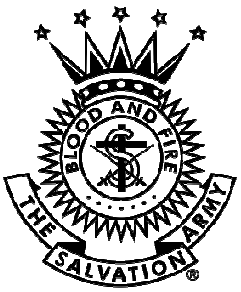
“...as far as whether she is happy, it does not seem to matter to anyone, except ... us.”

Statement made by a Kinship Carer (p20)

The Salvation Army submission to the Protecting Victoria’s Vulnerable Children Inquiry

The Salvation Army
Australia Southern Territory



The Salvation Army acknowledges the contribution of the staff at Eastcare, South East Services Network, Westcare and Janet Jukes (Consultant) to the development of this Submission.

For further information on this Submission contact John Avent, General Manager
The Salvation Army Westcare
PO Box 225 Sunshine, 3020
John.Avent@aus.salvationarmy.org
(03) 9312 3544

Published by The Salvation Army, Australia Southern Territory, April 2011

Contents

Introduction

The Salvation Army is well known across Australia as a provider of social and community services to the Australian community - a role it has played for more than 125 years. Our network of service provision is extensive. The Salvation Army Southern Territory includes over 300 centres that provide community services and social programs through networks of Salvation Army Churches, Community Centres and Social Service Networks in the states of Victoria, South Australia, Western Australia, the Northern Territory and Tasmania. Within this network, The Salvation Army extends care daily to over 5000 disadvantaged people.

While politicians, policy-makers and the Australian public readily identify The Salvation Army as a major supplier of homelessness services, what is less well known is the critical role it has played in the provision of child and family services, including programs for babies, children and young people who are not currently able to reside with their families, and young people considered to be at highest risk in the community. The services provided include foster care, adolescent community placement, lead tenant, residential care, therapeutic foster care and therapeutic residential care, support through case management and intensive case management, transitional housing support, and education programs for those excluded from the mainstream education system. Additionally, in Victoria we provide recreational and educational supports and youth justice programs that aim to achieve better outcomes for young people leaving care by assisting them in the development of life skills that will prevent homelessness.

The Salvation Army Australia Southern Territory is a Registered Training Organisation (RTO) that contributes to the human services sector through the provision of nationally accredited training drawing upon the extensive practice wisdom and theoretical knowledge of our dedicated and experienced staff with a specific focus in the youth and family services sector.

Finally, The Salvation Army in Victoria also works in many related fields of human services including as previously mentioned Homelessness, Family Violence, Drug and Alcohol Services, Gamblers Help, financial and generalist counselling services, courts and prisons chaplaincy services and financial and material aid programs. This gives us a unique 'birds eye view' of the human services in Victoria and Australia that is not limited to any one sector.

Government funding for these programs is significant, however funding derived from donations directly to The Salvation Army from the Australian people through the Red Shield Annual Door Knock and Corporate Donor fundraising activities provide a significant contribution to our support to vulnerable children and young people. Indeed, fundraised money enables The Salvation Army to be innovative and support people who do not easily fit within government funded program guidelines, including for example women and children from refugee backgrounds. It allows us to work where others cannot and to provide value added services that are co-ordinated and integrated and meet the needs of the whole person.

The Salvation Army welcomes the inquiry into Protecting Vulnerable Children in Victoria.

Outline of the Structure of our Submission

The Salvation Army has been working with other large child and family services providers and peak body including Anglicare Victoria, Berry Street Victoria, MacKillop Child and Family Services, Victorian Aboriginal Child Care Agency, and the Centre for Excellence in Child and Family Welfare to prepare a joint submission.

We are signatories to that submission, entitled "A Better Approach to Protection and Care", and endorse all of the views and recommendations of that submission.

This submission provides supplementary material and will focus on The Salvation Army's areas of service provision specifically the provisions of residential care, foster care, kinship care and support for vulnerable young people.

We will also describe some of our experiences in providing training to the child and families services sector. Finally this submission will provide some observations about other related service systems and how changes to provision of service systems in the past decade has lead to a more highly targeted and fractured service culture that makes it difficult to provide an integrated and timely response to vulnerable children, young people and their families.

Framework and Principles

It is widely recognised that clearly defined principles of practice can provide guidance for effort in any service system reform.

An example of this would be the process undertaken in Scotland that resulted in a Children's Charter as highlighted below in a case study.

Case Study – Scotland's Children's Charter

"The Children's Charter was developed by Save the Children in consultation with children who have experienced harm and been in need of help and protection. The Charter comprises 13 statements derived from the consultation process with children and young people:

- Get to know us
- Speak with us
- Listen to us
- Take us seriously
- Involve us
- Respect our privacy
- Be responsible to us
- Think about our lives as a whole
- Think carefully about how you use information about us
- Put us in touch with the right people
- Use your power to help
- Make sure things happen when they should
- Help us be safe

In responding to these clear messages from children and young people, the Scottish Executive gives a pledge that children and young people who are at risk of abuse or neglect will:

- Get the help you need when you need it;
- Be seen by a professional such as a teacher, doctor or social worker to make sure you are alright and not put at more risk;
- Be listened to seriously, and professionals will use their power to help you;
- Be able to discuss issues in private when, and if, you want to;
- Be involved with, and helped to understand, decisions made about your life; and
- Have a named person to help you.

The Executive further pledges that those helping children and young people who are at risk of abuse or neglect will:

- Share information to protect you;
- Minimise disruption to other parts of your life;
- Work together effectively on your behalf;
- Be competent, confident, properly trained and supported; and
- Rigorously monitor services to continually improve how and what is done to help you."[1]

Victoria also has a Charter for Children in Out-of-Home Care that include similar rights and expectations that a child can have of the children and families service system that has been endorsed by the Secretary of the Department of Human Services and developed by the Child Safety Commissioner. This Charter was developed after significant consultation with community service providers and children and young people who have been in contact with

[1] Kendrick, Andrew (2004) Recent Developments in Child Protection Policy and Practice in Scotland and the UK: Paper presented to 'Coping with Child Maltreatment - Prevention and Intervention: International Overview', Observatoire National de l'Enfance en Danger (ONED), Paris, 15 June 2004; online http://homepages.strath.ac.uk/~zns01101/oned.htm

the child protection service system. However, more work needs to be done to make these rights central to all our work with children and in our design of the service system.

Principles as articulated above and in Victorias Charter for Children in Out-of-Home Care, provide a great deal of information about what we need to change in our service system to make it more effective in providing for the safety, health, social and emotional development of vulnerable children and young people. Children should be central to the continuing development of the service system and we should make a pledge to them to keep them safe and afford them every opportunity to grow and develop in the same way as any reasonable parent would. In order to make the Victorian Charter for Children in Out-of-Home Care meaningful and alive, the charter should be revised and form reference points of any service system reform. Further, our performance in the service system should be reviewed annually against the charter and our pledge to children and reported to the children in out of home care to reinforce our accountability to them through an independent Commissioner for Children.

The joint submission argues that the Principles for Children established by the Child Wellbeing and Safety Act 2005 (CWSA) as detailed below, should also apply for the Child Youth and Families Act. We strongly support this recommendation as it will provide continuity in Victoria's legal framework, and promote recognition that the protection of these children is a whole-of-government, and whole-of-community responsibility. As noted in the joint submission the Principles for Children incorporated in CWSA provide outcome expectations for vulnerable children and young people, recognise the totality of effort that is required to protect and care for vulnerable children and young people, establish a more comprehensive basis for the provision of services, give precedence to the need to provide services for these groups and provide clear guidance for the delivery of such services. Further, the Principles emphasise the multi-disciplinary requirements for protecting and caring for the most vulnerable – the need to provide for 'a child's safety, health, development, education and wellbeing'.[2]

Child Wellbeing and Safety Act 2005[3]
Act No. 83/2005

S5. Principles for children

(1) The development and provision of services for children and families should be based upon the fundamental principles that—

(a) society as a whole shares responsibility for promoting the wellbeing and safety of children;

(b) all children should be given the opportunity to reach their full potential and participate in society irrespective of their family circumstances and background;

(c) those who develop and provide services, as well as parents, should give the highest priority to the promotion and protection of a child's safety, health, development, education and wellbeing;

(d) parents are the primary nurturers of a child and Government intervention into family life should be limited to that necessary to secure the child's safety and wellbeing, however, it is the responsibility of Government to meet the needs of the child when the child's family is unable to provide adequate care and protection.

