MacKillop

A shared ministry of the Sisters of Mercy, Christian Brothers and Sisters of St Joseph.

Submission to the
Protecting Victoria's Vulnerable Children Inquiry

MacKillop Family Services
April 2011
Supplementary Response

"When they push for something to happen...so you don't need to ask for it [and] if there is something wrong you can talk about it."

(Young person in residential care on 'what makes a good caseworker')

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Executive summary

MacKillop Family Services' (MacKillop) Supplementary Response is framed as a supporting document to the joint response submitted with Anglicare, Berry Street Victoria, the Salvation Army, Victorian Aboriginal Child Care Agency (VACCA) and the Centre for Excellence in Child and Family Welfare. This Supplementary Response provides evidence to support the directions outlined in the joint response reflecting our position as a key provider of services to support vulnerable children, young people and families.

The MacKillop response focuses on seven principles to inform the development of systems to better support vulnerable children and young people. Our system should be:

- Responsive and act with therapeutic intent in the bests interests of children and young people,
- Inclusive of families,
- Intervening at the earliest opportunity to make a positive difference,
- Flexible with the capacity for innovation,
- Cost effective,
- Transparent and accountable, and
- Integrated: linking across systems and services.

The Supplementary Response addresses each of these principles to identify areas we believe can be reformed, built on or improved. The recommendations included in this document should be considered as a specific subset of the broader directions for change outlined in the joint response. MacKillop recommends:

1. Investing in the system of Out-of-Home Care to meet current and projected demand,
2. Extending the provision of therapeutic care throughout Out-of-Home Care,
3. Resourcing options for the care of children and young people with specialised needs,
4. Extending the age to which support is provided to young people,
5. Expanding services to support young people towards independent living,
6. Resourcing community service organisations to appropriately store the records of children and young people in care and release these records in a supported manner,
7. Greater investment in developing a skilled workforce,
8. Supporting families to the greatest extent possible to ensure the safety and wellbeing of children and young people,
9. Addressing barriers to access for children, young people and families from diverse ethnic and cultural backgrounds,

10. The principle of earlier intervention applying at all points on the continuum of services,

11. Completing comprehensive assessments for all children and young people entering Out-of-Home Care to inform 'needs led' service responses,

12. Unlocking funding for Out-of-Home Care to facilitate more flexible care responses,

13. Increasing access to flexible learning options for vulnerable children and young people at risk of disengaging from schooling,

14. Better engaging education services to meeting the needs of children and young people in care,

15. Improving access to disability and mental health services,

16. Building on the ChildFIRST model to improve the capacity to intervene earlier and strengthen the breadth of service pathways, and

17. Streamlining systems to manage the care of children and young people placed in Out-of-Home Care.

1   Introduction

MacKillop welcomes the opportunity to respond to the Protecting Victoria's Vulnerable Children (PVVC) Inquiry. The Inquiry is an important step towards building a more responsive framework to support vulnerable children, young people and their families. To paraphrase the young person quoted on the front page, this is our opportunity to "push for something to happen".

MacKillop was formed in 1997 with the refounding of seven Victorian child welfare agencies of the Sisters of Mercy, Christian Brothers and Sisters of St Joseph. We are one of the largest Victorian providers of specialist support services to vulnerable and disadvantaged children, young people and their families through five core areas of service:

- Supporting families experiencing disadvantage and crisis,
- Supporting families raising a child with a disability,
- Education and training services for children and young people,
- Services for children and young people who are not able to live at home, and
- Services for the former residents of our founding agencies.

MacKillop is a leading provider of services for vulnerable children, young people and their families in Melbourne, Geelong, western Sydney and Wollongong. The programs we deliver include home-based and residential care, disability services, accommodation services for unaccompanied minor refugees awaiting visa processing, youth support, education and training, family support and support to women and men who as children were in the care of our founding agencies.

Our response to the inquiry is based on our considerable experience in this field. In 2010 MacKillop:

- Provided residential care for 182 children and young people and home-based care for 439 children and young people,
- Responded to 615 requests from vulnerable families at our ChildFIRST service,
- Supported a total of 393 vulnerable families through our family support services in the North West Metropolitan region,
- Provided out of school education services to 207 children and young people disengaged from mainstream education services, and
- Provided specialist schooling to 71 students disengaged or at risk of disengaging from mainstream schools.

Our submission is also informed by the voices of our staff and the people who access our services. In preparing this submission consultations were conducted with young people residing in our

residential care services, foster carers, family services staff and Out-of-Home Care staff. Case study examples[1] and models of best practice are also included.

1.1 MacKillop responses to the PVVC inquiry

MacKillop has developed a joint response to the PVVC Inquiry with Anglicare, Berry Street Victoria, the Salvation Army, Victorian Aboriginal Child Care Agency (VACCA) and the Centre for Excellence in Child and Family Welfare. The Response also included expert advice from Michael Wyles SC and Professor Marie Connolly (Chair and Head of Social Work, University of Melbourne). We have committed to this Response in the spirit of partnership and collaboration which we believe is a key strength of the Victorian system. The joint response represents our shared views of the key directions for reform of the Victorian systems to support vulnerable children and young people.

This Supplementary Response outlines more detailed evidence to support the directions of the joint response and also presents more nuanced areas of particular interest to MacKillop.

