Post Placement Support Service (Victoria) Inc.

Response to Protecting Victoria's Vulnerable Children Inquiry

The Post Placement Support Service (PPSS)

The Post Placement Support Service (PPSS) was established in 2002 to provide support, training and advocacy for Victorian families and professionals in the areas of kinship care, permanent care, adoption and foster care.[1] While there are undoubted differences between 'types' of care, there are also considerable similarities in terms of support needs and PPSS was set up as a holistic service to avoid 'service silos'.[2] Like other Australian-based and overseas support organisations, most of our services are provided for carers (although we do offer therapeutic art and play sessions for children on a less regular basis). The rationale for this is that carers who are well supported are more likely to provide the stable and positive experience of family life needed by these children for their long term psychological health.[3]

The Need / Service Gaps

Stability is a pivotal concept in the Victorian child welfare legislation. However there is little focus on the provision of support to ensure stability, particularly in situations where statutory involvement has ceased, or has not occurred. The potential vulnerability of children involved in kinship care, permanent care, adoption and foster care is well known. Research shows that an increasing number of children coming to the attention of child protection authorities are exhibiting difficult and challenging behaviours, and that this is occurring at a younger age.[4] The challenges that this presents for carers and parents are considerable, and there is a consequent need for ongoing carer support to ensure the stability of care arrangements.

There are three groups in the out of home based care system which currently receive very little or no support:

- Informal or non-statutory kinship families[5]
- Permanent care families
- Adoptive families

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[1] PPSS was funded in 2010 by a philanthropic consortium to set up a statewide support service.

[2] Many of our services are provided for all home based care 'types', however we do provide specialised services for each care 'type'.

[3] Article 20 of the United Nations Convention on the Rights of the Child establishes that children who cannot be looked after by their own family have a right to special protection and assistance provided by the State. We believe that supporting carers and parents is a central part of protecting children. See also Best Interest Principles, *Children, Youth and Families Act 2005.*

[4] DHS, *Public Parenting - A Review of Home Based Care in Victoria*, June 2003

[5] The Mirabel Foundation offers support to this group only if there is an issue of parental drug/alcohol misuse

There is a limited capacity for adoption and permanent care services and kinship services to provide some level of support for carers who are not involved or have ceased involvement with the statutory system. However in situations in which a foster care placement has been converted to a permanent care placement, there is no provision for post legalisation support.

From the perspective of carers, there is an expressed need for ongoing responsive support to enable their caring role. With foster carer recruitment and retention a current critical issue in the home based care sector, surveys of foster carers have consistently shown that lack of adequate support is a major reason for leaving the care system.[6] Research on carer needs[7] indicates the necessity for the following elements of support:

- Counselling
- Therapeutic support
- Peer contact and support
- Respite services
- Training for professionals dealing with children raised in home based care
- Support and training in therapeutic parenting and
- Legal advice.

Longitudinal research undertaken in Victoria[8] indicates that to be valued by carers and adoptive parents, such services need to be delivered in a way that is:

- Independent of placement agencies
- Available without having to fight for it
- Knowledgeable about the challenges of parenting troubled children
- Reliable and thorough
- Skilled in terms of offering practical strategies to address identified issues
- Empathic and non-blaming and
- Provided in a context of partnership.

Figure 1 below identifies the support needs of carers together with possible solutions**:**

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[6] DHS, *Public Parenting - A Review of Home Based Care in Victoria*, June 2003

[7] Council of the Ageing (2003). *Grandparents Raising Grandchildren: A report of the project commissioned by Larry Anthony, Minister for Children and Youth Affairs.* Melbourne: Council of the Ageing.

McHugh, M. (2009). *A Framework of Practice for Implementing a Kinship Care Program* Report for the Benevolent Society, Sydney: Social Policy Research Centre, UNSW.

O'Neill, C. (2010), Home based carer and professional support needs survey, *Children Australia*, 35 (3), 38-41.

Reilly, T. & Platz, L. (2004). Post-adoption service needs of families with special needs children: Use, helpfulness, and unmet needs. *Journal of Social Service Research,* 30(4) 51-67.

[8] O'Neill, C. (2003), 'The simplicity and complexity of support', Ch 1 in H. Argent. *Models of Adoption Support*, BAAF, London.

