The Child & Family Welfare Association of Australia (CAFWAA)

Call to Action for Australia's Children

May 2007

A Call to Action for Australia's Children

Child and Family Welfare Association of Australia

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Foreword

The Child and Family Welfare Association of Australia (CAFWAA) is the national peak body representing community service organisations working with vulnerable children, young people and families, including those experiencing neglect and abuse and those living in an out-of-home care environment.

Since incorporation in 1995, CAFWAA has taken a leadership role in advocating for improved public policy at a national level. In particular, CAFWAA has sought policy responses that strengthen the capacity of families and communities to care, nurture and protect children and young people and to ensure assistance is afforded to children and young people when adequate care is not provided.

In 2002, CAFWAA released *A Time to Invest*, a report which detailed a comprehensive range of recommendations aimed at enhancing policies and programs for children and families. Since the release of this report, and despite some encouraging endeavours at a national and State and Territory level, the available evidence suggests a deterioration in the wellbeing of vulnerable children and young people across Australia. From 2002 to 2006, all major indicators in child welfare point to a significant decline in child safety and wellbeing, involving a 38% increase in substantiated cases of child abuse and neglect and a 35 % rise in the number of Australian children and young people in out-of-home care.

These are damning statistics, but they can be turned around. With leadership at a national level, a commitment to engage all stakeholders in the creation of solutions and sustainable, well directed investment, Australia can do much better.

Our dual focus is directed at preventing the need for children to be removed from families and to providing a higher level of care and developmental opportunities for those in out-of-home care. These are not ambitious goals — rather they are basic commitments.

The proposals outlined in CAFWAA's new policy paper A Call to Action for Australia's Children provides a platform for an Australian society that is prepared to prioritise the interests of vulnerable children and young people. Given the parlous state of child and family welfare across the nation, now is the time for decisive action. The recommendations outlined in A Call to Action for Australia's Children are realistic and achievable. What they now require is the leadership to ensure they are implemented.

Simon Schrapel
Chair
Child and Family Welfare Association of Australia — CAFWAA

May 2007

Executive Summary & Recommendations

The evidence is clear that our nation is in trouble. Increasing numbers of children and families are coming to the attention of statutory child protection departments nationally and this should be causing significant distress to our leaders and communities. The facts have been well documented and, as stated by Professor Dorothy Scott, at this time in our history the gap between what we know and what we don't know is not as great as between what we know and what we don't do. (Scott 2006) We must act now and decisively on the following:

- Child abuse and neglect continues to grow at an alarming rate.

- Child abuse and neglect have severe and long lasting effects on children and young people including on their health and life chances.

- Investment in early childhood and other preventive services saves the community money in the long run, failure to address these issues is costing the community increasingly at a rate we cannot afford.

- Safety and wellbeing for Aboriginal and Torres Strait Islander children and young people is significantly worse than for non-Aboriginal children and young people.

CAFWAA believes that it is not acceptable that:

- Notifications to State and Territory authorities have almost doubled since 2001/02 to 266,745 in 2005/06.

- Substantiation rates have doubled since 2000/01 to 55,921.

- There were 25,454 children in out-of-home care at June 2006, an increase of 35% from June 2002.

- Aboriginal and Torres Strait Islander children were five times more likely to have child abuse and neglect substantiated and are represented in out-of-home care at a rate of seven times greater than non-Aboriginal and Torres Strait Islander children (Australian Institute of Health and Welfare, AIHW, *Child Protection in Australia*, February 2007).

CAFWAA's *Call to Action for Australia's Children* provides a snapshot of the current situation and the impact of child abuse and neglect on the victims and the community.

It also starts from the belief that child abuse and neglect is too important an issue to be left to the States and Territories alone. The Commonwealth Government needs to play its part in a national strategy which involves the States and Territories, community service organisations and the community. This is a time for bold leadership that places children and young people and their future within Australia as central to the well being of our country overall.

A full list of CAFWAA's recommendations are outlined below. They include:

- Making children a national priority through the appointment of a Children's Minister and an independent Commissioner for Children.

- Development of a National Strategy for Child Protection.

- Funding the agreed national research agenda for out-of-home care.

- Increasing investment in prevention services, early childhood programs and disadvantaged communities.

- Developing an Industry Development Plan, which will include national standards, workforce development and sector viability.

- Developing a National Child Care Strategy for Aboriginal and Torres Strait Islander children, as recommended

by the Secretariat of National Aboriginal and Islander Child Care (SNAICC), and immediately increasing investment of the multi-functional Aboriginal and Torres Strait Islander child care services.

- Developing a co-ordinated national strategy to address key emerging issues, including kinship care, therapeutic services, support for young people leaving care and achieving permanence and stability for children and young people in out-of-home care, including adoption where appropriate.

CAFWAA believes that these are not ambitious goals — rather they are requirements to protect the interests of Australia's most valuable, but vulnerable citizens, our children and young people. CAFWAA believes that the achievement of these goals will only be possible when the Commonwealth Government takes needed leadership in driving national child and family welfare public policy with the support of the States and Territory Governments and community based organisations.

Recommendations

1.   NATIONAL LEADERSHIP

CAFWAA believes that to prevent increasing numbers of children and young people suffering long-term damage from child abuse and neglect, the Commonwealth Government, States and Territories, community service organisations (CSOs) and the community need to work together.

CAFWAA urges the Commonwealth Government to ensure that children and young people are a national priority by appointing a Children's Minister and an independent Commissioner for Children, who will provide leadership in:

- **a co-ordinated approach to policy implementation in the best interests of children;**

- **developing a National Strategy on child abuse and neglect, in consultation with the States and Territories and community service organisations;**

- **developing a long-term national vision which puts children first;**

- **ensuring that children, young people and their families receive good quality services;**

- **facilitating cross-portfolio research and action; and**

- **addressing emerging issues.**

2.   NATIONAL STRATEGY ON CHILD PROTECTION AND OUT-OF-HOME CARE

CAFWAA believes a challenge to the current approach to policy development that results in the implementation of abandoning territory within public policy and undertaking a collective approach is the only effective way to improve child wellbeing and reduce child abuse and neglect.

CAFWAA urges the Commonwealth Government to develop a National Strategy on Child Protection, which has as its foundation, a collective approach that sees joined-up responses prioritised, above a portfolio and jurisdiction approach to policy development and implementation.

3.   *A WORLD FIT FOR CHILDREN*

CAFWAA believes that the United Nations declaration on *A World Fit for Children* is a good framework for developing effective national plans.

CAFWAA urges the Commonwealth Government:

- **to provide leadership in developing an action plan for Australia's children;**

- **to ensure that the voices of children and young people are heard; and**

- **to promote the continuation of the National Foster Care Plan.**

4.   NATIONAL RESEARCH AGENDA

CAFWAA believes that a solid evidence base is critical if we are to develop the policies and programs to reduce child abuse and neglect.

CAFWAA urges Commonwealth and State and Territory Governments to establish a dedicated national research fund for out-of-home care to enable the national research agenda to be implemented.

5.   TARGETING COMMUNITIES

CAFWAA believes that in particular communities where there are clusters of structural, economic and social factors which need to be addressed in a comprehensive, strategic and sustained way.

CAFWAA urges the Commonwealth and State and Territory Governments to:

- **have a co-ordinated, whole-of-government approach — resulting in community partnerships that build on mutually agreed agendas which all parties can commit to in the long term;**

- **target communities in areas with high levels of reported child abuse, school dropout rates, substance abuse, violence and juvenile crime;**

- **develop better funded and sustainable neighbourhood or community area approaches, targeting multiple risk and protective factors using a developmental prevention framework;**

- **significantly expand the number of children's centres and neighbourhood houses; and**

- **evaluate and track program effectiveness and cost benefits to inform future intervention.**

6.   FOCUS ON EARLY INTERVENTION

CAFWAA believes that a long term commitment to community strengthening and prevention is required with a shift from a narrow focus on outputs to one of understanding outcome indicators for the development of social capital and healthy communities. The Commonwealth Government's Stronger Families/Communities initiatives and some State sponsored developments in early intervention programs, are to be applauded in this area and CAFWAA seeks the expansion of these initiatives.

