Submission to the Protecting Victoria's Vulnerable Children Inquiry 2011

Issues addressed in this submission

- Strengthening services to excluded families.
- Improving outcomes for children and young people in out-of-home care.
- Improving educational achievement of children and young people in out-of-home care.
- Breaking patterns of exclusion.
- Promoting inclusion in subsequent generations.

Terms of reference addressed in this submission

1. The factors that increase the risk of abuse and neglect occurring, and effective preventive strategies: The characteristics and benefits of a 'Public Health Model'.

3. The quality, structure, role and functioning of: family services; statutory child protection services, including reporting, assessment, investigation procedures and responses; and out-of-home care, including permanency planning and transitions; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families.

3.1 The integrated service delivery approach

3.2 Workforce issues

a. Family Services

c. Out-of-home care, including permanency planning and transitions

Summary of the submission's recommendations

Out of home care:

1. An effective out-of-home care system that is needs-based and provides children and young people removed from their families with everything that a well-functioning family provides to their children to ensure their safety, development and well-being now, and their effective participation in adult life in the future.
2. Specifically, investment in the lives of children in care now to ensure their wellbeing and to prevent costly interventions in the future through:
   - Provision of timely availability of appropriate placements and increases to the range and variety of care so that placements meet the needs of each child and young person.
   - Development of professionalised foster care as one option for children with complex needs, who would otherwise face multiple placement breakdowns and be difficult to place.
   - Increased availability of therapeutic care.
   - Stability of care.
   - Strengthened assessment and holistic and individualised approaches within flexible and responsive intervention and programs.
   - Increased mental health and substance abuse resources to out-of-home care providers to increase capacity for one-to-one intensive intervention.
   - Reduced numbers of children and young people in each residential care unit and careful matching of those placed in residential care units.
   - Eradication of the many inconsistencies across the care system.
3. Improved educational achievement of children and young people in out-of-home care:
   - Increased range of flexible and responsive program models.
   - Therapeutic care within education al settings.
   - Improved teacher training and resources.
   - Increased access to mental health and educational specialists.
   - Stability of educational setting.
   - Supported and flexible transitions.
4. Meet the needs of young people post-care: guarantee stable accommodation and age-appropriate family-like care; embed the young person in a supportive social network and community; and establish effective transition of young people from school to further education, training and employment.

Prevention of abuse, neglect and children coming into care:

5. Articulation and adoption of a 'Public Health Model' to aid prevention of, and early intervention in, child abuse and neglect.
6. Strengthened Family Services to prevent children coming into care, and provision of Family Services to families of children and young people in care.

7. A new approach to families with complex, entrenched, and multiple problems of an intergenerational nature through a specifically designed program model for them, as articulated in our detailed submission.

Service system interface improvements:

8. Improved interface between out-of-home care, Child Protection, Family Services and homelessness services.
9. Greater recognition by the Children's Court of the expertise of staff in out-of-home care.
10. Introduction of non-adversarial court processes.

Workforce improvements:

11. Parity of salary for case workers in hospital, Child Protection and community service organisations; improved education, training and salaries for residential care staff; and provision of career paths to develop and retain highly skilled staff.

Detailed submission

Background information on Wesley Mission Victoria

The vision of Wesley Mission Victoria (Wesley) is for an Australia where all belong. Wesley's purpose is to work together creatively with those who use our services, other welfare organisations and governments to reduce disadvantage, so people live life to the full within inclusive communities. The fundamental values underpinning our work are hope, compassion and justice.

Wesley's work is framed by its Social Inclusion and Belonging Policy which emphasises a socially inclusive approach in service delivery and to advocacy for social development. One of the most important elements of the Policy is that those who use services should not be seen as passive recipients of service, but rather, should have a voice in shaping those services at the broader design and delivery levels, and in defining social advocacy efforts by Wesley.

Wesley has a long history of working with some of the most marginalised and disadvantaged groups in the community. Wesley is a multi-service community service organisation providing services across Victoria in aged care, disability, youth services, out-of-home care, homelessness, and counselling. Wesley employs over 800 staff and engages more than 2,000 volunteers who deliver 50 different services across 95 locations in Victoria. Wesley's out-of-home care services are provided in the eastern and southern regions of Melbourne. Wesley provides home-based, kinship, and residential care, including a therapeutic care unit, as well as lead tenant and a youth crisis accommodation unit. Wesley provides care to approximately 258 children and young people annually.

Submission on Terms of Reference One

1. The factors that increase the risk of abuse and neglect occurring, and effective preventive strategies: The characteristics and benefits of a 'Public Health Model'.

Wesley's services of direct relevance to the Inquiry are at the tertiary end of service provision: services to homeless families also involved in or needing the services of family services and child protection; and provision of out-of-home care to children removed from

their parents. Later in this submission we argue for improved services to these children and families. However, their experience and situations also convince us of the need for strengthened focus and efforts at community and population levels to tackle the factors that increase the risk of abuse and neglect, to strengthen factors that prevent abuse and neglect, and to intervene at the earliest possible point when abuse and neglect is occurring. In short, our experience at the tertiary end of service provision, combined with our own Social Inclusion Policy, leads us to strong support of a public health model with a greater emphasis on primary and secondary intervention to reduce the numbers requiring tertiary services.

Wesley has a formal partnership with the Deakin University, Faculty of Health, School of Health and Social Development, particularly focussed on social inclusion. As part of the partnership, Professor Ann Taket, Chair in Health and Social Exclusion, has assisted us with this section of our submission. Professor Taket is making a submission to the Inquiry on her own behalf from her expertise in this area, advocating the adoption of a public health model to prevent child abuse and neglect. Wesley supports that submission as a means of reducing the numbers of children, young people and families needing tertiary services.

Professor Taket draws on research in the UK in the areas of child sexual abuse, intimate partner violence and abuse, and rape and sexual assault. This research included a three round Delphi consultation with UK experts in these fields. The experts included those who worked with victims/survivors and those who worked with perpetrators of abuse, both adults and children. Over half of the experts were experts in some part of the field of child abuse and neglect. An important part of the work involved analysis of empirical research in child abuse and neglect, including research based on a wide range of research methodologies, including randomised controlled trials.

Professor Taket and her colleagues developed a socio-ecological public health model encompassing primary, secondary and tertiary prevention.[1] They argue that a public health model has been shown to be effective in relation to these difficult areas of community, public and private life, including in the area of child abuse and neglect. The experts involved in the Delphi consultations strongly endorsed the public health approach as the only way of eventually reducing the levels of child abuse and neglect in society.

Under a public health model, we see the following as important in reducing the incidence of child abuse and neglect:

- A public health model for protecting vulnerable children needs to be seen as an important part of, but inseparable from, a public health framework to tackle violence and abuse throughout civil society. Further:

- Services for children and adolescents cannot be considered in isolation. A holistic society-wide approach is required. Services directed at the adult population are an important part of protecting children.