In addition to the joint response and this Supplementary Response, MacKillop has also contributed to, and is fully supportive of, the following responses focusing on specific areas of family services and Out-of-Home Care:

- **Respite Care Project Consortium**

   (MacKillop, Berry Street Victoria, Anglicare, Good Shepherd Youth and Family Services, Victorian Aboriginal Child Care Agency, Post Placement Support Service and La Trobe University) – This response was developed to focus on the support and development of respite care.

- **North West Welfare Alliance**

   (Child and family welfare agencies in the North West Metropolitan region) – This response was developed to set out the views of agencies practicing in the North West Metropolitan region and the needs of this expanding and diverse region.

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[1] The case study examples have been removed from the published version of the submission

1.2   Key principles to inform system development

Our contributions to each of the submissions we have participated in developing are based on seven principles to improve system responses to the needs of vulnerable children young people and their families. Our system should be:

- Responsive and act with therapeutic intent in the bests interests of children and young people
- Inclusive of families
- Intervening at the earliest opportunity to make a positive difference
- Flexible with the capacity for innovation
- Cost effective
- Transparent and accountable
- Integrated: linking across systems and services

Our Supplementary Response addresses the following areas outlined in the PVVC 'Guide to making submissions':

3. The quality, structure, role and functioning of: family services; statutory child protection services, including reporting, assessment, investigation procedures and responses; and 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.

(See sections 2, 3, 4, 5 and 8)

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.

(See sections 2, 5, 6 and 8)

5. The appropriate roles and responsibilities of government and non-government organisations in relation to Victoria's child protection policy and systems.

(See Sections 2 and 8)

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.

(See section 7)

2 Principle: Responsive and act with therapeutic intent in the bests interests of children and young people

MacKillop believes more needs to be done to build and extend the capacity of the system and to provide therapeutic responses to vulnerable children young people and their families.

2.1 Build the capacity of the system

The capacity shortfall in the Out-of-Home Care system in Victoria needs to be urgently addressed. Based on current and projected demand the system is overstretched and requires a significant investment to build capacity (Ombudsman Victoria, 2010: 65-69). The Victorian system is in danger of re-traumatising children and young people due to a lack of responsiveness to their needs. Whether this is due to a lack of appropriate placements, the necessity to meet targets or workforce deficiencies the system has become too accepting of options that undermine the best interests of children and young people. All children and young people removed from their family and placed in Out-of-Home Care will have experienced profound trauma and will require a therapeutic care response. One of the key requirements of therapeutic care is the accessibility of appropriate placements in either home-based or residential care. An investment is required to increase the capacity of the Out-of-Home Care system to avoid the problem of poor placements based on availability rather than assessed need. Our experience in residential care emphasises this point. Too often in placement decision-making the best interests of children and young people are subordinate to the pragmatics of placement availability. There is a clear need to expand the suite of available care options for children not able to live with their parents. The ability to match the needs of children and young people to appropriate care options is one of the basic and critical requirements of therapeutic care that our stretched system does not allow.

"I think its just a fact in resi. Everyone gets bullied"

(Young person living in residential care)

"Under the current resi system some young people can cope but most can't"

(MacKillop staff member)

"The decisions made by the Court put pressure on PCU [Placement Coordination Unit]...the system doesn't have the capacity to act in the best interests of kids"

(MacKillop staff member)

"[The Department of Human Services] try and place them in the most appropriate placement but the system is overloaded"

(MacKillop staff member)

2.2 Expand the provision of therapeutic care options

The Out-of-Home Care system needs to further develop the capacity to provide high quality therapeutic care in the continuum of placement options. The pilots of therapeutic models of Out-of-Home Care have provided a welcome focus on the needs of traumatised children and young people entering Out-of-Home Care. The Circle Program (Department of Human Services, 2009) and the therapeutic residential care pilots provide an excellent starting point on which to build.

Therapeutic Care

Therapeutic Care (TC) is care for a young person in an Out-of-Home Care setting that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships that are based on a sound understanding of trauma, attachment, and developmental needs.

Therapeutic Care has a number of key elements that contribute to its success.

- *TC Home based carers and Residential Care Workers are trained and supported to provide the specialist care and guidance required to assist in addressing a child/young person's everyday and exceptional needs and/or developmental delays.*
- *TC is supported by quality assessment that presents the young person with restorative experiences through safe, nurturing relationships in an emotionally regulated and consistent environment, promoting their capacity to experience and recognise safety in relationships with others.*
- *TC focuses on hearing the young person's voice, responding to their unique 'presence' and understanding their experience and the multiple possible meanings behind their behaviours.*
- *TC aims to strengthen the young person's positive connections with their family, community and culture.*
- *TC aims to prepare and support young people to transition to less intensive placement options.*
- *TC is underpinned and supported through organisational congruence and open communication at all levels of program operations, management and partnerships.*

(Adapted from the draft National Definition of Therapeutic Residential Care)

2.2.1 Therapeutic Foster Care

MacKillop's Therapeutic Foster Care Program (Circle Program) in Geelong provides therapeutic support to carers of 12 of the children and young people in our foster care. This support and trauma-informed care

> *"Being included – involved in each decision. Your input is valued you come away feeling your opinion is valued. You have a lot more input and you come away satisfied that you have been listened too."*
>
> (Foster carer)

has made a significant difference to the outcomes for the children and also the recruitment and retention of the foster carers in the Program. The additional training and support provided to carers has meant much greater satisfaction levels among our volunteers.