In particular, the Commonwealth Government must:

- **substantially increase its investment in early intervention and prevention programs which support families;**

- **establish National per capita investment benchmarks in early intervention and prevention programs which compare favourably with other developed countries;**

- **expand the use of community based family centres in disadvantaged areas; and**

- **increase investment in proactive government policies and programs which can respond early to high-risk families, and which can prevent serious long-term problems developing.**

7.   A NATIONAL ANTI POVERTY PLAN

CAFWAA supports the call by the Australian Council of Social Service to create a National Anti-Poverty Plan in Australia as the basis for providing the conditions all Australian families need to offer the care, protection and nurture that children require.

CAFWAA urges the Commonwealth Government to:

- **collaborate with the States and Territories, plus the non-government and private sectors, to develop a comprehensive National Anti-Poverty Plan.**

- **commission, with the States and Territories, a comprehensive independent assessment to determine if there are any negative effects of the Federal Government's Welfare to Work and Work Choices legislation on child protection notification rates.**

8.   NATIONAL QUALITY STRATEGY

CAFWAA believes that quality outcomes for children and young people in out-of-home care across Australia will only be assured when a nationally consistent system of standards setting and monitoring is implemented.

CAFWAA urges:

- **The Commonwealth Government to provide resources and leadership towards the development of a National Quality Strategy which encompasses agreed practice standards in the provision of out-of-home care and the application of active case management systems.**

9.   INDUSTRY DEVELOPMENT PLAN

CAFWAA believes that a national Industry Development Plan is urgently needed for the child and family welfare sector aimed at building the capacity and long term viability of the sector.

CAFWAA urges:

- **the Commonwealth Government to provide leadership in developing a National Industry Development Plan for the child and family welfare sector.**

- **the States and Territories to work with community service organisations and the Commonwealth to develop a National Industry Plan.**

10. ADDRESSING ABORIGINAL AND TORRES STRAIT ISLANDER DISADVANTAGE

CAFWAA believes that the continued over-representation of Aboriginal children in Child Protection and the out-of-home care systems is a national disgrace.

CAFWAA urges the Commonwealth Government to:

- **develop a National Child Care Strategy for Aboriginal children and young people;**

- **immediately increase the number of multifunctional Aboriginal and Torres Strait Islander specific child care services and develop a plan for a rollout to all areas of high need;**

- **immediately address the shortage of Aboriginal and Torres Strait Islander child care services; and**

- **take a leadership role with States and Territories on the development of a 'National Aboriginal and Torres Strait Islander Workforce Development Plan'.**

CAFWAA also urges the States and Territories to:

- **implement the recommendations of the report *Enhancing Out-of-home Care for Aboriginal and Torres Strait Islander Young People* (Australian institute of Family Studies, AIFS, October 2005); and**

- **ensure that Aboriginal and Torres Strait Islander kinship carers are properly supported and receive appropriate financial reimbursement.**

11. STRENGTHENING KINSHIP CARE

CAFWAA believes that kinship care is an important plank in a comprehensive response to child abuse and neglect. However, CAFWAA is concerned that it has developed in Australia without a consistent policy and programmatic framework, that many kinship carers are not receiving the support they need and that there are no consistent measures of the outcomes for children.

CAFWAA urges:

- **the Commonwealth Government to fund a national project on kinship care, with a focus on measuring the outcomes for children placed in kinship care; and**

- **the States and Territories to work together to develop a consistent policy and practice framework for kinship care, which articulates the principles, policies, practice standards and reimbursement to ensure quality care for children placed in kinship care.**

12. INCREASING THERAPEUTIC CARE OPTIONS

CAFWAA believes that funding for therapeutic work in out-of-home care is essential if children and young people are going to move beyond the trauma of the child abuse and neglect they have suffered.

CAFWAA also believes that residential care should be redeveloped for children and young people to increase appropriate access to placement options that increase stability and address issues that impair children and young people's life chances. Residential care can and should be a positive option in the ability of the sector and government to meet the comprehensive needs of children and young people in care. Appropriate research and evaluation should be incorporated to assist in model development and quality environments.

CAFWAA urges:

- **the States and Territories to build in therapeutic approaches to all out-of-home care service responses.**

- **the States and Territories to commit to the sharing of learning and best practice in residential and therapeutic care by holding an annual national forum of government, community service organisations and young people.**

13. ACHIEVING PERMANENCE FOR CHILDREN IN OUT-OF-HOME CARE

CAFWAA believes all children have a right to stability and a sense of permanence.

CAFWAA urges:

- **States and Territories to ensure that their legislation, policy and practice delivers stability and permanence for children in out-of-home care.**

- **States and Territories to address the issue of low levels of adoption of older age children from foster care**

- **States and Territories to set national and consistent benchmarks for child welfare by which performance, including permanency planning can be assessed and improved.**

14. ASSISTING YOUNG PEOPLE LEAVING CARE

CAFWAA believes that young people leaving care must be supported properly to enhance their future life opportunities.

CAFWAA urges every State and Territory to ensure that there is an appropriate legislative framework to provide adequate preparation and after care support up to the age of 21 years for all young people and up to 25 years when required.

State and Territories develop frameworks that enable young people to access support services that are commensurate with community standards provided to young people not in the care system

1. Introduction

1.1 Cost of Child Abuse and Neglect

While it is true that children are our future, the future for the thousands of children and young people who are the victims of child abuse and neglect is very bleak.

In 2003, the Kids First Foundation reported that the cost of child abuse and neglect in Australia was estimated to be $4.9 billion. Based on an extensive analysis of national and State-based data, the study adopted an overall abuse and neglect rate of between six and 11 children per 1000 (Keatsdale 2003: 30).

Findings highlighted the following impacts for children of child abuse and neglect:

- Long-term physical and intellectual damage to children and young people, including death;

- A higher incidence of depression, which is the primary long-term psychological and emotional consequence of abuse;

- Adult survivors of child abuse were reported to visit the doctor more often, have surgery more often, have fertility difficulties and sexual dysfunction (Keatsdale 2003: 50) and typically experience stress induced illnesses;

- Sexual abuse is an important predictor of poor health and social wellbeing. Survivors of child sexual abuse are significantly more likely to re-experience abuse such as rape and domestic violence in adulthood.

Of the estimated $4.9 billion cost of child abuse and neglect about $1 billion per year is associated with the human cost to those abused and neglected, including suicide, medical costs and psychological trauma. A further $2 billion is associated with the long-term human and social costs, of which approximately half is due to adult criminality by those abused as children. It is also of significance that the number of abused children has more than doubled from 2000–01 to 2005–06. With trends in the risk factors for abuse and neglect also increasing, the human and economic costs of abuse will continue to grow.

The financial costs of child abuse were calculated by Keatsdale based on an estimated figure of 38,700 abused and neglected Australian children each year. Given the increase in the number of cases where serious child abuse and neglect was substantiated to 55,921 in 2005–06, the cost of child abuse and neglect will have significantly increased.

In addition to the costs summarised above, child abuse and neglect have profound impacts on children's health, wellbeing and short and long term development, including:

- lower social competence;

- poor school performance;

- poor employment outcomes

- impaired language ability;

- poor mental health including depression;

- anxiety disorders;

> The total cost of child abuse and neglect in Australia was estimated at $4.9 billion in 2003

> The 'shape' of families will change, with an increased proportion of families being sole parent families and a consequent increase in the number of low-income families with no adult in the paid workforce (DHS 2005: 16-17).