[1] Itzin C, Taket A, Barter-Godfrey S (2010) Domestic and Sexual Violence and Abuse: Findings from a Delphi expert consultation on Therapeutic and Treatment Interventions with Victims Survivors and Abusers, Children Adolescents and Adults. Melbourne, Deakin University. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123971; and Itzin C, Taket A and Barter-Godfrey S Eds (2010) Domestic and Sexual Violence and Abuse: Tackling the Health and Mental Health Effects. London, Routledge, ISBN13: 978-0-415-55532-6.

Primary prevention: There is need for

- Society-wide awareness-raising and work to change attitudes towards violence and abuse.
- A much wider provision of information on services throughout the community, for all age groups, across the life cycle.
- Help-lines for those concerned about their own behaviours, or for the behaviours of others.
- Support services for all at-risk families around and following the birth of children.
- Early education and school-based programs focussed on respectful relationships and anti-bullying behaviours in children. Positive mental health promotion programs could be connected to these school-based programs.

Secondary prevention: There is a need for

- Services for victims/survivors of abuse.
- Services for perpetrators of abuse.
- Services for perpetrators to be provided across the life course – for children, young people and adults.

Further details in relation to these points can be found in Professor Taket's submission.

Submission on Terms of Reference Three

3. The quality, structure, role and functioning of: family services; statutory child protection services, including reporting, assessment, investigation procedures and responses; and out-of-home care, including permanency planning and transitions; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families.

3.1 Over recent years Victoria has been developing an increasingly integrated service delivery approach to the support of vulnerable children and families. From a systems perspective what are the strengths and weaknesses of this approach? How should any identified weaknesses be addressed?

The points made in relation to 3.1 were identified in a focus group with Wesley out-of-home care staff and management and an interview with a manager within Wesley's Crisis Homelessness Services. We include input from Wesley Homelessness and Support Services because many families seen by these services are also clients of Family Services and Child Protection. Homelessness services are simply working with the same families in relation to housing. Wesley staff identified problems of interface between different parts of the service system at three points.

1. Children still come into care without their families having been provided with sufficient support and services to help them provide adequate parenting to their children

The Best Interest Principles of the Children, Youth and Families Act, 2005 state that all efforts should be made to assist families care for their children.[2] The experience of Wesley

[2] See Section 10, 3 a, b, and c., pp.21-22

staff is that some children and young people still come into care without sufficient support and help having been provided to their families. Their assessment is also that a proportion of children and young people in care could be reunified with their families, if sufficient support was provided to the families. Staff question the inefficiencies involved, when a residential out-of-home care bed costs between $94,000 – $210,801 per annum. Very intensive help to a family, even to the level of one worker per family, would not cost this much.

2. Out-of-home care interface with Child Protection

Some children and young people come into care without adequate assessment of them, their families or their networks. Communication of assessments to out-of-home care providers is inadequate. While Wesley staff had experience of adequate assessment and communication, they also had experience of the opposite, and on many occasions. There needs to be standard provision of assessment information to out-of-home care providers.

3. Family Services, Child Protection and Out-of-home care interface with Homelessness services

Wesley provides a number of different services and thus is able to provide feedback about the intersection of various parts of the service system. Staff have experienced smooth interfaces that work to the advantage of the children and families concerned. They have also encountered significant difficulties in some cases. Wesley acknowledges that these difficulties can stem from lack of resources and high demands on the other services with which they intersect. Difficulties with Child Protection have centred around cases of child neglect not being investigated, a failure in some cases to consider the effects of cumulative harm involved in ongoing neglect, and a sense that expertise and observations of homelessness staff were disregarded by child protection and family services.

Additionally, homelessness staff have confronted unrealistic expectations from Child Protection staff about homelessness services. There seems to be little appreciation of the difficulties of locating affordable properties in the current climate, or of the amount of support some families need, or of the time it takes to secure housing.[3]

Staff have had trouble accessing ongoing help for families from Child FIRST. Often homelessness services workers spend a great deal of time setting up a referral. The family attends. But the Family Services agency soon withdraws, leaving the homeless family further disenchanted and reluctant to use services in the future. As the homeless staff say "Some people you can't close with. You have to hang in long term if you want to stop the pattern repeating". Homelessness staff are sympathetic about the pressures faced by other parts of the service system (they face many of the same pressures themselves), but are troubled by the effects on families not being able to access the services they need.

Homelessness services have also received a number of referrals direct from workers when a young person reaches 18 years and their placement in out-of-home care finishes. These young people have clearly moved straight from wardship into homelessness.

[3] See Mitchell, G., Pollock, S., & Farquhar, P. (2009). No Vacancy: Wesley Crisis Accommodation Service Evaluation Study Report. Melbourne, Wesley Mission Melbourne. http://www.wesley.org.au/images/stories/pdfs/no%20vacancy_final.pdf

Wesley, as a provider of a number of services, supports its staff in making a broader point: there is great need for better 'joined up' policy and whole of government responses. Problems in one policy area have deep impacts on service users. Homelessness staff see many families in a downward spiral caused by such problems, rather than by those within the control of any individual family. How does one continue to be a well functioning parent when there are no affordable houses for those on low incomes?

4. The court system

Staff have encountered some difficulties with the court system. They supported findings of the Baby on Board research[4] that high levels of court-ordered access of infants with parents are against the best interests of the infant. Access in many cases does not provide the quality of access time or promote attachment between parent and infant. Wesley staff are concerned that the court has swung too far in favour of parents in some cases, to the detriment of infant safety and well-being, both in terms of access and allowing babies and children to return home. There was a sense that experience of workers is ignored by the court.

Staff were also concerned about the adversarial nature of the court and its proceedings. Their experience is that the current system can damage constructive yet fragile helping relationships with families and young people. Their plea is for the introduction of a non-adversarial model, with an emphasis on mediation processes which promote the development of trust between worker and child, and worker and family.

3.2 Providing a quality service to vulnerable children and their families is dependent on having a skilled workforce. What are the strengths and weaknesses of current workforce arrangements e.g. working conditions, training and career paths? How might any weaknesses be addressed?

Wesley casework and management staff draw attention to the abysmal wage levels of residential care workers, paid at a rate of about $17 per hour to care for young people with the most difficult of behaviours and the highest levels of need. Additionally, there is vast discrepancy between the salary rates of social workers in hospitals, Child Protection workers and caseworkers in community service organisations providing out-of-home care, as shown in Table 1.