(2) Services for children and families should be designed and developed—

(a) to readily identify harm and damage to the child and to provide for intervention by providers of services to remove or ameliorate the causes of that harm or damage and to strengthen the capacity and efforts of parents, their families and communities to support the child as early as possible in the child's life;

(b) to accord with the needs of each local community with the active involvement of that community's cultural groups, and to be accessible and responsive to the particular cultures, languages and circumstances of the community and to be properly planned and co-ordinated with services provided by other local and regional communities;

(c) to give the highest priority to making appropriate and sufficient levels of assistance available to children and families in communities or population groups that are known to have the greatest need;

(d) to promote continuous improvement in the quality of those services, based on the best available knowledge of the needs of children and their stages of development.

(3) The providers of services to children and families should—

(a) protect the rights of children and families and, to the greatest extent possible, encourage their participation in any decision-making that affects their lives;

(b) acknowledge and be respectful of the child's individual identity, circumstances and cultural identity and be responsive to the particular needs of the child;

[2] A better Approach to Protection and Care Joint Submission April 2011
[3] *Child Wellbeing and Safety Act 2005*, Act No. 83/2005, Part 2—Principles for Children

(c) make decisions about intervention by the providers of services into a child's or family's life and about access by a child or family to those services in a timely manner being mindful of any harmful effects that may be caused to the child by a delay in making decisions or providing services;
(d) ensure that families are made aware of the services available to them and of the benefits these services can provide, especially to those families in most need of assistance;
(e) co-operate with other services or professionals to work in the interests of the child and family.

Public awareness and education

We believe that more public awareness of the issues and the impacts of child abuse and neglect is desperately needed to prevent damage to children and young people before it occurs. Universal campaigns that are delivered across the whole population such as social norms campaigns, education programs in schools and mainstream organisational development initiatives are critically important, as are targeted interventions that focus on particular settings and population groups. It is also critical, however, that public awareness and education campaigns are properly backed up by adequately resourced services. Such campaigns need to be supported by real people and resources to respond to the issues and concerns raised, in a range of settings that are easily accessed by marginalised and isolated people.

Education about the role of the community in the prevention of child abuse and the role of healthy communities in raising healthy children and young people is essential. Any media campaign needs to have a proactive focus as well as having targeted campaigns that raise the awareness of the role of Protective workers, foster carers, residential workers, family support services and Community Service Organisations. A particular focus of any public media campaign is the recruitment of foster carers. Foster carers play a critical role in caring for children and young people in Out of Home Care and underpin the service system response. The number of foster carers has been declining at a steady rate over the last 10 years, without a significant recruitment campaign this model of service response will not be viable within 5 years.

Service Systems Integration

Universal and Mainstream service systems

As acknowledged in the joint submission children and young people in protection and care miss out on services that are essential for their health, well-being and transition to a positive adulthood. This includes access to quality universal early childhood services, primary and secondary education and mainstream health services.

Case Study – Health Care

A young person in our care had a problem with his wisdom teeth as they were pushing his other teeth together causing him considerable pain; he also braces. The waiting list was a few weeks so we opted to send him to receive dentistry services via the private system, this obviously was costly and we are now trying to get reimbursements for the carer, to no avail.

Case Study – Educational needs, making success a priority

A 13 year old girl in our care was being bullied excessively in her school, and the school community was unable / unwilling to fully address the issues of bullying. The carers located a smaller school, with a very supportive staffing group for the young person to be enrolled in. It took 6 months and many robust discussions with DHS to have this approved (the school fees were higher as it was a private school). During these discussions the best interest of the young person seemed to be outweighed by the ongoing financial issue to DHS. Westcare was successful in obtaining a scholarship to pay half of the fees and the carers were going to pay the other half (in excess of $3,000 out of their own pockets). At the eleventh hour, DHS agreed to pay the remaining fees but only after an undertaking by the program manager of

the foster care program that each year all efforts would be made to secure as many scholarships and outside funding for the school (the young person is repeating Year 7 at this school so there is a cost of over $30,000 to see her through until the completion of Year 12). The young person loves her new school, her academic achievements are improving and she has been able to make solid peer relationships since commencing at the start of 2011.

It appears from these case studies that the state doesn't always have the same aspirations for children in care and protection as most parents do for their own children. This is a negative driver for all of our policy, resource allocation and program development decisions. In both of the case studies the children become recipients of charity (provided by their carers) because the system fails to provide adequate and reasonable care. This positioning affects each child's long-term identity and increases cost to the community.

The Salvation Army supports the various recommendations in the joint submission that will support better access to universal and mainstream services for vulnerable children and their families. These include the call to broaden the objects of the Child Youth and Family Act 2005 to acknowledge the roles and responsibilities of government funded services including early childhood, education and health services; recommendations to strengthen the ChildFIRST platform to work with other service systems to enable capacity building, earlier intervention and catchment level responses; the establishment of Children's Councils that monitor outcomes for children in geographic regions; and new resource allocation approaches to funding universal and early intervention/prevention services to make them more responsive to vulnerable children and families.

Access to other Specialist Service Systems

As mentioned in our introduction, The Salvation Army is a major provider of Government funded human services in Australia. This gives us an opportunity to see how changes in one program area impacts on people in other service areas. For example, as housing affordability has diminished in Australia over the past decade and as the Global Financial Crisis impacted unevenly and negatively in some communities, The Salvation Army has seen more families approach our emergency relief services for material aid. Many of these families are not regular users of the human services sector. At the same time the homeless service system has become more crisis focussed. People have stayed in crisis facilities for longer periods because there are fewer exit options, and in Victoria so-called Homelessness 'Entry Points' have been developed to manage front end demand for emergency and transitional affordable housing. Long waiting lists for housing and homelessness support services have emerged, and while families and individuals wait, their financial, emotional and social circumstances deteriorate. As noted in the joint submission "sometimes it is the relatively simple things that are required to stop a family disintegrating…. Such as transporting a single mother living on the edge of town with no transport to do her supermarket shopping, or arriving at the family home to assist the young mother with depression to get her children up and off to school…."[4]

In many ways Victoria's human services have become a highly engineered system of services and programs that are bound by rigid and highly targeted funding criteria and program models. As a result it is our view that the human services system has ceased to be able respond to our clients needs effectively and efficiently. Over the past decade, because of the use of demand management processes, it has become increasingly difficult to refer a family or family member into other service systems especially homelessness, mental health, alcohol and other drugs or disability services in a timely way that maximises the likelihood of a successful positive early intervention outcome and minimises family and individual trauma. More engineering of the services system at the front end in our view will only exasperate the current service system difficulties and make it even more difficult to provide early and effective responses and therefore prevent more children from coming into care.

It is clear to us that there is an urgent need to reform DHS contracts across the various DHS program areas so that all program areas are able to work more seamlessly and in a family,

[4] Joint submission pp 27

child or client focussed way. This reform process should be informed by principles similar to those discussed earlier in this submission and in the joint submission.

In the case of children and young people in out of home care, our responsibility to provide resources on the basis of identified needs has a moral imperative because we have taken on responsibility to provide for their safety, health, social and emotional development and to ensure that they transition to adulthood well. Consequently, we support proposals in the joint submission for individually tailored funding approaches to allow services to better respond to the unique needs of children and young people and their siblings requiring placement and prevention services or out of home care support.

We strongly endorse the funding model outlined in detail in the joint submission. It is no longer acceptable to continue to fund program areas that aim to assist people who are in crisis or in danger based on outmoded and historical funding levels or geographic spread. Melbourne has some of Australia's fastest growing suburbs yet, services provided to our most vulnerable are too slow to be planned and provided. As outlined in the joint submission, predictions of population growth should be used to provide for planned service provision at the universal level, indicators of disadvantage can provide pointers for the allocation of the resources needed for secondary level services, and tertiary services such as child protection and Out-of-Home care models should be provided based on an identified need. That is, the need to parent a child, wherever in the out of home care service system they land. As argued in the joint submission, better funding to universal and secondary service systems will not only prevent human suffering caused by ineffective or inadequate early responses but will also be cost effective because they will prevent children and families needing costly tertiary services. This concept is well understood in other program areas such as health and is the reason why increasingly; funds are spent at the public awareness and health promotion end of that system.

Aboriginal Children and Families

As noted in the joint submission, Aboriginal children and their families in Victoria have similar needs and aspirations to all Victorian children and their families. However, Aboriginal children and families are under represented in education, early childhood and children's health services and over represented in statutory and tertiary services. This situation continues to deteriorate despite a growing awareness by policy and program designers of the child, youth and family services system and despite better partnerships between Aboriginal child and welfare provides and the 'mainstream' child youth and family services sector.

Work with Aboriginal communities to provide culturally appropriate service responses must be deliberate and genuine. These partnerships take time and effort but are essential if we are to ensure quality services that are accessible to Aboriginal children, young people and families. Reforms under the Children Youth and Families Act have provided the impetus for much better work in this area.

