very legitimate and concrete reasons for why that will happen. Most of those cases, now that we've worked on them for nearly a year now, those families will never ever be ready for permanent care, nor will they consent. It could be a very useful part of the legislation, but in practice it's not understood, there is no funding, no training, there's no capacity built in to that section of the act; even though stability planning formed a big part of the changes, it is not well understood.'

Community Based Child Protection workers

There was considerable discussion about the model of basing DHS Child Protection workers within community based agencies. Concerns about this centered on the impact it could have on the ongoing willingness of vulnerable families to engage with agencies like Berry Street if families felt that a case was being built up against them by Child Protection. Whilst staff could see the argument that having Child Protection staff based at Berry Street may have some marginal benefit in terms of liaison between Child Protection and Berry Street this was not thought to be a significant issue or one that could not be addressed through other means.

Staff had mixed - but strong – responses to the model of having Child Protection staff co-located in agencies such as Berry Street.

They supported the idea of co-locating departmental staff like those in kinship or case management contracting in agencies. However, they expressed strong concerns with the idea of co-locating Child Protection staff in agencies, because they don't want to be 'tainted' with the connection to Child Protection workers - for the same reasons that we didn't decide to co-locate with young people.

"Kids often clash their YJ (Youth Justice) worker, and with Aboriginal kids there is shame and other factors involved. But the kids know that if they come in here (to Berry Street's offices), as they may need money, to see their worker, as people give them food or whatever they need, they know that people like them here, because it is an environment.....hopefully.....where they feel welcomed. I don't want them suddenly running into their YJ worker or the person who removed them from mum and dad. ... it would really take away from the service's welcoming environment....."

Another staff member highlighted that the success or failure of co-locating services with Child Protection is too dependent on the characteristics and qualities of Child Protection staff and therefore prone to breakdown. While there may be Child Protection workers who are 'real gems', the working relationships and situation with co-location can go wrong if you have the 'wrong person', that is someone without the qualities that lend themselves to cooperation and partnership.

On the other hand, staff do see some advantages in co-location in areas such as case contracting, where they work very closely with Department staff, with staff from agencies and DHS liaising closely and regularly back and forth between each other, over the phone and in person. Co-locating would support this liaison and strengthen relationships.

Consistency of case managers was seen as a more important issue to address and that handing over this function to the non-government sector, rather than out-posting components of the DHS workforce, would be a more useful reform. Staff discussed how critical it is to ensure that the circumstances, needs and progress of children and young people in the system receive oversight from someone that knows them, relates to them and is committed to them.

'Child Protection are constantly understaffed, constantly lose staff and often to the non-government sector they (DHS) are simply unable to sustain a workforce..... we (BS) have a turn-over rate that would be a hundredth of theirs.....many dollars are churned each year by DHS putting people through beginning practice in the knowledge that something like 40 per cent of their staff are going to be turned over within two years..... so hand over the work where you know it is going to be done by a consistent case worker.'

Education for children and young people in OOHC

Staff raised concerns about the availability of appropriate education and training pathways for children and young people in OOHC and the paucity of alternative education for clients in the region. While Berry Street has two school campuses (with a third opening in 2012), we cannot meet all of the demand and there may be few, if any, alternatives to mainstream schooling. As a consequence staff confront insurmountable difficulties in finding appropriate education for clients in regional centres and small towns.

'Trying to access appropriate education for our clients is pretty difficult. ...If there were a stronger partnership between the Department of Education and the Department of Human Services, we could get results for our kids.'

'I would like to see the Education Department take more responsibility and see these kids as their clients that they have a responsibility to.....give more flexibility allowing us to set up some programs.....for us to deliver some specialist things.....there's a lot we can do. ... we could try a lot of things.... but there is a real resistance to paying for alternatives to mainstream programs.'

'There could be a lot more integration between the welfare roles in schools and the family support and other programs in Child FIRST.....between systems and across both sectors but that doesn't happen at all.'

Case management, Case planning and LAC (Looking After Children)

Staff raised issues in relation to current approaches to case planning, Looking After Children (LAC) and the various different 'plans' that are associated with each child or young person in OOHC. These included best interest plans, care plans, case plans, education support plans, cultural support plans, leaving care plans and the LAC assessment and progress records.

Staff strongly supported the concept of the LAC system but their experience was that the system had failed to make a genuine impact on children's well being. This was because it had been only partially implemented in Victoria, had been implemented as an additional layer of compliance and did not effectively integrate with CRIS/CRISP.

"...I think the intention was good in terms of how the information should be used, but because LAC is such a huge document in terms of all the little bits and pieces to it....it is actually quite hard to do it and get some meaningful information from it about the child. ... at the moment it feels

like a whole lot of statutory and auditing requirements. ... it has potential.... but I can't see it happening...."

Specifically staff discussed that if the introduction of LAC had achieved its fundamental objective to improve the quality of care that children and young people experience in OOHC. Whether it functions as a genuine practice tool that people use to inform and guide what they do in their work OOHC or just a set of records that need to be completed for compliance purposes.

"If you tracked it..... I think it would have made no difference to those kids' lives. ... There is no difference to kids' lives having had LAC."

"I think it was a good practice model to put in the first..... but it wasn't well integrated into the pre-existing processes, and those processes changed. The case plan became the best interest plan, and integrated the LAC dimensions within that, we had a holistic approach where we went into care teams, the care team decisions reflected the seven LAC dimensions..... if the processes ran in line with the way that we were meant to use the actual documentation, it would be a brilliant process, but it doesn't happen. "

"They changed the best interest plan back to a case plan, and the documentation we now use has no reference to the LAC dimensions at all.....and that just throws everything out of whack. The case management and the care management processes don't link well enough for it to be used as an all-in-one."

Staff noted also that when contracted cases come over from the Department, the LAC records that come with the child or young person are often incomplete. It was also noted that the Department periodically requests copies of all LAC data, which is in hard copy form, in relation to all children and young people in OOHC from agencies. This added to the view that LAC had drifted away from its intended purpose and had become another form of process compliance rather than a systematic support to professional practice and quality service provision.

