

SUBMISSION PROTECTING VICTORIA'S VULNERABLE CHILDREN INQUIRY

PERMANENCY PLANNING

INTRODUCTION

This submission has been prompted by the media attention paid to the matter of a young women apparently becoming pregnant while in care (*The Herald Sun*, 13 April 2011). I write from a position of more than two decades of direct practice experience in the Victorian child protection system as well as having completed a Master of Social Work (research) degree directly concerned with permanency planning in the Victorian child protection system.

From the outset of this submission I declare that this background experience has left me with a particular view about the state of child protection, one that some would argue represents a position of bias. It has been my experience that for many children, young people and their families in contact with the child protection and child welfare system, their needs are met and they remain in the care of their family. Child protection and child welfare covers a much broader spectrum than the children and young people on Children's Court orders and the majority of children and young people do not become subject to Children's Court orders and of those who do not all end up out of parental care. This is an important issue that appears to be poorly understood and commonly overlooked.

It is of concern to me that the 'measure' of the effectiveness of the system seems reliant on those cases where there are, sadly, poor/negative outcomes which receive highly sensationalised media attention, but without recognition that this client group represents but a small proportion of the overall child welfare population. The 'happy ending' stories do not apparently receive similar attention. I am confident that there are happy ending stories as I have had the privilege of being contacted by former clients, often many years later, where they are happy to discuss their experiences of child protection and child welfare and to let me know about their achievements in their lives.

RESPONSE TO THE TERM OF REFERENCE

1. TERM OF REFERENCE: Quality, structure, role and functioning with particular reference to permanency planning

There is strong evidence that children achieve the best developmental outcomes if offered stability and continuity of caregiver throughout their lives. Ideally, stability and permanence occurs within the context of the biological family. For a small group of children, their family will never be able to offer them a safe environment. It is contended that permanency planning in the statutory child protection system is poorly understood and poorly managed. Early evidence for permanency planning emerged in the United States in the late 1950s based on a study of children in foster placements. There was concern about the drift in their lives and the lack of security afforded to them for their longer term futures. Sadly, permanency planning as a practice framework has never achieved the popularity of family preservation approaches.

It is of concern to me that the Terms of Reference place permanency planning with out-of-home care. What this implies is that the processes and concepts associated with permanency planning are not well understood and permanency planning seems to be connected to placement questions rather than a

practice framework. My point is that permanency planning is centrally concerned with the question of achieving lasting outcomes for children. Permanency planning involves two fundamental issues being the question of timely decision-making (for children and young people) and notions of concurrent planning.

The notion of concurrent planning is concerned with giving clear directions about the achievement of desired outcomes within timelines that recognise the child's developmental needs and pathways. It means, therefore, that parents cannot be given 'endless' time to achieve change and have to be given structured timelines during which they are actively supported and encouraged to achieve the identified and agreed changes, knowing that the alternative may be that their child will require alternative and long term arrangements. Understood in this way, permanency planning is not inconsistent with the principles of family preservation as a return to parental care is commonly the best permanent outcome for children.

During the period 2000 – 2005 I undertook MSW research that explored a central question concerned with how long children wait to be afforded permanency. The research had approval from the Monash University Ethics Committee and Department of Human Services Ethics Committee as well as the Child Protection and Juvenile Justice Branch, Department of Human Services. The study adopted a qualitative and quantitative approach and involved a file audit conducted in 2003 whereby 79 cases were identified as having a permanent care case plan and there was in-depth analysis of a further 16 files. The study conducted interviews with a total of fourteen child protection practitioners and managers. It would have been desirable to include Children's Court Magistrates as research respondents but none were willing to participate. Full details of the methodology can be provided as requested.

The study found that the average age of children with a permanent care case plan, at the time of initial notification, was 1.5 years. The average age at determination of a permanent care case plan was 7.52 years, a wait of approximately six years. Children in formal home-based care were subject to the initial notification at a younger age and were the subject of fewer notifications. They achieved a permanent care case plan at an earlier age than children placed in either kinship care or residential care. As well, at the time of the data collection, only 21.6% of the children in the sample were actually in their permanent placement at the time of research suggests that the majority of children wait much longer for the case planning decisions to be translated into the reality of a placement. It was beyond the scope of the research to accurately assess the length of time that children wait for permanent placement to be realised and ultimately legalised. These findings suggest both an absence of timely decision-making and focus on lasting outcomes for children.

A significant finding that also emerged was that not only was there changes in case managers and case planners throughout the period of protective involvement, there was also commensurate changes of Magistrates involved in the decision-making. This is a significant point as child protection is commonly criticised around issues of staff change and staff turnover, but the Children's Court clearly faces similar difficulties. In no instance did the research identify an occasion where the same Magistrate heard a case in its entirety. Perhaps practical constraints make this impractical but there would seem scope for improved case management practices at the Court level, as well as at the child protection level, to strive for greater consistency in decision-making.