We support recommendations in the joint submission to strengthen responses for Aboriginal families and their children by developing full-service Aboriginal organisations that gives budget control for targeted funding to Aboriginal children, young people and families. We also support calls for all providers of services to children and young people to undergo a minimum level of cultural competence training to ensure that they are culturally equipped to work with Aboriginal people.

Services and systems that meet needs of children taken into care

The following are key characteristics of a new approach to providing for the needs of children taken into care and provide a framework for our comments in this section.

1. Permanency, planning, stability and continuity are guiding principles.
2. Children and young people should have a say in what happens to them.
3. Children and young people should have one 'significant adult' for the life of their placement (and beyond) who supports their growth and development.

4. Placements should be in the child's local communities to maintain continuity and minimise disruption to daily lives and friendships.
5. Family and sibling relationships are maintained and encouraged and families are supported to be actively involved unless there are significant risk issues.
6. Timely decisions including decisions made via the court process

Permanency, planning, stability and continuity should be guiding principles

Case Study

The Salvation Army received a call on a Friday at 4.00pm from the Department of Human Services Placement Coordination Unit advising that they had a 15 year old male currently in court that needed an urgent placement for the duration of the weekend. No other options were available for him.

As The Salvation Army had a residential vacancy, this young man was placed with 2 clients who were known to have engaged in high risk behaviours for the weekend until adequate planning could be undertaken on the following Monday.

The situation was not ideal as the young male had not been in care before. There were significant concerns from caseworkers in relation to the exposure of risk issues for this young man.

There was no hand over for this young man due to the timing of the placement, therefore there was also a lack of information on how to manage him or any protective issues. A statement around information about the young persons care needs must be provided prior to placement in order to ensure safety for all concerned.

Due to a lack of placement options being available, residential care is often used as respite care. A home based care response should have been considered the first and only option for this young man.

Case study 2
A young man aged 15 entered a Salvation Army residential unit one month ago. Upon reading his referral it was noted that he had had 17 placement changes in a 12 month period. The reporting behaviours included aggression, confrontations with staff, physical violence and a history of property damage. Each service had deemed him too difficult to manage, which resulted in placement moves to resolve the issue. Through lack of assessment and understanding this young man has travelled through the out of home care system.

As the case studies above demonstrate, placement options for children and young people entering care must reflect their individual needs. Research[5] supports what children and young people consistently say to us, which is that placement changes create disrupted attachment and adversely affect their capacity to form meaningful relationships with peers and adults.

The service system needs to ensure that children and young people are placed in the most suitable placement option for their situation from the beginning. Early and effective assessment should inform planning and decision making from the beginning, placement changes must be kept to a minimum and they must be looked after by carers and staff who really care about them.

[5]Research Brief no. 3 2007, Dr Osborn, A and Dr Bromfield, L. National Child Protection Clearing House. Published by AIFS ISSN 1833-7074

Individual funding packages or program funding must ensure that there is sufficient capacity in the system, both in numbers and quality, for each child and young person to receive care that will provide them with safety and the capacity to thrive.

We support recommendations in the joint submission that call for enhanced and collaborative placement planning at a local level. Better planning at this front end however, will continue to be ineffective while there are limited resources to plan around. Too often children are placed in a program because there is a bed vacancy, often resulting in placement breakdown soon after the inadequate or inappropriate placement. This creates system churn that further damages vulnerable children in our system. The development of a placement system that delivers the best placement option for each child and young person the first time should be our goal whenever a young person is taken into care.

Children and young people should have a say in what happens to them

Case Study
A nine year old girl was placed with her 16 year old sister in an Adolescent Home Based Care (AHBC) placement (program for over 12's) due to a lack of available placements in foster care. This child quickly developed a relationship with the carer and, despite her older sister running away to be with extended family (a kinship placement later approved for the 16 year old but not for the 9 year old due to age and ability to self protect) the nine year old was clear she wanted to stay with the carer and not go with her sister.

A placement became available in Foster Care (under 12 programs) and the department moved the child to this placement, despite her very clearly stating she wanted to stay with the carer she was with. The move appeared to be a political decision based on "making available" a foster care placement for an over 12 year old, and not filling an over 12 vacancy with an under 12 child. The child's needs, interests and wishes were not heard during the process and she was moved. The protective workers would not even attend the carer's home to tell the girl she had to leave – a CSO worker and carer had to do this.

This was a highly distressing situation for the carer and staff member to the point that the carer seriously contemplated leaving foster care all together, despite having been a great and committed carer for over 10 years. Unfortunately the 2nd placement broke down after a few weeks and the young girl was placed in a 3rd foster home.

Ironically the day after the young girl moved out of AHBC the program received a referral for another 9 year old boy!

As the case study above demonstrates, children and those who care for them on a daily basis can make a valuable contribution to decisions that impact most on them. While those who work in the system may have a view about an ideal placement from a systems perspective, greater consideration needs to be given to the humans impacted by decisions and the trauma of uncertainty and instability that the system often unnecessarily creates. A cultural shift must take place in the courts, child protection system and in many parts of the out-of-home care system to listen better to children and their direct carers. The human cost of our failure to do so cannot be overstated.

As children who have experienced trauma and abuse are often not able to verbalise their feelings or provide opinions about what they want to happen to them, it is critical that we are creative in the way that we hear their voice. This may include expression through art, music and play. Listening to young people and children in this way can impact on their own circumstances but may also impact policy and program design.

In other jurisdictions Children's Visitors are a way that the voice of the child is heard. There is the potential for this role to be developed at the Office of Children's Commissioner.

We note that CREATE has made a valuable contribution in this area. This organisation should continue to be supported to grow and provide it's valuable service to policy and program delivery and development.

One 'significant adult' for the life of their placement

A recurrent theme in any discussion with children and young people who have experience of the out of home care service response is that they do not have strong adult advocates who get to know them over a long period of time and who support their growth and development. Such a role in any child's life is important and logical.

Lack of stability in the current human services workforce has a negative impact in this area. In some regions case workers stay in post for less than an average of 18 months however the majority of children and young people in the same region enter the service at an average age of 12 years and remain until they are an average of 18 years.

Close working relationships between DHS and Community Service Organisations (CSO) may also improve the situation for children and young people in out of home care particularly in the area of Community Case Management.

For example, there is currently a Departmental Policy that a CSO can only case manage 50% of their residential services capacity. This policy means that, in the case of one Salvation Army agency involved in this review, 15 cases in their Residential Services remain case managed by DHS. Because of this policy, the young people involved experience less face to face communication with their Protective Worker and experience cases being shifted from one Protective Team to another and far more changes in their Protective Worker over this period. If DHS was to make funding available to the CSO for two more case managers to be employed, the issues identified would be reduced significantly and children in this service would have a greater chance of only having one case manager during the term of their placement.

We are aware that some submissions to this enquiry explore the issue of a guardian appointed to be an advocate for children and young people over the course of their involvement in care and protection. We believe that this is an interesting proposal that deserves further consideration. Other options may involve the formal appointment or recognition of a 'significant other' or 'mentor' in a vulnerable child or young persons life who is not their primary carer but who plays the role of a 'significant' adult outside of the professional workforce. This role could be could be provided by extended family members who do not care for the child, or by volunteers. If such a role were created it would need to be clearly defined and the 'mentor' or 'guardian' would need to be registered, trained and supported.

Placements should be in the child's local communities to maintain continuity and minimise disruption to daily lives and friendships.

Case Study – Communities important for children

In many regions of Victoria the ability to place children and young people within their local communities is extremely limited. In one instance ten and eleven year old sisters were placed in Werribee but went to school in Thomastown. Both girls suffer travel sickness but were driven to and from school daily as no placements were available closer to their community.

There are significant numbers of young people who are placed in suburbs they are not connected to and that are a considerable distance from their home and family. This creates issues to maintaining their connections to their local area, their attendance at school and presents transport challenges Their academic experience is affected as they need to get up and be ready for school earlier than most, then spend their afternoons in a car in peak hour traffic – unable to do homework, engage in extracurricular activities and other things that their peers do. Attending access also increases the children's time spent in a car. For adolescents they are often placing themselves at further risk to abscond to their local areas in order to feel connected to peers and the community.

The organisation of the Department of Human Service into regions meets logistical and management needs but is an inadequate structure for effective localised service delivery.
The Salvation Army supports the concept of services being accessible to children, young people and their families in their local communities except where there is strong evidence to the contrary.

The move to a sub regional structure that engages the whole range of social supports required by families and provides localised and integrated responses to those in need provides should be undertaken.

This would occur over a planned period and involve the devolution of Departmental and CSO resources to ensure an even spread of services to each sub region.