"the Department call it the LAC Monitoring data.....LAC is a case management system.....but the Department only adopted part of it because they weren't going to pay for all of it.....Child Protection has never respected it.....so what happens now is the agencies are expected to meet the needs of LAC but that overlays the case-management

response that the department have..... so you have a dual system in place again."

It was also noted that the Department do not appear to respect LAC or complete LAC data before they hand over contracted cases to agencies.

"....we've got case contracted cases that come over, (from DHS), where there's nothing in LAC, and we have to go back to the families and ask them for all the basic information and they think... 'we've been here in the system for five years and you know nothing?'....so then all we can really get is some basic current information.....but only some of the historical stuff that may help inform some of the decisions we have to make....."

It was also noted that the Department's electronic case management and record keeping system, CRIS/CRSIP, was despite many years of investment and commitment to improve its functionality, unable to meet basic requirements - particularly in relation to agencies being able to produce reports and retrieve useful client information. Staff commented that the Department's system and LAC were actually trying to meet different purposes and service the needs of different clients. The Department's case management and information system, CRIS/CRISP, is oriented towards supporting engagement with the Children's Court. LAC is aimed at meeting the needs of the children and young people by creating an ongoing cycle of reflecting on and assessing all aspects of a child's development, determining what actions to take and tracking their progress.

"LAC is focused on the needs of the child, the department's focus is on the needs of the children's court, and how to prove or not prove what's going on in court."

"At the moment LAC is an absolutely burdensome process..... LAC is not even incorporated into current Department database.....CRIS/CRISP doesn't incorporate LAC."

Children and young people's record of their time in OOHC

The intention that LAC provide children and young people and their families with meaningful input into decisions that affect them and a genuine record that respects them as individual people and their journey through care has not been realised. Whilst LAC was introduced with the hope that it would mean that the development of life story books and documents like photos would be compiled and stay with children and young people on their journey through care this was for the most part not happening. Where it was happening it was due to the extra efforts of staff, it was happening in spite of the LAC system, not because of it.

"They, the children and young people don't care about an action and progress record or a placement plan that they haven't developed and have never seen.....there's no photos, there's no record, there's no glowing flip-charts or photo albums of their time with this carer or that carer and all the rest of it. Individual foster care workers will do that work, and I know Berry Street subscribes to that concept as well but then in the mountain of everything else.....what LAC was all about doesn't exist."

"As a system we're not much better.....at documenting children's time in care and providing their information to them.....than we were 20 years ago"

"In Home-based-care we absolutely work on Life Story books for kids in care.....it's become a responsibility of carers, and the foster care worker, like a case manager, can change if somebody moves on...it's not a consistent person, similarly the case manager and connection to the Department changes, so there is nowhere to hold that Life Story book....so the foster carer may hold the Life Story Book, but they know that if they hand it on to somebody, the child may not get it....if the child moves between placements, the child may never get it, so carers hold on to it in the hope that there is some connection maintained between themselves and the child that they cared for when the child has moved on. So we have lots of memories all locked up in life story books but going nowhere."

"The other thing is that the child is meant to own their LAC information, but they don't. The transfer of the LAC document from agency to agency doesn't occur..... the department doesn't respect it.....they aren't interested in those LAC documents at all. There is no central record for that child's LAC documentation. So the whole reasons for why they implemented LAC have, again, been completely lost, because the key people in government and the department have gone, they've moved on, there's no policy set in place, there is no long-term thinking and understanding in terms of how they need to shift the workforce, how they process everything. And the department continues to do what it always did. ..."

“What the proposed outcomes of it were from the start were that children had a clear understanding and a clear history of their time in care, not just from a Child Protection view point, or their worker’s/agency’s view point, but they had input into that as well..... that part that we are responsible to put together with the young people and the carers, and those who provide care, is lost in the massive mound of paper that case managers, and carers, residential care workers, have to go through.....so LAC became a monitoring process for the Department of Human Services.... it has no meaning.”

Group Ten: Foster Carers – Supporting children and young people (metro)

“And it doesn’t matter if they are with you for one minute or one year or ten years, they are family.” (Foster carer)

Foster carers with a diversity of experiences as carers – some with decades of experiences, other relatively new – shared their views.

We started the interview by talking about what was working well in the system and asked carers what they thought made a good case worker.

Case Management and Case Workers

“The system works well when you have good case workers.” (Foster Carer)

“Communication, long time relationship, instead of it changing all the time, someone that listens and can respond and access things you need to make the placement work and that sense that you are working together with them for the kids.”

“You never know what things might come up - I am always grateful of you have a good relationship with the case worker because I know then that no matter what the challenge is that is going to make a huge difference...having a good case worker makes a huge difference that you’ve got that rapport with, they will be encouraging, help out and whatever the challenge is you will work it out.”

“Getting back to you when you send an email you want them to get back to you at least a confirmation email that its been received and they are following up. “

“Being listened to that’s a big one and being acknowledged. “

Carers talked about the need for case workers to be upfront about how long a placement might end up being for, not putting any indirect pressure on them to accept placements and that being clear about these things prevent the need for placement changes.

“Being honest and straight down the line most workers will know the history and what the long term prospects are for a child –and I know

that they aren't allowed to pre-empt the court but if they know its going to go for a lot longer and the carers say well we can do three week but we cant do three years – it is in the interests of the children to know that up front."

"....and knowing about that would save a lot of kids being shuffled around."

"I had a case worker really pressuring me to take a child long term but I had already made it clear – way back - that I don't do long term but she couldn't understand – and it made me feel pressured and you feel terrible that you have to send this child away but they know I don't do long term care and they knew this is what that child was going to need."

Another concern was that case workers may not fully disclose details of the child's behaviour.

"Sometimes you have to read in between the lines about the child's behaviour they aren't really upfront about that."