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Figure 1: Support - Needs and Solutions

Type of Care	Types of Support: Needs	Types of Support: Solutions	Comments
Permanent Care Kinship Care Foster Care	Financial	• Increase access to general placement support grants • Provide kinship carer payments to all kinship carers (i.e. incl. non-statutory placements) • Increase carer reimbursements to reflect real cost of raising children	Leaving care support should be extended to 21 years of age
Permanent Care Kinship Care	Respite	• Funded respite for permanent care and kinship care (including non-statutory) placements • Funded respite camping programs (weekends and holidays for carers and children)	Objective is to decrease carer/parent stress levels and avoid re-entry into the child protection system
Permanent Care Kinship Care Adoption	Support services	Access to pre-legal service provision and support such as: • Take2 clinical services • Provision of DHS Educational and Medical Expense Allowance until the child is 18 years of age. This is currently available to statutory carers only. • Dental services until 18 years of age • Subsidised / free kindergarten • (Minimum 12 month) post legal case management support funded by DHS and provided by agency for all kinship, Permanent Care and adoptive families – with longer term capacity to reconnect with services as required. • Long term support for facilitation of access i.e. contact with birth parents and siblings. Needs to be guaranteed until 18 years of age.	Existing services should be expanded to include adopted children Permanent Care Orders increasingly have high level access conditions written into them. Professional support should be available to carers/parents to facilitate access. In situations where Adoption Orders include high levels of access, support should also be available.
Permanent Care Kinship Care Foster Care Adoption	Information, parenting education and training	• Ongoing training, information and support for carers regarding children's developmental stages and needs	Information/training for professionals is also essential as these children bring many issues to schools and health services.
Permanent Care Kinship Care	Legal issues	• Consultation with young people regarding name changes	Targeted legal support should be available for permanent carers and kinship carers in contested court cases, including access to Legal Aid.
All home based care, including adoption	Research and advocacy	• Policy and practice needs to be evidence based • State government to fund and support outcomes based research	There is a dearth of outcome based research in Australia

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Rationale for provision of post placement support

Failure to provide long term support to carers and parents of children in home based care and adoption leads inevitably to poorer outcomes for these vulnerable children and their families.

It is conservatively estimated that the cost of poor outcomes (when both young people and carers have received inadequate support) for the 450 young people who leave formal care in Victoria each year is around $332.5 million.[9] This figure was based on calculating the additional support that would be needed by these young people, between the ages of 18 and 59 (compared to young people who had not been in the 'care' population). It includes employment costs (related to insufficient educational opportunities) with consequent implications for taxation and GST revenue; health; mental health; drug and alcohol treatment; police involvement; the justice system and correctional services; and housing.

Models of support

Carers say that they require specialist support designed for the needs of children and carers in home based care.[10] They also prefer such support to be available independent of the placement agency. There is therefore an argument to fund independent post placement support services, similar to those operating in some other Australian states. Such a support service ideally provides:

- Information provision and training
- Referral
- Support
- Advocacy
- Research

In meeting the ongoing needs of carers, other innovative models should be considered, including: *Mirror Families*[TM,11] which aims to construct a lifelong support network for vulnerable children, and also the "navigator role", currently in use in North America, which provides a responsive model of ongoing work with families.[12]

[9] Forbes, C., Inder, B. & Raman, S. (2006). Measuring the cost of leaving care in Victoria. *Children Australia*, 31 (3), 26-33.

[10] O'Neill, C. (2010), Home based carer and professional support needs survey, *Children Australia*, 35 (3), 38-41.

[11]Brunner, C. & O'Neill, C. (2009) Creating extended families for life. *Children Australia,* 34 (4), 6-12. The Mirror Families Pilot Project is currently being undertaken by PPSS

[12] Mackiewicz, P. (2009) *To examine and compare program elements that achieve positive outcomes for children placed with relatives or kin as a result of child protection intervention*, 2007 Churchill Fellowship Report, The Winston Churchill Memorial Trust of Australia.

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Conclusion

The connection between stability of care and outcomes for children is undeniable. There is therefore a compelling reason for the provision of ongoing post placement services for carers. These services should provide responsive, effective and accessible support to assist carers to continue to nurture the children in their care. They need to be available for all children in home based care, until the age of eighteen. To do otherwise is at considerable cost to the child, the family and the community.

