



## **SUBMISSION**

**TO: Victorian Government Commission of Inquiry -  
“Protecting Victoria’s vulnerable children”**

**BY: Respite Care Project Consortium**

This submission responds to the Inquiry’s overall focus with specific emphasis on the following terms of reference:

**2. Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capability of those organisations involved.**

2.4 What are the most cost-effective strategies to enhance early identification of, and intervention targeted at, children and families at risk?

**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**

3.5 What are the strengths and weaknesses of the range of our current out-of-home care services (**including respite foster care**, foster care of varying durations, kinship care, permanent care and residential care), as well as the supports offered to children and young people leaving care?

### **What is respite care?**

Respite care is temporary out-of-home care or short-term accommodation for children when parents or regular carers are in crisis, or need a break and unable to provide care; planned or regular respite care for vulnerable children and their carer is also a common application. Respite care generally takes the form of family foster care but can also include residential care for children, whole family residential care, adolescent camps (especially in Indigenous family support programs), ‘customary care’ of Indigenous children and other alternatives. Caseworkers and/or other professionals working with the family refer clients for respite care following an assessment of the family’s needs. In some situations, parents may self-refer. Relief of parental and carer stress and social isolation is often a key referral trigger. (Dixon and Biehal, 2007; Pecora, 2010).

## The Respite Care Project Consortium

Our Consortium of seven Victorian child and family welfare organisations is committed to increasing understanding of respite care to enable best practice for vulnerable children and families. The Consortium consists of the Victorian Aboriginal Child Care Agency (VACCA), Post Placement Support Service, Office of the Victorian Child Safety Commissioner (OCSC), MacKillop Family Services, Good Shepherd Youth and Family Service, Berry Street and Anglicare Victoria with La Trobe University as the academic partner. Over the past three years, we have conducted a funded literature review and co-funded a scoping of respite services in Victoria. We have also raised the profile of respite care in the sector through a series of practice-research forums and workshops, and within the general community via the media (Elefsiniotis & McNamara, 2009; Respite Care Consortium 2008, 2009, 2010, 2011).

## Preventive potential of respite care

The provision of respite care is consistent with current Victorian State Government policy which supports normative, non-intrusive and early interventions that can help to protect children against neglect and abuse and preserve families at risk of separation or breakdown. The Department of Human Services' *Every child every chance – A good childhood is in everyone's interests* policy (<http://www.cyf.vic.gov.au/every-child-every-chance> - accessed 14/4/11), especially its *Best Interests framework for vulnerable children and youth* (2007) ([http://www.cyf.vic.gov.au/\\_data/assets/pdf\\_file/0019/41707/ecec\\_Acting\\_in\\_the\\_best\\_interests.pdf](http://www.cyf.vic.gov.au/_data/assets/pdf_file/0019/41707/ecec_Acting_in_the_best_interests.pdf) - accessed 14/4/11 ) articulate this philosophy. Respite care is a community- based support that is sensitive to developmental status, cultural background and the systemic linkages that derive from the child and family's ecological niche. It is often described informally as the "glue that keeps families together". There is international research evidence that respite care offers potential preventative benefits for all family members, including children and adolescents, particularly those at risk of abuse or neglect (Dixon and Biehal, 2007; Hartley, 2008; FRIENDS National Resource Centre for CBFRS Programs, 2004; Dougherty et al., 2002; ARCH National Respite Coalition Lifespan Respite Task Force, 2007; Greenfields et al., 2004). Our own international literature review (Hartley, 2008) strongly suggests that respite can help to preserve some families at risk by preventing child abuse and neglect that leads to long term or permanent removal of children and adolescents from home (Figure One). Respite care can also assist with family reunification.

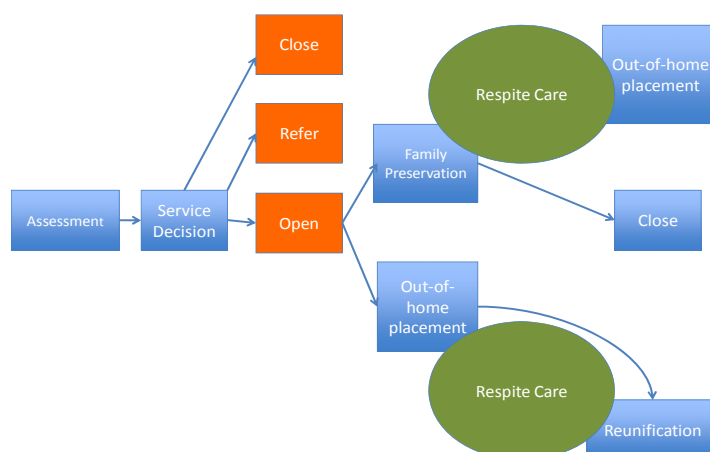


Figure One – *The Role of Respite Care in Family Preservation* (Cash, 2009)