MacKillop strongly supports the expansion of the Circle Program to all foster care services and the provision of additional measures to arrest the significant decline in the foster carer numbers. This includes the provision of increased financial support, access to high quality and well integrated respite care and creating a more respected role for carers in the system.

> *"We had a young child who was starting to sleep in more and more. We raised this with the psychologist and they listened to us and suggested things to do [as] she might be depressed. Having someone to help sort out where things might be going. Having someone listen and offer strategies is great."*
>
> (Foster carer)
>
> *"You're part of a team not just 'a person looking after the kid.'"*
>
> (Foster carer)

2.2.2 Therapeutic Residential Care

Therapeutic Residential Care has now been piloted for over three years in Victoria and there is clear evidence from the independent evaluation conducted by Verso Consulting to demonstrate that these therapeutic approaches have significant healing outcomes for highly complex young people suffering the effects of trauma. All of the pilot projects have demonstrated that there are a number of essential elements which must be present for the therapeutic outcomes to be realised. This will require resourcing at levels higher than the current residential care prices. It is MacKillop's view that the entire Out-of-Home Care system should be therapeutic but with differing levels of therapeutic care which start at the most intensive models of the pilot projects but are then adapted to the needs of the young people as the healing process progresses. This would involve the development of a suite of high quality therapeutic Out-of-Home Care options.

> *"There is too big an emphasis on generic 'catch all' resi...we need to look at specialisations in types of care with more specialist training for staff...drug and alcohol, mental health."*
>
> (MacKillop staff member)
>
> *"Good staff have communication...they know how to handle a situation."*
>
> (Young person)

Included in this would be the development of care options to respond to the need cohorts of children and young people not well served by the current system. In particular, our experience suggests the existing Out-of-Home Care options are not meeting the needs of children and young people with a disability and children and young people with sexually abusive behaviours.

Many **children and young people with a disability** placed in Out-of-Home Care do not receive the responsive and coordinated services required. That there is no routine data collection on the number of children with a disability placed in Out-of-Home Care (see Ombudsman Victoria, 2010, p. 82) is a significant weakness and masks the extent to which children with a disability are a feature of the population of children and young people in Out-of-Home Care. As also noted by Ombudsman Victoria, serious questions remain as to the adequacy of care options for children with a disability (pp.82-83).This is particularly the case in residential care. Existing models of residential care, especially standard four-bed models, do not meet the needs of children with a disability.

We have also noted that **children and young people engaging in sexually abusive behaviours** are a significant cohort entering the care system. Care options such as foster care and four-bed residential care often do not provide a viable or therapeutic response to the needs of these children and young people. As set out below in the 'Model for Best Practice' we believe the MacKillop two-bed residential care option offers one of the therapeutic care environments which can meet the specialised needs of particular groups of children and young people coming into care.

2.3 Model of Best Practice: Two-bed long term specialist residential care model

'Innovative model responding to specialised needs'

Description:

MacKillop's Long Term Specialised Care (LTSC) service was established in June 2004 and grew out of the long-standing family group home program model. It provides residential care for children and young people on statutory orders in six two-placement units in Melbourne's North-West Metropolitan region. The residential units aim to create stable, secure and therapeutic care environments to accommodate the special needs of the children and young people placed with the service. The two placement model provides long term stability of carers and support staff to help develop relationships that can provide long term therapeutic benefits to improve the safety, stability and development of young people.

Target Group:

LTSC works with statutory clients aged 9-17 years with multiple needs that are challenging to respond to, in the long term care of the Department of Human Services.

Need that is being responded to:

The cohort of young people placed with LTSC have typically experienced significant trauma and disrupted attachment arising from prior abuse and neglect and present with a range of ongoing significant, and often multiple, needs. Many of these young people have a diagnosed intellectual disability, mental health issues, engage in sexually abusive behaviours or a combination of presenting behaviours that prevents placement in less intensive care options such as home-based care.

Young people coming into LTSC have experienced many changes in their lives, and have tended to transition in and out of multiple placements. A 2010 review of LTSC found that young people placed in care over a five year period had experienced between one and eight previous placements (one third of children and young people had experienced between five and eight placements).

Staffing and Case Management:

LTSC staff include a full time co-ordinator, full time senior social worker, full time youth worker, full time case worker, 12 x 24-hour rostered residential staff, plus relief residential staff when required. Three units have an additional 1 x 8 hour residential support staff each. The current service is structured around a 24-hour roster model with two residential staff working alternating rosters within each unit. LTSC has case management responsibilities where the young person's needs and levels of risk are assessed and addressed with appropriate casework and risk management strategies. Secondary consultation is provided to all staff regarding each young person (i.e. by Take Two or Start) with the aim of supporting a therapeutic approach to care. LTSC staff also liaise with other services as required (particularly mental health, drug and alcohol services and the Male Adolescent Program for Positive Sexuality (MAPPS)). The service allows for therapeutic and treatment services to proceed in a stable and secure environment with the smaller number of staff involved contributing to a high level of structure, routine and predictability for young people.