Table 1: Discrepancies in Social Worker salaries

Community Service Organisations	**Child Protection Worker**	**Health Sector**
Entry level usually Soc 2 SACS award $46,862 – 49,579	Entry level (CPW2) $49,173 – 60,378	Social worker grade 1 year 1: $45,787. Grade 1, year 7: $61,363
Advanced practitioner: Soc 3 SACS award $50,610 – 53,267	Advanced practitioner (CPW3) $62,098 – 69,850	Senior social worker clinician, Grade 3 year 1: $75,420 Grade 3 year 4: $84, 589

These discrepancies exist despite workers in out-of-home care doing work of equivalent or greater value and having equivalent responsibility and complexity of tasks to workers in Child Protection. Arguably their work is of greater complexity than casework in hospital

[4] Humphreys, C. and M. Kiraly (2010). "High-frequency family contact: a road to nowhere for infants" Child and Family Social Work **16**(1): 1-11.

settings: risk assessment and management, complex case management and residential care staff management and supervision, and complex changes and therapeutic interventions with children and families with multiple and complex needs.

The major problem with the discrepancies in salaries are not at the basic entry level, but at the end of the scale, where social workers in both Child Protection and hospitals earn $10,000 more than their colleagues in the non-government sector. The maximum entry level hospital social worker earns $61,363. The maximum entry level Child Protection worker earns $60,000. The maximum entry level social worker under the SACS award of Soc 2 can earn $49,579. These discrepancies are even worse at the advanced practitioner level, where the discrepancy is more than $16,000 per annum between the community services social worker and the Child Protection worker and $30,000 between the community services worker and the hospital social worker. Salary packaging is used in the non-government sector, but is a poor supplement to inadequate wages, can never make up the difference and only serves to hide the structured inequalities in pay.

Compared to teachers, the salary levels of social workers in this field are very low. A first year out teacher earns nearly as much as the advanced practitioner. (A beginning teacher commences work on $51,000; while a social worker at Soc 3, year 3 and beyond earns $53,267 per annum).

There are other difficulties in the sector in relation to development of a skilled workforce.

- Devaluing of professionalism and failure to recognise the highly skilled nature of the tasks undertaken by staff. These processes occur through increasing regulation of practice, devaluing of professional judgement, increasing focus on risk management, with increasing amounts of time spent in front of computer monitors to record, and concomitant reduction of face-to-face worker-client time.[5]

- Short term funding of programs so that staff and their employing agencies face employment insecurity.

- Lack of portability of long service and other leave entitlements.

These disparities and limitations create a number of problems for the community services sector.

- They make it very hard to attract, recruit and keep good staff in direct practitioner roles in community service organisations, especially at the advanced practitioner level. It is a remarkable tribute to the commitment of current staff in community service organisations that they remain in their positions.

- Difficulties in building knowledge, skill and wisdom, due to lack of career path for those who wish to stay in direct practice in community service organisations. With the highest level practitioner paid under $50,000 per annum, knowledge building

[5] These factors have been recognised internationally and locally, and are anecdotally identified by practice staff. See Munro, E. (2005). "A systems approach to investigating child abuse deaths." British Journal of Social Work **35**: 531-546; Parton, N. (2006). "Changes in the Form of knowledge in Social Work: From the 'Social' to the 'Informational'?" British Journal of Social Work **Advance Access, published October, 2006;** Green, D. and A. McClelland (2003). "Uncertainty, risk and children's futures." Family Matters **64** (Autumn): 76-81; and Green, D. (2007). Complexity. New Perspectives for Social Work Theory and Practice, Policy and Research Melbourne, School of Social Work, The University of Melbourne.

functions are entirely dependent on the commitment of staff to remain in lowly paid positions.

- Difficulties in program and practice development, which both depend on advanced level practitioners mentoring, supervising and developing staff, and contributing to program design and development.

3. a. Family services

3.3. What are the strengths and weaknesses of current services designed to assist families who are at risk of becoming involved in the statutory child protection system (for example ChildFIRST)?

Wesley Mission Victoria does not provide Family Services (although it provides many services to families in many areas of service provision). However, its homelessness services see many families who are also involved, or have been involved in the past, with Family Services, Child Protection and Out-of-home care services. This experience provided the basis for our discussion of the interface between child and family welfare and homelessness services in 3.1. above, and for this sub-section.

Essentially, Wesley Homelessness and Support Services share a particular client sub-group with Child Protection, Family Services and Out-of-home care services and wishes to draw the attention of the Inquiry to this particular group of families and to their needs, which remain unmet within the existing structure of the service system. We call these families excluded families.[6] Our experience is that these families with chronic, multiple, entrenched, serious and intractable problems respond very well to intensive long-term support provided by committed professionals who understand the importance of establishing a trustworthy relationship, and who can stand by the families over a lengthy period of time. When families are provided with this committed support, they have been able to make significant changes – improve the quality of their parenting, ensure the safety and development of their children, move away from substance dependency and establish themselves in secure housing.[7] Our experience suggests that the location of the service is less important than putting the family at the centre of the work and responding to their needs in a holistic manner. Often the current service system presents substantial barriers to this sort of practice, requiring families to access multiple services able to provide only time-limited intervention.

Wesley Homelessness and Support Services identifies two current problems:

- Services are funded to meet stringent targets which in turn necessitate each worker carrying high case loads. The targets do not permit committed and ongoing care to excluded families. Instead, workers try to meet needs within programs which are funded only to provide much shorter and less intensive support than is needed by this group of families.

- Lack of affordable housing makes working on entrenched difficulties even more difficult.

[6] Tierney, L., (1976). Excluded families. Doctoral Thesis, Columbia University, also Ann Arbor Mich: University Microfilms, cited in Mitchell, G., Pollock, S., & Farquhar, P. (2009). No Vacancy: Wesley Crisis Accommodation Service Evaluation Study Report. Melbourne, Wesley Mission Melbourne.

[7] A case-study is currently being undertaken of one family with which homelessness services have worked for two years. These are the as-yet-unpublished findings of this study. The Accommodation Options for Families program is also being evaluated, and likewise appears to be achieving significant results. (This statement must be qualified by of the newness of the program)

We have confidence that housing workers can achieve very positive outcomes with excluded families, if they are provided with the time to work with families, and if there is a stock of available affordable housing for those on very low incomes. Currently, our Accommodation Options for Families Service, which provides more intensive support (workers have a case load of between 5-8 families for a period of six months with the possibility of some families being referred to an ongoing support service), is having considerable success in engaging families who have a history of avoiding services. Families have begun to acknowledge difficulties in parenting and to commence work on them, although the shortage of affordable housing remains a terrible barrier to success.

3.3.1 How might the identified weaknesses be best addressed? Are there places where some of these services work more effectively than elsewhere? What appear to be the conditions associated with this and how might these conditions be replicated elsewhere in the State?

Our staff have examined a suggested program model proposed by Drs Gaye Mitchell and Lynda Campbell to specifically meet the needs of excluded families. We believe that the services suggested are essential for meeting the needs of the excluded families who present to Wesley Homelessness and Support Services. We see this service being an addition to existing Family Services so as not to jeopardise the important prevention role Family Services plays with families with newly emerging difficulties or crises.