> Medium data assumption scenarios of future service demand indicate that, if current policies remain unchanged, demand for out of home placement services is predicted to increase by 17.5 percent by 2016 (DHS 2005: 49)

- suicidal or self-harming behaviours (AIHW 2005: 56); and

- disorders related to lack of attachment and the effects of trauma.

In June 2006, there were 25,454 children in Out-of-home care in Australia. This compares with 23,695 children in care in June 2005, an annual increase of 7%.
Since 1996 the number of children in out-of-home care has increased by 82%
(*AIHW* 2007:50)

Increases in the requirement for preventative, early intervention and ongoing family support services, and out of home service demand are predicted (DHS 2005: vii). This is based on the identified links between being a sole parent, mental health problems, family violence, substance abuse, low income and intellectual disability within families, and an increase in the number of children requiring out-of-home placement.

More than half the families involved with family and placement services are dependant on Centrelink payments; dependence on income support is also a risk factor for substance abuse, mental health problems and multi-factorial social dysfunction (DHS 2005: 1).

In addition to actual increases in the number of families and children needing family support and out-of-home care services, a further demand on the system will result from increasing lengths of stay for many of those children who enter placement: the mean average length of stay has increased from 1.9 years in 1999–2000 to about 3.5 years in 2003–04 and is expected to eventually reach 4.5 years (DHS 2005: 43–44).

Kinship care is also predicted to increase significantly and, based on current trends, foster care will decline as a percentage of the total out-of-home care placements. Volunteer foster carers currently provide placements for more than 20,000 children nationally (Richardson 2005). At present, the average time for which a family is active in foster care is currently less than two years, with an attrition rate of over 40 percent of the carer 'workforce' each year. Furthermore, only 20 percent of applicants are currently approved; in some regions of Australia this figure is considerably less. There are clear indications across Australia that without changes to recruitment and retention policy, the number of foster carers is likely to fall by at least one-third, and more probably one half, by 2015–16 (DHS 2005).

Aboriginal and Torres Strait Islander children are over-represented in all types of child protection and out-of-home care statistics, and this is likely to continue due to the effects of continued multiple social, economic and educational disadvantages in the Aboriginal and Torres Strait Islander community. As at June 2006, there were 6497 Aboriginal children in out-of-home care, making up one quarter of all children in out-of-home care, although they comprise only 4.5 per cent of Australia's children (Richardson 2005; Higgins et al 2005).

1.2   Child Wellbeing

The child who is happy, healthy and achieving his or her potential and who is connected to family, carers and community in a positive way can be considered to have 'wellbeing'.

There are many frameworks to assist us in understanding this, including the 'Wellbeing Enhancement Framework', developed in Victoria for the Department of Human Services following consultations with health, education, and children's welfare professionals and consistent with international initiatives, such as the UK 'Looking After Children' and 'Integrated Children's Systems'.

The Wellbeing Enhancement Framework is based on:

- a sense of identity;

- physical wellbeing;

- cognitive/intellectual development;

- social engagement, social development, social presentation skills; and,

- emotional development

> In June 2006 there were 3.85 million children aged 0–14 years in Australia, making up 19% of the nation's population

While most Australian children fare well in terms of the wellbeing domains, not all children have access to the elements that support healthy development and resilience.

Essential features for the development of resilience in children include parental self-esteem, parent-child attachment, provision of the basic needs of shelter, food and medical services (Poulson 1993; Ward, Holmes, Moyers et al 2004). Other features include community knowledge of and respect for history and ancestry and acceptance and valuing of difference in children and families.

The child populations which statistically do not fare well in Australia are:

- Aboriginal and Torres Strait Islander children and young people;

- Children with a disability or children who live with parents with a disability;

- Children living in families affected by mental illness;

- Children living in poverty;

- Children in situations of social isolation;

- Children with a history of neglect;

- Children of single parents; and,

- Children who experience or witness domestic violence (PADV, 2003)

UNICEF research ranked Australia 11th out of 24 'rich nations' in a league table of relative poverty, defined as households with incomes below 50 % of the national median income (UNICEF and Innocenti 2007: 4).

Infants from the least advantaged socio-economic areas (including most Aboriginal and Torres Strait Islander communities) are:

- twice as likely as those from the most advantaged areas to die before they reach their first birthday;

- more likely to have lower birth weights than other Australian children;

- less likely to be immunised;

- more likely to have mothers who smoke tobacco during pregnancy;

- more likely to die from injury (AIHW 2005: ES xiv);

- more likely to experience mental health problems (AIHW 2005: 27);

- less likely to attend preschool;

- more likely to be overweight or obese; and,

- more likely to smoke tobacco and take part in risky drinking, and are more likely to begin this behaviour at an early age.

CAFWAA is committed to the enhancement of the social, physical, emotional, intellectual and economic wellbeing of Australian children, young people and their families. In particular, CAFWAA is advocating for those who do not have access to the essential resources that support healthy development and resilience.

1.3 Current Role of the Commonwealth Government

At the practical level, the responsibility for child protection and family support is in the hands of the States and Territories. However, it is clear that all the States and Territories are struggling to manage the increasing numbers of children and young people who are referred to the various child protection systems. There has also been growing concern about the cost to the Commonwealth of poor outcomes for children and young people. Child abuse and neglect are too important to be left to the States and Territories alone. This has resulted in calls for the Commonwealth Government to take a leadership role in developing a national approach to child abuse and neglect issues.

The direct role of the Commonwealth in child abuse prevention is primarily by way of programs funded through the Department of Families, Communities and Indigenous Affairs (FaCSIA), including the National Child Protection Clearing House, 'Stronger Families and Communities Strategy' and 'Good Beginnings' prototype projects. Through its role in income support, the Commonwealth has also played an important role in supporting young people leaving care through the payment of the Transition to Independent Living Allowance. In addition, the Commonwealth supports the development of plans, reports and strategies to guide State and National policy on child abuse prevention and monitoring.

The indirect role of the Commonwealth in child abuse prevention lies mainly in the funding of programs that impact on children and young people's health and wellbeing, such as education, health, social security, housing, disability services, family policy and income assistance, primarily through Centrelink payments. The mainstream programs funded by the Commonwealth are intended to assist 'at risk' families and individuals 'cope' better and be more able and equipped to raise their children in a caring environment. (McIntosh, G. and Phillips, J. 2002: 10).

> Child protection is too important to be left to the States and Territories alone

Despite these initiatives, there is a lack of a concerted and co-ordinated agenda at a national level to protect and promote the interests of children and young people.

CAFWAA believes that to prevent increasing numbers of children and young people suffering long-term damage from child abuse and neglect, the Commonwealth Government, States and Territories, community service organisations and the community need to work together.

CAFWAA urges the Commonwealth Government to ensure that children and young people are a national priority by appointing a Children's Minister and an independent Commissioner for Children, who will provide leadership in:

- **a co-ordinated approach to policy implementation in the best interests of children;**

- **developing a National Strategy on child abuse and neglect, in consultation with the States and Territories and community service organisations;**

- **developing a long-term national vision which puts children first;**

- **ensuring that children, young people and their families receive good quality services;**

- **facilitating cross portfolio research and action; and**

- **addressing emerging issues.**

1.4   National Leadership, Planning and Co-ordination

The wellbeing of Australian children is the responsibility of a number of policy areas including health, childcare, income maintenance, education, employment, environment, housing, Aboriginal and Torres Strait Islander affairs and immigration. At the national level, the proposed Children's Minister could ensure that there is an integrated approach to policy and program development and implementation in a similar way to that achieved by the Office for Women.