> *Outcomes:*
>
> *Based on the 2010 review, LTSC has been able to achieve the following:*
>
> *Placement stability*
>
> *Given the multiple placement breakdowns experienced by young people placed with the service there is a notable record of stability in placement, with the average length of placement for young people exiting the service is 29.7 months.*
>
> *Transition*
>
> *The majority of young people transition from the service aged 16 and above (60%). Transition points include lead tenant services, family, supported accommodation and adult disability accommodation.*
>
> *Comment:*
>
> *This is a model of care that meets the needs of particular cohorts of children and young people entering the care system. Under existing arrangements, funding for this model of care is inadequate. MacKillop is required to subsidise this model to an extent that undermines its ongoing sustainability.*

2.4   Supporting young people into adulthood

Many of the children and young people entering Out-of-Home Care will require ongoing support beyond their time in care. The consistently poor outcomes for care leavers are well documented (Raman, Inder, & Forbes, 2005; Cashmore and Paxman, 2005; Mendes, 2009; Johnson, Natalier, Mendes, Liddiard, Thoresen, Hollows & Bailey, 2010). Recent improvements in the supports available to care leavers have begun to address this issue but more needs to be done to support young people into adulthood. We believe that young people in care should be fully supported until the age of 21 with more targeted supports continuing to the age of 25 in key areas such as housing, health, education, workplace and other specialist services. Consistent with the work carried out by Johnson, *et al* (2010) our experience suggests that a significant number of young people leaving care are slipping through the cracks. This is particularly the case for young people with higher needs who are not well accommodated in existing support arrangements for leaving care, for example young people experiencing substance use issues (Mendes and Moslehuddin, 2007). Johnson, *et al* (2010: 5-7) provide recommendations for a comprehensive set of policy and practice initiatives to improve systems for young people including state and national policy

reform, the establishment of minimum standards, raising the age to which support is provided and implementing a more 'joined up' approach to the delivery of services. MacKillop fully supports these recommendations.

Current demonstration projects to meet the needs of young people leaving care also present opportunities to be expanded. As set out below, the 'Cluster' models provided by MacKillop in the Southern Metropolitan and the Barwon regions are an innovative model aimed at better supporting young people into adulthood.

2.5 Model of Best Practice: The Cluster Model

'Innovative model to support young people leaving care '

Description:

Commencing in 2011 the 'Cluster' demonstration model aims to address the needs of young people 16 to 18 years of age in Out-of-Home Care who no longer need the highly structured models of residential care, or home-based care, and yet still need support to live semi-independently as part of their transition to independence. This model also has capacity for the continuation of accommodation and support for some young people to remain post the expiry of their Custody to Secretary Order (CSO) or Guardianship to Secretary Orders (GSO) beyond 18 years of age. These young people become direct Transitional Housing Management (THM) tenants.

The 'Cluster units' are self-contained units with on-site and outreach supports. The Cluster Model has been developed with two key components:

1. An Enhanced Lead Tenant (ELT) Program: providing accommodation with a range of supports and services to four young people who are transitioning to independent living from the Out-of-Home Care system. The ELT program is managed by MacKillop.

2. Leaving Care Transitional Housing Management (THM) Support Program: providing accommodation and supports to two young people assessed as needing a longer period of accommodation beyond the expiration of their CSO or GSO. This component is managed by a THM support provider.

The ELT units are co-located at the site of the Leaving Care THM Unit, permitting young people to still remain on the same location while graduating towards independent living.

Target Group:

Young people currently in Out-of-Home Care identified by the DHS region as being ready to move to a semi-independent, supported model of care and:

- At least 16 years of age

- On a CSO or GSO

- Identified as not able to return to their family or kin/kith

- Able to participate in a program that assumes a level of maturity and capacity to live independently with supports

- Interested in participating in a program that will assist them in skill development and transition to independence

- Assessed as being at risk of homelessness.

Only young people already in an ELT placement will be considered for transition to the THM Unit. On exceptions, other referrals may be considered by the THM support provider if existing ELT clients have alternative accommodation options and vacancies exist.

Need that is being responded to:

This model aims to better prepare young people in Out-of-Home Care for living independently and provide a reasonable time period to find housing, through public housing or private rental. The 'step down' model allows young people to develop independent living skills with the level of support decreasing as they 'graduate' through the program from ELT to a THM placement.

Staffing and Case Management:

The on-site support model for young people is through a lead tenant. The model has outreach case management available to ensure maximum support. Staffing includes two volunteer lead tenants (with the capacity for three if required), one EFT Youth Worker and one EFT social worker/case manager for young people and on-call capacity. Both the on-site and outreach components of support are specifically designed to ensure the young people are assisted in their transition to independence in the community.

Comment:

This model represents a positive initiative to address the poor outcomes experienced by young people leaving care. This service has the potential to fill a significant gap in services designed to assist young people to develop the skills and experience to live independently.

1.6 Services to children and young people who grew up in care

'Preserving the record, remembering the story, connecting the people and learning for the future.'

In addition to initiatives to support care leavers towards independent living and into adulthood is the provision of services and supports to people who grew up in care. The circumstances and experience of former residents has been the subject of recent government reports (e.g. *Forgotten Australians* (2004), *Bringing Them Home* (1997) and *Lost Innocents* (2001) and associated public policy responses (for example the Victorian Government's Care Leavers Initiative).

MacKillop's Heritage and Information Service (H&IS) was formed to assist people who spent their childhood in institutional care or were placed with foster parents from any of these institutions. MacKillop's H&IS holds a substantial archival repository containing approximately 115,000 records of the former institutions, dating back to 1854. The H&IS is also responsible for the preservation, management and provision of supported access to the contemporary (post 1997 client and other) records of MacKillop. The H&IS is predominately a self-funded MacKillop program with relatively small amounts of external non-government income from other organisations for specific purposes.