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Mirror Families ™
Service Model

Contents

1.   Introduction and Background

The "*Mirror Families*" Model (originally created by Claire Brunner, and documented and developed by Claire Brunner and Cas O'Neill[1]) proposes a new paradigm, based on a different approach to providing support for vulnerable children and young people. The concept was created in response to the perceived need of vulnerable children and young people for support, continuity of relationships, and future planning. This need arises from the inadequacy of existing support networks in the child or young person's life, and is often exacerbated by the nature of the intervention of the Child Protection system.

Protective intervention often needs to focus on immediate, short term strategies to ensure the safety and wellbeing of vulnerable children and young people. Thus interventions are often short term, and are also often crisis driven. There is a lesser priority for future planning, and less opportunity for responses that look to the future. Also, the forms of temporary "Out of Home Care" may not provide for vulnerable children and young people a sense of continuity of relationship, or a sense of belonging.

Additionally, vulnerable children and young people may not be able to access the networks of support available to others. In normal circumstances there are a number of adults, most likely family members, who play significant roles in supporting a child's parents, and in contributing to a child's development. These relationships are usually enduring, and the extended family remains connected to the child all of his or her adult life. For vulnerable children and young people these extended kinship networks may not be available.

The objective of the *Mirror Families* Model is to create an enduring functional "extended family" system for vulnerable children or young people. This is intended to provide continuing, responsive support for the children or young people, and their carers, and to thereby increase placement stability, and the likelihood of positive outcomes.

2.   Definition of "Mirror Family"

The term 'Mirror Family" was used to emphasize the difference in the approach underpinning the paradigm. The word "Mirror" is used because of the intention to create a supportive structure which reflects what happens in natural extended kinship networks. The use of the term "Family" expresses the intention of encouraging the development of complex enduring relationships based on a 'heart connection', and a sense of belonging. A Mirror Family is a constructed extended family for life for a vulnerable child or young person, comprising individuals who have a connection to the child or young person, and may or may not be related.

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[1] *Mirror Families* **Creating extended families for life** A new paradigm to support positive outcomes for vulnerable children and young people and their families

Mirror Families **in Action** A guide to identifying, creating, managing and maintaining a *Mirror Family*

Mirror Families **Creating extended families for life** Children Australia Vol.34 No. 4 2009

A Mirror Family is **not:**

- a "care team",
- foster care network,
- professional support network or
- a "circle of support".

The intended structure of a Mirror Family has three components:

'A' family - the primary carers of the child or young person

'B' family - the secondary or respite home for the child or young person

and

'C' family - tertiary carers, offering support such as; babysitting, friendship, mentoring, advocacy and/or educational support

3. Theoretical and Practical Perspectives underpinning the *Mirror Families* Model

The **concept** of *Mirror Families* was developed by an individual carer who perceived a need for more effective support systems for vulnerable children and young people. *Mirror Families* addresses this need by creating an enduring functional "extended family" support system constructed around the child or young person. The value of this response can be readily supported by current theories relating to child development and wellbeing.

"**Resilience**" has been identified as a positive individual quality connected with an ability to cope with the stresses of life (Frydenberg[2] 1997, p.44). Fuller [3] (2004, p.2) describes resilience as: "the happy knack of being able to bungy jump through the pitfalls of life. It is the ability to rebound or spring back after adversity or hard times …" For most people the building of resilience is an intrinsic role of family and community, and Fuller notes further that: "Resilience and emotional intelligence depend largely on a sense of connectedness, belonging and empathy with others". Masten[4] (2001, cited in Lemay, 2005a, p6) states that: 'Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships and in their communities'. Gilligan [5] (2001) sees a key element of resilience as being an individual having a secure base; ideally involving both stability of placement and continuity of relationships. Frydenberg

[2] Frydenberg, E. (1997), Adolescent Coping...Theoretical and research Perspectives, Lond: Routledge

[3] Fuller,A. (2004), *A Blueprint for the Development of Social Competencies in Schools,* www.andrewfuller.com.au/resilience/blueprint.pdf

[4] Lemay, R. (2005a) "Resilience, the Developmental Model and Hope", *The Crucial Times,* 34,5-6

[5] Gilligan, R. (2001), *Promoting Resilience*, Lond.: BAAF

(1997, p44) also sees the presence of support systems as being a factor in determining resilience.