We agree that a specialist service needs to be developed, and that that service should include:

- Universal services to ensure excluded families are linked to services that will break the patterns of exclusion and ensure normative child development and educational achievement for their children
- Intensive casework and case management with small caseloads of five excluded families per worker
- Specialist clinical assessment and therapy
- Specialist educational assessment treatment and enrichment services for children and educationally disadvantaged adults in excluded families
- Specialist training and employment services
- Centre based activities focussed on child development, parenting, social activities, reduction of social isolation and community development
- A social network builder to reduce social isolation – including development of existing networks, mentoring and establishment of other substitute networks, and linking into normative sporting and cultural activities in the community
- Close links to homelessness, family services, substance abuse, family violence and mental health services, and a whole of government 'joined-up' approach to service provision from the policy to service delivery levels.

The service needs to be based on development of strong and trustworthy relationships between the excluded families and their workers, and to foster inclusion through educational and employment participation and the centre-based activities.

We support the emphasis on education, training and employment. Our daily experience is that educational disadvantage and long-term unemployment are substantial barriers to social inclusion, while education and participation in the workforce are essential for it.

3c. Out-of-home care, including permanency planning and transitions

This submission is based on one collaborative research project with Anglicare Victoria, two pieces of research within Wesley Mission Victoria, and a focus group with Wesley's out-of-home care direct practice and management staff. The research reports are all available to the Inquiry on request, and one is already available on line. Each piece of research has highlighted problems in the out-of-home care system that need to be addressed if children and young people are to achieve requisite levels of health, development, safety and well-being.

The research was as follows:

- Research into care-system impacts on academic outcomes, (the CIAO Research).[8] The research was a collaborative study by Anglicare Victoria and Wesley Mission Victoria, which, between them, provide out-of-home care to approximately 710 children and young people under the age of 18 years who are unable to live with their parents. The study involved a telephone survey of carers of all children between the age of 4-18 years, in Anglicare Victoria's and Wesley Mission Victoria's Out-of-home care services. With a response rate of 87%, 199 carers were interviewed. The research also involved case studies of six young people and their educational achievement, and focus groups using Photvoice as a method,[9] to explore the views of a group of young people in care, about their education.

- Evaluation of Burwood House, a residential unit for young people that incorporates a leaving care component with a therapeutic focus for young people aged from 16 to 18 years on statutory orders.[10] The evaluation involved interviews with managers and program staff; use of a data collection tool to describe the young people, the services provided to them and the outcomes achieved during their time in Burwood House; interviews with former residents; a survey of current residents; and a literature review.

- Evaluation of Wesley 121, a Youth Refuge in the Eastern Region of metropolitan Melbourne, which provides temporary crisis accommodation for up to six young people between the ages of 16-21 who are homeless, or at risk of becoming homeless.[11] The service accepts both males and females for up to six weeks but this period is extended if no suitable accommodation is available for the young person by that time. The evaluation involved interviews with managers and program staff; use of a data collection tool to describe the young people, the services provided to them and the outcomes achieved during their time in Wesley 121; interviews with former and current residents; and interviews with sector professionals.

- Consultation with Wesley out-of-home care staff (March 2011), to explore their practice knowledge and wisdom relevant for the current Inquiry. Four staff attended a group session, and an individual interview was conducted with the Regional Manager who had been unable to attend the group session. The staff have read the submission to ensure their views were fully incorporated into it.

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[8] Wise, S., Pollock, S., Mitchell, G., Argus, C., & Farquhar, P (2010). Care-system impacts on academic outcomes: Research Report. Melbourne, Anglicare Victoria and Wesley Mission Victoria.

[9] Wang, Caroline & Redwood-Jones, Yanique A., 2001, Photovoice ethics: perspectives from Flint photovoice, Health Education and Behaviour, vol 28 no 5

[10] Higgins, J.R. (2011). Evaluation of Burwood House Leaving Care Service. Melbourne: Wesley Mission Victoria.

[11] Higgins, J.R. (2011). Wesley 121 Youth Refuge: Service Review. Melbourne: Wesley Mission Victoria.

All points and recommendations in the submission are grounded in these sources, so they will not be cited specifically for every point made. A strong focus of our submission will be how to ensure children and young people do well at school, because this has been the focus of some of our research. But our concern is broader. We are concerned for education because we see it as an essential foundation of success and participation in mainstream Australian life – an essential objective of the care system. The focus on education takes us broader and deeper – we cannot learn if everything else is going wrong in our lives. Educational achievement is a barometer of well-being, and directs us to the other needs of the children and young people in our care. The knowledge and experience of staff also encompasses the whole young person, not just their educational needs.

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

1. Introduction

Wesley Mission Victoria believes that the out-of-home care system should:

- Take over the roles of the child or young person's family only when the family is unable to care for and protect their children (and after the family is provided with sufficient help to maximise their parenting before their children are removed into care),
- remedy the destructive effects of abuse and neglect for the children and young people who come into care,
- provide them with care that provides <u>everything</u> that a well-functioning family provides to their children, and
- ensure they enter adulthood able to take up the full range of normatively expected adult roles. This entails ensuring that patterns of disadvantage and exclusion have been broken, and patterns of inclusion and participation in community of the young person are well-established.

Wesley uses these objectives to measure strengths and weakness of the existing system.

Our research has shown that some of the services and resources necessary for excellent provision of out-of-home care exist, but not at adequate levels, and not in all geographical locations, that the provision is not consistent, nor, in many cases, adequately resourced. In addition, there are some aspects that do not exist at all, or else, exist so rarely, that for many children and young people, they remain entirely inaccessible. Staff have identified many inconsistencies across the different parts of the out-of-home care system that means that some young people get what they need and others are severely disadvantaged. These are outlined in Table 1 and section 3.5.1.

This inconsistency suggests that the system knows what is needed but lacks the ability or will to provide the necessary resources. Wesley's experience is that it is the children and young people in care that pay the cost of this systemic failure. The failure is also very costly to the Australian community generally. Those previously involved in out-of-home care are overrepresented in the ranks of the chronically unemployed; in those experiencing family breakdown; in child abuse and neglect in subsequent generations; in crime and the cost of the police, courts and prison systems; and in mental health services, hospitals, drug and alcohol, and homelessness services. Wesley urges the Inquiry to advocate a strong-minded

and long-sighted view: ***invest in the lives of children and young people currently in care and save the negative costs outlined and vast quantities of human suffering in the future.***

In view of the problem of inconsistency, our response in 3.5.1 articulates what needs to be provided, consistently, across the system, particularly in the care and education settings, for all children and young people in care. This becomes our recommendation for addressing current weaknesses in the system. Before presenting our solutions, we summarise our experience of the strengths and weakness of the system.