"The information you get - staff put you at ease - at first I wished I hadn't made contact it was strange going back after 16 years. [Staff member] was just lovely - I think they are very good. They have assisted me to get into contact with others I grew up with...thank God for them - they want to help and there are not many out there like that."

(Person who grew up in care)

"You grew up in a time - 'your parents didn't want you' - the staff are great at explaining that it wasn't your fault - helps you come to terms with yourself - just to have someone to talk to - it helps you understand - I can bring my husband - he can hear about it (growing up in care) - I don't talk about it a lot it is in the background - getting in touch with the [H&IS] gave me the courage to do these things."

(Person who grew up in care)

Our service receives over 40 contacts a month from individuals seeking their records or the records of family members. The model of practice characterising the work of the H&IS centres on the supported release and interpretation of records. For some, receiving the records will take one visit, for others it may involve many visits going through the records and looking at photographs. Initial visits to access records range from ninety minutes (minimum) to four hours. Subsequent visits are on average ninety minutes.

Information collected and the records that are maintained for children and young growing up in care must be securely stored and able to be accessed at a later date. This material is often an enduring source of identity for children and young people who grew up in care and agencies should be resourced to ensure that this material is collected, stored and released appropriately. Projects such as the *'Who Am I'* project at the University of Melbourne have brought greater attention to this previously under-acknowledged area of work (the *'Who Am I'* project has submitted a response to the PVVC Inquiry and we support their recommendations).

Our service is an acknowledged leader in the field of providing supported release services (see Murray, Malone and Glare, 2008). We predict that demand for this service will continue to increase into the future. The characteristics of children and young people currently in the care system and the volume and complexity of material collected suggest that the work of providing supported release services will becomes more highly specialised. The importance of this work should not be lost by focusing solely on the experience of children and young people while in care. Discrete funding should be provided to ensure records are appropriately stored and are able to be released in a supported manner.

2.7 Workforce

> *"It is clear that gaps are emerging in the capacity of the sector to meet demand for practitioners with well developed skills in complex areas such as child welfare, mental health and drug and alcohol services"*

(Healy & Lonne, 2010: 66).

A critical element in the delivery of therapeutic and responsive services is the maintenance of a skilled workforce. Work with vulnerable children, young people and their families requires the skills of a professionally trained workforce with a strong understanding of the effects of trauma. We note that responses in other jurisdictions have had success meeting the needs of vulnerable populations by elevating the role of social workers (see for example Cross, Hubbard and Munro, 2010 and the evaluation of the Hackney model). We also believe the following actions will further improve workforce development:

- The **Residential Care Learning and Development Strategy** (RCLDS) has been successful in providing sector wide training for residential care staff. Progressing the further implementation of therapeutic residential care requires that this initiative be expanded.
- While RCLDS has been successful in the residential care setting there is no equivalent **learning and development strategy for home-based care staff and volunteers**. We note steps to develop such as strategy (in response to the report of Ombudsman Victoria,

2010) and we support this move. The Circle training provides an excellent basis on which to build capacity in this area.

- Related to the above points is the need to **develop specialised expertise** to respond to the needs of children, young people and families in both family support services and Out-of-Home Care services. Our staff have noted the need for more a specialised focus in emerging areas such as responding to mental health needs, drug and alcohol use, disability and building culturally proficient practice. In Out-of-Home Care such a focus could be further supported by providing greater access to specialist services *within* the care system to tailor 'in-placement' supports around individual children and young people.

- Working in Out-of-Home Care is both challenging and confronting and the pressures on staff are considerable. In 2008 WorkSafe began funding the Centre for Excellence in Child and Family Welfare **Occupational Health and Safety Champion Project** to engage the sector in decreasing injury rates and improving claims experience. We note that some significant outcomes of this work include:

  o The collation of information around worker injury and safety culture: this clearly indicates a strong and urgent need to ingrain a "safety first" attitude for the sustainability and viability of services,

  o The establishment of the Expert Panel and e-Network: for safety practitioners and sector workers to address issues of mutual concern and share resources, and

  o Advising the sector of the upcoming federal Work Health & Safety Act and advocating to federal and state regulators about sector concerns.

This project has made important progress in raising the level of awareness in worker health and safety, and the establishment of networks for information and resource exchange. MacKillop believes there is still work to be done in this area to improve staff safety and wellbeing. MacKillop recognises the need for an extension of this Project to bring about the required changes in culture and practice. A timely investment will build on the project's momentum and achievements will yield a great return in the development of appropriate resources and a more permanent and positive modification of work health and safety culture and practices.

> *"Need to look at training in specific areas. We are seeing more pre-birth referrals involving drug and alcohol [use]. Prenatal drug and alcohol is a specialised area we need to look at developing our expertise in this area."*
>
> (MacKillop staff member)

MacKillop recommends:

1. Investing in the Out-of-Home Care system to meet current and projected demand,
2. Extending the provision of therapeutic care throughout Out-of-Home Care,
3. Resourcing options for the care of children and young people with specialised needs,
4. Extending the age to which support is provided to young people,
5. Expanding services to support young people towards independent living,
6. Resourcing community service organisations to appropriately store the records of children and young people in care and release these records in a supported manner, and
7. Greater investment in developing a skilled workforce.