Brunner & O'Neill also note (citing Werner & Smith, 2001, ibid p7) that: "Our everyday understanding of **the importance of lifelong relationships** to human beings (both within and outside the family) is backed up with a considerable body of research and practice wisdom." They further note, from the perspective of neuropsychology (citing Perry 2006, ibid p.7), that ideally each child would have **a network of relationships** with a number of developmentally mature people who would protect, educate, enrich and nurture them.

An enduring support system would also be important in **improving the "leaving care" outcomes** for young people. As Brunner & O'Neill (ibid p.8) noted: "There has been recent recognition in Australia and elsewhere that young people leaving care are often ill equipped to cope with independence, and that child welfare systems have not served them at all well in preparing for adult life." They further note that this failure is associated with poorer outcomes, and an intergenerational cycle of child protection involvement. Also young people who have experienced multiple placements are more likely to have poor outcomes (ibid p.8).

The *Mirror Families* Model in providing **support for the primary carer** of a child or young person, is decreasing the likelihood of placement breakdown. Brunner & O'Neill (citing DHS, 2003, ibid p.8) noted survey results which consistently show that lack of sufficient support is a major reason for carers leaving the system.

The central idea of the *Mirror Family* Model is about forming a constructed support network around the vulnerable child/young person. In forming the Mirror Family, the intention is to form a group which will support the carer/s and child/young person, and ultimately be independent and self-organizing. The Model draws on theories about group formation, such as that proposed by Bruce Tuckman[6](1965). He proposes a staged process of group formation, which can be seen to underpin the stepwise formation of the Mirror Family. The *Mirror Families* Model acknowledges that the bringing together of people for a common interest (e.g. their heart connection, and desire to support a vulnerable child) will require professional support and guidance during the initial stages (12 months) of group development, but that after the initial work is done, the group should be able to move forward autonomously.

4.   General Principles:

Participation of children, young people, carers and family members

There is a commitment to the participation of children, young people, carers and family members (where appropriate) at all stages of the establishment of a Mirror Family, demonstrated through:

- Conducting genuine, ongoing consultation and facilitated participation at all stages of the establishment of a Mirror Family

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[6] Tuckman, B. (1965) "Developmental Sequence in Small Groups" Psychological Bulletin, 63, 384-399

- Providing children, young people, their carers and family members with accessible information, which facilitates and encourages participation in all aspects of the Mirror Family
- Empowering children, young people, their carers and family members
- Advocating for children, young people and their carers to access relevant services and supports
- Adhering to Best Interest Principles and Best Practice Frameworks
- Utilizing the Looking After Children Framework to ensure children's and young people's needs are identified and met
- Adopting and promoting Family Group Conferencing and Family Decision Making Principles

Promoting the rights and safety of children, young people, carers and family members

There is commitment to ensuring the rights and safety of children, young people, their carers and family members by establishing, maintaining and adhering to policies and procedures regarding:

- Privacy and confidentiality, including providing advice to service users of their rights
- Providing written materials regarding relevant policies and procedures to service users
- Family decision making and engagement principles in the identification of support needs, decision making and the development of support plans
- Procedures for complaints (including timelines)
- Cultural competence
- Record management and file safety
- Child Safe and Child Wise practices to ensure the safety, wellbeing and development of all children and young people
- Being open and transparent with Mirror Family members about the requirements of mandatory reporting, including the commitment to work with families to address any concerns prior to contact with statutory authorities
- Conducting security checks of Mirror Family members including Police Checks, Working with Children Checks and Referee Checks as appropriate, and recording outcomes on the case file
- Assessment screening of potential Mirror Family members

5. Specific Principles

- The *Mirror Families* model (the "model") involves constructing an enduring "extended family" support network for vulnerable children or young people
- The primary focus of the model is on the safety and wellbeing of the child or young person
- The model is child focused, and aims to promote the connection of the child or young person to their family (birth family or alternative care family), social and community networks
- A Mirror Family is not a professional support network
- The model aims to develop and enhance the capacity of the informal support systems of a vulnerable child or young person