Greater consultation and coordination between the Commonwealth and State and Territory Governments and the community sector is also needed to improve outcomes for children living in at risk or disadvantaged communities. What is required is a cross-government, joined-up response to combat the current isolated planning and limited collaboration between all sectors and governments.

Communities enable wellbeing for children when they provide a range of family support, child care, health (including mental health), education, employment, safety and specialist services.

The provision of these supports and services is nowhere more important than it is to those children and their families at risk of entering or already involved in the child protection system. At the Commonwealth level a joined-up approach to policy development would provide necessary leadership to address these issues.

The following provides a summary of critical areas for children who have experienced abuse or neglect and those who are in State care, which need attention.

Education

CAFWAA is concerned about the educational disadvantage that children and young people experience in out-of-home care.

> As with all children and young people, education makes a significant contribution to the development and well-being of those in care and their future access to employment and life opportunities. For children and young people in care, education is identified as a significant gateway through which they can pass from care to adulthood, to employment and to effectively participating in community life
> (CREATE *Education Report Card*, 2006).

There are major gaps between reported policies and programs/services and information about the needs, participation and performance of children and young people in out-of-home care. No State and Territory has adequate information about educational participation and outcomes of young people in care. Such serious educational disadvantages will impact on young people's future access to employment and life opportunities. The National Senate *Inquiry into Children in Institutional Care* (2004) clearly links the longitudinal affects of lack of education for children in care and increased utilisation of welfare government services in later life.

Australian children and young people under State care are missing significant periods of school, often for reasons outside of their control, such as a change in foster care placement. They are also less likely to complete their schooling, impacting on basic literacy and numeracy and future employment opportunities.

Health

The CREATE *Health Report Card* (2006) examined the health and wellbeing and service usage of children and young people under State care across Australia.

The outcomes from this *Report Card* indicate that children and young people in care tend to experience more health problems than other children including higher rates of mental health problems, self harm, substance misuse and teenage conception.

Preparation for Work and Employment

The Centre for Excellence in Child and Family Welfare (July 2005) found that 62% of young people leaving care had attended five or more schools and that attendance at secondary school level was erratic, with only 13 % completing Year 12. Seventy-eight per cent received no help with finding employment after leaving care; 71 % of the young care leavers found themselves unemployed and at high risk of homelessness. A significant number became parents themselves within a few years of leaving care and their own children were placed in care.

Without the resources and support that opens up pathways to independent living, young people leaving care are likely to fall into poverty, homelessness and despair creating another generation of social dislocation.

Ongoing, comprehensive educational and vocational mentoring and guidance should be an essential part of the process of leaving care. Post-care support workers and peer support groups should be provided to guide young people through this transition to independence, ensuring that young people leaving care access services and financial benefits to which they are entitled, such as the Commonwealth Transition to Independent Living Allowance (TILA).

The Centre for Excellence in Child and Family Welfare estimates that the cost of *not* providing 'wrap around' support for young people leaving care, is around $738,000 per young person over a lifetime, based on a comparison of outcomes for the general population.

Drugs and Alcohol

For children, life with a substance using parent(s) can be characterised by chaos, feelings of betrayal, deception, lies, mixed messages, broken promises, intense fear, anger, confusion and guilt.

Children of substance using parents are at greater risk of developing addiction behaviours and compulsive disorders later in life including alcoholism, over working, compulsive eating, gambling, sex and chemical dependence and addiction. These children also experience intense feelings of anger, fear and anxiety often due to parental rejection, broken promises, destruction of personal belongings and lack of parental support during family disputes.

Parental drug use is one of the most serious issues confronting the community and child welfare sector in the past 20 years as it is bringing more children to the attention of protective services and into care. Future trends of parental drug use are likely to continue and impact negatively on out-of-home care services, with increasing numbers of children requiring specialised long term care supports.

Mental Health

Children of mentally ill parents are among the group at highest risk for developing mental health disorders, relationship difficulties and lifelong underachievement.

There are two levels which need to be considered: the impact of parental mental health on children and the mental health status of the children themselves.

Parental mental illness is a common contributing factor for children taken into care and also for children remaining in care for protracted periods.

The life and relationship problems which exacerbate the mother's mental health needs show a strong association between mental health issues and poverty and exposure to high levels of domestic violence. Mental health patients typically hold negative perceptions of child protection based on the use of a service model which fails to provide the long-term relationship building and practical supports that mothers identify as effective (Stanley et al, 2003).

Adult mental health and child protection services are structurally separate, which brings with it the associated problems of different service priorities and professional responsibilities.

Domestic Violence

Over the past two decades, the extent and nature of relationship violence has increasingly become a focus for government intervention. Growing interest by governments is seen as the result of both increased awareness and sensitivity to violence, and recognition of gender inequality (Indermaur et al 1998). Violence has come to be seen as a public health issue and children and young people may experience domestic violence in a number of forms, circumstances and environments.

> The rise in socio-economic disadvantage, domestic violence and substance abuse will see associated increases in reports of child abuse and neglect

There is increasing recognition of the needs of children and young people who live with domestic violence and of its effect on their physical, emotional, social and psychological development. Research demonstrates that exposure to family violence threatens the emotional, cognitive and social development and growth of children (McIntosh 2000).

Childhood and adolescence are critical points at which to ensure that issues of domestic violence are addressed so that the possibility of intergenerational violence is lessened, resilience is enhanced, alternative means of dealing with stress and anger are learned and communication skills are enhanced and strengthened.

Further research indicates that a large percentage of adolescents who run away from home are attempting to escape family conflict and violence in the home.

For Aboriginal and Torres Strait Islander children, the breakdown of culture has limited the way in which their communities can respond to and prevent family violence, and has led to an increase in exposure to family violence trigger factors such as substance abuse.

There are a range of policy areas which have an impact on the wellbeing of children, young people and their families. As has been noted, there are a number of areas which require greater coordination.

RECOMMENDATION 2 – NATIONAL STRATEGY ON CHILD PROTECTION

CAFWAA believes a joined-up approach to policy development and implementation is the *only* effective way to improve child wellbeing and reduce child abuse and neglect.

CAFWAA urges the Commonwealth Government to develop a National Strategy on Child Protection, which has as its foundation, a joined-up approach to policy development and implementation.

A World Fit for Children is the declaration and plan of action that the result of the United Nations General Assembly Special Session on Children in 2002.

More than 7000 people from around the world gathered in New York to take part in May 2002 in this UN Special Session on Children. This was possibly the most important international meeting on children to be held in more than a decade. Heads of state and government and other high-level delegates, as well as representatives of non-governmental organisations and hundreds of children and young people aged nine to 18 attended the Special Session. Governments joined with non-government organisations to review progress since the World Summit for Children in 1990, identify emerging issues and to renew the commitment of the international community to the world's children.

The Special Session ended with adoption of a declaration and plan of action called *A World Fit for Children*. This plan represents a remarkable worldwide consensus about strategies and actions to improve the situation of all children across the globe. *A World Fit for Children* identifies four priority areas for action: promoting healthy lives; providing quality education; protecting children against abuse, exploitation and violence; and combating HIV/AIDS. All governments present at the special session committed to move forward and each agreed to prepare a national plan of action based on its own national circumstances.

This builds upon the Convention on the Rights of the Child (CROC) and countries that have ratified that Convention have to meet the requirements set down by the Committee on the Rights of the Child. Reports must:

- provide information about the steps taken by a country to give effect to the rights in CROC and the progress made in ensuring that children enjoy these rights;

- indicate any factors or difficulties which affect a country's fulfilment of its obligations.

The reporting process is fundamental to implementation of CROC. Countries are expected to conduct a comprehensive review of steps taken to harmonise the country's laws and policies with the principles of the Convention.