> *"The best thing is I can go and see Mum at her house with my caseworker…when I see her at DHS she just goes crazy."*
> (Young person)
>
> *"Parents are also traumatised. We haven't been good at breaking the cycle. There needs to be more therapeutic work for parents to address their trauma as well. This work has been frozen out of the current system."*
>
> (MacKillop staff member)

3   Principle: Inclusive of families

Families will continue to be the primary and enduring source of identity and social connection for the majority of children and young people in care (Scott and Honner, 2003). The needs of vulnerable children and young people cannot be separated from that of their families. Vulnerable children and young people benefit from initiatives aimed at including and strengthening families (Thorpe, 2007). For example,

> *"I like that they talk about things that you've done [in case plan meetings]…things I've achieved."*
>
> (Young person)

children and young people in care achieve better outcomes when their family is actively engaged in their lives (Dumbrill, 2006) and we know that a large proportion of young people leaving care return to their families for support (Johnson *et al*, 2010). There is considerable scope to improve the engagement of families with children in care from enhancing participation in decision-making with their children through to the provision of better wrap-around supports to improve the prospects of reunification. We believe the resources currently directed towards engaging families (including extended family) are insufficient.

We support actions to properly resource initiatives to engage families at all levels of intervention to build on their strengths. There is an urgent need at the point children and young

people enter care to provide the family with significant intervention to ensure the ongoing safety and development of children. Our experience suggests that the levels of support available to parents decrease dramatically once the child enters the care system. While it is

"The system doesn't respond well to cultural and religious diversity…the many language dialects, different understanding, roles for men and women, the shame often attached to working with us…the costs associated with working with interpreters are significant and the money allocated by DHS runs out very quickly."

(MacKillop staff member)

important to ensure interventions with the child or young person in care are supported, more could be done to support parents towards reunification.

3.1 Responding to diversity

MacKillop delivers services in some of the most diverse communities in Victoria particularly in the western suburbs of Melbourne. We believe we have developed considerable expertise in this area of work. Existing models to support this work could be improved. A basic requirement in engaging with families is the ability to communicate. Funding allocations toward interpreter services are grossly inadequate and undermine the capacity to work well with families.

MacKillop recommends:

8. Supporting families to the greatest extent possible to ensure the safety and wellbeing of children and young people
9. Addressing barriers to access for children, young people and families from diverse ethnic and cultural background

4 Principle: Intervening at the earliest opportunity to make a positive difference

The principle of intervening at the earliest opportunity should inform practice at all levels of intervention in the lives of children, young people and their families throughout the spectrum of child protection, family services and Out-of-Home Care. This includes the maintenance of multiple pathways to ensure access to support services regardless of the intervention of Child Protection. The joint response outlines a framework for ensuring the earlier intervention of universal services to better meet the needs of vulnerable children, young people and families. Our experience suggests the following focus areas can contribute to better responding to the needs of vulnerable children and young people.

4.1 Assessment

The cornerstone of delivering high quality therapeutic services geared towards delivering positive outcomes is the completion of comprehensive and ongoing assessments. Across a range of outcomes measures, children and young people in care fare worse than peers not in the care system. The Royal Australasian College of Physicians Paediatric Policy 'Health of children in out-of-home care' (2008) recommends a routine health assessment within 30 days on entry into Out-of-Home Care for children and young people which includes (but is not limited to) medical, dental, hearing, vision, mental health and educational assessments. MacKillop supports this strategy. Current standards specify timelines for the completion of medical and dental assessments but there is no requirement to complete a more rigorous assessment that includes education and mental

> *"Kids need a rigorous and clear assessment ...psych, education, medical, dental, and then we look at care."*
> (MacKillop staff member)

health. This does not reflect the needs of children and young people entering care and the provision of responsive services. This initiative would require an investment to build the capacity of the system, including priority access to specialist services to ensure these assessments are completed. A framework of clear assessments would assist in driving 'needs led' services and allow a more focused approach to assessing outcomes for children and young people in care.

4.2 Intervening earlier to prepare young people to leave care

The principle of early intervention does not simply apply at the beginning of the spectrum of services. At all points of engagement there are opportunities to intervene to make a positive difference. As an example, for young people living in care it is important to ensure that planning and practice to prepare young people for independent living commences at an early stage. Young people who are actively engaged in planning processes achieve better outcomes when leaving care (Johnson *et al*, 2010). MacKillop's approach to supporting young people to leave care commences at age 15 with an assessment of independent living skills and the development of a plan to build on the young person's strengths. Our approach is prefaced on the importance of all young people in care being provided with as many opportunities to learn as possible.

MacKillop recommends:

10. The principle of early intervention applying at all points on the continuum of services, and
11. Completing comprehensive assessments for all children and young people entering Out-of-Home Care to inform 'needs led' service responses.

5 Principle: Flexible with the capacity for innovation

Current models of decision-making and funding work against the delivery of responsive services to children, young people and their families. There is an urgent need to flatten the structures for providing placements for children and young people in care. A key solution is the movement of decision-making authority to deliver agreed outcomes. We support moves to unlock ossified models of funding and service delivery to allow a stronger focus on "what works" rather than what is available.