Supervised access

The role of DHS the way in which contact visits are organized and the impact on children was highlighted as an area that needs to change, specifically by placing a stronger focus on the needs and impact on the children.

"We don't deal with DHS. The only time we see them really is when they come and pick the child up to have access with mum and every time it is a different person from DHS so you build no rapport whatsoever."

"And its isn't good for the children to have a different person picking them up all the time – when the child has had such a lot of trauma – they could have experience violence – and they send a man – a stranger – no offence to men – but they often don't engage with the kids they just knock on the door and say I m here to collect the kids – and yet again this child is screaming and upset having to get in a car with another stranger "

"It sets them up to be victims again – we are teaching them to go off with anyone."

“They already have no secure attachment and you are trying to teach them to build one secure attachment but it is OK to go off with that strange man – a different person every week – and then when you are out with the kids in public they are reaching out for a cuddle from every stranger – I find all of that hard. ”

“And access for seven days per week for a newborn and it is just ridiculous for that little person – and every day it is a different access worker and they get sick – magistrates they don’t listen to the carers you could make it three or four days a week for two hours instead of seven days per week for one hour.”

Allowances to meet the costs of care

Carers expressed a lot of frustration at how hard it is to have basic things paid for the children and the way in which they are made by DHS to feel like they have to beg for basic things for children like school fees and school uniforms.

“We need to get a school uniform this week and they (DHS) say get a second hand one.”

“We asked for a uniform for this new preppie for their first day of school and they said no – said the same thing get a second hand one so we just had to find the money ourselves which isn’t easy – but we didn’t want them to miss out on their first day and not have a uniform like all the other kids.”

Professionalisation of Foster Care

Carers talked about the changes in foster care, how it was more costly and that it was now the case that most carers needed a job and an income on top of being a foster carer in order to be able to be a foster carer.

“Personally I think it should go down the way where all carers get paid a wage – if all carers were paid a wage I think you are going to get people who really want to do this and are supported to do it full time – we do get an allowance but is very expensive to be a carer so you’ve always got your hand in your pocket to pay for things.”

“and it’s a shame that this becomes such an issue – that we have to fight for these little scraps of money because it should be about the kids that’s why we do it – it should be about looking after the kids – and it is not about making money – it is about keeping these kids safe and happy and tidy and being able to start school.”

“and the cost of a child in a resi unit is huge compared to home based care.”

They also spoke about not knowing that they were entitled to and feeling terrible about asking for things.

“.....unless you learn to negotiate before a placement comes in you don’t get the assistance you will need – if I know I am going to need some day care and the kids will need a dance lesson – my kids do dance lessons so I want these kids to have the same chance – unless you sort that out upfront you will never get it.”

“...and because I don’t know what other carers do I feel like a terrible person asking for things – you don’t have a list of what support you can get.”

“and with that child coming in you don’t know that they are going to need – they come with no clothes – they may have turned up at 2 o’clock in the morning and they want you to have them up and ready for court in the morning so you just have to provide the things they need.”

“and another thing the carers don’t get any of the family assistance or child endowment type payments and support from Centrelink but you’ve got the care of those children.”

“you only get one clothing allowance a year of \$200 – what can you get with that maybe one pair of shoes one jumper and one pair of trousers.”

“but I don’t work because I want to do this – but I do need a bit of help to be able to do it – and you don’t want the kids to have nothing.”

“you shouldn’t feel like you are begging – you just want to look after the kids the way you would look after your own kids.”

“but if you are a new carer DHS will just walk all over you because you don’t know what your are entitled to – and here (referring to a carer in the group) we have a single Mum who is doing this and she shouldn’t feel so terrible just for asking for some basic things for these children.”

Carers identified that this frustration and having to always argue about small things all the time made being a carer much harder than it ought to be and at times made them want to give up.

“and it gets to the point where you aren’t sure you can do it anymore – but you want to – I want to be part of these kids lives – and its just simple things”

“ I was driving an hour and a half each way three times a week so he could keep going to the same kindergarten for the last six weeks of last year after he came into our care – we wanted him to be able to continue with those kids he knew at kindergarten – and it cost a lot of money for the petrol and you get no help with that.”

Permissions and health needs of children

A common experience was how hard it was to get permission for day to day things and to access health services and support for children. That general practitioners and specialists had no understanding of foster care causes significant problems for carers and children.

“Berry Street or DHS need to work with those other systems like health so that they know what foster care is about – because a lot of people don’t know what foster care is about and it makes it hard to get basic things organised.”

“Taking kids to the doctor and to specialists and this comes up time and time again – they frown upon you and someone needs to tell them (general practitioners and other health providers) what foster care is like – all you have is the child’s name and their Medicare number – but they want to insist on the card or they want the parents details and permission from the parents – they make it hard on you – its always a battle with every doctor.”

"I've got a little boy that I've had since November and he really needs dental treatment – his teeth are so bad he can't clean his teeth because it hurts and I can't get an answer about if I am allowed." (Foster Carer)

"For respite when you ask for it is because you really need it – and we have been trying to get respite – and they know what things can be like with (the child) but it is like you are asking for something you don't deserve."

"And you go away on holidays and you are taking 3 or 4 extra kids with you and it costs you a lot of money – but you don't want to not take them – you want these kids to have these normal experiences of a holiday together. "

"Something that is so hard is getting a passport for a child in foster care it takes months and months and months. "

"Or even a Medicare card I have been waiting for four and a half months now and they won't let me link her to mine because she is already linked to so many others from previous placements and family. "

Entry to Care Health and Education Assessments.

"Education is another area - a lot of the kids that come into care have learning difficulties and from the start they should be looked at more closely especially if they are of school age - and they should have that set up right from the start that kids get a really good assessment of their health needs but also of their education support needs, they might have a learning difficulty like dyslexia – you need to know these things from the start so you can support them properly, we've had a young boy for ten years now and he is 13 and we have worked out different things along the way that should have been worked out from the start. "

Children's Court and Permanent Care

Carers were clear that the Children's Court were getting the balance wrong between the needs of children and the rights of parents resulting in children being moved in and out of care causing further harm and trauma.