Guidelines for preparation of reports stress that governments should encourage and facilitate participation and public scrutiny of government policies. The Australian Government indicated in its First Report that it would establish a regular forum for non-government organisations (NGOs) to discuss human rights concerns including the discussion of children's issues. A range of NGOs are invited to an annual meeting in Canberra to discuss children's issues. There is no reference in the First Report to any consultation with children and young people.

There are a number of individual plans that relate to aspects of the four priorities identified in *A World Fit for Children* including:

- Proposed 2007 workplan from the National Centre in HIV Social Research;

- National Plan for Foster Children; and,

- National Plan against Sexual Exploitation.

The *National Plan for Foster Children, Young People and their Carers 2004–2006*, outlines key areas for action to ensure improved health and wellbeing outcomes for children and young people in foster care. While limited in scope, the *National Plan for Foster Children* demonstrated how Commonwealth leadership can play an effective role in mobilising a national, co-ordinated approach to addressing specific areas of development.

However, the lack of an integrated and comprehensive approach to national planning for children's interests means that children are potentially placed at increased risk. As discussed in Chapter 1, the numbers of children at risk and in care are increasing with grounds associated costs to individuals, families and communities. The problems resulting from lack of leadership and collaborative approaches at all levels include:

- Poor policy integration at the national level;

- Poor or inconsistent program coordination at the State level; and

- Poor or patchy service delivery case management at the local level.

Australia needs to follow the examples of the Netherlands, the UK and Canada which have engaged with child and family agencies and children themselves to prepare their national action plans. These plans are not piecemeal political responses to emerging issues, but rather a whole of community, comprehensive approach to improving the wellbeing of all children and young people.

RECOMMENDATION 3 — *A WORLD FIT FOR CHILDREN*

CAFWAA believes that the United Nations *A World Fit for Children* is a sound framework for developing effective national plans.

CAFWAA urges the Commonwealth Government to:

- *to provide leadership in developing an action plan for Australia's children;*

- *ensure that the voices of children and young people are heard; and*

- *promote the continuation of the National Foster Care Plan.*

1.5   Building a Solid Evidence Base

Practice excellence is underpinned by a well founded evidence base informed by research. The research base for child welfare, and in particular, out-of-home care has been patchy at best. This has hindered the development of services informed by relevant, contemporary research and evaluation across Australia.

Recent audits of contemporary research into out-of-home care in Australia have demonstrated that research efforts in this field have been limited (Bromfield, Higgins, Osborn, Panozzo & Richardson, 2005; Cashmore & Ainsworth, 2004). Where research has occurred, it has usually only been undertaken at an organisational or jurisdictional level and, to date, there has been minimal endeavour to co-ordinate investments or research agendas and priorities at a national level. As a result, Australia has largely failed to capitalise on the wisdom and potential contribution of policy makers, practitioners and researchers across Australia to improve responses to families, children and young people involved in out-of-home care.

In 2006 CAFWAA, in conjunction with a number of other groups, conducted a national forum aimed at establishing a national research agenda and plan. The forum attracted practitioners, policy makers, advocates and researchers from across Australia and led to the establishment of a key set of research questions to be examined under five core themes:

- Prevention of children entering care, and reunification;

- Stability in and quality of care;

- Kinship care;

- Leaving care; and,

- Longitudinal study of children in out-of-home care.

These five themes form the core of an emerging national research agenda for out-of-home care in Australia. However, if this agenda is to be effective and help create the foundation knowledge necessary to continually improve child welfare practice across the country, it will need sustained leadership, co-ordination and investment.

RECOMMENDATION 4 — NATIONAL RESEARCH AGENDA

CAFWAA believes that a solid evidence base is critical if we are to develop the policies and programs to reduce child abuse and neglect.
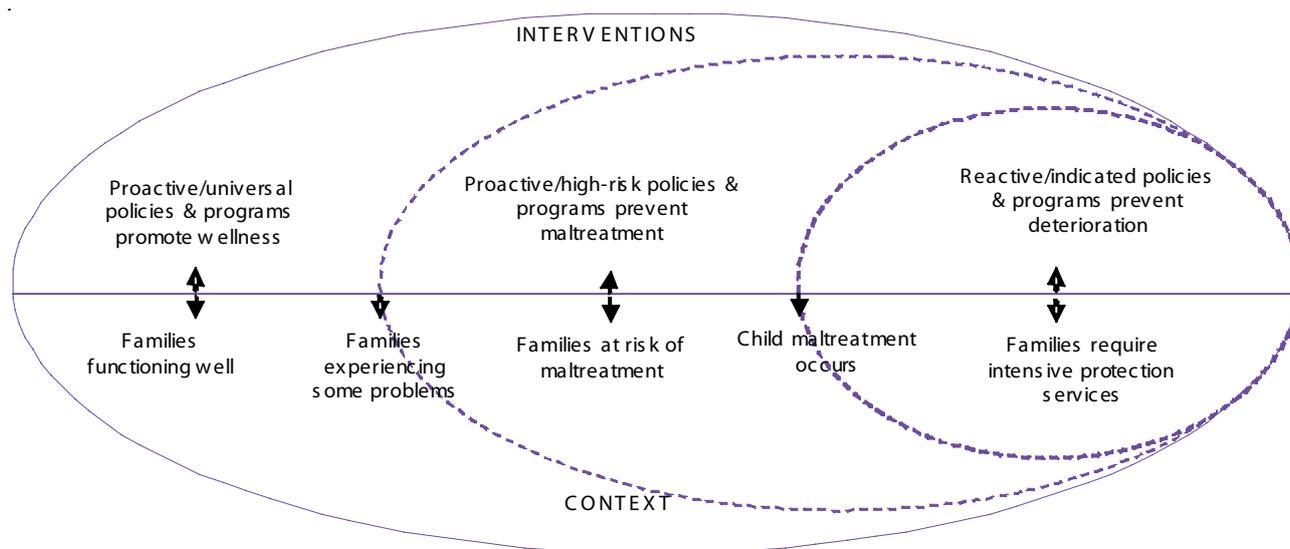
CAFWAA urges Commonwealth and State and Territory Governments to establish a dedicated national research fund for out-of-home care to enable the national research agenda to be implemented.

2. Investment in Prevention

It is now generally accepted that to reduce child abuse requires significant investment by, and joint effort from, the Commonwealth, State and Territory and local government, community sector agencies and the community.

Vulnerable families need a continuum of services from universal services to approaches that focus on targeted populations, as well as intensive services. Interventions made only at the intensive end of the continuum may be too little too late.

The Promotion-Prevention-Protection Continuum

INTERVENTIONS

Proactive/universal policies & programs promote wellness

Proactive/high-risk policies & programs prevent maltreatment

Reactive/indicated policies & programs prevent deterioration

Families functioning well

Families experiencing some problems

Families at risk of maltreatment

Child maltreatment occurs

Families require intensive protection services

CONTEXT

Source: *Promoting Family Wellness and Preventing Child Maltreatment*

CAFWAA has identified three broad approaches to prevention:

- Sustainable investment in the early childhood years;

- Prevention with targeted communities; and,

- Strengthening community resilience and social capital by identifying and building on what works in supporting families and children.

1.1 Investment in the Early Years

There is now strong evidence that investing in the early years is good social and economic policy. RAND research estimated that early intervention programs can save up to $240,000 per child over a lifetime (Karoly, Kilburn & Cannon, 2006:3).

We now know that the best possible outcomes for children are achieved when they experience quality early childhood education and care alongside positive family and community experiences. Investment in pre-natal, postnatal, infant and early childhood services demonstrates strong community support for young children.

International research has identified environmental factors that affect a developing child and can have an impact on their life chances, including: early stress (such as prenatal stress and post-natal maternal depression), parental use of drugs and alcohol, poor housing conditions; the lack of a stimulating environment; poor social networks; financial insecurity; and abuse and neglect.