Unlike in aged care and disability, however, respite care in Victoria is not recognised as a distinct ‘service type’ in child and family services. It seems that as a preventive approach, respite care offers potential benefits not currently actualised. This is happening when child protection notifications and the number of children in out-of-home care are increasing (Ombudsman Victoria, 2009, 2010). Children on Care and Protection orders in Australia grew more than 40 percent over five years, from 24,075 in 2005 to 35,409 in 2009 (AIHW 2010). More children require out-of-home care across Australia each year, and increased in number by almost 50 percent between 2005 and 2009. Aboriginal and Torres Strait Islander children continue to be significantly over-represented in both child protection notifications and out-of-home care. Across Australia, Indigenous children were 7.5 times more likely to be subject to substantiation of child protection notification than non-Indigenous children (AIHW, 2010).

### **Local research**

Several local projects have documented the need for respite care and the provision of respite care in Victoria (Office for Children, 2007; SuccessWorks, 2007. Our Scoping Exercise in Victoria (Ochiltree, McNamara and Halfpenny, 2010) confirms that there is enormous unmet need for both regular and emergency respite across the State; however, deficits in funding and personnel have seriously constrained implementation of practice standards and undermined programmatic development. The evidence base for the efficacy of respite care is underdeveloped. The Consortium therefore aims to build on our existing work to develop understanding of how respite care works best to support child wellbeing and preserve families, by undertaking a major research project. To this end we have submitted an Australian Research Council Linkage Grant proposal (for funding in 2011) which is currently under review. We plan to engage directly with participants in the service delivery process to learn what types of respite can assist with which types of need and when respite is contraindicated. We will also explore what training and resources are required and operational parameters that enable or prevent best practice.

### **Nature of demand**

Our work so far has established a high level of unmet need for strategically placed respite care in the broader community for parents, grandparent relative carers, permanent carers and also for foster carers. Kinship carers currently have almost no access to respite care, apart from what may have been informally arranged within the extended family network. (Such arrangements have to date been subject to little external assessment or review). The demand for respite care is enormous and cuts across the child and family welfare system. It is needed at different times in people’s lives. It is needed for those involved in the statutory care system and to support family reunifications for those in foster and kinship care; it is needed for families receiving support, and for families and children in the general community (Hartley, 2008, Ochiltree, Halfpenny and McNamara, 2010; McNamara et al, 2010).

### **Weaknesses and strengths in the status quo**

The major weakness in the provision of respite care is its narrow application. There is limited provision of respite foster care, and it is currently mainly directed to supporting long term foster carers (Ochiltree, McNamara and Halfpenny, 2010). It is often used as a response to a crisis or emergency situation or only for children in statutory foster care. There is almost no programmatic funding for community respite care in Victoria, even though the demand is broad ranging. Other weaknesses are:

- negligible respite care for vulnerable families involved in other support programs, such as Child FIRST

- the monetary payment to respite foster carers being set at the same level in relation to children with complex needs as for children without complex needs.

The major strength of respite care is its effectiveness. It relieves stress and social isolation of parents and carers and of children in their care. Planned and preventive respite care provides both the child and carer with a break and the opportunity of different, potentially restorative opportunities.

## Best practice

Notwithstanding a current lack of local research evidence of respite care best practice, international knowledge and local experience suggests that the following principles inform practice excellence:

- Re-creating caring communities / ‘it takes a village to raise a child’
- Partnership with parents / sharing the care
- Building social capital / local care for local kids /integration / coordination / networking
- Prevention / early intervention /non stigmatising/ normalisation
- Continuity of relationships
- Parent’s preferences and requirements are key determinants in the matching process
- Caregiver’s interest, preferences, availability, skills are also key determinants
- Matching - placement must meet the needs of each individual child (cultural, developmental, emotional, social, personal interests)
- Regular, planned respite care is an important part of family support services

## Who benefits

*We’re very fortunate that we have one another. We’re old. Bob is 72 and I’m 70. This is damn hard, as it is for everyone because physically we get very tired. We have no respite. Our daughter is a great help but she has three teenagers and she works full-time.*

### **Grandparent Kinship Carer of two children, aged 8 and 10 years**

Respite care is integral to meeting the safety, stability and developmental needs of vulnerable children and young people (Hartley, 2008). It is better and more cost-effective for children to be looked after in home based care wherever their needs make this possible. Respite care is one way to support such placements where there are challenges and stresses.