Family and sibling relationships are maintained and encouraged

Case Study - Siblings
The Salvation Army currently works with an Indigenous sibling group of six children who are placed across three separate placements and two Community Service Organisations. . Three reside with another CSO with one carer. Three reside in a Salvation Army Program (two with one carer and the eldest with another carer). The individual carers involved have been fantastic in engaging with each other and ensuring that the siblings have positive face to face contact at least once per month (they meet half way between two distant neighbourhoods). The children are also able to have telephone contact. Unfortunately this is a unique situation, and one driven by very committed carers with these arrangements happening organically. In similar situations we are aware that this best practice is often not occurring for multiple reasons, with the agency workers often needing to really push and encourage some carers (or other agencies) to get on board to ensure that sibling contact occurs.

Unfortunately, there are many examples of large sibling groups in care who are in separate placements. For larger sibling groups, resources need to be made available to enable carers to keep siblings together under one roof (e.g. in home support, vehicles provided to enable the transport of larger sibling groups). As a first priority, siblings should be placed together as a family. Where siblings are unable to be placed together carers need to work together and be supported by the system to ensure siblings have regular, positive and meaningful contact.

Consideration should be given to the re-introduction of the family group home model especially to care for larger sibling groups that cannot be catered for in the home-based care system.

Timely Decisions

Case Study – minimising harm within the system
Danny and Johnny entered care at 5 months of age. After repeated attempts at reunification a permanent care case plan was endorsed in 2009 when the boys were over 2 years of age. This decision was finally reached due to the parents failing to address protective concerns but was delayed due to contested hearings and adjournments within the court system. The boys turned 4years old in April 2011 and despite a permanent care family being identified for the boys, they are still in foster care due to appeals and delays in processes.

The boys still have weekly contact with their parent(s) despite the plans for them to be placed in Permanent Care. This level of access is defined in the Court Order however the father attends irregularly and the mother has not turned up in over a year. Both parents keep appealing and blocking permanency planning, despite not being able to demonstrate any commitment to their sons. They fight to have weekly access but never turn up. The carers and workers are highly concerned about these boys and how much more difficult is it going to

be for them when they finally move to permanent care from their foster carer with whom they have bonded over the last two years.

Case Study – Need for timely decision making
A sibling group of three (Aboriginal children) were placed in 2008 however a family decision making meeting did not occur until early 2011 to explore family options outside of foster care – this should have happened immediately.

As demonstrated by the two case studies above, the fact that decisions concerning the placement and planning for children does not happen in a timely way clearly affects children and increases trauma in childhood. We ask vulnerable children in the out of home care service system to put up with a level of uncertainty that we would not cope with ourselves.

Therapeutic assessment and service integration

Stargate Program - a good model worth investing in

In 2002 The Royal Children's Hospital Mental Health Service, Western Metropolitan Region Child Protection Service and Out of Home Care Agencies in the Western Metropolitan Region developed the Stargate Early Intervention Program for children and young people in Out of Home Care.

The program was established to provide a multidisciplinary therapeutic assessment and the promotion of integrated case planning and service delivery to infants, children and young people entering Out of Home Care through Child Protection within a cross programmatic framework. This was the first program of its type worldwide.

The Stargate Program worked from the premise that all children and young people entering care through a statutory service, therefore at risk of significant harm, required a timely and comprehensive therapeutic assessment at the time of entering care to immediately address acute trauma symptoms and help the child make sense of his or her situation, and to promote understanding and more appropriate planning within the service system. Both Mental Health and Community Care Branches of the Department of Human Services provided funding.
The key features of this model were:

- Multidisciplinary assessment; including physical and mental health, emotional, behavioural, cognitive and educational functioning as soon as possible after entering Out of Home Care for the first time.
- Comprehensive verbal and written feedback to children and young people, their parents and carers, Child Protection and foster care case managers with recommendations for management strategies or further treatment as required.
- Participation in Child Protection processes to promote more comprehensive and better informed case plans.
- Follow up at intervals post assessment to evaluate current needs and past assessments and recommendations.
- Establishment of a comprehensive and systematic database of the needs of infants, children and young people entering care.

In addition the Stargate Program provided:

- Secondary consultation to all service providers about individual cases and general issues of infants, children and young people already in the Out of Home Care system
- Full assessment of some other children who had more than one placement
- Education seminars about the needs of infants, children and young people in care.

The Stargate Program was evaluated and despite recommendations for the program to be expanded to service all children in Out of Home Care funding for this Program ceased.

Subsequently the Take 2 Program was established in Victoria targeting those children and young people with the greatest level of need.

We need the capacity to assess every child and young person entering Out of Home Care and to provide skilled therapeutic interventions whilst in care. We therefore need both models, Stargate and Take Two.

Partnerships across DHS/Health Program areas that are promoted by these types of programs with mental health services should be developed and expanded on in all regions. This would require further funding in the mental health area.

Therapeutic Out of Home Care

The Victorian Out of Home Care system currently has three models of therapeutic intervention, the *Berry Street Take Two program*, *Circle Therapeutic Foster Care* and *Therapeutic Residential Care*.

Take Two is a statewide program with recurrent funding, in which referrals are prioritised by DHS. This program provides an effective service to young people in the greatest need of therapeutic responses.

Circle Therapeutic Foster Care is not yet a statewide program. A number of Community Service Organisations are funded to provide this service and access the professional therapeutic component from other services such as Take Two or the Australian Childhood Foundation. Evaluation of the Circle Therapeutic Foster Care Program to provide evidence-based learning has finally commenced. The Circle Program was introduced by the Victorian Government in 2007 and the recent Ombudsman's Report highlighted the need for expansion of the Therapeutic Foster Care model.

Therapeutic Residential Care

Nine Therapeutic Residential Care Models are currently being piloted by different CSO's with an evaluation process underway. We are now at the start of the third year of the three year pilot. The pilot projects have already demonstrated a significant improvement in the quality and sophistication of care being provided to young people as the following case studies demonstrate.

Case Study - Therapeutic Models of Care

Mim arrived at Westcare's Residential Therapeutic Unit in February 2010 after numerous placements and with a very damaged past. As expected the placement enjoyed a short "honeymoon" where Mim was warm, engaging and affectionate.

However, as was Mim's pattern, this was then followed by almost daily outbursts of aggressive behaviour that lasted from 15 minutes to several hours. These outbursts were very aggressive, physical and threatening towards staff and at times other residents. It was reported that she was deregulated in terms of sleep patterns, lacked control of daily emotions and experienced behaviour changing triggers.

For six months there seemed to be little difference in her behaviour and placement breakdown seemed imminent. An individual support worker (with the assistance of the Placement Coordination Unit) was employed to provide one on one attention that Mim craved for and to assist in nightly processes to assist with sleep issues. Whilst this sounds reasonable, staff identified that Mim lacked the capacity to maintain healthy relationships. Whilst relationships would start off extremely well between workers and Mim, she had little experience of safe and nurturing relationships and, not trusting that it would last, would reject these relationships before they rejected her. This would drive her into a rage and Mim would return to the status quo. This was not a healthy position for staff or Mim.

Working through her history, and a thorough assessment of her behaviours led to a strategy for new staff/relievers and this in turn was added to the safety plan. She lived in a world where chaos was familiar so she would actively create chaos to recreate what is familiar and maintain control.

A new Therapeutic Specialist worked closely with the team and was available and present when Mim was at her most difficult and challenging. Things did start to turn around within a three month period after the specialist had completed a file audit and could relay to staff an understanding of Mim's developmental history. Strategies, techniques, therapeutic planning and consistency started to make a difference. Introducing psycho educational tools (Sanctuary Training) enabled Mim to understand why she reacts in the manner she does and the impact that it has on others, Neuro psychological education allowed Mim to understand her own brain development, and staffing consults with Bruce Perry (USA) provided additional guiding direction, Take Two's close involvement, particularly the work of our Therapeutic Specialist, assisted with the completion of a Neuro Psych assessment and the ability to have Mim in the right place at the right time to receive and learn from the information and support that she has received has made a significant difference for this young person.

Mim is now able to regulate herself in her actions and her language, which makes her feel good and in control of self. She is happy. She is able to talk and trust so much so that she disclosed to night staff about a sexual assault that she says occurred many years ago. This information has been reported via Cat 1, which normally would have initiated a number of responses from Child Protection. Take Two had expressed concern that this process would harm the work being done and that Mim may be testing the trust. This information was passed on to the Child Protection Manager and we will be working this issue through.

Mim recently reflected on last years birthday as being “fu#ked” in a conversation with staff. When asked what Mim or we could do to make this year’s birthday better her reply was "nothing because I am different this year it will be better."