- The work in developing a Mirror Family needs to be done in consultation with the child or young person (to an extent which is age appropriate) and the parent/s
- Regular ongoing consultation between Mirror Family members is an essential part of the process
- The Mirror Family worker's role is to facilitate the establishment of the Mirror Family, through appropriate recruitment, engagement, screening and assessment, and to support the development of the Mirror Family towards self sufficiency, through training and support. The goal is for the Mirror Family to become self sufficient within 6 to 12 months
- Mirror Family workers will use the documentation of the model, adapted as required for the individual circumstances

6. General Aims of *Mirror Families*:

- Well supported care arrangements for vulnerable children and young people, lessening the need for professional intervention and crisis management, and minimizing the likelihood of a breakdown of the care arrangement
- Continuity of significant relationships for a child/young person
- Practical and emotional support for the child/young person and their primary carer
- Maintenance of the connection of the child/young person with their community
- Enhancement of the child's/young person's access, involvement and achievements in education, employment and extra-curricular activities, and
- Support for the child's/young person's development, to enable them to reach their potential

7. Specific aims of *Mirror Families*

Working together the A,B and C families should:

- provide nurture, protection and guidance to the child/young person

- keep in regular contact with the child/young person e.g. phone calls and outings

- encourage, challenge and expand the child's/young person's horizons

- utilise networks to help home leavers e.g. with employment and housing

- provide practical and emotional support to carers and parents

- be there for significant occasions e.g. birthdays, Christmas, school prize giving, football matches, concerts, graduation ceremonies and weddings

- mediate disputes and advocate on behalf of the child/young person and the wider family

- arrange to transfer care/guardianship of the child/young person if anything happens to the primary carers, avoiding the need for them to re-enter the statutory system

- foster and promote existing relationships, especially between birth family members, including siblings

- create a sense of belonging, identity, stability and connection

- guide the child/young person into a fulfilling adulthood.
- offer positive role models, and support to future 'grandchildren'

8.   Outcomes of *Mirror Families*

Anticipated outcomes include:

- Flexible and regular respite for Family A, both planned and for emergency situations
- Opportunities for children and young people to have experiences and relationships outside of the primary home and service systems (with Family B and C members)
- Ideally, in an emergency Family B can provide full time care, continuity and stability for children
- A greater likelihood of sustaining children in their communities and networks
- Less need to seek support from professionals and Community Service Organisations (CSOs)
- A network of lifelong relationships
- Localised support for carers and young people with 24 hour, 7 days a week availability
- Provides an answer to who is going to be there to help parent the next generation
- Improved leaving care opportunities, providing support and guidance to young people with the transition into adulthood and independent living
- Stability, connectedness and a sense of self
- Increased sustainability and permanency of placements

9.   The Role of the *Mirror Families* worker:

The *Mirror Families* worker leads the process of forming and establishing the Mirror Family in partnership and collaboration with the primary carer/s. This role includes:

- Explaining the *Mirror Families* concept to potential participants
- Screening referrals for *Mirror Families*
- Gathering input from Case Managers, Care Teams and other relevant professionals and / or networks to ensure best outcomes for children and their Mirror Family
- Mapping existing supports for the primary carer, identifying any gaps and who could fill them
- Mapping the important adults in the child's life, identifying the gaps and who could fill them
- Consulting with the child / young person, their carers and other known relatives and community members to gain knowledge of other potential Mirror Family members
- Identifying the Key Person / People who will be actively involved in selecting Mirror Family members
- Facilitating contact and meetings with key people and identified potential Mirror Family members
- Assisting identification of anyone who has or could be expected to have, a "heart connection" or special interest in supporting the child/young person long term
- Facilitating discussion about "in principle" commitment with identified possible Mirror Family members

- Ensuring that appropriate screening and assessments are performed in relation to potential Mirror Family members
- Developing the "Mirror Family Tree" and gathering other background information identifying strengths, weaknesses and gaps. The Mirror Family Tree is an Eco Map of the A, B and C family members who comprise the Mirror Family
- Seeking agreement to form a Mirror Family, and negotiating, formalising and distributing the *Mirror Families* Participant Agreement
- Facilitating the convening and chairing of planning and review meetings until this role is assumed within the Mirror Family
- Providing necessary information/training on a flexible basis as required for Mirror Family members
- Supporting Mirror Family members in negotiating how to work with people who are important to the child, but with whom they may personally have had prior issues or broken relationships
- Mediating when required
- Empowering *Mirror Families* to become self-organised and managed
- Providing advice and guidance to Mirror Family members on issues as they arise
- Providing support of the Mirror Family for up to 12 months

The overall goal of the *Mirror Families* Model is for each Mirror Family to become a self-managing group which will function like a natural extended family. The *Mirror Families* worker will work with individual *Mirror Families* for up to 12 months, with a gradual decline of support and involvement occurring after 6 months of involvement.