A recent Canadian investigation reveals that if children spend their early years in a compromised environment, they are at risk of acquiring major deficits in literacy, numeracy and academic achievement, as well as undermining their mental and physical health and social behaviour. Where these deficits lead to poor outcomes in adult life, they are likely to result in high economic and social costs to individuals, their families and the wider community (Premiers' *Children's Advisory Committee Report;* Victoria, 2004).

Whole-of-government approaches in Canada (Ontario) and the United Kingdom are examples of investment in evidence-based prevention programs to avoid future community costs. While there are initiatives in early intervention in Australia (including New South Wales' 'Families First' and 'Brighter Futures', and Western Australia's 'Building Blocks'), the scale of investment is not adequate and nowhere near the per capita investment or concerted focus seen in similar western countries.

The RAND Research Corporation studied nine US early childhood intervention programs and concluded that carefully targeted early childhood interventions can yield measurable benefits in the short term, with benefits persisting in the long term after the program has ended. These include:

- improvement in emotional or cognitive development for the child (typically in the short term), or improved parent-child relationships;

- improvements in educational process and outcomes for the child;

- increased economic self-sufficiency through labour force participation, higher incomes and lower welfare usage in the long term; and

- improvements in health-related indicators, including maternal reproductive health, decreases in maternal substance abuse and child abuse.

> The Australian Institute of Health and Welfare summary of key national indicators of health, development and child wellbeing in Australia (2005) identified increasing numbers of children on child protection orders and increasing numbers of children in out-of-home care as unfavourable trends (AIHW 2005 ES xvi)

RAND research estimated that for every $1 spent on intervention, there is a saving of $1.80 to $17. (Karoly, Kilburn and Cannon, [Rand] 2006: 3).

Government investment in prevention and early intervention programs has the cost benefits of reducing public expenditure later in life and potential savings to government through reduced expenditures in education and families using fewer welfare and mental health resources, as well as a decreasing crime rate.

Early childhood services are a sound investment for the future.

> The learning that occurs in early childhood is particularly crucial during the first three or four years after birth, affecting the very architecture of the brain and our dispositions to think and act, so building life-long habits of mind. Attachment and consistent warm, loving behaviour provide the best prevention of dysfunctionality in adulthood. The effects of poverty on early childhood development are universally noted as long lasting and may be cripplingly debilitating, often eroding relationships, responsibility, creativity and any chance of future economic wellbeing   (*The Virtual Village*, 2005: 28).

Without an adequate income, the likelihood of having good health, housing, education or employment diminishes substantially. In societies where there are marked social and economic differences between individuals in the population, the overall level of wellbeing and health is lower than in societies where these differences are less pronounced: this is termed the 'gradient effect' (Keating and Hertzman, 1999).

The short and long term consequences of socio-economic disadvantage for children, young people and society are well documented (McLeod and Shanahan, 1993; Turrell et al, 1999). Socio-economic disadvantage impairs physical growth, cognitive development and social and emotional functioning (Hill and Sandfort, 1995; Korenman et al, 1995).

The incidence, duration and extent of childhood poverty have multiple negative effects on children and young people's educational ability and achievement, and on later adult employment, as measured by wage rates and hours worked. These factors also increase the likelihood of adult welfare dependency (Duncan, 1994; Lichter, 1997).

One particularly high yielding intervention directed at children in poverty and ethnic minorities in the United States of America (USA) has been 'Head Start', initiated by Lady Bird Johnson in 1964. This has been a 'lode-star' for many other interventions throughout the world, targeting health, welfare, education, skill training and childcare interventions with success in many States of the USA for the last 30 years. In 2003, it enrolled more than 800,000 children in its programs. Over the years it has demonstrated strong, positive effects on children's general performance in schooling and on language in particular. These effects are said to continue for at least 20 years (Karoly et al, 1998).

The widespread credence given to the McCain and Mustard study (1999) in Ontario — and the reviews of Karoly et al (1998), were preceded by the work of Ball, whose *Start Right Report* in 1994 galvanised the Labour government in England to move into ambitious plans for early intervention.

The Lynch (2004) study found that early childhood development programs easily pay for themselves over time by generating very high rates of return for participants, the public, and the government. Good programs produce $3 or more in benefits for every dollar of investment. While participants and their families get part of the total benefits, the benefits to the rest of the public and government are larger and, on their own, tend to far outweigh the costs of these programs. It is therefore advantageous, even for non-participating taxpayers, to help pay for these programs.

Benefit-cost Ratio for Early Childhood Development Programs
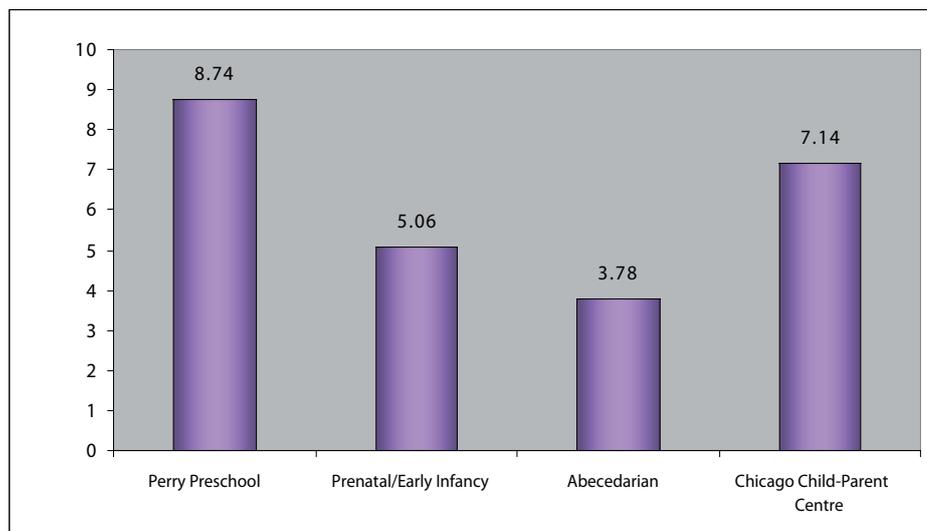
Source: Barnett(1993), Karoly et al. (1998), Masse and Barnett (2002), Raynolds et al (2002)

International comparisons

The OECD publication *Education at a Glance* (2006), compared public and private expenditure for pre primary education for children three years and older as a percentage of Gross Domestic Product. Despite Australia's sound economy, it languishes at the bottom of the chart with the smallest expenditure of all countries, except Turkey and Ireland.

Expenditure on pre-primary education in OECD countries
(for children 3 years and older)
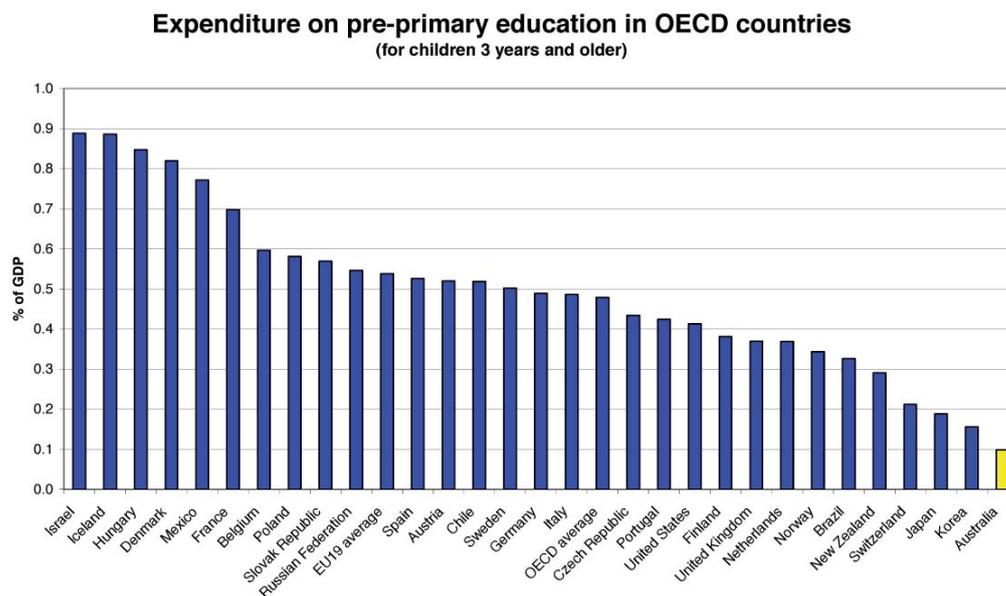
Despite Australia's sound economic credentials and performance, it languishes at the bottom of the international chart in terms of investment in pre-primary education leaving considerable scope for enhanced early learning and development expenditure across the nation.

