SUBMISSION

To: Victorian Government Inquiry
Protecting Victorian Vulnerable Children Inquiry

By: The Foster Care Association of Victoria (FCAV)
Katie Hooper, Executive Officer

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Executive Summary

In the following submission to Protecting Victoria's Vulnerable Children Inquiry (2011) the Foster Care Association of Victoria (FCAV) make comment on 10 areas in the terms of reference.

FCAV note many strengths in the current system and highlight some areas for further improvement. Many solutions are suggested. The **solutions** that repeat throughout the submission are:

- Strengthening the Care Team model and LAC framework to ensure carers have necessary information on the children they care for, carers views are heard and respected in planning and important outcomes for children in care are achieved.
- That existing agency targets are reviewed to ensure service delivery is not compromised due to excessive case loads.
- Introduction of a Child Advocate
- Department of Human Services (DHS) increase "general" rate of reimbursement to carers, provide additional funding to contribute to children's quality of life and engagement with the community and clarify and communicate processes regarding accessing client expenses/ placement support funds.
- Implement Therapeutic Framework of care

1. *(section 3 – 3.2) When considering the quality, structure, role and function of the child welfare sector and what improvements may be made to better protect the best interests of the children/ young people and support better outcomes for them and their families, FCAV has considered the **work force** arrangements.*

There are many strengths associated with the child welfare workforce. It is a dedicated, committed and qualified workforce and it is a large workforce which indicates that many people have a desire to work in child and family services. There is significant expertise at senior management level and many senior Department of Human Services (DHS) staff remain within DHS.

Community Services Organisation (CSO) staff appear to be skilled and show a commitment to giving foster carers the time they need and the respect they deserve for the role they play. Foster carers rely on their agency worker support the most. Carers value when their worker provides them with clear communication, includes them in decision making, has regular contact, offers flexible support, offers emotional support, develops the carer's skills, offers creative solutions to issues and celebrates successes.

Workforce **Weaknesses**	Workforce **Solutions**
Much of the Child Protection (CP) frontline workforce is made up of inexperienced workers. These staff display little life or parenting exposure and an inability to accept carer knowledge in relation to the needs of the child or the current situation for the child in their care. Some CP staff are poor at being open in their communication with carers, they are poor at information sharing, they are poor at returning calls, they display no transparency and no attempt to include carers in decision making. It is not the content of information that is shared that foster carers are concerned about but the way it is delivered – CP workers are rude. Foster carers are treated as if they are not part of the team caring for the child or young person in their home.	The care team model and Looking After Children Framework to be fully implemented across the State and all principles to be fully adopted. This framework forms the culture of working together for the best interests of the child and allows all parties including the carer and the parents to collaboratively identify and achieve important outcomes for the child in care (Griffin & Laister, 2011, Recommendation 11). DHS to ensure the important role played by foster carers and significance of their participation in care meetings is provided in CP Best Practice induction training (Griffin & Laister, 2011, Recommendation 11).
CP staff appear to lack ability to work holistically and see carers as part of the 'team'.	Have DHS staff do secondments in agencies (at all levels of work force) to ensure an awareness of agency/ carer issues. Share office space or collocate teams.
Strengthening Carers Report (Griffin and Laister 2011) indicates that carers don't feel respected or valued by CP. Carers felt decisions were being made that didn't consider impacts on them or	DHS to ensure the important role played by foster carers and significance of their participation in care meetings is provided in child protection induction training (Griffin et al, 2011 Recommendation 11).

the child in their care. Carers said they didn't feel valued by CP when decision making processes were held up and took a long time, impacting greatly on the quality of life for the child. Carers stated less red tape and faster processes would enable them to forward plan and be able to meet the needs of the children more effectively. Carers felt that CP staff/ team leaders/ unit managers did not understand the perspective or experiences of carers and this made it difficult for them to have a good relationship and work as a team. Carers commented that it would be good for CP workers to be more child focused in their practice and acknowledge the relationships between carers and children.	CP to deliver child-focused, strength-based practice. CP to action requests and applications for the child in care as a matter of priority in all instances (Griffin & Laister, 2011, Recommendation 11).
There is a sense that Government jobs are better paid than in the not for profit (CSO) sector. With foster carers relying on their CSO workers as a support and the CSO worker having the knowledge of the child and the ability to advocate for the child, paying them well is important. It will also contribute to the retention of staff and therefore a better support system for children and carers.	Wage review for CSO staff.
When there are issues regarding movement of staff or dissatisfaction with CSO staff by carers, it is often due to high workloads and staff being over worked/ stressed.	DHS review existing agency targets with a view to ensure service delivery is not compromised due to excessive case load (Griffin & Laister, 2011, Recommendation 8). Wage review for CSO.