Respite care can be supportive for parents returning home from mental health or substance dependence treatment programs, and where there are ongoing issues of domestic violence, disability or illness, or marital difficulties; it can also be helpful when parents are exiting prison.

Children usually benefit from respite themselves, particularly if their parents are grappling with any one or a number of these life challenges. Regular respite can become ‘added-value care’, that maybe involves mentorship over a long time and inclusion of the child in the carer’s family and community life. This kind of care ensures that vulnerable children have

access to other significant adults in their lives. It may help the child to explore possible permanent living situations whether with a relative or non-relative (Dixon and Biehal, 2007; Pecora, 2010). Regular (and emergency) respite care can support more vulnerable carers, such as grandparents, who do not have the same energy levels as younger carers, particularly with smaller children.

## Case Study

A single mother 33 years of age is raising her 6 year old son. The mother had a recent admission into hospital after experiencing a psychotic episode. The Department of Human Services (DHS) referred the son to foster care as there were no other supports in the community to look after him. Upon discharge from hospital, DHS and the Community Services Organisation arranged for the mother to continue to have to monthly regular respite care; this was established on the understanding that if the mother is re-admitted to hospital in the future his current respite carers would look after him on an emergency temporary basis. This arrangement has maintained consistency of care for the child and reduced his anxieties/fears around his mother's mental health problems.

## Recommendations

1. **A diversity of respite care models is required for a diversity of need and should be provided in a continuum across the service system.** Respite care is required for families involved in care and/or protective services, for families in the process of reunification, and for families involved with family services as a diversionary and/or preventative measure. Respite care should be positioned in the service system within family services as a potential diversion from child protective interventions **and** in all types of out-of-home care as standard support to carers and children.
2. **Respite care requires appropriate funding to become an integrated service.** It needs a set of standards and the capacity for referrals to be easily obtained by families and by child and family welfare workers for their constituents. It should operate in a best practice framework and be accessible and flexible in response to client need.
3. **Respite carers need to be adequately resourced and supported.** This should be part of the funding for an integrated model.
4. **Respite care requires adequate brokerage funding.** Respite carers often need additional money to support the children in their care. Carers may need extra funds to pay for equipment or commercial/private services, such as recreational activities.
5. **It is important that the development of methods to monitor the efficacy of respite care be supported and research to establish best practice in respite care be encouraged.** Our own investigative groundwork in these domains must be extended to create a local evidence base to ensure effectiveness and promote best practice.

We further recommend that the panel investigates the following models of good practice of care for vulnerable children:

- **Mirror Families** – Post Placement Support Service (Vic) Inc.: Mirror Families helps create extended support for vulnerable children; this incorporates the possibility of respite care. The Mirror Families model reflects what occurs within natural extended family structures. It is an extended family for life, offering children positive role models and support into the future
- **Share Care – Good Shepherd Youth and Family Service:** Regular planned respite care for r vulnerable families that prevents family breakdown and keeps children in their own communities. The program provides respite care which is family friendly, collaborative and normalised. The Share Care program sees respite care as the ‘preventative face of foster care’ where the placement is offered before, rather than after the situation is approaching breakdown. By maximising the use of family and individual support services, such as community-based respite care, Share Care successfully diverts children and young people away from more intrusive placement interventions.
- **VACCA ‘identity’ camps:** The camps for early adolescents aim to enhance cultural identity and at the same time offer young people and their regular carers a break. The camps take place in a farm environment in Western Victoria.
- **Mirabel Foundation:** Respite Care/family holidays/family camps -Mirabel provides advocacy, referral, research, practical and emotional assistance to the children and their kinship carers who are more often than not grandparents. It leads the way in providing a community response to these families and reducing the stigma and isolation they experience. Mirabel identified and filled a gap in the assistance available with the provision of innovative and individual services to a group of children and families that had been largely overlooked by both Government and the community.
- **Aunties & Uncles program (NSW):** Aunties & Uncles helps build a better life for children through an early intervention mentoring program based on an extended family model of "aunts" and "uncles" who provide mentoring, respite and guidance in a stable family environment
- **Planned Respite Care (PRC):** (MacKillop Family Services – Barwon Region) The service supports parents/carers to maintain the care of their children through the provision of regular and planned respite care (usually a weekend) over a period of six months. PRC assists in building positive relationships for parents/carers and children with respite carers providing support and advice. Children are provided with leisure and recreational opportunities they would not have otherwise have such as camping, surfing and going to the movies.
- **Family Services Program at Berry Street:** The *Looking After Children* framework informs practice by Home Based Care and Family Services teams working together to oversee emergency and regular respite and monitor child and family wellbeing; having continuity of case management has proved reassuring, to carers especially
- **Western Australian Government Respite Program (Department of Child Protection):** This program offers family based respite, day programs and residential camps for children in foster care and kinship care; biological children of foster parents are also eligible to attend the camps; this gives carers a real break and de-stigmatises the camping program. There is a strong emphasis in this program on positive cultural experiences for Aboriginal children. **Error! Hyperlink reference not valid.** Accessed 25/4/11