Mims experience of therapeutic care provides insight as to why this model of care is the way forward in the following ways:

- 12 months of constant and consistent care.
- Partnerships - Take Two, DHS, Child Protection etc.
- Understanding of behavioural development.
- Resilience of staff and agency.
- On going education and support from Take Two.
- Flexibility and commitment from Therapeutic Specialist
- The environment of the Therapeutic Unit.
- Management of the Therapeutic Unit
- Senior Management of Westcare and the congruency of the organisation.
- Relationship with DHS head office staff.
- Introduction of Psych Educational tools and techniques.
- Sanctuary Training.
- With Care Training.
- Mim accessing school for the first time in 2 years.
- A committed mentor with White Lion.
- Mim's willingness to learn and take on new information.
- Recreational activities, Gym, Swimming, Outings etc.
- Significant one on one time.
- Staff/program ability to use reflective space. (Very important and available due to increased staff numbers in Therapeutic model)
- Consistent Case management
- A caring, working care team (who are now faced with the decision to transition to Lead Tenant or remain in resi. Difficult decision.)
- and probably there is still more.

Mim is a remarkable young person who has made so much progress which has only been made possible with the support of committed staff and a therapeutic approach.

Case Study 2
A 16 year old young woman who entered the therapeutic residential unit in October 2010, has spent 6 months in the therapeutic unit thus far. Prior to entry she spent 6 months in the Adolescent Inpatient unit

Presenting issues prior to entry into TRU:

- Chronic absconder
- Daily significant self-harm
- Neglected her diabetic condition as a form of self harm
- Went into 3 diabetic comas through mismanagement of her diabetes
- No engagement with professional services
- Frequent secure welfare stays

Since entering TRU:

- Accessing placement daily and calls the unit her home
- Built strong relationships with staff group and openly shares her struggles and wins
- Attends a daily school program
- Significant decrease in self harming behaviors
- Very few admissions to the AIPU
- Engaged with all professional services and now has an active mental health worker
- Has learnt how to approach staff and ask for help before she self harms
- Using positive creative ways to express her trauma through poetry, art work and the like

Central to the effectiveness of the Therapeutic Residential Care Program, given our work with the most “at risk” adolescents, is a holistic approach and demonstrable congruence in the work we do. The basic assumptions that underpin the operation of our Therapeutic Residential Care Programs are derived from attachment and trauma theory, interpersonal neurobiology, complexity theory, inclusiveness and resilience.

The “Therapeutic House” model (see diagram 1) is a graphic representation of the essential building blocks required to deliver good quality residential care.

The benefits of multi-disciplinary teams provided in programs like Therapeutic Residential Care Units cannot be overestimated. In the cases outlined and with Intensive Case Management Services across the state, multi-disciplinary teams achieve good outcomes for young people more frequently and show the strength of professionals working together in the same location.

A therapeutic approach to Home Based and residential care will ensure that better outcomes are achieved for those in need of care.

The Salvation Army believes that all Out of Home Care services should be therapeutic in their approach.

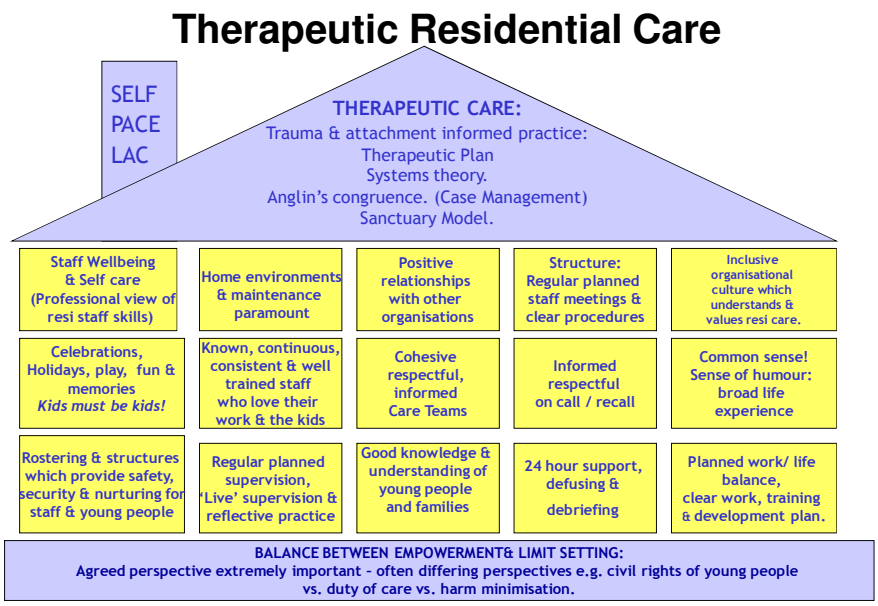


Diagram 1

Residential Care

Residential care has become the default "fall back" position for adolescents entering the Out of Home Care system when Home Based Care and Kinship Care options are unavailable. The use of any system as the "option of last resort" inevitably leads to a devaluing of that system and poor outcomes for those using the system. Research consistently highlights the poor level of life outcomes experienced by young people who have been placed in residential care. The Salvation Army argues that it is the way residential care is used rather than the model itself that contributes to poor life outcomes.

In his comprehensive evaluation of well functioning residential programs James Anglin[6] demonstrates that residential care can be a positive experience for young people and details the essential elements that need to be present to deliver quality residential care.

This work clearly articulates what is not always well understood, that is that residential care is a service system that requires specialist expertise. This expertise must exist or at least be thoroughly understood throughout the CSO seeking to deliver residential care. It is much more that residential staff caring for and/or managing young people on a day to day basis.

Our current system has limited capacity, demands that "vacancies" are filled and makes decisions driven by demand management rather than having the capacity to ask the question "What placement is best suited to this young person's needs?"

At present CSO's are funded for "beds" and performance negotiations focus on the degree to which capacity has been delivered. What the young person should receive is care and support for daily living, with staff aiming to provide a normalising environment that enables those in care to do what most other kids their age are doing, that is getting on with their lives, albeit outside the home environment. The role of staff and the expertise required to achieve this is complex.

[6] Pain, Normality, and the Struggle for Congruence, James P. Anglin, The Haworth Press 2002

We have already made brief reference to the value of Therapeutic Care but every young person should be receiving some level of therapeutic support irrespective of the type of placement they are in.

The experience of The Salvation Army is that good therapeutic care is built on staff with good youth work skills. This concept is developed further under the section of Workforce Development and Training.

Intensive Case Management

"The original program description for an Intensive Case Management Service (ICMS), as outlined in the HRASQII (High Risk Adolescent Service Quality Improvement initiative), is very broad. ICMS services are defined as:

> *"multidisciplinary and intensive youth outreach and case management services for young people who are at a high level of risk, used when less specialist services are, or would be, ineffective."* [7]

ICMS services were to be based around 7 main components,[8] including:

- Case management and co-ordination
- Intensive outreach and support
- Extended hours availability
- After-hours crisis support and intervention
- Consultation and specialist advice for professionals and family members
- Multi-disciplinary staffing
- Post-statutory support

ICMS services were conceived of as comprising multi-disciplinary teams with low caseloads, which would have the capacity to respond flexibly to the needs of high-risk adolescents. ICMS case management is not linked to a particular type of accommodation, and can follow a client through different accommodation types, for as long as the client remains on a statutory order, or for a limited period of transition following completion of an order."[9]

It is important however to state that having an ICMS team closely aligned to our agency's Residential Services works extremely well. The relationship between these services in one of mutual respect and it is acknowledged that the work of ICMS greatly assists and underpins the good work done by our Residential Services.

It is our view that ICMS services should be expanded across the Victoria.

Foster care

The Out of Home Care service system relies heavily on foster care as a service to provide care for vulnerable babies, children and young people yet the investment in foster care as a model of care is minimal in comparison to the investment in residential care. Despite this lack of funding there are increasing demands and expectations in relation to foster care.

Financial support for carers

The level of reimbursement to foster carers urgently needs to be reviewed. We are placing increasing demands on foster carers in terms of the complexity of the children and young people that they are required to care for and the associated requirements of their role; however this is not reflected in the level of reimbursement that foster carers receive.

Not only does the level of reimbursement to foster carers need to be reviewed and increased but a professional model of foster care urgently needs to be introduced. The Victorian

[7] Thomson Goodall Associates, (January 2009) Review of the Westcare Intensive Case Management Service (ICMS) Final Report

[9] ibid

Government attempted to introduce a professional model of foster care but this has been stalled after difficulties associated with the Taxation Office.