2. *(section 3b – 3.4) When considering the quality, structure, role and functioning of **Child Protection (CP) services**, specifically in cases where the child/ young person has been placed in out of home care, FCAV has the following reflections.*

Strengths of our current CP services can be seen when; CP workers build rapport with carers and value carers as an important part of the care team to meet the best interests of the child, when CP workers have consulted with carers about their experience of the child, when the needs of the child comes first and good work is done with the parents but that the childs needs are advocated for before the parents needs (child centered practice), when CP workers have thorough knowledge about the child they are placing (with a carer) and are able to give background and context to needs and behaviours.

CP services (court proceedings) works best when CP workers know the case well, knows what evidence is needed to get the best outcome for the child and completes the correct paperwork.

Carers on complex/ intensive/ therapeutic rates of reimbursement report that this reimbursement adequately covers the cost of day to day caring for a child/ young person.

CP services **Weaknesses**	CP services **Solutions**
Whether it is due to work load or skill set, CP workers are seen as reactive in their response. Even with annual planning and the mechanism of care team meetings or LAC documenting, CP staff don't appear to plan or think ahead to children's' needs. It appears that CP workers think that placement is the end of what is required for children in care. It doesn't appear as if education, recreation; health dimensions etc (especially the cost of these things) are considered.	Comprehensive implementation of the care team model and Looking After Children Framework across the State to ensure greater carer and family participation and increased outcomes for children and young people (Griffin & Laister, 2011, Recommendation 11).
CP workers have no time to build rapport with child or carer but they are making decisions about the child (placement) and often don't take the carer (or CSO's) input into consideration.	Comprehensive implementation of the care team model and Looking After Children Framework across the State to ensure greater carer and family participation and increased outcomes for children and young people (Griffin & Laister, 2011, Recommendation 11). DHS to ensure the important role played by carers and significance of their participation in care meetings is provided in Child Protection induction training (Griffin & Laister, 2011 Recommendation 11).
Due to the fact that CSO and DHS have different roles, CP workers often have not met the children in care until major issues arise e.g. placement breakdown or QoC allegations	Children and primary carer (foster carer) to have a clear voice in case planning and decision making. Introduction of a Child Advocate.
Carers commented on the lack of information provided by CP on the child and how difficult this makes it to be able to meet the child's basic health and well-being needs.	Comprehensive implementation of the care team model and Looking After Children Framework across the State to ensure greater carer and family participation and increased outcomes for children and young people (Griffin & Laister, 2011, Recommendation 11). That health and well-being (medical) assessments be done early in placements. Current DHS practice standards requires a child to receive a medical assessment within one month of placement.
Lack of/breakdown in communication between CP workers and CSOs, therefore leaving carers inadequately informed. With everyone busy and CP not sharing vital	Comprehensive implementation of the care team model and Looking After Children Framework across the State to ensure greater carer and family participation and increased