2.2   Targeting Communities

Prevention and early intervention programs targeted to disadvantaged communities aim to develop a more supportive, friendly and inclusive environment for children, young people and families and promote healthy pro-social development.

Children's Centres, such as those piloted in Queensland's 'Pathways to Prevention' program bring together families, schools and early childhood services in whole-of-community planned interventions to promote the communication and social skills of disadvantaged 4–6 year olds. With the aim of preventing anti-social behaviour, these centres have already shown promising results, particularly for boys, in terms of being ready for school with reductions in difficult behaviours (Homel and others, August 2006).

The UK Government has based its whole-of-government approach to reducing the level of poverty within the country by 30% over 10 years on the delivery of targeted children's services. The 'Quality Protects' program guides early childhood services in designated high needs areas, to address barriers to participation in pre-school and parenting programs. Beginning with early childhood interventions, the program delivers targeted and coordinated interventions for the duration of childhood with the aim of producing job-ready, resilient school leavers. Targets such as reductions in unemployment and child protection referrals are attached to the allocation of funding (UK Department of Health 2003).

RECOMMENDATION 5 — TARGETING COMMUNITIES

CAFWAA believes that there are particular communities where there are a cluster of structural, economic and social factors which need to be addressed in a comprehensive, strategic and sustained way.

CAFWAA urges the Commonwealth and State and Territory Governments to:

- have a co-ordinated, whole of government approach — resulting in community partnerships that build on mutually agreed agendas which all parties can commit to in the long term;

- target communities in areas with high levels of reported child abuse, school dropout rates, substance abuse, violence and juvenile crime;

- develop better funded and sustainable neighbourhood or community area approaches, targeting multiple risk and protective factors using a developmental prevention framework;

- significantly expand the number of children's centres and neighbourhood houses; and

- evaluate and track program effectiveness and cost benefits to inform future intervention.

2.3   Strengthening Community Resilience

There is an increasing understanding of the importance of community in causing or preventing child abuse and neglect. In particular, issues of connectedness, cohesion and trust, reflected in a variety of ways, appear to be important for avoiding a range of social problems including child abuse and neglect (NAPCAN Queensland *Towards a Better Future for Children*)

The National Association for Prevention of Child Abuse and Neglect (NAPCAN) found that across a range of programs there is inadequate understanding of the emerging knowledge about the importance of community strengthening, with the result that when new initiatives are developed they are inadequately targeted to prevent child abuse and neglect.

Targeting the early years has a strong evidence base however it appears to have occurred largely in isolation from interventions at other times of critical development, as well as early in the life of the problem. Transitions in child and youth development and family life also provide essential opportunities for intervention.

Community development approaches require longer timelines than are currently catered for in time limited (three years at the most) funding programs in Australia. Problems which have developed over many years require long term solutions. The structure of government and political timeframes make it difficult to develop long term, whole-of-community, coordinated and integrated responses.

CAFWAA promotes the concept of a comprehensive national prevention strategy to co-ordinate, integrate and provide visible access points to services for the long term benefit of at-risk children and young people. Because of the level of input needed, these services should be placed in areas of low socio-economic status as the first priority. Ideally, the location of these prevention projects should be community-based in non-stigmatising local neighbourhoods or community facilities integrated with local childcare centres, pre-school and primary schools. This would require capital funds and grants to augment their management.

RECOMMENDATION 6 — FOCUS ON EARLY INTERVENTION

CAFWAA believes that long-term commitment to community strengthening and prevention is required with a shift from a narrow focus on outputs to one of understanding outcome indicators for the development of social capital and healthy communities. The Commonwealth Government's Stronger Families and Communities initiatives and some State sponsored developments, eg early intervention programs, are to be applauded in this area and CAFWAA seeks the expansion of these initiatives.

In addition, the Commonwealth Government must:

- **substantially increase their investment in early intervention and prevention programs which support families;**

- **establish national per capita investment benchmarks in early intervention and prevention programs which compare favourably with other developed countries;**

- **expand the use of community based and family centres in disadvantaged areas; and**

- **increase investment in proactive government policies and programs which can respond early to high-risk families, and which can prevent serious long-term problems developing.**

Structural Impediments and the Effects of Poverty

CAFWAA recognises that statutory child protection and associated services are primarily seen as a State and Territory Government responsibility but it is inescapable that the structural influences fall across jurisdictions or rest predominately within the Federal arena. Failure to address these major structural issues which go to the heart of poverty and disadvantage places other initiatives at best compensatory and residual or relegated to 'holding the line' rather than seriously addressing the long term generational issues that entrench the most vulnerable and disadvantaged Australians in poverty.

Spiralling child protection notification rates and the corresponding increase in out-of-home care placements across Australia and for that matter the English speaking world points to a looming crisis, demanding that we look for lateral solutions that address the causal factors.

The statistic that one in five children will be subject to a child protection notification is alarming and will not be reversed simply by more investment in the forensic end of child protection. What hides behind this one-in-five figure is that it is not spread evenly across all socio-economic groups but applies predominantly to the poorest and most disadvantaged groups.

Any comprehensive attempt to address the causal factors of child abuse and neglect must focus on the elements that exclude almost two million Australians from accessing essential fundamentals such as safe affordable housing, educational opportunities, health care, employment and income support.

Recent changes in Commonwealth Government policy, especially Work Choices and Welfare to Work, run the risk of further marginalising and placing at risk the most vulnerable and further contributing to child protection notifications.

In recognition of the above comprehensive anti-poverty plans have been introduced in many countries clearly articulating goals and targets to address poverty and disadvantage as a key public policy priority.

RECOMMENDATION 7 — A NATIONAL ANTI-POVERTY PLAN

CAFWAA supports the Australian Council of Social Service's call to create a National Anti-Poverty Plan in Australia as the basis for providing the conditions all Australian families need to offer the care, protection and nurture Australian children require.

CAFWAA urges the Commonwealth Government to:

- **collaborate with the States and Territories, and the non-government and private sectors, to develop a comprehensive National Anti-Poverty Plan.**

- **commission, with the States and Territories, a comprehensive independent assessment to determine if there are any negative effects of the Federal Governments Welfare to Work and Work Choices legislation on child protection notification rates.**

3. Quality Service Provision

CAFWAA believes that there is a role for the Commonwealth in ensuring the quality of services provided to children, young people and their families. A key issue in achieving this is the development of sector standards to be implemented at the State and Territory level. There has been considerable debate but minimal progress in advancing the cause of establishing national standards, and the Commonwealth could play a valuable role in coordinating a consistent approach across State and Territory jurisdictions.

3.1 Nationally Consistent Standards

It is essential that *all* service providers in the sector, including government, for-profit providers and not-for-profit community service organisations operating family support and out-of-home care be required to implement nationally consistent practice standards, quality assurance procedures and processes to ensure quality services and outcomes for participants. Standards and compliance procedures are part of service delivery systems in most other areas of human service.