"The judges seem to be giving the parents so many rights and you can see kids that go back to the parent and then back to care and back to parents. "

"That will be a major gripe from any carers you talk to – the judges' decisions – its comes up time and time again – and these children suffering – and some of them are badly affected – not all some still have great spirit but you wonder where that spirit is going to be in five years time after they have been back home and back to care that many times."

"And there should be as much help given to parents to get better at parenting and I'm not sure how much is done there. "

In relation to improving the Children's Court, carers felt that carers should be able to talk to the Court and that the Court should respect them more when they were deciding to send children home. Give the carers, their family and the children an opportunity to say good bye.

"Carers should be able to speak directly to magistrates and the Court I recently went through a permanent care application at Court... it was for one of the two kids – siblings and I was on that stand for three hours and I was petrified at first but I thought I can do this because I know these kids and the magistrate said you know what we are going to permanent care both of these kids today. "

"And they need to respect the carers more – you could have had a child for a year or more and the judge decides that this child is going home at 3 o'clock today – there is no chance for them to say goodbye to the carers no chance to say goodbye to the other kids they have been living with no chance to say goodbye to the family they have been with – it is so hurtful for everyone – they could just allow some time for you all to say goodbye – they've been part of your life for two years. "

Support for Carers

Carers talked about the importance of supporting each other and being able to meet with other carers to share their experiences, give each other advice and provide emotional support to each other.

“It is hard to get together as a group to support to each other because so many carers have to work now to make ends meet – the cost of living has gone up so much.”

“At training I say to them if you’ve got something that you don’t know just ring another carer its nice to be able to talk with another carer that understands.”

“When we had a child go back and it was upsetting the case worker tried to be supportive and say hey they knew how I felt but they didn’t I that you know what you don’t know how I feel so it was good to talk to another carer. “

The situation of sibling groups was raised and that DHS had cut back the support that had been made available through a pilot program that was intended to help keep sibling groups together.

“There was this sibling program to provide support so you could take large sibling groups but it was just a pilot program so it just stopped. But the carers still had the sibling groups in their care but not with the support – and DHS seem do that a lot they start these pilot programs and then they just stop.”

Leaving Care

A particular issue was the need for carers to be respected for the significant part they play in the lives of children particularly when they have had children in their care for several years or more. And concern was raised at the way young people are exited from care when they turn 18 often with little or no support.

“DHS need to recognize that with the longer term placements and this is an issue I’ve got at the moment with them – we have had two little children in our care that we have had for three year and they have gone home now and we have not seen nor heard from them (DHS) – they were siblings number five and six – heard nothing and we all we want to know is that they are OK – it would be nice just to know that they are OK – not

after short term placements but after you've had them for so long it would be nice to get a little bit of feedback."

"And another I would like to bring up is for teenagers and I think it is so sad that there are these two teenagers about to turn 18 and when they do that's it they will be out on the street and they both have a mild intellectual disabilities and you think where is the responsibility –it's wrong – it's just wrong. "

"Its not fair on them they are aware as foster children that this is going to happen and they must be thinking what is going to happen to me – who is going to give me the guidance I need. "

Case Study: Therapeutic Care

“Some of the stuff this place has helped me with is helping me to become more willing to trust the staff and also knowing that I’m not going to be moved all over again. Basically, it’s having a place to stay until I’m 17. The unit is also good because I can have my own space and reach out in my own time. I’m not pushed to get help - only to be safe”.

The Berry Street Take Two program provided this case study to highlight through the experiences of one client how therapeutic care can make a sustainable difference to the lives of children and young people.

The following is a case study that exemplifies the typical history of a child requiring therapeutic residential care and how this style of approach can make a significant difference to the life trajectory of such a child. Historically, general residential care, whilst attempting to provide ‘good quality care’ has been unable to do so. This is because such children require a care intervention that can address the developmental trauma implicit in the abuse and/or neglect that they have experienced. Any style of care that does not provide a response that matches their needs will fall far short of being able to provide even the most basic good care for these children as they continue to reject attempts to care for them because of trauma driven presentations. Therapeutic care however, because it responds in a way that best fits these children’s presentations, is well able to provide a life changing and healing care intervention to them as can be seen from this case study.

(Note: Some details of the case and the child’s name have been altered to protect the child’s identity.)

Susan’s History.

Exposure to parental substance abuse and psychiatric illness - domestic violence probably during pregnancy and definitely from birth onwards. Multiple admissions to foster and return to care of mother. Sexual and emotional abuse in care and probable sexual abuse whilst in mother’s care. Physical abuse by mother. Both parents deceased by the time Susan was 7 years old by drug overdose, with mother’s witnessed by Susan.

Age 7 ½ presenting with complex behaviour disorders and extremely challenging and oppositional presentation. Unable to be cared for in foster care and placed in a residential unit prior to admission to a Permanent Care placement a short time later.

Diagnosed with Reactive Attachment Disorder between the ages of 9 & 11 years

At ages 11 & 12 three admissions to CAMHS Inpatient Unit for self harm, auditory hallucinations of her mother’s voice, extreme anxiety and food refusal.

Age 12-14 years Permanent Care placement broke down due to increasingly aggressive and violent behaviour to carers, ongoing self harm and genuine suicide attempt by hanging. Susan was placed in residential care.

12-14 years

Three changes of residential unit due to extremely violent behaviour to both staff and peers (attempted fire lighting of a peer's bedroom, peer suicide pact overdose with Panadol, ongoing self harming behaviour in the form of cutting, increased absconding, emerging use of drugs and alcohol. Commenced secondary school but extremely poor attendance. Ongoing extreme difficulty with adult: child relationships particularly allowing herself to trust adults and be cared for by them. Multiple Secure Welfare admissions.

During this period Susan was developing a profile of extremely high risk activities and was the focus of extreme regional concern within DHS.