information re: children's' backgrounds/ trauma/ history, carers are left without vital information re: care needs of the child. This lack of information makes it hard to meet the basic health and wellbeing needs of the child.	outcomes for children and young people (Griffin & Laister, 2011, Recommendation 11).
Rate of reimbursement is a contribution towards the cost of day to day care of a child. FCAV does not consider the **General** rate of reimbursement to be adequate. Most carers in the Strengthening Carers report (Griffin & Laister, 2011) said they contributed from their own funds and spent well above the reimbursements as they wanted the child to have access to a good life and be treated to the same life opportunities as their own children. Extra expenses are not covered, for example sporting, extra curriculum and, recreational activities; transport to access; extra medical/counseling requirements; and child care. The process of deciding which rate of carer reimbursement applies to a placement is unclear and lacks transparency.	DHS to increase the **General** rate of carer reimbursement to ensure it better meets the financial needs of children in care. • DHS to provide additional funding to contribute to the child's quality of life and engagement with community through recreational and sporting activities and associated clothing and equipment. • DHS to ensure the process for review of reimbursement level considers the views of agencies and carers (Griffin & Laister, 2011, Recommendation 9). DHS to broaden and enhance financial reimbursements and placement support needs and processes • DHS to fund agencies to be able to provide additional funding supports including petrol reimbursements for rural carers; • DHS to document and make available clear guidelines detailing the process for applying for 'big ticket expenses' such as larger cars for multiple children, extensions to homes and other extraordinary placement specific needs. These guidelines should be consistent across all regions. • DHS to amend property and contents insurance claim processes to enable carers to claim directly against VMIA rather than through their personal home and contents insurance, to ensure carers no claim bonuses and insurance premiums are not affected. • Agencies to be funded to or have access to discretionary funding through DHS to enable them to provide additional placement support for carers. This may include responsive in-home help, child care and babysitting (Griffin & Laister, 2011, Recommendation 7). Federal Government to grant entitlements, such as Family Tax Benefits and Child Care Reimbursements for all children in the out-of-

	home care system rather than eligibility being means tested on the carer's income (Griffin & Laister, 2011, Recommendation 12). Centrelink to introduce foster care liaison staff members to assist carers to navigate the system (Griffin et al, 2011 Recommendation 12). Clarification of what expenses are expected to be paid out of which money: • Carer reimbursement • Quarterly Ed and med/ EAI payments • Agency brokerage • Flexipac/ PSG • Client expenses • Leaving care funds.
Inequity in support packages, lack of clarification regarding how to access which supports (specifically financial supports – i.e. PSG, client expenses, flexipac).	Clarification, documentation and sharing of what supports are available in relation to all supports, including financial assistance offered in each region. CSOs to provide intensive induction training programs for foster care staff, outlining clear information re: DHS caregiver reimbursement entitlements (Griffin & Laister, 2011, Recommendation 1).
Case planning is weighted to rights of parents not children.	Workers to be child focused. Introduction of a Child Advocate.
Child Protection decision-making processes are often held up impacting greatly on the quality of life for the child. Many carers stated less red tape and faster processes would enable them to forward plan and be able to meet the needs of the children more effectively. Due to the fact that in many situations care teams are not functioning as intended i.e. to be the forum through which all those involved in "good parent" decisions come together and make the decisions. Decisions are not being followed up in a timely manner.	Once a child has been in care for over 12 months or if requested, a Birth Certificate and Passport should be applied for. Once a young person turns 15 ½ it is ensured that a Birth Certificate, Passport and plans for a Learner's Permit be made. CP to action requests and applications for a child in care as a matter of priority in all instances. This would include requests for Birth Certificates, Passport applications, and medical and participation permissions. (Griffin & Laister, 2011, Recommendation 11). Introduction of a Child Advocate.
Quality of Care (QoC) Guidelines (are thorough and accessible) but process compliance has some weaknesses. Protracted timeframes associated with Independent Investigations and the impact of this on carers.	Clear understanding (training and communication) of process by all DHS and CSO staff. Timelines to be adhered to. Carer reimbursements to continue during QoC investigation.

	For CSOs to advocate for the rights of carers. CSO to strongly advocate for carer to ensure a fair and timely process, for this advocacy to be encouraged and respected in the relationship between DHS and the CSO.
Communication of and clarification of *Children, Youth & Families Act 2005* (Vic.) s 81 & 82, Independent Investigation and Suitability Panel process.	Further reflection and clarification of timeframes regarding Independent Investigation and Suitability Panel.
Carers are pressured into converting from long term foster carer to permanent care.	At the time of conversion, a needs analysis/ assessment should be undertaken to reflect on the ongoing needs and supports required.

3. *(section 3c - 3.5) The following section considers strengths, weaknesses, and solutions regarding the quality, structure, role and functioning of* ***out of home care*** *specifically respite and foster care.*

A strength of the out of home care system is that carers report their CSO is the primary support in their role of caring for vulnerable children. They advise that a good working relationship with their worker is key. Strengths of a positive working relationship were that; they listen, respond and have good communication with the children.