This leads to critical questions as to how 'cases' are conceptualised. That is whether each report and/or legal action is addressed as a discrete episode or as a combined set of factors in the context of the overall child welfare and child protection involvement in the life of a child. It is commonly the cumulative evidence that is the most telling in planning intervention. Thus permanency planning has the potential to do two things. It allows assessment to be based on the full case knowledge and to become very child focussed. In taking this stance it is possible to achieve a second goal concerned not only with immediate risk/protection and placement considerations but to consider the interests of the child across domains that include education, general health, mental health and basic literacy and numeracy. It involves a move away from the highly emotive question of placement as a key decision-

making concern towards the question of what arrangements are best suited to meet the overall needs of the child in question.

Review of the files and discussion with respondents who were child protection practitioners indicated that a decision to permanently place children out of parental care were made only with substantial reluctance and only after all avenues to achieve reunification were exhausted, even though the lengths gone to seek alternatives seemed excessive and not in the child's interests. The research also suggested that there was a failure to conceptualise permanency planning as an over-arching approach to intervention and a lack of confidence in the legal system to offer support for a permanent care decision. The consequences for the children in the sample were multiple placements and lack of certainty about their futures. Such experiences are almost certainly at least as damaging as the original circumstances that prompted intervention.

The research findings strongly mirrored my practice experience that there is an ideology that children are best left with their parents. As a broad principle I do not disagree with this position but it should not be a 'one size fits all approach'. Practice ideology is no substitute for practice skills in assessment, a focus on children and their needs and recognition that children have developmental timelines that do not necessarily match the timelines their parents need to address their problems.

It has also been my practice experience, that in reviewing cases of high risk adolescents during my practice, their child protect history typically reflected a long history of episodic intervention which left them increasingly damaged and exposed to further abuse. It has been with horror that I have considered some case histories and identified the lost opportunities to intervene at an earlier stage to get lasting outcomes. In essence, the family situations have been characterised by significant parental problems, commonly crossing a number of service domains such as mental health issues, substance abuse issues and family violence issues where it has been clear that the capacity of parents to address their needs has been minimal at best, regardless of the stated wishes and bets intentions. This focus on permanency planning is not veiled in any desire to be 'anti' family support, as this form of intervention works well for most. But to have a focus on permanency planning in the child protection system, in my experience, is to be viewed as politically incorrect and out of step with more accepted frameworks.

The concept of permanent alternative placement of course has significant implications for parents. It is not an easy case planning pathway to take and it typically evokes strong emotional responses. It has been my experience that parents can be openly, honestly and actively engaged in a process of concurrent planning. They have clear messages as to what is needed and what the alternative outcomes might be. My experience has also been that while parents generally do not like the determination that there will be a permanent alternative placement, properly engaged, they can reach a position of accepting that it is in the interests of their child (and I must add that very, very few parents I have been in contact with do not have the interests of their child or children at the centre of their thinking).

At the point of determining the need for permanent alternative arrangements the question becomes one of ongoing contact between parents and children. The specific arrangements surrounding contact are often contentious and there are disputes about the frequency of contact and the specific arrangement such as duration of contact and location of contact. These questions can be dealt with in a different framework that emphasises the central questions of (a) what is the perspective of the child and (b) what is the preferred role for parents in the life of the child. This can give rise to a range of ways in which parents and children can maintain a relationship while remaining mindful of the needs for the child to attach to permanent alternative caregivers. Within this context, kinship care arrangements can, and should, be utilised wherever possible and where such arrangements can achieve the twin aims of permanency and safety for the child in question.

There is an urgent need for the Department, and the child welfare sector, to embrace a position of permanency planning and to ensure that there is proper training and support for this form of case

planning. It is not enough to offer one or two training sessions. What is needed is the development of a case planning framework that has permanency planning principles embedded in it and which allows the development of clear time frames for decision making that are consistent with the developmental timelines of the child, not the needs of the parents to address their problems. Fundamental to this approach would be the embrace of the principles of concurrent planning whereby there remain efforts to achieve reunification with parents but only over a specific and agreed timeframe

SUMMARY

In supporting notions of permanency planning as an over-arching framework for child protection, rather than being a matter associated with placement of children and young people, I find my thoughts returning to the media reports mentioned at the commencement of this submission. I have no case knowledge whatsoever about the matter reported. However, my practice and research experience leads me to speculate as to what a detailed file analysis would reveal about the young person's journey through child protection. I suspect that early efforts to meet the young person's needs were based on a rule of optimism, embedded in family preservation concepts and with limited focus on the question of how to achieve lasting outcomes for the child at the earliest possible time.

In conclusion, it would appear time to reconsider the emphasis on family preservation as the defining ideology of responses to child and young people who are at risk in their original families. The adoption of permanency planning has the potential to enhance a child focussed approach to child welfare and child protection without diminishing the capacity to support families to achieve change. Applied appropriately, a permanency planning approach has the potential to ensure that children who do need out-of-home placement are placed in safe environments before substantial damage has been incurred. This would have the potential to ensure that children have increased potential to benefit from this.

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