June 2007: 14 years 2 months entered therapeutic care program.

Therapeutic care provides an approach that is grounded in and guided by theoretical frameworks that acknowledge the traumatic impact of abuse & neglect. The work of numerous clinicians and theorists specialising in these fields would say that the experiences that Susan had in her first years of life had compromised her neurobiological development and consequently her capacity to form attachments. The term applied to this type of trauma, that occurs within the context of these children's primary care experiences, is 'complex' or 'developmental' trauma (Perry, 2006; van der Kolk et al, 2005; Bloom, 2006 and many others listed at the end of this case study).

The theory suggests that these traumatic experiences result in a range of post traumatic symptoms along the lines of Susan's presentation, which is typical of this client group. Children so affected experience significant compromise to neurobiological function, have disrupted attachment capacity and are irritable, hard to soothe, functionally well behind their chronological age/stage, hyper aroused and emotionally deregulated. They experience extreme disorders of presentation and are extremely difficult to care for. Therapeutic care provides a range of well documented interventions that can respond to and successfully address these difficult presentations via a number of specific relational techniques. It was by virtue of the applications of these techniques over a period of two years that Susan's extremely difficult presentation began to be successfully addressed and eventually altered.

During this period the following were successfully achieved:

- Support to Susan to maintain connection with school to complete Year 10 at a Community School alternative education program.
- Significant reduction in self harming and suicidal ideation and admissions to in patient unit.
- Significant reduction in Secure Welfare admissions (two in 2 1/2 years)
- Increased capacity in Susan to trust and to allow adults to care for her

- Greater emotional regulation and capacity to manage the 'ups & downs' of life
- Complete cessation of violent behaviour
- Marked reduction in absconding and drug & alcohol use.

Susan was able to allow there to be a 16th birthday party held for her and actively became excited by it where previously she would spend her birthday hiding in her room. Christmas was the same. Now Susan sends text messages to past managers and staff with whom she has ongoing contact saying 'Merry Xmas' on Christmas morning.

Work was undertaken to enhance her capacity to maintain relationships with significant people (her past Permanent carers, her older sister) and support for those people to manage her moods to the point that she became better able to have those relationships.

Susan has a capacity to tolerate greater emotional intimacy with those who care about her.

At the point of leaving (Oct 2009) she had been in program 2years and 6 months.

In her own words:

"Some of the stuff this place has helped me with is helping me to become more willing to trust the staff and also knowing that I'm not going to be moved all over again. Basically, it's having a place to stay until I'm 17. The unit is also good because I can have my own space and reach out in my own time. I'm not pushed to get help- only to be safe".

In between leaving the unit and now Susan has been in a lead tenant model of care. Initial transition was difficult with some of her previous behaviours such as self harm, an alcohol use increasing for a short period but these settled within a few weeks.

While her initial transition from therapeutic care was difficult, this was not entirely of her doing. There were some difficulties in the broader system around her that did not facilitate this transition well or necessarily into the most appropriate setting for her.

Nonetheless, over the past twelve to eighteen months Susan has maintained contact with two or three of the past staff from therapeutic care, which she has sought out. She has had improved quality of contact with her past permanent care parents who are really her emotional parents and has used that relationship well. Despite this, during this period she has continued to experience extreme emotional distress and demonstrate para-suicidal (gestures, cutting, ideation) presentations around key times of distress for her. These coincide with her deceased mother's birthday and the anniversary of her death. Susan always requires additional support at these times and the lead tenant setting in which she was placed failed to adequately respond to her requirements around these times, leading to some hospitalisations. Nonetheless, Susan has regained her stability after each of these occasions.

She is now seeing a private therapist at her own volition to work on her residual emotional issues. We acknowledge that it may be the case that she may always suffer from some level of emotional disruption; however, she is now on a completely different trajectory than previously.

This year Susan has commenced attending Year 11 in a mainstream school also at her own volition. So far she seems to be coping with the workload quite well.

Susan has been able to reach this point because of her access to therapeutic care. If she hadn't had this experience her trajectory would clearly have been into ongoing far more significant mental health problems; serious drug and alcohol use; her difficulties in interacting with others would have rendered her unable to live with others and this would make it highly likely that she would enter the homelessness system upon leaving care. She is now far less likely to have such experiences. Young people with Susan's trauma experience usually experience a lifetime of marginalisation and social exclusion. Two years of treatment in therapeutic care has rendered her far less likely to have this life outcome.

Key elements of why therapeutic care works differently:

- An over-arching theoretical model of practice in the residential care setting that guides the way in which staff make sense of and therefore respond to, the children's behaviour.
- Not taking behaviour on face value but understanding what lies behind it and using this knowledge to assist staff to 'hang in' with very difficult children through very challenging times without judgment or punishment for the behaviour itself.
- Responding rather than reacting.
- Establishment of safety and having sufficient staffing to follow through on intent to keep children safe by staying beside them no matter what, even if they run away.
- Ongoing training, coaching and support of staff by a Therapeutic Specialist, with reflective sessions to assist staff to interpret and respond to behaviour in keeping with theory.
- Sufficient resourcing to agencies to ensure that they can provide physical environments that facilitate and promote these approaches, sufficient resources to staff at a level that can promote pro active interventions.

List of Attachments

1. Berry Street 2027 Strategic Directions
2. Background Information on the Vulnerable Children’s Inquiry for Interview Participants
3. Inquiry Terms of Reference

Berry Street Strategic Directions 2027

Berry Street believes all children should have a good childhood, growing up feeling safe, nurtured and with hope for the future.

Rising to the challenge

The shocking reality that there are more than 300,000 reports of suspected child abuse and neglect across Australia each year and nearly 35,000 children in Out of Home Care (6,000 in Victoria) – are strong indicators that many children are not enjoying a good childhood. We know that children who are born to vulnerable young mothers, who grow up with violence, whose parents are poorly educated, homeless, addicted to substances or have a mental illness or substance addiction, are at much higher risk of living in these circumstances as adults and having to raise their children in similar circumstances. Long term evidence-based interventions are needed to break this cycle. Berry Street is committed to developing, providing and advocating for those interventions.