5.1 Placement Stability

> *"Two months of delay in making decisions in the best interest of a child or young person equates to 1% of childhood that cannot be restored."*
>
> (Judge Crichton, cited in Munro, 2010: 19)

Placement instability represents both a considerable financial cost and, more importantly, adversely impacts the wellbeing of children and young people in care. There are two primary reasons placements breakdown: inappropriate matching of children and young people with care options due to a lack of system capacity or a shortfall in expertise within the placement setting. We have seen too many examples of children and young people churning through multiple placements or lurching to and from mental health services and/or the youth justice system. While the reforms outlined under Principle One to increase system capacity and improve the provision of therapeutic care responses will improve placement stability, the third aspect is to create greater level of flexibility in decision-making regarding placement decisions. We have been involved in the delivery of flexible responses (as outlined in Case Study One), but such responses invariably involve considerable delay and are overly reliant on relationships within individual Department of Human Services (DHS) regions. MacKillop supports reform to resource community service organisations to manage and coordinate placements in out-of-home care. This move would overcome needless structural separation and

> *"There will always be a proportion of kids that do not fit with existing services. We need the capacity to develop tailored service packages."*
>
> (MacKillop staff member)
>
> *"To achieve flexible care arrangements it needs to be managed too high up and causes unnecessary delays."*
>
> (MacKillop staff member)
>
> *"The people who are building the relationship should have more of a say in placement decisions."*
>
> (MacKillop staff member)

consolidate the functions of case management and care management within community service organisations to avoid duplication and provide greater clarity of roles and responsibilities.

The below case study illustrates some of the possibilities for flexible responses to the needs of children and young people.

5.1.1 Case Study One: Pathway to flexibility

*Case example has been removed from the published version of the submission

The case study provides a clear insight into the benefits of more flexible approaches to meeting the needs of children and young people in care. The case study also highlights how existing arrangements can work against more flexible approaches that wrap-around the needs of young people.

MacKillop recommends:

12. Unlocking funding for Out-of-Home Care to facilitate more flexible care responses.

6   Principle: Cost effective

"The immediate economic cost to the community of providing child protection services is only one facet of the overall cost associated with child abuse and neglect."

(Bromfield, Holzer & Lamont, 2011: 5)

The joint response provides clear framework for the provision of responsive and cost effective services for vulnerable children, young people and their families. MacKillop believes the existing programmatic and funding models and the structure of service systems hide the true cost of supporting vulnerable children young people and families. There is considerable scope for improvement by streamlining service pathways and resourcing single agencies to provide multi-disciplinary service responses.

A greater emphasis on achieving positive outcomes for vulnerable children and young people will create greater efficiencies. A key weakness of our current system is the pronounced lack of data regarding children and young people in care. At this time the CRIS/SP system fails to meet

the basic data requirements of our organisation. The problems of this system have been an ongoing issue and require urgent resolution.

7   Principle: Transparent and accountable

MacKillop supports the initiative to improve transparency and accountability throughout the system. The system will benefit from the establishment of truly independent oversight of the system of child protection, family support and Out-of-Home Care. To this end, the joint response provides a detailed framework for systems of transparency, accountability and oversight. The establishment of a Children's Commissioner is a positive development. Among the functions of the Commissioner should be the responsibility to drive the further implementation of the Charter for Children in Out-of-Home Care. To date the Charter has been under-utilised and does not occupy a significant location in the terrain of day-to-day practice in Out-of-Home Care. The Charter is an excellent resource outlining the rights of children and young people in Out-of-Home Care and provides a valuable framework to improve practice across the sector.

> *"Disability services are too quick to disengage they don't stick with families. Their model doesn't suit the ongoing needs of vulnerable families. If families can't get these services they end up churning in our system."*
>
> (MacKillop staff member)

8   Principle: Integrated – linking across systems and services

Service integration is a tool that is critical to properly operationalise the preceding principles. In its current form our system of support and care for vulnerable children, young people and families is very mechanistic. Programmatic and funding structures do not facilitate flexible service responses.

The term 'complex clients' masks the clear deficiencies in our systems to provide integrated wrap-around care and support services. Too often the complexity resides with the system responses not children, young people and families. Further development of pathways and linkages across service systems is required to build the capacity of the system to be child-centred. There are opportunities to improve integration between all levels of the service system; from the interactions between government agencies and community service organisations

through to the processes to manage the individualised care of vulnerable children and young people.

8.1   Broader system reform

As illustrated throughout this response there are significant opportunities to improve the integration of key services to support vulnerable children, young people and their families. Our joint response proposes a framework that would overcome many of the barriers to integration we currently face.   We highlight the following two key areas where more could be done to better integrate services.

8.1.1   Education

The poor education outcomes for children in care have been well documented in the literature (e.g. De Lemos, 1997; AIHW, 2007; Wise, Pollock, Mitchell, Argus and Farquhar, 2010). Improving cross-system access and collaboration to respond to the educational needs of children in care should be a priority area for government. There is clearly scope for developing systems that better engage vulnerable children and young people at risk of disengaging from education and training services.

We strongly support recent work to improve education outcomes for vulnerable children and young people. Initiatives such as the *Partnering Agreement* between DHS and the Department of Education and Early Childhood Development (DEECD) for children and young people in Out-of-Home Care, the policy development work on flexible learning options for young people at risk of disengaging from schooling (DEECD, 2010), *Calmer Classrooms* (Office of the Child Safety Commissioner, 2007) *Great Expectations*, (Office of the Child Safety Commissioner, 2007), and the *School Engagement Policy Guidelines* (2009) have attempted to address the education needs of vulnerable children at risk of disengaging from schooling or education services. It is important that these initiatives do not proceed in isolation. What is required is a more robust framework to ensure that government agencies, schools and community service organisations provide clear, coordinated and outcomes driven service delivery responses to improve the education access and support for vulnerable children and young people. Policy development in this area is an opportunity to ensure a 'joined up' approach to the provision of education and training services

and supports to ensure we have a system that is more coherent and provides seamless pathways for vulnerable children and young people.