2. Strengths and Weaknesses of the out-of-home care system

Our summary of the strengths and weakness of the system is discerned from Wesley's practice and research, and presented in Table 1. Staff acknowledge that the weaknesses listed do not always occur but that the inconsistency of the strengths represents a broader system failure. Where we have no evidence of a particular strength or weakness, the box is left blank.

Table 1: Strengths and weakness in the out-of-home care system

Strengths	Weaknesses
Before the child or young person comes into care, or at the point of entering the out-of-home care system	
Well established network of Family Services and Family Preservation Services. Family Services are provided by well-established, experienced and expert organisations providing well-run services with an excellent track record in supporting families and achieving change, especially with families in crisis, or with newly emerging difficulties. However, targets and caseloads are high, and funding for families with high level needs and complex problems of long duration is limited to two hours per week for one year for the families with highest needs. Families First services are likewise provided by community services organisations but are limited to very short	***Inadequate provision or application of preventive strategies to prevent children and young people coming into care***. • There are inadequate supports to families to help them keep their children. • There is inadequate flexible intensive resourcing at the point of impending admission to care. An example from the staff: an indigenous 15 year old girl was removed from her family and placed in a residential unit where two residents were heroin addicted. Her siblings were left with her parents, so that she could not continue to protect them. The staff view was that it would have been more effective (not to mention cheaper) to fund a highly qualified worker (psychologist or social worker) with a case load of one, to work solely with the family, than to remove the girl into a $94,000 a year residential unit 'bed'. While there are times that children must be removed, this should not occur if an equal amount of funding could ensure their safety and well-being with their own families.
Well established network of Family Services and Family Preservation Services. (cont'd) episodes of intervention.	***Inadequate provision or application of preventive strategies to prevent children and young people coming into care***.
Appropriate use of family conferencing: One region ensures that family conferencing processes occur before request for placement is accepted.	***Failure to use family conferencing processes*** before a child enters care, especially kinship care. Family conferencing is not standard procedure in another region which tends to use family conferencing only when a placement breakdown is imminent.
Full and adequate assessment prior to care: One region completes full assessments before a child is placed.	***Failure to provide adequate assessment*** of the child, young person and their family. Often very basic data is missing in one region (e.g., child's full name and date of birth). More often data about the child's family, extended family and social network is entirely absent.
	Failure to communicate assessments to providers of out-of-home care
Within the care system	
Choice of placement to suit each child: Some regions have a range of placement	***Insufficient choice of appropriate placement*** to meet the needs of each child and young person.

Strengths	Weaknesses
possibilities. For example, one region has a farm setting that houses eight young people in two houses and a mother/baby unit. They have also been able to make special arrangements for particular young people with specific needs. Even so, not all children and young people in the region are placed appropriately because of pressures on placements.	The experience in another region is of inflexibility and lack of placement choice. Neither the farm nor the mother/baby unit are available. Flexible responses for particular children and young people are not available. Several proposals have been put to the region, to meet specific needs of particular young people but all have been rejected. For example, a proposal to keep a group of aboriginal children together with a carer with a strong understanding of the aboriginal culture was refused; as was a proposal to keep a sibling group of four children together.
Therapeutic care: The CIAO report identified the profoundly positive effect therapeutic care could have for children and young people able to access it.	***Inadequate provision of therapeutic care*** – home-based and residential. The CIAO report and Wesley staff identify many children and young people who need therapeutic care and are not able to access it.
	Lack of professional home-based care where foster parents are paid to care for traumatised children and young people with high levels of need.
Stability of care: The CIAO report saw good outcomes for children where stability was achieved.	***Lack of stability of care*** for many children and young people – multiple placements are still a common reality for many children as noted by staff and in the CIAO report.
Therapeutic specialists: The CIAO report documented the assistance given to some young people.	***Lack of therapeutic specialists*** for children and young people in all forms of care, but especially for those in residential care units. Both CIAO report and staff noted the inaccessibility and unavailability of therapeutic specialists.
Recreational or youth workers: Burwood House has found positive effects for young people through a half-time recreational worker.	***Lack of activities, recreational or youth workers*** is the general experience of Wesley staff.
	Residential care staff employed at an inappropriate level, without sufficient education and expertise, and paid very poorly ($16-17 per hour) to work with severely traumatised young people.
The importance of resources: One region has a policy of no more than three young people in an Adolescent Community Placement. This is much better than four young people.	***Insufficient resources for out-of-home care: inadequate staffing levels and inappropriate numbers of young people placed together***: • High case loads for caseworkers • Inadequate number of staff in residential units, given the high needs of residents and the inappropriately large number of young people placed in one unit • Two many young people in one unit. Four troubled young people in one unit is too many; maximum number should be two. ***Related problems:*** Staff provided examples of young people learning negative behaviours and patterns from each other: an intellectually and developmentally delayed young person placed in the same unit as a young person convicted of armed robbery, and known for his aggressive outbursts. With residential unit staff limited to two staff at any one time for four young people, competing needs cannot be met. Another example was of a young person needing to be taken to sports training, at the same time as all young people are returning to the unit for the evening. There were insufficient staff to do this and care for the other three young people in the unit.
	Inconsistencies in funding and support across the system: some children and young people are well funded, others are poorly funded.

Strengths	Weaknesses
	• For example, young people placed in residential care units are among the most difficult and high need. Agencies receive $380 per bed per year for all incidental costs, including clothing. If there is high turn over in that 'bed' there are clearly insufficient funds. This can result in young people attending court in track suits, because they do not have appropriate clothing. As one staff member said: "We teach them to live in poverty". • Another example was of funding in one region for a complex home-based care placement of $10,000 of brokerage money. If the placement breaks down, the young person will most likely come into a residential unit, where there is no brokerage funding. • A third example: Funding for a general home-based care placement is funded at the lowest level of support. Children in such placements are likely to benefit from a range of extra curricular and after school sporting and cultural activities but there is insufficient funding to cover these normal, positive activities. The system fails to reward well-functioning, achieving children and young people.
	Reimbursements to foster-carers are inadequate. General reimbursements for home-based care for a child 0-7years are $261.83 per fortnight. Reimbursement for a standard complex placement is $846.59 per fortnight. Wesley staff report that these reimbursements are inadequate, and do not cover costs. They know that many foster carers put a lot of their own income to support children and young people in their care. If the foster carers are not well off, the foster child suffers further. As one staff member said: "Foster carers want to give children a better life, but they can't because they don't get given enough money to do that." There is no money to fund holidays for children and young people in care. If the foster carers can't afford to fund the child, there can be no holiday. There is no funding for holidays for young people in residential care settings.
	Kinship care is inadequately funded compared to foster care, yet the placements are often every bit as challenging. • Kinship care placements cannot be funded above the 'intensive' level • There is no brokerage to assist the kinship carer upgrade accommodation (if multiple children are placed with a relative) or vehicle. • Respite care is not available to kinship placements. • There is no supplementary funding for kinship care In comparison: Supplementary funding of $1391 a year is provided to foster care placements; Supplementary funding of $12191 is provided for complex targets. Additionally, kinship placement support is set lower than 'general' foster care placements (the rationale being that there are no costs associated with recruitment, assessment, induction and training, and matching of child with carer in kinship care). But this lower figure does not allow for any variation in complexity of kinship care placement, as is accounted for in 'intensive' or 'complex' foster care placements.