Family violence, child abuse and child neglect are not issues that people readily talk about. These are difficult issues. But if we don't stand up for children and do whatever we can to prevent abuse, neglect and violence, then this tragic cycle continues. Protecting children involves making hard decisions to secure their rights and safety. At all times in our work we will seek out the voices of children and young people. Past injustices - children being institutionalised, left and forgotten, vulnerable to abuse; Aboriginal and Torres Strait Islander children being taken away from family and culture - took place in the name of protecting children. Listening to the voices of children, young people and their families is critical to ensuring such mistakes aren't repeated.

2027 Goals

Since 1877 Berry Street has focussed on the hard day to day work of protecting children and strengthening families. We will always maintain this core role, but it is not enough. We have always understood that we can't do this work alone and that it requires partnerships and working together. By 2027, our 150th Anniversary, Berry Street aims to have radically re-shaped our organisation, the sectors we work in and the underlying circumstances that contribute to child neglect, abuse and violence.

To achieve these goals we must:

Over the next three years, reshape the organisation to broaden and deepen the impact and effectiveness of our work for children as:

- A trusted children's charity with significant independent income
- A major service innovator in child and family welfare
- A leading public advocate for the rights of vulnerable infants, children, young people and families
- A national knowledge leader on childhood trauma

Over the next decade, reshape systems for the care and protection of children to:

- Ensure that responses to child abuse, neglect and violence focus on taking the risk away from children rather than taking children away from the risk
- Create new systems of Out of Home Care that significantly improve the life chances of children and young people who have experienced abuse or neglect
- Reduce the incidence and impact of family violence, particularly on women and children



Over the next two decades, reshape social and economic policies towards:

- Assisting and supporting families and communities to raise children well
- Closing the gap in life opportunities for Aboriginal and Torres Strait Islander children
- Remodelling early years education, health and childcare services so that vulnerable children benefit equally from these services
- Eliminating entrenched pockets of poverty, inequality and disadvantage that put the wellbeing of children at risk before they are even born

Strengthening our commitment to children

Berry Street is committed to doing whatever it takes to work towards the achievement of our longer term goals. This will commence with reshaping the organisation with the support of our staff, corporate, philanthropic and service partners, donors and supporters, government agencies and the investment of our independent resources. Specifically we will pursue four major initiatives:

1. Independent Income Growth
2. Service Innovation, Development and Evaluation
3. Stronger Public Policy and Advocacy
4. Addressing Child and Adolescent Trauma

1. Independent Income Growth

For more than sixty years Berry Street worked without any financial support from government, relying on community goodwill and generosity to care for children and families. Government, community, industry, business and philanthropic organisations all have a role in addressing the underlying causes of family violence, child abuse and child neglect. To enable us to pilot new programs, extend our work with children and families, undertake research and evaluation and engage in advocacy, we must increase our independent income. Commencing in 2010-2013 we will:

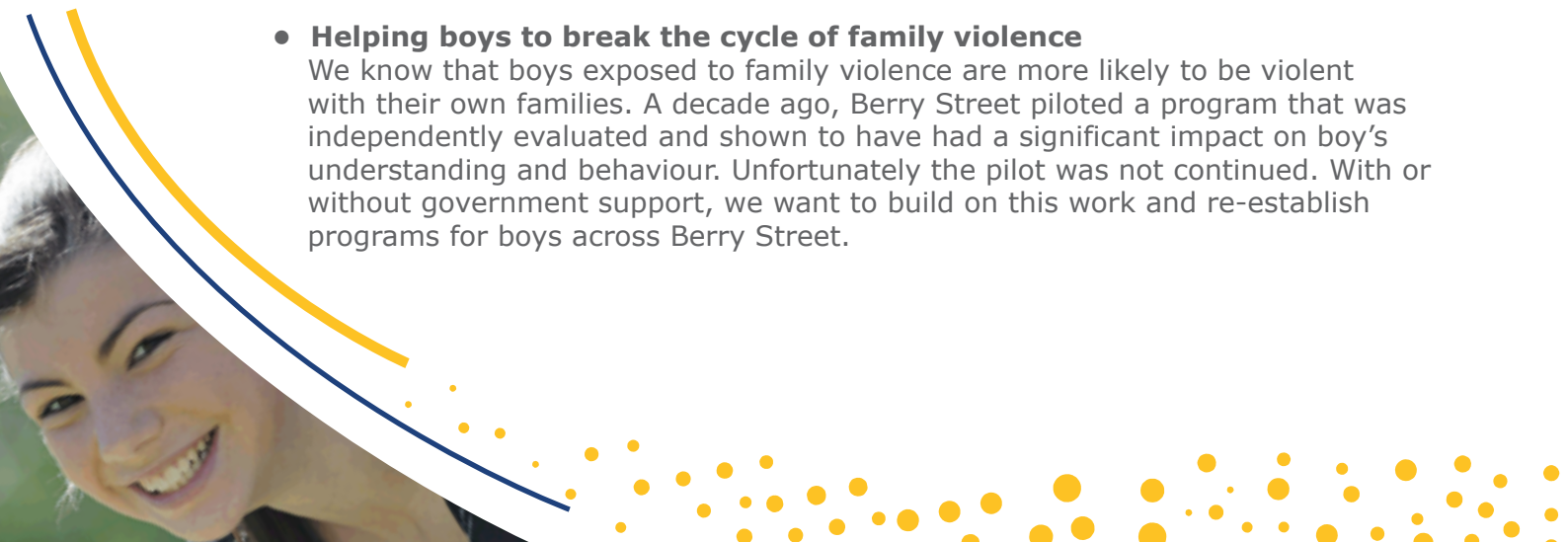
- Increase our philanthropic income
- Grow our investment income
- Investigate new sources of independent income
- Pursue with government fair and transparent service funding to ensure grants cover the full cost of the services we deliver on their behalf.