In relation to changes to the Foster Care System, we recommend the following developments be introduced as a matter of urgency:

- A Professional Foster Care model, similar to models of Professional Foster Care in other jurisdictions needs to be introduced as a matter of urgency.
- There is an urgent need for the model of Therapeutic Foster Care to be extended to all foster care services.
- Support to permanent care carers needs to be a funded activity; both in terms of financial support and a fully funded support service, including post-legalisation support.
- The use of Tailored Care Packages should be extended, as well as the introduction of superannuation and paid leave for foster caregivers. Tailored Care Packages should not just be tied to keeping young people out of residential care.
- Consideration should be given to retainers being paid to caregivers both before a potential placement and after a placement is finished (in case re-placement is required).
- Consideration to be given to funding an extra week's annual leave to employees of Out of Home organisations staff who are also caregivers

Respite Foster Care

The role of Respite Foster Care is a valuable early intervention strategy to support vulnerable families and prevent children and young people entering Out of Home Care. Family Services understand the benefit of providing regular timely support through respite care as a response that strengthens family's capacity to continue the long term care of their children. Unfortunately there is a lack of funding for Respite Foster Care as funding and service agreements focus on Out of Home Care Foster Care. This is ironic as there are many more people volunteering to provide Respite Foster Care but agencies are only funded to deliver minimal respite foster care. Respite Foster Care needs to be recognised as a valuable and cost effective placement prevention strategy and funded accordingly.

Legal advocacy – Quality of Care Investigations

The need to remove children and young people from home and family brings with it the responsibility for a higher level of accountability and scrutiny about the quality of care they receive and in particular of those providing the care.

The Department of Human services has implemented comprehensive "Quality of Care" guidelines and employed staff to administer the process. In all that we do the best interests of the child or young person must be paramount. This does not mean that the interests of the carer, or their right to due process, should be diminished.

The Salvation Army and other CSO's have lost experienced and capable carers who have been subject to unfair process following unwarranted investigation processes. This issue is addressed further under the heading "Other Workforce Issues" in this submission.

We believe that Quality of Care investigations should be carried independent of the Child Protection process. It may be appropriate for this to sit within the role of the Child Safety Commissioner or within DHS but as a discrete response unit. We also recommend that access to free legal assistance should be available for caregivers involved in Quality of Care investigations.

Kinship care

Case Study – Who Cares?

Jack and Laura are kinship carers of a four-year-old girl, Allison. Allison's mother was a distant acquaintance of Laura, and Allison was placed with them when another foster care placement and permanent care placement had broken down.

Jack and Laura approached the Department of Human Services, offering to care for Allison when they discovered that she required a home. After very little phone contact, an appointment was organised to conduct a home visit to assess Jack and Laura as potential carers for Allison.

The DHS worker visited Jack and Laura once for approximately an hour and a half to conduct an interview and assessment. During this visit, Jack and Laura described their motivation for caring for Allison, and the support networks that they had with family and friends. During this visit, no questions were asked of Jack and Laura regarding their parenting styles, the way they discipline or manage behaviours, the way they handle stress, the strength (or otherwise) of their own relationship, the nature of the relationship with their own children, the attitudes of their own children or any other matters pertaining to their capacity to care for another child, let alone one with complex needs.
As parents of three young children, Jack and Laura were expecting that a further visit would occur to discuss the placement with their children, aged 13, 12 and 9, and to further assess or negotiate placement issues.

However, following a police check, Jack and Laura were advised that the placement could commence, which they then coordinated with Allison's carer.

In the six months that followed, there were no home visits and only one phone call from DHS to check the progress of the placement. Despite significant issues, there were no supports received from DHS, other than fortnightly carer payments which decreased when the six month placement establishment funds lapsed. During this time no one from DHS appeared to have any accountability for the wellbeing of this young child - to check her health, education, mental health and safety or how she was faring in the care of this new family. As the carers stated "No-one would even know if she was alive or not...as far as whether she is happy, it does not seem to matter to anyone, except (luckily for Allison), us."

For seven years the North West Region operated a locally developed model of Kinship Care; the Salvation Army was one of three CSO's involved in the assessment of potential carers. This model was replaced just over a year ago by the current statewide Kinship Care model that provides a minimal approach and diversion from foster care.

The case study above provides a troubling insight into how "minimal" arrangements have become, this is doubly concerning because growth in Kinship Care has been such that it is now a major component of the placement system.

Kinship Care is limited because timeframes provided to support non-statutory caregivers can result in placement breakdowns. When Kinship Care placements breakdown because of this lack of support and recognition, referrals are often subsequently made to foster care. This experience and the detrimental impact that it has on children and families demonstrate an urgent need to strengthen and develop kinship models to provide consistent and stable placements within kinship systems.

The current Kinship model is based on Child Protection workers completing assessments of kinship families and then referring those kinship families with the most significant need for support to Community Service Organisations funded to provide kinship support. Acknowledging the overwhelming workload of Child Protection workers, The Salvation Army strongly recommends that the current kinship model be urgently reviewed with a view that Community Services Organisations be funded to deliver Kinship Care and undertake kinship assessments.

When Kinship Care Placement options have been exhausted a Placement in Out of Home Care should be made with ultimate matching to a carer and carer family who lives in the child's local community and has the skill and experience base to best meet the needs of that particular child.

Permanent Carer Support

Further, the withdrawal of case management and financial support to families once a child has been placed in Permanent Care (whether originally foster carers or kinship carers), a legislative option that is intended to secure the long term care and connection with a family for children, has led to many breakdowns in the care arrangement. We strongly believe that families who commit to providing Permanent Care opportunities continue to deserve the support of the Care System, and that the young people placed in Permanent Care have a right to continue to be supported by a wider support network.

Leaving Care

Case Study
A male client was placed into a Salvation Army residential unit. Over the course of a year staff engaged with the client and attempted to make arrangements for him to leave care once he turned 18. At around age 17 and 9 months, DHS were given the option to extend his order until his 18th birthday. DHS made a decision that due to the client not engaging with services and making little attempts to help himself, his order would not be extended. This information was passed onto the client through a letter from DHS giving him only 3 weeks to leave care with no plan. In the last week of care the client found a share accommodation to move into with the knowledge that this accommodation would only be available for two weeks. DHS endorsed this recommendation and exited this client. Within a short space of time this accommodation ended, and the client entered the homelessness system.

There is a growing awareness of the links between the trauma experienced by children who grow up in care and vulnerability including housing instability and homelessness.[10] This group of young people move into adulthood with experiences significantly different from those of other young people. However, even with the plethora of National and State policy frameworks and partnership agreements, we have continued to fail too many young people leaving care and to adequately respond, protect and enable them to reach their full adult potential.

The moral challenge that we now face is one that demands the political will to deliver social, and economic justice to all our young people.

As a service system we must also continue to reflect on and improve our practices and responses by ensuring the existence of appropriate statewide standardised leaving care plans, and by adequately supporting, resourcing and developing the sector workforce. We also need to provide opportunities for the voices of young people to be heard at the service level and within the political environment as well as demanding legislative frameworks and standards to protect young people who we have parented.

In order to make improvements in this area there needs to be an increased service response that is tailored to and respectful of individual need. In particular there needs to be greater attention paid to preparing young people to live independently and to the development of models of care that enable young people to gain the confidence and skills required to manage the transition to independent living.

It is unreasonable to expect all young people who have experienced significant trauma and who have lived in Out of Home Care to transition to independent living by the age of 18 years of age. Whilst these young people may have reached the chronological age of 18 years developmentally they may be significantly younger. These young people in particular need access to a secure base and support that is tailored to their needs. Once again, we ask children and young people, who have experienced instability and trauma in childhood, to cope with significantly less support than we expect and provide to our own children.

[10] Johnson, Guy; Natalier, Kristin; Mendes, Phillip; Liddiard, Mark; Thoresen, Stian; Hollows, Andrew; Bailey, Naomi (2010) Pathways from out-of- home care: AHURI Final Report No. 147

We support recommendations in the joint submission to increase the age that we can provide support for young people to transition from Out of Home Care to 25 years.

Leaving Care plans would help to guide the engagement of the appropriate and relevant services as the young person moves towards independence. There are currently no standardized statewide 'leaving care plan' for young people in out of home care. This often results in a poor transition from care to independence. The leaving care plan needs to be developed and implemented so that all professionals know and understand expectations of them and their responsibilities which in turn will provide a level of accountability to Child Protection and to the young person. These plans will help to ensure that all care team members are working towards common goals.

Young people are often not invited to attend care team meetings therefore do not have any input into their future. Furthermore, even when they are invited, young people are not always supported to fully participate in their care team meetings which could be a contributing factor to attendance. Work needs to be done with young people to recognise the importance of participating in goal setting and having a voice in their future.

It is disgraceful that any young person who has been parented by the state would leave care into homelessness; we must do better in this area.