Carers feel well supported by their CSO when they have worker support, peer support from other carers, access to training and skills development, access to regular respite care, support with transport, and a forum to give feedback to their agency. Carers being well supported means better outcomes and quality of care for children in care.

Carers who are actively engaged with their care team felt listened to, were given the opportunity to speak, received positive feedback that they were doing a good job and felt their input was respected and seen as valuable (Griffin & Laister, 2011).

Carers being well supported means better outcomes and quality of care for children in care.

One of the over arching solutions is to ensure community engagement. Models such as Mentoring and Mirror Families assist the community wrapping around these children and supporting them.

Weaknesses re out of home care	**Solutions** re out of home care
Protracted time it takes to become a carer (time from initial enquiry until accreditation)	Agencies to ensure timely accreditation of carers to be able to increase the number of carers and respite carers. • That there be regular info sessions about becoming a foster carer • That there be regular pre accreditation training sessions (Shared Stories, Shared Lives) • That assessments commence as soon as possible and that it be completed,

	including being taken to panel, and signed off in a timely manner • That it be clear how long the process will take on enquiry to any CSO (Griffin & Laister, 2011, Recommendation 3).
Limited ongoing post accreditation training for carers. Training for carers - accreditation and training of trainers not consistent.	• Training and information to be offered in various therapeutic topics via a number of forums, ie on line, various times. • CSOs to ensure child care is provided and training is convened at times making it possible for carers to attend. • Training in engagement with birth families to be incorporated as part of the core training available to carers (Griffin & Laister, 2011, Recommendation 4).
Increased complexity of children's trauma and behaviours requiring carers to have increased skills.	CSOs to increase foster carers' therapeutic skills through training, information and skills development sessions with expert facilitators. This includes: • Training in engagement with birth families to be incorporated as part of the core training available to carers. • Training and information to be offered in various therapeutic topics via a number of forums, ie on line, various times. • CSOs to ensure child care is provided and training is convened at times making it possible for carers to attend (Griffin & Laister, 2011, Recommendation 4).
Carers feeling isolated in their experience as a carer.	Carer peer support to be offered through various forums such as book/ journal club, support group, buddy system and life book development with the provision of child care to be considered in all instances (Griffin & Laister, , 2011,. Recommendation 5).
Children, carers and care families experience grief and loss due to lack of support around end of placement.	CSOs to develop enhanced support processes for the end of placements focused on grief, separation and loss impacts for carers and their families after a child leaves their care (Griffin & Laister, 2011, Recommendation 6).
Poor handling of Permanent care conversions.	That parallel planning occurs for children/young people in care. This would mean that discussions occur regarding who possible long term or permanent carers are, early on in placements. That the permanent care conversion process be consistent across Victoria and that this be clearly communicated to carers that are

	considering converting from foster care to permanent care. That foster care teams and permanent care teams work closely together. See section 7 for further solutions re: permanent care.
That family contact/ access planning take into account natural parents/workers availability, not children's schedule.	Carers to be consulted about proposed contact/access arrangements to ensure it fits with the child's schedule and best interest needs (Griffin & Laister, 2011, Recommendation 11).
Lack of respite options for carers, which leads to carer feeling overwhelmed and placement breakdown.	CSOs to tailor support services including respite to enable more effective individual carer support. This includes: • CSOs to provide foster carers with flexible and varied respite options to suit their individual needs. • CSOs to endeavour wherever possible to match an ongoing respite carer to a long term foster child. • CSOs to undertake early assessment of carer family members to identify possible respite option for the primary carers (Griffin & Laister, 2011, Recommendation 3). DHS review existing target funding levels to ensure flexible and relevant respite care can be provided for all target placements (Griffin & Laister, 2011, Recommendation 8).
Relationships between CSO staff and carers can be difficult if a thorough assessment hasn't been completed of carer strengths and areas of development; regular supervision doesn't occur and; case work as well as reflective practice doesn't happen. This requires an experienced skilled staff member. This skilled staff member (skilled in childhood development, communication and advocating to DHS) needs the time to do the complex work supporting a child in placement.	CSOs to support foster care workers to comprehensively support placements through thorough staff induction, access to ongoing training and allocation of manageable case loads. This includes: • CSOs to provide intensive induction training programs for foster care staff, detailing clear agency policies and procedures for supporting home based care placements. This training is to include agency policy on areas such as carer reimbursement policy and practice; additional funding request procedures; accessing Federal Government entitlements; accessing DHS entitlements; available supports and how to access them. • Foster care workers to have access to relevant ongoing training / secondary consult; access to principal practitioner consults and; be well supported through supervision.