Within these initiatives there is also scope to address the needs of specific cohorts that are not well represented in the policy responses, such as the primary school aged children who are at risk of disengaging from schools and the small but significant number of children and young people that are totally disengaged from education and training services.

8.1.2 Disability services and mental health services in Out-of-Home Care

As with education services more could be done to ensure disability services and mental health services properly engage with vulnerable children and families. Across Out-of-Home Care and family support services our staff report

> *"The threshold to get specialist treatment is too high. We have examples of police trying to get kids into secure welfare and they can't even get them in. Mental health [services] have very clear guidelines but the bar is too high…mental health services take a lot more risks than we are prepared to."*
>
> (MacKillop staff member)

difficulties in engaging these services with children, young people and families. This issue is particularly pronounced in Out-of-Home Care where our staff report significant difficulties in accessing appropriate support from mental health services and disability services.

8.2 ChildFIRST

ChildFIRST is a positive example of more integrated approaches to service delivery. In particular there are three elements of the ChildFIRST model that have assisted in the better integration of service and supports:

- Bringing together family support service organisations has improved the process of needs and risk assessment and assisted in streamlining referral pathways,
- The innovation of Community Based Child Protection Workers (CBCPW) has been a highlight of recent family service reforms. This has improved the capacity for collaborative practice and brought together specialist expertise. This success has been tempered by issues regarding the availability and turnover of CBCPW staff but it is a success that can be built upon, and

> *"The strength of the Western Alliance is a positive…all agencies have come together…there is lots of goodwill in the Alliance."* (MacKillop staff member)
>
> *"ChildFIRST in Melton is a plus…referrals are assessed quickly within the team and we get better information with the risk assessment."*
>
> (Mackillop staff member)
>
> *"Community based child protection worker has been a good thing."*
>
> (MacKillop staff member)

- As a visible point of entry the ChildFIRST model has improved pathways to support vulnerable children, young people and families.

Within these positives initiatives there is room to improve the ChildFIRST model. Our experience suggests two key areas where this model could be improved:

- **Improved capacity to provide early intervention:** our staff report that the capacity to intervene earlier to support vulnerable children, young people and families is being eroded over time given the limited capacity of ChildFIRST. The model is in danger of being marginalised as a tertiary service responding to, rather than averting, crisis.
- **Broadening the base of services involved:** the needs of families referred to ChildFIRST highlight the requirement for a more diverse range of services to be involved. Key service types such as drug and alcohol, mental health and education services are not well engaged in the existing model.

8.3 Integrated care management project

"The ChildFIRST model is too contained. Moving from the Innovations model we lost the diversity. In that model we had more agencies involved. It has lost some of the diversity like maternal and child health, mental health and education. Now it has become too focused on family services and this has an effect on opening up pathways to other services. We have consultations but we are missing out on some things. There was also brokerage [in the Innovations model] that allowed flexible responses."

(MacKillop staff member)

"Lots of services don't come under ChildFIRST…drug and alcohol [services] don't get referred to…it only covers integrated family services. It is a mini system that is only addressing part of the issues."

(MacKillop staff member)

"We have got a case on our books that went to executive panel and they said "you can never close this case…the risk in the family continues…in the mean time the school continues to make reports…the system struggles with this."

(MacKillop staff member)

In late 2010 DHS commenced an integrated care management project, releasing a conceptual paper to inform discussions for improving the systems to manage the care of children and young people. MacKillop had advocated strongly for this project as we believe existing case management systems for children and young people in care do not function in the best interests of children and young people. The practice of case management has become overly burdened with (often repetitive) tasks of data collection and management. We believe the emphasis on achieving outcomes for children and young people is in danger of being diluted by a focus on the completion of administrative tasks. While we acknowledge the centrality of practice accountability there is considerable scope to integrate and streamline existing processes of case management. In our response to this project we highlighted the need to:

- Review the application of the *Looking After Children* Framework including its integration with other case management and case practice tools and records,
- Streamline roles and responsibilities for care management across children protection and community services organisations particularly in relation to Care Teams, and
- Address the serious deficiencies in the CRIS/SP system and its inability to provide basic data.

MacKillop recommends:

13. Increasing access to flexible learning options for vulnerable children and young people at risk of disengaging from schooling,
14. Better engaging education services to meet the needs of children and young people in care,
15. Improving access to disability and mental health services,
16. Building on the ChildFIRST model to improve the capacity to intervene earlier and strengthen the breadth of service pathways, and
17. Streamlining the systems to manage the care of children and young people placed in Out-of-Home Care.

Conclusion

The establishment of the PVVC Inquiry is an acknowledgement of the contemporary challenges of responding to the needs of vulnerable children and young people. Opportunities for change such as this do not occur often. In Victoria it is timely to reflect on the totality of systems designed to protect children and young people and the impact of previous reforms. We can assess what has worked and what has not, what we need to build on and what we need to rethink.

MacKillop believes there is considerable room to improve the way we respond to the needs of vulnerable children, young people and families. Our directions for change can be best summarised under the simple banner of "putting the interests of children and young people first". Building a more therapeutic, responsive and flexible system will better address the vulnerabilities and trauma that we see in our everyday work. Our experience suggests there is a strong momentum for change and we look forward to working in partnership to realise these possibilities.

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