Child protection policy and systems

Statutory child protection services

The Child Protection system has become increasingly crisis driven and risk averse in the face of a large increase in reports and notifications due in part to Mandatory Reporting. Whilst not suggesting that Mandatory Reporting is of itself a bad thing it would appear to have increased the number of reports to a greater extent than was envisaged as some mandated reporters tend to err on the side of caution and report even where they do not have significant specific concerns. As every report has to be investigated there has been a correspondingly large workload increase within Child Protection. We believe that workload stress is a major contributor to the large staff turnover within Child Protection. This has led to the situation where the majority of Child Protection workers are young and inexperienced.

Response Team staff, including team leaders and managers, need to be highly skilled and new recruits should not to be put into Response Teams. Due to the high staff turnover within Child Protection insufficiently experienced and skilled staff have been placed in Response Teams. In addition to the effect on the quality of the investigations undertaken, this has also contributed to the burnout of Child Protection staff including Team Leaders and Managers. This workforce issue must be urgently addressed as significant numbers of staff are leaving and their experience cannot be replaced. The nature of the work is complex and demanding and the workforce needs to be resourced and supported in undertaking this difficult task. There needs to be significant attention to and investment in, the culture of Child Protection. There are also inter- and intra- regional differences in the way that Child Protection works in relation to processes and practice and the way in which it relates to CSO's. These inconsistencies often lead to poor communication and affect professional relationships. This also extends to relationships within the Department of Human Services where often Child Protection and Placement Co-ordination Units do not work effectively together in regard to the placement of young people which has an effect on the whole system.

Having made these comments it is important to acknowledge that they do not apply without qualification to all areas of Child Protection such as specialist teams e.g. Adolescent Protective Teams work effectively when fully and appropriately staffed.

The structure of Child Protection appears designed to manage workload issues and perhaps an unintended consequence is that it creates multiple workers for children and families. In order to achieve consistency and stability for children and families there needs to be consideration to ways of maintaining a consistent worker for children and families. If this were

achieved there would also be increased job satisfaction for Child Protection workers. A consistent theme in the feedback from children and young people in Out of Home Care is the number of changes of workers that they experience and the number of times that they have to retell their story.

The Salvation Army supports the concept of DHS retaining responsibility for the delivery of statutory Child Protection services, policy development, resource allocation and funding. This would occur in an environment of sub regional planning and service delivery. We believe that the co-location or more Community Based Child Protection Workers will strengthen early intervention and diversionary responses and improve the quality of service delivery through the sharing of expertise; Child Protection staff will experience greater diversity in their roles and staff retention will improve.

Processes of the Courts

The case studies under the heading "Timely Decisions" (page 12) illustrate some of the issues experienced by children and young people as a result of the use of an adversarial system in the Children's Court.

Improvements in the lived experience of children, young people and families will require a greater focus on outcomes and the requirement to demonstrate that the involvement of the State improves the life experience and opportunity of these people.

The Court exercises the greatest level of authority and as such needs to operate in a way that facilitates improved outcomes for the child or young person as its prime focus. The Salvation Army believes that this would be more effectively achieved through an inquisitorial court model and supports the recommendations of the joint submission.

Appropriate roles and responsibilities of government and non-government organisations

CSO's in statutory Child Protection service

The increased capacity for contracting of case management of children and young people in Out of Home Care is an appropriate role for non government organisations providing Out of Home Care. This activity would provide better outcomes for children and families; however this needs to be a funded activity and not assumed that it can occur within current funding arrangements. It is essential that contracting takes place in a timely manner in appropriate cases – i.e. it is not possible for a community service organisation to take up the high access levels of some cases, when contracting out means the complete reduction of DHS assistance with supervised or Court ordered access arrangements. Foster Care agencies are also not currently resourced to carry out comprehensive case management services – e.g. monitor drug screens, etc.

A service system based on the recommendations of the joint submission would see greater role for Child Protection staff in diversionary and early intervention services enabling more balance in their workload.

An independent Commissioner for Children and Young People

In 2001 the Youth Affairs Council of Victoria, Victorias youth peak body for youth, called for an independent Commission for Children and Young People's and produced a discussion paper that set out the principles that should underpin such a role and it's functions, responsibilities

and accountabilities.[11] This model described a decade ago remains the best option in our view. Specifically the Commission should be independent from government structures and reporting to parliament; involve and engage children and young people and be their advocate; have authority in that it should be established by legislation and have powers to initiate and conduct inquiries and be able to have standing before the courts in matters of children's rights; have a broad perspective beyond any one services system, level of government, non-government or commercial jurisdiction; and be resourced commensurate with it's responsibilities and functions as determined by parliament.

The Salvation Army supports moves by the Victorian Government to extend the role of the Child Safety Commissioner to that of an independent Commission for Children and Young People established though a new Act. Such a public office, as highlighted in the joint submission, can play a very valuable role in the protection of vulnerable children and young people. However, it would be regrettable if this role were restricted only to this marginalised group.

The Salvation Army also strongly supports calls in the joint submission for the establishment of a Deputy Commissioner for Aboriginal Children and Young People as an important and resourced role in this office to provide impetus and greater accountability for efforts to improve the outlook for this vulnerable group.

Workforce capacity

The experience of The Salvation Army is that people who work in health and human services are motivated to undertake this type of work because of a desire to make a positive difference to people's lives. Our Out of Home Care workforce is a highly skilled and professional workforce with most staff holding a post secondary qualification that directly relates to their employment.

This is difficult and complex work and we are aware that vicarious trauma and burnout are by-products of this work. Because related service systems such as homelessness, family violence, mental health, and alcohol and other drug services are under strain, it is not always possible to get children and families the support and accommodation that they need in a timely manner and so we work with children and families whose situations continue to deteriorate and whose trauma is compounded as a result of contact with the service system. As a result sometimes we are supporting children in Out of Home Care placements that are not the best options for them, and we know are not sustainable, but are the only option available at the time. Constantly working within these constraints with children and families who are experiencing crisis and trauma takes its toll. We work to protect our staff by good training, and high quality supervision, management and debriefing.

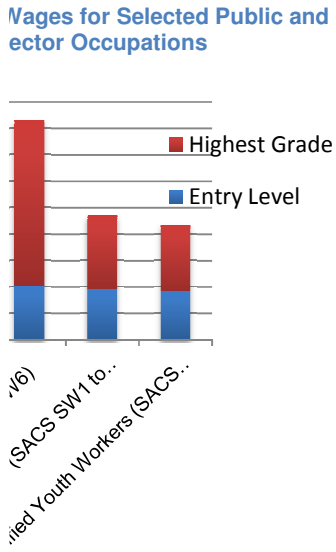
The single most important thing along with receptive systems for our work is to create positive and comprehensive organisational culture. This culture must view the work we do for children and young people and needs of staff and volunteers equally. Residential and Home Based Care workers cannot exclude children and young people or their families because of their poor behaviours – we need to find responses that work because these children do not have acceptable alternatives. We as care providers are the good or public parent and must take on the role of making the systems work for our kids.

For The Salvation Army the work of James Anglin[12] provides an informed and researched understanding of the components required to develop and sustain a positive work place culture with a particular focus on what is required to deliver "good" residential services. Anglin's work is central to the training that our Westcare Network delivers to residential workers in the sector.

[11] Youth Affairs Council Vic (2001) Are you Listening to Us? The case for a Victorian Children and Young Peoples Commission: Melbourne
[12] Anglin, J.P. (2002) Pain, Normality, and the Struggle for Congruence Haworth Press. New York

Our child, youth and families workforce are making a significant contribution to the health of the community through the complex and challenging work that they do, yet funding doesn't reflect the value of this work sufficiently to provide remuneration equivalent to those in other program areas who perform similar work including government employed Child Protection workers, youth justice workers, or allied health workers.

In the past decade, limited funding levels have seen a considerable decline in the wages and conditions of people working in the human services sector, compared to government and allied health sectors. This disparity continues as a person's career progresses as the Figure 2: Annual Award Wages for Selected Public and Community Sector Occupations shows below.



As the graph shows, DHS employees working in Child protection begin their careers at an annual salary of $40,771 (CPW1) and progress to a Unit Manager level remunerated at $125,443 (CPW6). This is in contrast to a community sector employee doing similar work who begins their career at an annual salary of just over $2,000 less than the DHS employee at $38,540 under the SACS Award and progresses to a program manager or senior manager at $55,613.

This is nearly $70,000 less than their public sector equivalent.[13]

Our workforce is increasingly required to work within multi-disciplinarily teams, however they come to the table 'the poorer cousins' in terms of career structure and remuneration. If we are to attract a workforce for the future to truly tackle the complex family work and its intergenerational costs, we must be prepared to remunerate, train and support career progression appropriately. This will require a significant reform of how Out of Home Care services are funded.

Failure to do so will exacerbate the workforce crisis and presents a significant threat to the effective delivery of services in Out of Home Care into the future. As argued in this submission, the stability of relationships between children and their carers is essential for success and therefore continuity of staffing is a critical factor in providing ongoing, consistent care and support.