	• Foster care workers to have smaller and more manageable case loads to be able to offer comprehensive support for placements (Griffin & Laister, 2011, Recommendation 1).
Lack of consistency across the board in terms of CSO practices, and in terms of the understanding of the functions of the CSO in relation to CP/DHS.	Clear information provided to carers on support available from their CSOs and State and Federal Governments. Agencies to support carers to access this support.
Care team meetings do not always occur regularly and often do not include carer.	The care team model and Looking After Children Framework to be fully implemented across the State and all principles to be fully adopted. This framework forms the culture of working together for the best interests of the child and allows all parties including the carer and the parents to collaboratively identify and achieve important outcomes for the child in care. • Carers and parents to be fully integrated in the care team. • CSO to document care team meetings and provide carers with a copy of actions in a timely manner. • Care team to consider support needs of carers to ensure tasks can be completed for the child and set timelines around when and what support is to be put in place (Griffin & Laister, 2011, Recommendation 11).
The lack of information provided to carers about children in their care makes it difficult for them to be able to meet the basic health and wellbeing needs of the child.	The care team model and Looking After Children Framework to be fully implemented across the State and all principles to be fully adopted (Griffin & Laister, 2011, Recommendation 11).
Therapeutic foster care not widely implemented across the State. Models of best practice foster care to be explored and piloted, evaluated and implemented. That therapeutic training is available to ensure foster carers are given information to adequately provide healing spaces for the children/young people they care for. Circle model evaluation has stalled.	State Government consideration for the expansion of therapeutic foster care across Victoria as the recognised best practice model for meeting the needs of the child in care (Griffin & Laister, 2011, Recommendation 8). Agencies to increase foster carers therapeutic skills through training, information and skills development sessions with expert facilitators. (Griffin & Laister, 2011, Recommendation 4).

4. *(section 3.5.3)* ***Improving outcomes for young people*** *leaving care. Including education, health/ mental health, culture, family of origin.*

Victorian Leaving care services are a strength of the current system. It was a great policy decision to continue carer reimbursements for young people still in placement and in full time secondary education.

Weaknesses	**Solutions**
We place children but don't provide funds/ opportunity to do the healing work.	Once a young person is in care we have to create a healing environment. This requires carer therapeutic training, as well as resources to ensure therapeutic activities (sporting, recreational, counseling and health) can occur. DHS to provide additional funding to contribute to the child's quality of life and engagement with community through recreational and sporting activities and associated clothing and equipment (Griffin & Lister, 2011, Recommendation 9). CSOs to increase foster carers therapeutic skills through training, information and skills development sessions with expert facilitators (Griffin & Laister, 2011, Recommendation 4).
Traumatised children/young people are often excluded from school due to behavioural issues.	Further support is required for children/yp that have experienced trauma and are now in care to manage school and achieve their full potential academically.
Lack of awareness of leaving care services.	Further communication of the developing leaving care services.
Lack of leaving care planning.	That leaving care plans become standard practice to ensure that all young people leaving care have flexible support to transition to adulthood and to independence. Education and awareness for carers around strategies to develop children and young people's leaving care skills.
Lack of assessment of health and wellbeing issues for children/ young people coming into care.	To have health assessments completed on children/young people coming into care and for relevant needs to be noted and addressed, as a matter of priority.
Lack of cultural plans for Aboriginal children.	Ensure cultural plans are included for all l children in care. Cultural training for carers caring for children from different cultures than their own.
Lack of involvement of carers in decision-making and care team, prevents carers from supporting the leaving care transition	Carers to be viewed as a critical member of the care team.

of the young people in their care.	The care team model and Looking After Children Framework to be fully implemented across the State and all principles to be fully adopted (Griffin & Laister, 2011, Recommendation 11).
Carers need increased skills to be able to deal with complex issues for young people in their care. This then gives carers the skills to mentor the young person to self manage their physical and mental health needs.	CSOs to increase foster carers' therapeutic skills through training, information and skills development sessions with expert facilitators (Griffin & Laister, 2011, Recommendation 4).