Strengths	Weaknesses
Services to families: there is an existing network of Family Services.	***Lack of services to families of children and young people in care***, even though young people can spend many days a week actually with their family, or will return home when the placement finishes. Many families either do not access Family Services, or need more intensive services of a longer duration than these services are funded to provide.
	Holistic and individualised approaches are inconsistently provided. Many children and young people receive segmented and divided approaches to their needs.
	Inconsistent provision of individualised assessment.
	Planned and flexible intervention is provided inconsistently.
	Lack of acknowledgement of the importance of relationship. This is not provided consistently in all relevant settings, for each child and young person.
	Lack of consistency in privileging the preferences of children and young people in all relevant settings, for each child and young person
	Lack of coordinated response within out-of-home care, education, and other services, especially mental health services, in many instances in the experience of Wesley staff, and noted in the CIAO report.
Leaving care planning is a matter of policy	***Inadequate and inconsistent enactment of the policy for many young people.***
Strong alliances among service providers: The Eastern Region community service organisations and DHS have formed strong alliance through EPAS (Eastern Placement and Support) which has resulted in strengthened relationship, strong working relationships, collaboration and trust, including in relation to allocation of funds from DHS.	***Problems of trust and lack of collaborative alliances between CSO's and CSO's and DHS:*** The structure of the Eastern Region is not present in other regions, and there can be sense of lack of transparency and perceived favouritism in allocation of funds, with suspicion typifying relationships between DHS and community service organisations, and between different community service organisations.
Within the educational setting for children and young people in care	
Trained and well-resourced teachers: The CIAO report and staff identified teachers who do all in their power to support children with extreme needs and challenging behaviour, but often out of their own commitment, and not with additional training and resources to support their efforts .	***Lack of teacher training and resources*** in relation to handling trauma related behaviour and helping trauma affected students to learn.
	Lack of stability of educational setting for many children and young people in care.
	Inadequate provision of flexible and responsive program models. Many children and young people in out-of-home care are not able to access programs that are designed to meet their needs.
	Inadequate provision of specific strategies and programs to engage those who have dropped out of education: Strategies and appropriate programs are not available to many young people.
Therapeutic educational settings: Some are available.	***Therapeutic educational settings:*** are not provided consistently, and are not available to many young people who need them.

3.5.1 How might any identified weaknesses be best addressed? If there are places where these services work more effectively than elsewhere, what appear to be the conditions associated with these successes and how might these conditions be replicated elsewhere in the State?

1. Requirements in every setting

Regardless of the out-of-home care setting of each child or young person, and regardless of their school setting, or when they are accessing appropriate services, our research and practice wisdom and experience suggest they need:

- ***Holistic and individualised approaches*** to the needs of each particular child or young person in care, but which also include a focus on the talents, strengths and resilience of the child and young person (and their family if appropriate), which give the child or young person the opportunity to succeed, to be recognised for their positive contribution, and to participate and contribute, rather than always being seen as a recipient of service.
- All children and young people in care require ***careful individualised assessment of needs***, rather than a standardised, technocratic approach. ***Assessment needs to be seen as a specific and central task and it needs to be adequately and separately funded.*** The assessment needs to ***include understanding of the child and young person in relation to their family,*** and to be ***culturally sensitive, ecological*** (i.e., explore the social and cultural world of each child and young person, including their relationships with their immediate and extended family network) and ***developmental,*** as well as exploring any ***individual needs, difficulties, strengths and resources of the young person. Family conferencing should be part of assessment and be undertaken in all cases before a child enters care.***
- ***Highly skilled and well educated staff*** to undertake such assessment***.***

  In relation specifically to education, the CIAO report recommended the development of a fully resourced 'education-first approach' to assessment and placement services which prioritise a child/young person's education needs and aspirations.
- ***The earliest possible intervention.*** Our saddest experiences, whether in research or in practice, is to learn of children or young people who should have been removed many years earlier, before trauma was repeated, and so that first experiences of trauma could be treated appropriately and in a timely way. Or when we learn of families who could have cared for their children, had they been given the right help at an earlier time. Wesley staff have experiences of both situations.
- ***Planned and flexible intervention*** based on assessment and targeted at the specific needs and difficulties of each child. This is necessary within both the care and educational settings.
- ***An emphasis on relationship***. This includes acknowledgement that all care within out-of-home care and all effective education for children and young people in care will give primacy to relationship. To do well in school and at home, children and young people need carers, caseworkers, teachers and specialists who understand the child or young person and who privilege the relationship side of any endeavours with them.
- ***Approaches that regard the preferences of children and young people***. Children and young people are most receptive to services when they are provided in locations

and in ways that are most comfortable to them. This often involves informal environments and teachers that are familiar to the young person.

- ***Excellent communication between Child Protection and out-of-home care at the point the child comes into care.***

2. Specific needs within the care setting

- Planned and flexible intervention in the care setting means, first and foremost: ***timely availability of appropriate placements.*** Of necessity, this means:
  - ***Flexible and responsive program models within the care system***. A range and variety of care (kinship, home-based, residential, therapeutic, and even shared-with-kin-and-out-of-home care) are needed. These need to be accessible to each child and young person when they need them.
  - ***Therapeutic care in home-based and residential care settings***, as required, as a matter of course, for those who have experienced trauma pre-care or in care, and those who have developed emotional and behavioural difficulties that impede learning and development.
  - ***Additional specialist and support staff for every placement according to the needs of the children and the carers.*** This includes specialist mental health workers, youth substance abuse specialists, educational specialists and recreation/youth workers. The CIAO report recommended improved access to mental health services and specialised trauma services (such as the Take Two Intensive Therapeutic Service) in out-of-home care and this was a theme supported by the focus group discussion with Wesley staff. Our suggestion is for mental health and substance abuse experts to be employed directly in Out-of-home care services.
  - ***Specialist care settings or interventions beyond the range already mentioned:*** a rehabilitation program for young sex offenders, a mother/baby unit, and outward bound placements.
  - ***Well-trained and educated staff, appropriately paid for their highly skilled work.*** Current wage and salary levels for residential care staff are abysmally low. There is not sufficient funding to allow for professional home-based care. Caseworkers on the SACS award are significantly underfunded. In this environment it is difficult to recruit and keep good staff able to build their knowledge and skill in this difficult area of work.
  - ***Reduced numbers of children and young people in each residential care unit***.
  - ***Ability to provide intensive one-to-one intervention*** if and when required.
  - ***Careful matching of children and young people placed together*** to avoid children and young people learning of negative behaviours and patterns from each other, and to increase the child or young person's sense of belonging and safety.