The Salvation Army continues to urge the Victorian Government to commit to developing and funding a comprehensive workforce strategy for the human services sector that is produced with input from unions and consumer representatives, universities and training bodies, and key employer representatives.

This workforce strategy should form an integral part of the response to vulnerable children and families and should consider the workforce at all levels including direct service staff, team leaders and front line mangers, middle management, policy and program development

[13] Figures sourced from Victorian Public Service Agreement 2009 Extended and Varied Version and Social and Community Services (Victoria) Award 2000 Transitional Pay Table commencing July 2010.

(including department program design), executive management, and the voluntary workforce including foster and kinship carers and board members.

In addition to funding pay parity with equivalent and comparable work in other industries, the workforce strategy should look at the long-term sustainability of the human services sector in Victoria and consider the complexity and future skills needs of the workforce, recruitment, career paths, training and education, and occupational health and safety. It is our experience that young and capable people leave our services because they want to climb the ladder into supervisory and management positions but do not see opportunities arising in the foreseeable future. Fulfilling career paths for staff in the sector needs further consideration. Conversely we can also lose good practitioners who would like to stay, but financially need to look for something else. This happened in the Ministry of Education where good educationalists left teaching to find work in other sectors because they had hit the ceiling in terms of teacher salaries but did not want to take on a management position ie. Deputy Principal. This was recognised by the introduction of an advanced teacher stream which allowed higher remuneration for highly skilled and experienced teachers so that their knowledge and wisdom was not lost to the education system and so that they were able to pass this on to other younger less experienced/skilled teachers. The concept of "Expert Practitioners" who can provide mentoring and training is one way of ensuring the maintenance of service delivery expertise.

Training a voluntary and professional workforce

Until relatively recently, the State child welfare authority ensured consistency of training and workforce capacity via a departmentally run Training Institute. The advantage of this arrangement was that course content had a sound practice and was underpinned by a sound understanding of the unique demands of Child Protection and Out of Home Care. There was an additional benefit of staff being trained by experienced practitioners who linked theory and practice. An unanticipated consequence of the decision to use Tertiary facilities to train the workforce was the loss of practice wisdom and expertise in course content; this resulted in a different standard of training that has not effectively prepared the workforce force to face the complex and demanding work involved. This loss of practice expertise, particularly in the area of residential programs, was amplified when the Department withdrew from service delivery.

The loss of experienced residential staff is most starkly demonstrated by the need for many services to engage "Agency" relievers to cover shifts. This compromises the quality of care and can undermine any therapeutic intent that is part of the program. In developing the workforce it should be our goal not to use "Agency" staff in the operation of any residential programs.

In the last 6 years has there been a coordinated endeavour between DHS and the sector to improve the standard of training to residential workers through the Residential Care Learning and Development Strategy (RCLADS).

The funds are managed by the Centre for Excellence in Child & Family Welfare (the Centre) with governance and funding allocations determined by a RCLADS Steering Committee. The Steering Committee has sector and DHS representation.

The establishment of RCLADS has enabled Community Service Organisations (CSO's) and DHS to use the Australian National Training Framework to design and deliver Competency Based Training to residential workers in all CSO's in Victoria and re-established some of the training capacity lost through the closure of the departmental Training Institute.

The Salvation Army has been a leading provider in the training needs of the child youth and family services sector through provision of accredited training since 2002.

Through the Westcare Training Unit the following training has been delivered to the sector:

- Certificate IV in Child, Youth & Family Intervention (Residential an Out of Home Care) (Accredited)

- Certificate IV in Youth Work (Accredited)
- Diploma of Community Services Work (Accredited)
- Shared Stories, Shared Lives (SSSL)
- Step by Step Victoria
- Our Carers, Our Kids (in partnership with VACCA)
- With Care Training – Stages 1,2,3 & 4 (In partnership with Berry Street Take Two)
- Introduction to working with families – training for residential staff
- Respond Holistically to Client Issues
- Professional Supervision (Accredited)
- Working Effectively with Families and Young People (Accredited)
- Leadership in the Community Sector (Accredited)
- Design Family Strategy (Accredited)

Information is provided at the end of this section regarding numbers of people trained.

The following is a summary of training delivered to the sector with RCLADS funding:

- Certificate IV in Child, Youth & Family Intervention (Residential an Out of Home Care) (Accredited)
- Certificate IV in Youth Work (Accredited)
- "With Care Training – 5 day module" Compulsory introduction to Trauma and Attachment for CSO's delivering involved in the Therapeutic Residential Care pilot
- "With Care Training – 2 day module" An Introduction to Trauma and Attachment Theory provided to <u>all</u> residential staff in Victoria

The RCLADS model of funding and sector involvement should be extended to include training for foster carers and family support workers. Each of these roles share a number of common core subjects, for example, there are six core subjects with competencies that are consistent between residential workers, foster carers and family support workers and then the remaining subjects in the qualification are specialised. This integrated, yet specialist training could be extended to include Child Protection, Youth Justice, and Family and Out of Home Care services, mental health, drug and alcohol, disability and so on. We acknowledge that there are nationally accredited Certificate IV qualifications for all these service system areas however, more work can be done to achieve consistency in content to promote a more cohesive response to children and families.

Our work in this area has shown that a training regulatory body needs to be established to ensure that training is relevant across the human services sector and to ensure that as a sector we know exactly what training and education is being provided by Registered Training Organisation's, TAFE's, Universities and industry providers. This body needs to be similar to a regulatory board that signs off specific packaging or skills sets for various streams. It also needs to have relevant industry experience – possibly changing representatives each three years.

The new board needs to have close links with Industry training boards and skills councils to be able to lobby for training funding etc by having specific qualifications identified where there is a skills shortage or an aging workforce.

As with other community service sectors, we support the view that accredited training needs to be mandatory for workers and volunteers in the Child Youth and Families sector, within a certain time following employment. However, we do not necessarily agree that training should be a pre-requisite of paid work in this sector. Our experience has shown that it is important to recruit professional and voluntary staff to personal traits or with 'mindfulness' and then to provide training to support and develop unconscious competency.

The nature of our work requires constant dialogue and interaction across CSO's and DHS staff, it is therefore essential that each has an understanding of the work of the other. *This should begin from orientation to employment and in professional development training. .*

Other Workforce Factors

The Salvation Army is acutely aware of its responsibility to hear the voice of the child and to ensure that services meet the quality and safety standards inherent in looking after other people's children. To this end we participated in the development and implementation of the Quality of Care process.

While we support the intention of the process it continues to be our experience that the implementation of this process is rigid and has led, on occasions, to investigations which are without merit. Home Based Care volunteers and residential staff have been "stood down" unnecessarily in these situations and, when the investigation is closed, are told the allegation has been "unsubstantiated." This is an unsatisfactory outcome when the original complaint has been determined to be groundless or vexatious.

The inability to come to a finding of "innocent" or "vexatious" has a corrosive effect on morale and has led to staff and carers choosing to leave the sector at the end of a bruising investigation.

There is a need to review and articulate a greater range of possible investigation "findings"; to provide an improved level of "up front" evaluation of the complaint to determine the appropriate level of investigative response; and to include natural justice for the subject of a complaint.

Concluding Comments

The Salvation Army welcomes the Vulnerable Children's Inquiry as a unique opportunity to overhaul and reform of services supporting children, young people and families. The development of improved outcomes for vulnerable children will not be achieved simply by funding "more" or "better" models of out of home care or more Child Protection staff, it must be underpinned by stronger primary and secondary services that enable early intervention and support to all Victorian children and families.

The reforms of the former Government in developing Integrated Family Services and the Child First models are part of the solution, as is an integrated response to the factors that create vulnerability such as unsuitable housing, unemployment, violence and substance abuse. Government policy needs to focus on addressing the variety of issues contributing to vulnerability in a coordinated and comprehensive way so that families can be supported and maintained. Victoria's social service systems must function in a way that brings people to outcomes and opportunity rather than requiring them to navigate departmental silos and tightly targeted eligibility requirements.

Every effort must be made to keep children and young people in their families except where this is clearly not in their best interests. When intervention is needed and placement in out of home care is required models of care must be flexible enough to respond to the specific needs of the child or young person. The expansion of therapeutic models of care, reform of the Foster Care model, better support to Permanent Carers and better assessment and support to children and young people in Kinship Care is urgently required. The operating model of the Children's Court and Child Protection also require radical reform.

The rationale for the Vulnerable Children's Inquiry was a view that vulnerable children remained so even after the state intervened in their lives. The Inquiry cannot recommend "more of the same" and hope to achieve different outcomes, only major reform will deliver the outcomes children and young people have a right to expect.