2. Service Innovation, Development and Evaluation

We will develop and evaluate service innovations to respond to critical service gaps for children and young people, whilst providing evidence to promote long term system reforms. Our first priorities for service innovation and development will help break the intergenerational cycles of child abuse, neglect and family violence. We know there is an unacceptable gap between what is needed for children and young people and current practice within the sector. It is in everyone's interests to find solutions.

- **Helping boys to break the cycle of family violence**

We know that boys exposed to family violence are more likely to be violent with their own families. A decade ago, Berry Street piloted a program that was independently evaluated and shown to have had a significant impact on boy's understanding and behaviour. Unfortunately the pilot was not continued. With or without government support, we want to build on this work and re-establish programs for boys across Berry Street.



- **New Models of Foster Care**

Foster care is often the preferred option when children have to be removed from their families. However, the number of people prepared to take on these children continues to decline. Unless there are radical changes in the system, by 2013 the shortage in placements for Victorian children will be over 1,000 (Ombudsman Victoria's Report 2010). To fix this, we need to radically improve the model of foster care and provide a major increase in the support, training, supervision, financial assistance and respite available to foster and kinship carers.

- **Early years support for vulnerable families**

Child care, pre-school and other early years services provide support, assistance and backup to families when children are young. Vulnerable families are the least likely to have access to these services. We will apply our expertise in engaging these families to build service partnerships, new service models and access programs, so that children who most need this support are the first to receive it, not the last.

- **Integrated support for young people leaving care**

Each year approximately 400 Victorian teenagers leave care and must fend for themselves without the back up support of a family. Report after report has documented that many of these teenagers go straight from Out of Home Care to homelessness, unemployment and all the social problems that being so vulnerable creates. We will develop, pilot, evaluate and promote services and policies to support young people make a successful transition to adulthood.

- **Improving educational outcomes for disadvantaged children**

Research tells us that education is the key to overcoming disadvantage. Yet too many children and young people are disengaged from mainstream school, including many who are already disadvantaged by the trauma of child abuse and neglect. We are determined to develop and advocate for the flexible approaches, resources and settings so urgently required by disengaged students. We will focus on combining high quality teaching with a therapeutic environment, drawing on our own experience, as well as local and international research and expertise.

3. Stronger Public Policy & Advocacy

Throughout its history, Berry Street has advocated for the children, young people and families with whom we work. Providing the highest quality services is fundamental. However, our responsibility extends further - to speaking out on behalf of our clients' rights and needs. Making a stronger contribution to public policy reform through research, evaluation, collaboration and advocacy, is a central component of our long term direction.

Our initial public policy and advocacy agenda will cover five broad themes.

- **Childhood Belongs to Children**

Parents and families are increasingly anxious about the safety of children and allowing them freedom to explore or to spend time away from the close supervision of adults. Growing numbers of children with mental health issues, obesity, the sexualisation of children and impact of the media and technology, are threatening childhood for many children. Berry Street will extend our focus to protecting childhood and doing what we can to make sure that childhood belongs to children.



- **Safety is not enough**
Ensuring that children and young people who have experienced abuse and neglect are kept safe from further harm is a must. But it is not enough. We must ensure that their rights to education, good health, life skills, connection to culture and stable relationships are realised.
- **Two Ways Together – Supporting Aboriginal Families and children**
Through dialogue with Aboriginal people, we have come to a better understanding of the harm of past policies of child and family separation. In 2006, this led us to apologise for this harm and motivated us to advocate for the development of Aboriginal community based services to support Aboriginal families in caring for and protecting their children. By pursuing a Two Ways Together approach, we will work with Aboriginal families and services, learn from their experiences, share our knowledge and build a better support system for all children.
- **Fairness & Equity for Families**
In 1877, when Berry Street was formed, poverty, unemployment, violence, substance abuse and homelessness were the prevailing threats to children's wellbeing. Whilst today the broad picture for Victoria's children is vastly improved, these same issues threaten the wellbeing of many children. Fairness and equity for families is about breaking this cycle.
- **No Place for Violence**
The prevalence of violence within our community is of increasing concern to Berry Street. In particular we are concerned about racial violence and violence perpetrated against women and children. Using violence as the means to resolve issues undermines future relationships and erodes social cohesion.

4. Addressing Child and Adolescent Trauma

Collaborating with other organisations in the field of child trauma, healing and therapy, Berry Street will establish a new platform dedicated to addressing child and adolescent trauma. We will build on the knowledge and expertise of our Take Two program and on partnerships with Victorian, national and international experts, including Dr Bruce Perry of the ChildTrauma Academy in the USA. Along with our Take Two partners, Berry Street is seeking to draw together, develop and share knowledge about: the impact on children of the trauma caused by child abuse, neglect and family violence; the ways we can help children to recover from this trauma; and what we can do to prevent children from experiencing trauma.

Through research, training, program & practice development, and dissemination, we aim to:

- Help build the skills, practice and knowledge of professionals across a range of sectors, including Child Protection, out of home care, family services, mental health, early childhood development, education, disability, and alcohol & other drug services
- Inform Government and policy makers about the effect of child trauma and its alleviation
- Increase public awareness about the importance of attachment to the developing child and of putting a stop to the trauma of child abuse, neglect and family violence.

Berry Street response to the Protecting Victoria's Vulnerable Children Inquiry

BACKGROUND INFORMATION FOR BERRY STREET STAFF PREPARING CLIENTS FOR INTERVIEWS

Objectives of the Interviews

1. To provide Berry Street clients including children, young people, families and carers and Berry Street staff with a chance to have their experiences of the child protection system listened to and acknowledged
2. To develop ideas on the major things that need to change about the Victorian child protection system
3. To provide material for the written submission from Berry Street for the Vulnerable Children Inquiry including specific recommendations on how the system needs to change

Background to the Vulnerable Children Inquiry

This inquiry is not the first inquiry into the Victorian Child Protection System. It comes soon after inquiries and reports from the Victorian Ombudsman that looked at problems in Out-of-Home Care (foster care, kinship care, residential care).