## Conclusion

Respite care supports parent and child wellbeing and can help to prevent family breakdown. It is designed to provide a regular or emergency break for vulnerable families who do not have a network of relatives or friends able to provide help. Respite care is a vital aspect of standard interventions and supports. It assists families who are struggling to cope or as parents return into the normalcy of community living from treatment programs or prison. It improves a sense of security and belonging for vulnerable children, helping them to develop their full potential.

**NOTE:** Consortium members are available to meet with the Panel, at its convenience, to further discuss development of respite care services for children and families in Victoria.

**Contact:** Dr Patricia McNamara,  
School of Social Work and Social Policy, La Trobe University  
[p.mcnamara@latrobe.edu.au](mailto:p.mcnamara@latrobe.edu.au) Tel: 94795681

## References

- ARCH National Respite Coalition Lifespan Respite Task Force, (2007)  
(<http://chtop.org/ARCH/Lifespan-Respite-Task-Force.html> Accessed 11/10/2010)
- Australian Institute of Health and Welfare (AIHW) (2010)  
<http://www.aihw.gov.au/publications/index.cfm/title/10859>, Accessed 12/4/11.
- Cash S and Respite Care Project Consortium (2009) *Respite Care Workshop*, La Trobe University – March 23rd
- Dixon, J. & Biehal, N. (2007), *Young People on the edge of care: The use of respite placements*. The Social Work Research and Development Unit, University of York, Heslington, York.
- Dougherty S, Yu E, Edgar M, Day P, and Wade C. (2002), *Planned and crisis respite for families with children: results of a collaborative study*. Prepared by the Child Welfare League of America & ARCH National Respite Network and Resource Center with support from Casey Family Programs National Center for Resource Family Support.
- Elefsiniotis J and McNamara P (April, 2009) Interview on ABC Radio National *Life Matters*
- FRIENDS National Resource Center for Community Based Child Abuse Prevention (2007). Factsheet #14 (<http://www.friendsnrc.org/download/cbcaprespites.pdf> Accessed 25/06/2010)
- Government of Western Australia Respite Program – Fostering Services; Department for Child Protection
- Error! Hyperlink reference not valid.** Accessed 25/4/11
- Greenfields M & Statham J. (2004), *Support foster care: Developing a short-break service for children in need*. Understanding Children's Care Series No.8. London: Institute of Education, London University
- Hartley R (2008) Respite care literature review: Report to the project partners, Good Shepherd Youth and Family Service, Anglicare Victoria, Berry Street Victoria, MacKillop Family Services, Victorian Aboriginal Child Care Agency, June
- Latrobe University and the Respite Care Project Consortium (2010) Australian Research Council Proposal *Proactive respite care: A strategy to preserve families and support wellbeing*
- McNamara P with PPSS and Respite Care Project Consortium (2010) Respite Care and Mirror Families in Knorth E, J., Kalverboer, M.E. & Knot-Dickscheit J (eds) (2010) *Inside out: How interventions in child and family care work – An international source book*. Antwerp, Netherlands: Garant Proceedings, 10<sup>th</sup> European Scientific Assoc on Residential & Foster care for Children and Adolescents, Groningen, NL
- Northwest Institute for Children and Families (2004) *Foster family constellation project. Second evaluation report -focus on project families*, September. Northwest Institute for Children and Families, School of Social Work, University of Washington, Seattle
- Ochiltree G, McNamara P and Halfpenny N (2010) *Executive Summary - Respite care: The grassroots of preventative care* Report to the Respite Care Project Consortium
- Office for Children (2007) *Every child, every chance: A strategic framework for family services*. Melbourne Victoria Dept Human Services
- Pecora P (2010) *What works best in foster care: Results of the Northwest Alumni Study* New York: OUP
- Respite Care Project Consortium (June, 2008) Practice –Research Forum & Literature Review Launch
- Respite Care Project Consortium (2010) Roundtable launch of *Respite care: The grassroots of preventative care* Success Works, (2007), *Foster care communication and recruitment strategy*. Melbourne: CFE

Victorian Ombudsman's Own Motion Investigation into the Department of Human Services Child Protection Service (November, 2009) and Investigation of Out-of Home Care (May, 2010)