If required, the *Mirror Families* worker can negotiate an extension of service involvement with individual *Mirror Families* for another 6 – 12 months, depending on the individual needs of each Mirror Family.

10.   The focus of the work

The direct client of *Mirror Families* is the child or young person; however the focus of work, involvement and support for the *Mirror Families* worker will be with the primary caregiver/s and Mirror Family members, to enable best outcomes for the child/ren or young person to be achieved.

11.   Criteria for suitability for *Mirror Families*

- The focus of the work will be a vulnerable child from a socially isolated family
- The child is aged up to fifteen years
- The parent/carer has the full-time custody of the child
- The parent/carer has the commitment and capacity to care for the child
- The parent/carer has the capacity and motivation to work to establish and sustain a Mirror Family for the child
- There is relative stability in the care arrangement, such that the parent/carer will be able to focus on the work of establishing and consolidating a Mirror Family
- That there is the possibility for continuing case work with the parent/carer
- That *Mirror Families* is assessed to be the most beneficial current support option for the child and primary caregiving family

12. Recruitment, Screening and Assessment and Training

Recruitment

The focus of recruitment is on identifying and bringing together suitable individuals who have a connection to the child or young person, and who are able to make a long term commitment to supporting the child/young person and their carer/s. These individuals may be "kith or kin", i.e.; unrelated to the child, but with some bond or attachment, or in the child's biological family. The process of recruitment may be incremental, in that a few individuals may be identified initially, and more may be identified as the Mirror Family is forming.

The *Mirror Families* worker will initially consult the "A Family" (usually the primary carers), and the child/young person to ascertain individuals in the networks of the child/young person and carer/s, who should be approached. After it has been ascertained by the carer/s or child/young person that the individual may be interested in becoming involved in the Mirror Family, and the individual has provided their consent for contact, and their contact details, the worker will facilitate contact with each individual to provide more information about *Mirror Families,* and the process of becoming involved in a Mirror Family. If the individual expresses an "in principle" commitment to being a Mirror Family member for the child/young person, they are then invited to the first Mirror Family get-together.

While considering the overall size of the Mirror Family (not too few to provide meaningful support, or so many that the management and coordination becomes problematic) a suitable role should be found for everybody expressing an interest in being included. These roles may involve a single task such as; homework support or babysitting.

Screening and Assessment

In accordance with the primary principle of the *Mirror Families* model to protect the safety of a child/young person, all individuals who will have a role involving contact with the child/young person will be required to undergo basic screening. Such screening would involve a Police Check and Working with Children check, a referee (2) check for members not from the kinship network, and a home & environment check for B family members (as the child will be cared for in their home).

A decision as to further assessment required will be made depending on the role which the individual would have with the child/young person. In general however the principles would be as follows: Prospective Mirror Family members, who may have the overnight care of the child/young person, will be required to undergo assessment similar to the "comprehensive" kinship assessment used by DHS. If B families would prefer to assume a more formal role as a respite carer, and receive payment for this role, then they would have to undergo training, assessment and accreditation with an agency.

For C families, because of the more limited role which they would play in the Mirror Family, no assessment would be required for individuals who are already part of the child's/young person's kinship network, and a basic assessment similar to that required

for volunteers working with families, would be required for individuals not already in the kinship network.

<u>Training and information provision</u>

Training and information provision for Mirror Family members will be delivered flexibly depending on the needs of the individual. This may be done individually, in the context of the Mirror Family get-togethers, or within a larger group. Training may include; information about *Mirror Families*, including issues which may arise, and skills which may be useful; components of Out of Home Care (OoHC) training, such as about confidentiality, grief and loss, the legal context and aspects of the child welfare system; and finally, information about the specific child/ren or young person and their situation, including discussion about issues likely to arise, and approaches to be adopted by all Mirror Family members.