- ***Consistent and adequate funding of each child in care.*** The funding needs to allocated to specific purposes:
  - ***Funding of each out-of-home care 'bed'*** including support and reimbursements to foster carers and kinship carers. It is becoming harder to recruit foster carers, and lack of resources and financial reimbursement accounts for a number of placement breakdowns.
  - ***Development of a professionalised foster care service*** for children and young people with very complex needs and challenging behaviours who would otherwise be difficult to place, or would experience multiple placement breakdowns.
  - ***Supplementary funding for each child according to predictable and emerging needs: clothing, transport, education, extra curricular activities and community engagement, specialist support (therapy, medical intervention, etc, and other incidentals).***
- ***A coordinated response*** owned by out-of-home care and education, but located in out-of-home care agencies, and integrated with mental health services to ensure effective casework, case management and support to young people in out-of-home care. An important role would include monitoring and promoting educational progress of children and young people in care.
- ***Stability of care:*** multiple placements are destructive for children and young people.
- ***Leaving care planning well before the young person is due to leave care*** so that their interests and talents can be fostered through the development of living skills, community links and a sense of direction in their lives that can be sustained after they leave care.
- ***Services to families of children and young people in care*** to maximise the relationship between the child or young person with their family, even when reunification is not a possibility, and to strengthen parenting capacity. This recommendation is based on the knowledge that many young people return to their families at the end of their time in care, even when they have been in care till the age of 18 years.
- ***Respite care for kinship carers*** so that they can sometimes have a break.

3. Specific focus on educational achievement of children and young people in out-of-home care

- ***Flexible and responsive program models within the education system***. A range and variety of educational approaches are needed beyond that currently available. These include mainstream schooling with extra resources, alternative programs within mainstream schools and alternative settings for learning (i.e. outside the traditional school environment). They also include applied and one-on-one learning, including therapeutic education programs where teachers are trained to address trauma based behaviours. These need to be available within the locality of the children and young people who need them, so that placements are not disrupted in the pursuit of educational goals.
- ***Identification of those who have dropped out of school,*** and development of ***specific strategies and programs to re-engage them in education, training, further education, or on-the-job training and employment.*** Without this, young people will continue in pathways of exclusion, rather than become participating members of mainstream communities.

- ***A co-ordinated response*** between out-of-home care, education and mental health services.
- ***Therapeutic care*** within the educational setting ***combined with a specialist educational approach*** to those whose learning and development has been compromised by trauma and its ongoing effects, as required, as a matter of course, for those who have experienced trauma pre-care or in care, and those who have developed emotional and behavioural difficulties.
- The CIAO report identified the need for increased provision of ***teacher training and resources*** in both initial and continuing teacher education to assist teachers to respond to trauma-related behaviour.
- Provision of a sufficient number of sufficiently competent ***mental health and educational*** specialists to address the effects of trauma, any emotional and behavioural difficulties and to ensure that the children and young people's education and development is not compromised.
- ***Stability of educational setting***: many of the young people in all the research reports have had multiple disruptions to their education. Stability of educational setting needs to be prioritised.
- ***Supported and flexible transitions*** between preschool and primary school, primary and secondary school, and at the end of secondary schooling, for children and young people in out-of-home care, and supported school transitions for young people returning home. The case studies in the CIAO report showed young people disengaging in education in the transition between primary and secondary school, and being unable to proceed beyond secondary school through lack of support and help at this time in their lives.

3.5.2 Is the overall structure of out-of-home care services appropriate for the role they are designed to perform? If not, what changes should be considered?

There are several structural problems as already identified

1. Inconsistencies across the system

- More attention still needs to be given to prevention of children and young people coming into care, and earlier intervention is needed in some cases (some children should come into care much earlier, to prevent long-lasting effects of trauma).
- Kinship care funding needs to be made consistent with foster care funding.
- Supplementary funding for different placements needs to be equalised.
- More therapeutic placements and choice of placements need to be provided.
- More alternative educational programs in mainstream schools and more alternative educational settings are needed.
- Specialist mental health and trauma specialists are needed for all types of placements and in school settings for children and young people who have experienced trauma and/or display challenging behaviours.

2. Unmet needs of young people post-care

2.1. Increase the age of support for young people who have been in care well beyond 18 years

The CIAO research found the need to support young people beyond 18 years of age, if educational achievements were to be gained. Other research has identified the barriers to educational and employment participation that significantly disadvantage care leavers, including unresolved trauma and developmental delays, abrupt transition to independent living at age 18, lack of family support to overcome challenges to independent living and lack of planning and preparation for leaving care.[12] Young people whose voices are included in a Discussion Paper recently released by the Create Foundation[13] identify the problem of having to move out of care at the end of wardship, coinciding with entry into post-secondary education, training or employment. The Discussion Paper also identifies the importance of close relationships for the achievement of educational outcomes and the problem of social isolation as a hindrance to educational achievement and vocational success. Wesley's staff identify the craziness of the current system that expects unsupported, highly vulnerable young people who have been in care to successfully live independently, when their non-'in-care' peers continue to live in the emotional and material security of their families. (We note that it is against the norm to expect 18 year olds to live independently, in Australia.[14]) As one staff member noted: "We are telling kids at 16 who have experienced serious trauma that they need to start preparing for their independence, and then we wonder why they act out".

In view of these identified factors we urge the Inquiry to recommend that ***the nexus between the legal end of wardship (18 years or attainment of adulthood) and living arrangements provided to young people who have been in care, be broken***.

Specifically, the state needs to:

- ***Provide material and financial support to any stable placement beyond the young person reaching 18 years to at least 25 years, to the point that young people have completed further education and training and have begun their careers***. This will allow the young person to keep living with their foster family, as happens in ordinary family life, with no financially-driven endpoint through lack of support to carers. The young people will thus be provided support equivalent to their peers who have not been in care, and will be supported into their early careers, as occurs normatively in Australian society. This could be funded by a degree of additional funding to foster carers to continue their support, and by modification of commonwealth social security payments to young people who have been in care, up to the age of 25 years (thereby allowing some charging of board by the foster carers).
- Provide of a range of other supported ***accommodation and care options for those who cannot or will not remain in the care setting in which they were placed when they reached 18 years*** and who cannot or will not return to their family. The Foyer model is one option.
- Provide ***Scholarships*** for a range of educational pathways: Vocational Education and Training, TAFE, or university colleges or communities for academically-able young people.