Terms of Reference

Specifically, the Inquiry is to report and make recommendations on:

- Prevention of abuse and neglect – **preventing the need for children & young people to be taken into care**
- Family support services – **strengths and weaknesses of ChildFIRST**
- The functioning of the current child protection system including the **role of the Department of Human Services** and non-government services involved in child protection
- **Improving Out-of-Home Care** including:
 - making sure children and young people in care are properly care for and supported
 - providing children and young people with stable placements that suit their needs
 - improving residential care services for children and young people
 - supporting young people leaving care with housing, education and employment
- Making the Children's Court and decision making processes less adversarial – **giving children and young people more say in what happens to them**
- Quality, sustainability and strategic directions of out-of-home care programs including **support systems for foster parents, carers and families.**
- **Independent monitoring of the system** including the performance of government departments and agencies involved in child protection, non-government organisations and other groups involved in the protection, care and safety of children.

Lodging Submissions directly to the Inquiry

If clients or carers would like to do their own submission, which could be as simple as a letter, they are free to do so. Staff that wish to make their own submission as an individual are encouraged to do so but should not give the impression that their individual submission is from Berry Street. Written submissions should be lodged by close of business on April 29th 2011 and may be submitted by email.

childprotectioninquiry@cpi.vic.gov.au or posted to:

Protecting Victoria's Vulnerable Children Inquiry
GPO Box 4708
MELBOURNE VIC 3001

Public Hearings. The Inquiry will be holding public meetings across Victoria, most likely in June and July, dates have not been announced. The inquiry want to hear directly from children and young people, their families, foster carers, child protection workers and staff from non-government services. Berry Street will be attending as many of these as possible and encouraging carers and clients to attend hearings and have their say.

Berry Street Submission

The Board of Berry Street has said that it is important for Berry Street to make a submission to this inquiry and to include the views and ideas of our clients, children, young people and families in the submission. The Berry Street CEO must approve the submission and its recommendations before it is sent off.

Berry Street Policy Ideas

Policy issues certain to be included in the Berry Street submission will include:

- A major investment to reform, enhance and expand OOHC care options
- Extending therapeutic care across the child protection and OOHC systems
- Establishing an independent regulator (Children's Guardian) to monitor the Department and community agencies but allow agencies greater flexibility in how we meet the needs of children
- Taking a clearer focus on the best interests of children and providing ongoing financial and other support for the care of children and young people in permanent care
- Full implementation of provisions in the Victorian Children Youth and Families Act including that all children coming into care have a comprehensive health and psychosocial assessment
- Supporting the cultural safety of Aboriginal children and expansion of Aboriginal community based child welfare programs
- Ensuring all young people leaving care are supported at least until age 21
- Additional funding and support for family violence services to respond to the needs of children
- Funding early learning and care services to provide outreach family support and flexible child development programs that connect with vulnerable and isolated families
- Utilising the Child FIRST platform to connect with vulnerable families and provide priority access to in-home and centre based early year's programs and support.

Ethics – Our rules and agreement about the interviews

It is important that whenever people are interviewed for projects, research or submissions that the rules are clear about how the interview materials and how what people have had to say will be used.

For this submission we will abide by the following:

1. Children, young people, families, carers and staff who are interviewed for the submission will not be named
2. The interviews **will be** recorded unless people ask that they not be recorded
3. The submission will include some exact quotes from people but the people's names will not be included if they don't want them to be; example " *A grandmother who was looking after her grandchildren after DHS took them away from their Mum said that.....*"
4. Families and individuals can change their mind after the interview and ask that the submission not include anything they have said
5. Berry Street will not use the interview materials for any other projects or give copies of the interviews to any other organisation
6. After the submission is finished Berry Street will not keep any copies of the interview material
7. After the submission is finished we will send each person a copy of the submission and publish the submission on our website

Conduct of Interviews

1. People will be asked to sign a consent form – consent will be free (no pressure will be applied to people to agree), prior (interviews don't start unless we have consent) and informed (we will tell you about the purpose of the interviews).
2. Interviews will be taped and a summary written up by Berry Street staff
3. Interviews will not be fully transcribed word for word (we don't have time)
4. If an organisation or person does not wish interviews to be taped then we will take notes of the interview

Issues raised in interviews about children or young people at risk

If you tell us about children or young people who are currently at risk or being harmed we will encourage you to speak with your case worker or Berry Street staff about this - we will not report issues talked about in interviews to child protection.

Complaints/Concerns

If at anytime for any reason you have concerns regarding the development of the Berry Street submission you can contact the Julian Pocock from Berry Street on 0407 041 059 or jpocock@berrystreet.org.au.

Inquiry Terms of Reference

To inquire into and develop recommendations to reduce the incidence and negative impact of child neglect and abuse in Victoria, with specific reference to:

1. The factors that increase the risk of abuse or neglect occurring, and effective prevention strategies.
2. Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services.
3. The quality, structure, role and functioning of:
 - a. family services;
 - b. statutory Child Protection services, including reporting, assessment, investigation procedures and responses; and
 - c. out-of-home care, including permanency planning and transitions; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families.
4. The interaction of departments and agencies, the courts and service providers and how they can better work together to support at-risk families and children.
5. The appropriate roles and responsibilities of government and non-government organisations in relation to Victoria's Child Protection policy and systems.
6. Possible changes to the processes of the courts referencing the recent work of and options put forward by the Victorian Law Reform Commission.
7. Measures to enhance the government's ability to:
 - a. plan for future demand for family services, statutory Child Protection services and out-of-home care; and
 - b. Ensure a workforce that delivers services of a high quality to children and families.
8. The oversight and transparency of the Child Protection, care and support system and whether changes are necessary in oversight, transparency, and/or regulation to achieve an increase in public confidence and improved outcomes for children.