5. *(section 3.5.4) how can the **views of children** and young people be included in decision making?*

Weaknesses	**Solutions**
Tendency to not treat children and young people as 'people' but more as 'victims' and therefore not asking or respecting their views.	Provide an opportunity at all stages for the young person to have a voice in a safe environment.
	Introduction of a Child Advocate.
	Skills training and awareness for workers and carers around the importance of children and young people's participation in decision-making.

6. *(section 3.5.5) How can **placement instability** be reduced and reunification improved*

Support for carer to increase placement stability

The **Strengthening Carers report** (Griffin & Laister, 2011) found that placement breakdown was occurring as a result of lack of information provided to the carer on the child; workers not listening to the carers support needs and; appropriate support not being provided to the carer. Carers called for more therapeutic training and supports to be able to deal with the increasingly complex behaviours and issues faced by children in their care.

CSOs to increase foster carer therapeutic skills through training, information and skills development sessions with expert facilitators.

- Training in engagement with birth families to be incorporated as part of the core training available to carers.
- Training and information to be offered in various therapeutic topics via a number of forums, ie on line, various times.
- CSOs to ensure child care is provided and training is convened at times making it possible for carers to attend (Griffin & Laister, 2011, Recommendation 4).

CSOs to hear the voice of carers and empower them through the introduction of carer feedback processes, promotion of the Victorian Charter for Carers, development of in-house carer charters and active promotion of supports available to carers(Griffin & Laister, 2011, Recommendation 2).

State Government consideration for the expansion of therapeutic foster care across Victoria as the recognised best practice model for meeting the needs of the child in care (Griffin & Laister, 2011, Recommendation 8).

CSOs to tailor respite services to enable more effective individual carer support (Griffin & Laister, 2011, Recommendation 3).

Effective care team and case plan for the child:

To involve the carer in the care team and the decision-making process to ensure a better understanding about reunification issues.

That more information sharing occurs with carers at the start of placement. That more communication occurs with the carers regarding the child/young person they are caring for. That this includes providing more information about the child/young person prior to the placement and ongoing sharing of information as the placement progresses. Information that needs to be shared includes family background, as well as recent information.

The care team model and Looking After Children Framework to be fully implemented across the State and all principles to be fully adopted. This framework forms the culture of working together for the best interests of the child and allows all parties including the carer and the parents to collaboratively identify and achieve important outcomes for the child in care (Griffin & Laister, 2011, Recommendation 11).

That access/contact between children and their parents be matched to enact the case plan. For example, if reunification is to occur that access be regular, purposeful and with identified goals for a timely period, to assist with home return. If reunification is not imminent or no longer the plan, that access have goals of contact and identity building.

7. *(section 3.5.6) how can **permanent care** be achieved in a timely manner? What supports are required post legalisation?*

That parallel planning occurs for children/young people in care. This would mean that discussions occur regarding who possible long-term or permanent carers are early in placement.

That the permanent care conversion process be consistent across Victoria and that this be clearly communicated to carers that are considering converting from foster care to permanent care.

That foster care teams and permanent care teams work closely together.

Siblings should be placed together wherever safe and possible and should be considered as part of all case planning decisions. The carer of a child's sibling should always be

considered and/or consulted wherever appropriate as the primary placement option upon the child entering care or requiring a new placement.

Permanent care conversions should take no longer than 3 months to complete from application to approval.

Level of support and reimbursement should remain unchanged once a permanent care conversion has taken place.

Expectations of and resources available to all permanent carers, including foster carers who have placements converted to permanent care, should be consistent and comparable.

Existing respite care arrangements should be maintained after the permanent care conversion takes place. Permanent carers should have access to respite.

8. *(Section 4) how can **interaction** between DHS, CSO, Court and service providers be improved?*

In the **Strengthening Carers report** (Griffin & Laister, 2011)**,** carers did not feel respected for their experience and knowledge and at times felt they were seen as 'babysitters' rather than an important part of the care team and as key informants about the child's wellbeing. The most overwhelming feedback from carers was the need for them to be included in decision-making and treated with respect as part of the care team, to enable them to best meet the needs of children in their care.