2.2 Provide resources to ensure that those leaving care are embedded in a supportive social network and well linked to community

[12] Raman, S., Inder, B. and Forbes, C. (2005). Investing for success: the economics of young people leaving care. Melbourne: Centre for Excellence.
[13] Testro, P. (2010). Learn or earn discussion paper: Implications for young people in-care and post-care. Annerley, Create Foundation.
[14] A study conducted by the Australian Institute of Family Studies found that 80% of 18-19 year olds, 37% of 23-24 year olds and 19% of adults in their late twenties live with their parents (de Vaus, 2004).

One of the foundations of achievement of individual capacity is a supportive social network and a positive surrounding community. Young people in care have already received significant blows that have jeopardised the development of individual capacity. We need to ensure that no young person leaves our care without the networks and communities that will support them in adult life. Specifically, the following are needed:

- Support for the ***development of intimate supportive relationships for the young person during their time in care***, whether with the carer family or with others, that persist into young adulthood and beyond.
- Where the young person's existing family and kin network is likely to be the main source of belonging and care, ***provision of support to the family and network to support educational achievement and participation in further education, training and employment***. Services to families while children are in care and at the end of care are notoriously limited.
- ***Support programs specifically designed*** for any young person who is not in a family setting, with a key worker to provide consistent casework and case management.
- ***A social support network built around every child and young person in care*** that is designed to be lasting, and to embed the child or young person in a network that provides love, belonging, acceptance and where their interests, needs and talents are recognised. Caring, trusting, intimate relationships with people who can provide stable, family-like guidance and emotional support in a manner that respects the young person's growing independence are key elements within a young person's care network. Use and development of mentoring programs is one approach to young people who are extremely socially isolated.
- ***Linkage of each young person in care to community and positive experiences of engagement with community activities.*** Young people need support to build links to the community and engage in community activities well before they leave care, so that these relationships can be sustained after they leave care and beyond. Effective community connections can be developed based on the young person's talents and interests, as a parent would foster the talents and interests of their own children. ***Additional resources are needed*** to ensure this occurs. The following have been effective in Wesley's out-of-home care and youth refuge services:
  - A recreation worker in a residential setting to connect the young person to appropriate community-based activities.
  - Bringing services to the home or other environment in which the young person feels most comfortable. The Wesley 121 youth crisis accommodation refuge regularly invite the community health nurse for dinner. She informally engages with the young people who then visit her at the clinic. She can then make referrals to other services for them if they need and want this.

2.3. Establishing effective transition of young people from school to further education, training or employment to break patterns of exclusion and failure in adult roles

The following are essential:

- ***Intervention in primary and secondary school as a sound foundation for launching into adulthood.*** This involves
  - Provision of excellent educational assessment throughout primary and secondary school years.
  - Provision of excellent education programs, tailored to the individual needs of young people, and flexible and accessible in their structure and processes.

- A range of educational options.

- ***Establishment of measures of educational achievement for all children and young people who have been in out-of-home care*** so that educational achievement can be charted, and the system can work to improve them. Responsibility for reporting and actioning needs to be jointly taken by DHS and DEECD.
- ***Specialist therapeutic settings and specialist assessment and intervention to address the effects of trauma, and specific emotional, behavioural or mental health difficulties.***
- ***Excellent vocational assessment and guidance in the secondary school setting.***
- ***Addressing the needs of the young person transitioning to adulthood: development of resources within further education and training settings, specifically for those who have been in care.*** Young people may need counselling, mentors, special learning programs and tutoring within further education and training settings to maximise their chances of success.
- ***Creating supported pathways:*** The education system is accustomed to articulate specifically defined pathways for all students. Young people in care need special attention and resources for the development of appropriate pathways for them. Some agencies are exploring partnerships with businesses to enhance understanding of the business and employment worlds of disadvantaged and at risk youth, and to increase access of these young people to apprenticeships, training and employment at the end of secondary education.
- ***Financial support to age 25:*** Advocacy is needed to alter social security policy so that young people in care and post-care are supported and resourced through provision of income, medical care, transportation and housing. This is consistent with Raman and Forbes (2005), who argue that financial and other forms of support should be provided to care leavers up to the age of 25, and highlight the significant cost savings to Governments in facilitating this disadvantaged group's engagement with education, training and employment and reducing their reliance on welfare and other forms of social support throughout their lives.
- ***Supportive service systems for those transitioning into adulthood:*** Young people post-care need access to services that help them learn, grow and contribute to society. Accessible and sympathetic housing, health, mental health, and transport services can all assist in successful transition to further education, employment and adulthood.

3.5.3 What more might need to be done to meet the needs and improve the outcomes of children in out-of-home care and those leaving care regarding:

- Their education, heath and mental heath needs;

Refer to our response to 3.5.2

- The needs of children from culturally and linguistically diverse backgrounds; and
- Arrangements for developmentally appropriate contact between a child in out-of-home care and members of his or her family?

3.5.4 How can the views of children and young people best inform decisions about their care? How can the views of those caring for children best inform decisions affecting the wellbeing of children in their care?

The best assurance of involvement of children, young people and their carers are: high quality case practice; high quality supervision of staff; development of program cultures of openness, respect and commitment to listening to children and young people and their carers; and development of organisational cultures that foster learning, flexibility, responsiveness and which provide active monetary, emotional and intellectual support to all their staff. Good workers (who need to be retained) undertaking good recording practices in good programs in good organisations ensure views of children young people, birth families (to the extent that they are able) and carers are actively taken into account in every aspect of 'care', as a matter of course. There is, in this sense, no 'magic bullet'. Good practice, program and organisational development takes time, intelligence, wisdom, education, training and professional development of both caseworkers and carers, adequate resources and, in this field, passionate commitment to improve the lot of the children and young people in our care.

In our research, Wesley used a method called photovoice[15] to assist young people in care talk to us about their experience of education and being in care. The response of the young people was very enthusiastic, and provided rich material for program development. Six young people in care were interviewed for the CIAO research. Their response was likewise enthusiastic and provided many insights. Additionally, Wesley is piloting a participatory process in program evaluation, where all those involved – the staff, the management, the service user and their families, all contribute to definition of evaluation questions, and to data provision, to making meaning from the findings and to defining actions for change from the findings. The level of enthusiasm for these evaluation projects by all participants is very high and suggests that wider use of such processes would strengthen the voices of those involved in care – be that the children and young people, or their carers. To do so would involve overcoming various barriers to research in out-of-home care, including gaining ethics approval and permission for involvement of young people who are in the care of the Department of Human Services.

3.5.5 How can placement instability be reduced and the likelihood of successful reunification of children with their families, where this is an appropriate goal, be maximised?

In identifying the weaknesses in the system and what can be done about the weaknesses (3.5.1), and the remedies needed to the current structural arrangements 3.5.2), we believe we have identified many factors which would reduce placement instability.

[15] Wang, Caroline & Redwood-Jones, Yanique A., 2001, Photovoice ethics: perspectives from Flint photovoice, Health Education and Behaviour, vol 28, no 5.