All of the carers wanted prompt access to comprehensive information about a referral to assist the carer to make a decision regarding if the placement was a good fit for the carer and their family and also to be able to meet the health and emotional needs of the child in their care. Carers felt that CSOs needed better communication and links with CP and other services such as Disability Services.

The care team model and Looking After Children Framework to be fully implemented across the State and all principles to be fully adopted. This framework forms the culture of working together for the best interests of the child and allows all parties including the carer and the parents to collaboratively identify and achieve important outcomes for the child in care (Griffin & Laister, 2011, Recommendation 11).

CSOs to hear the voice of carers and empower them through the introduction of carer feedback processes, promotion of the Victorian Charter for Carers, development of in-house carer charters and active promotion of supports available to carers.

- CSOs to provide safe and welcome environments for carers to provide feedback and ask for support.
- FCAV to develop a template for agencies to use to gain feedback from carers on CSO support activities. CSOs to conduct a review with their own carers on what supports are working and what other supports are needed.
- The Victorian Government Charter for Carers to be provided to all trainee carers.
- CSOs to develop their own in-house carer charters and procedures detailing carer's right and defining the processes for carers to communicate their support needs (Griffin & Laister, 2011, Recommendation 2).

Care team members to notify carers of impending court proceedings and where appropriate inform carers how they may participate. This may include, when requested how carers can become parties to court proceedings.

9. *Court (section 6 – 6.1.1) to enhance the likelihood that **legal processes** work in the best interests of vulnerable children*

Carers report (Griffin & Laister, 2011)**,** carers required to be better informed of court proceedings by the care team and where appropriate given the opportunity to be able to participate as the primary carer for the child.

FCAV would hope that exploration of alternatives to the current Children's Court process could be considered. While CP are skilled at navigating the court system it is sometimes felt by FCAV that CP workers don't gather necessary evidence or advocate strongly for the child but rather accept compromise (not in the child's best interests) to "get a matter through". It is felt that this is because there are possibly not the skills/knowledge in the Court system regarding "best interests of children" and often it is not possible to find concrete evidence in a system of child neglect and abuse. Rather than the current system of a single magistrate a panel of experts should be considered as a possibility for decision-making.

Results of consultation undertaken by FCAV for Victorian Law Reform Commission April 2010

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Predictable outcomes. Through the consultations there were numerous examples of issues that made Court outcomes different to what carers had expected. These variables can be grouped as; Court process, Department of Human Services (DHS) and Children's Court Magistrates. Court Process included issues such as; delays, adjournments and the unpredictable nature of the court day, as well as incomplete paperwork/ procedural compliance. DHS include; child protection varying their disposition or recommendations on the day of court, the need for highly experienced DHS workers, prepared and dedicated to the best interests of the child attending in a specific court matter. Magistrates contributions encompassed; Magistrates making a different decision to DHS's recommendation and in one instance a Magistrate making a different decision to a previous Magistrate in the same matter.

Suggestions for change. When asked what could be done better in relation to Child Protection matters in the Children's Court carers made thirteen recommendations;
***8.1** That the process be inquisitorial rather than adversarial*
***8.2** That children have skilled Child Advocates to be a voice for them*
***8.3** That DHS appeal decisions if an appeal is in the best interests of the child*
***8.4** That Trauma and Child Development training be available to Children's Court personnel*
***8.5** That scheduling of court time allow for more organisation of matters*
***8.6** That decisions be made in a timely manner*
***8.7** That no fault outcomes be possible for Permanent Carers*
***8.8** That Permanent Care Order have consistent conditions for siblings*
***8.9** That carers be Party to proceedings for the children in their care*
***8.10** at the inclusion of carers details in official reports and documents be disclosed to carers*
***8.11** That Circuit Magistrates in Rural/Regional Courts be mentored*
***8.12** That printed Information Brochures be available to carers*
***8.13** That there be a children's space*

*10. (section 8) FCAV can only make limited comment about the **oversight and transparency** of the system with the hope that it improves outcomes for children*

One important improvement would be to ensure or improve on the feedback processes in place for children/young people and carers so that their thoughts can be heard in the system.

Ensuring evaluations occur of programs, which are then followed by implementation of best practice models, for example therapeutic models of care.

Consistency and transparency of funding and support provided across the State for each child in care and their carers.

References

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