In June 2006 CAFWAA released a paper entitled *Comments on the National Standards for Transition Planning and Provision of Information* in which it called for the expansion of the National Plan to cover all forms of out-of-home care, not just foster care. The paper also called for the development and inclusion in the National Plan of standards relating to preventing entry to care, stating that "Out-of-home care [should be treated] as an intervention, not a destination" (CAFWAA 2006: p.1). CAFWAA has developed recommended standards, presented in the document *Standards for Safe and Stable Care*.

The call for interventions to achieve quality service provision is not new. In 1996, the then Standing Committee of Community Services and Income Security Administrators (SCCSISA) published standards for the out-of-home care area: The *National Baseline Standards for Out-Of-Home Care*, which covered both residential and foster care.

In the last decade, various reports (HREOC, the Ford and Fitzgerald enquiries) have shown serious problems in out-of-home care provision. All call for the establishment of consistent regulations and standards and the development of a national quality assurance framework which captures the desire for excellence and continuous improvement in the sector, in order to ensure quality, especially in the context of increasing diversification of the sector and the rise of for-profit organisations as providers.

> The ongoing importance of out-of-home care and the vulnerability of its clients, when juxtaposed with the lack of a systemic national approach to the quality of the service system, presents a serious policy dissonance which requires immediate redress

Given that children and young people are only removed from their family when there are serious safety and welfare concerns, the out-of-home care system *must* provide better opportunities for long term wellbeing. The current needs of children and young people require additional resources to ameliorate system outcomes.

'Looking After Children' (LAC) and 'Supporting Children and Responding to Families' (SCARF) provide two valuable frameworks for assessment and intervention into the lives of vulnerable children. While there has been commitment from most State Governments/Territories, implementation of such frameworks remains patchy.

Child and family welfare agencies in Australia are reporting difficulty in participating in quality improvement processes. They are often not adequately funded to participate in standards, continuous improvement and quality enhancement processes.

The development of national standards and their implementation has implications for funding at the State and Territory level. Funding would need to increase in order to address the increased costs arising as organisations move towards sore form of accreditation. Without additional resourcing, the implementation of consistent standards will remain compromised.

The ongoing importance of out-of-home care and the vulnerability of its clients, when juxtaposed with the lack of a systemic national approach to the quality of the service system, presents a serious policy dissonance which requires immediate redress.

CAFWAA is convinced that an assessment of the feasibility of a National Quality Strategy is an immediate responsibility of all governments and peak organisations and the minimum required response at the national level. The aim of a National Quality Strategy is to assist relevant State and Territory departments, peak organisations and services to do their work more effectively.

Together, governments, peak bodies and services need to be strategic in improving the quality and outcomes of out-of-home care for Australian children and young people. The idea is to use the existing strengths and proven approaches around the country, within and outside of the sector, to illustrate what can be done.

A Commonwealth role in resourcing the development of a National Quality Strategy of this nature is in accord with its interests in long term outcomes for children and families. Without transgressing the boundary of Commonwealth/State responsibilities in child welfare, the development of a National Quality Strategy offers an opportunity to develop for the first time, a consistent approach to improving quality and standards for children and family welfare services Australia wide. It provides the Commonwealth Government with an ideal way of lifting and sustaining quality care for children and young people across the nation.

The Commonwealth Government has a fundamental responsibility to ensure that practice standards and quality processes are in place to ensure a minimum quality of care which is publicly accountable. This includes establishing an external monitoring body to review service providers and grant accreditation. When service providers are enabled to meet national standards, it is critical that government provide adequate funding to underpin the implementation of a national practice standards framework for quality care and support services to children, young people and their families.

RECOMMENDATION 8 — NATIONAL QUALITY STRATEGY

> CAFWAA believes that quality outcomes for children and young people in out-of-home care across Australia will only be assured when a nationally consistent system of standards setting and monitoring is implemented.
>
> **CAFWAA urges:**
>
> - **the Commonwealth Government to provide resources and leadership towards the development of a National Quality Strategy which encompasses agreed practice standards in the provision of out-of-home care and the application of active case management systems.**

3.2 Sector Viability and Industry Development Plan

The quality of service delivery to children, young people and their families is compromised by the viability and sustainability of the sector.

A number of factors are impacting on the development of family support and out-of-home care services, including:

- Outsourcing of government services to the community services sector, without the transfer of resources that were previously available to the government sector;

- Continued under-funding of services and organisational infrastructure which limits sector capacity and hampers the development of effective risk management strategies;

- Increased risk management requirements in relation to children and young people currently in out-of-home care who are more emotionally and behaviourally disturbed and traumatised with higher levels of complexity and need;

- The increased complexity of needs of children and young people which expose staff and carers to greater risk of assaults and work related stress, with increased WorkCover responsibilities and costs;

- Increased competition for good staff, and retention is difficult when wages fall significantly below other sectors;

- Reduction of the overall system capacity reduces the ability to 'match' a young person to the most suitable placement and to minimise contagion effects which worsen behaviour;

- A developing but still inadequate range and types of family support services available to meet the needs of children and young people and their families to effectively support staying at, or returning to, home;

- The introduction, in some States, of stringent policy and legislative requirements without flow-on funding to meet these legal requirements;

- The increasing inability of foster carers to obtain insurance cover for contents and personal liability, matched by the growing concern about prospects of litigation for both carers and community service organisations; and,

- The serious decline in people prepared to take on foster care and the inadequacy of the reimbursement.

Vulnerability of Family Support Services

In general, the 'Family Support Program' and associated support programs for vulnerable families are inadequate and grossly underfunded. Since direct Commonwealth Government funding for Family Support was withdrawn in 1988, programmatic consistency has been lost across Australia. With the escalation of demand upon State child protection services, general supports for families often become ill-defined and poorly funded by State and Territory Governments. The family support and general family aide programs of the past have been re-targeted towards those families most at risk of their children entering the child protection and out-of-home care systems. This has effectively resulted in the redirection of effort from early intervention to post child protection notification, diminishing the capacity of family support services to play a more prominent role in preventing child abuse and neglect.

Community organisations are contributing very significantly to meeting the costs of general family support services, many of which are also working with high and complex need families, hence providing an essential diversionary role for the child protection system. In these instances, government resourcing should be increased because the ability of these community organisations to maintain this level of independent funding is not sustainable.

Additional program costs have been subsidised by the sector and managed by:

- drawing on financial reserves, resulting in depletion of financial reserves and assets that could otherwise be deployed to program development in non-statutory services;

- increasing reliance on one-off grants and bequests to cover operating deficits;

- individual case by case negotiation with government for specific funding arrangements for high risk adolescents;

- relying on volunteer labour and goodwill;

- changing models of service delivery to implement lower cost structures incorporating reduced levels of services; and,

- as a last resort, reducing or closing service.

Rural and Remote Service Needs

Rural and remote organisations are experiencing significant additional disadvantage compared to their metropolitan counterparts, which is affecting their capacity to provide appropriate services to their communities. Key areas that require urgent attention include:

- improving access to specialist services;

- recruitment and retention of staff;

- access to regular staff supervision and support;

- access to training and professional development;

- prohibitive travel costs to access training and professional development;

- rising costs of telephone and internet services; and,

- inadequate funding levels to respond to current rural service needs.

Industry Development Plan

It is in the interests of both government and the community more broadly to ensure the robustness of the community care sector. As the major service delivery arm and as an expression of social capital, community service organisations must be supported by governments to undertake their third-sector role.

An Industry Plan for the Community Care sector is required at the national level. In 2006, An Industry Plan was completed in Victoria and while this is a positive, it is unclear how this will be implemented and monitored. Ideally such a plan should incorporate:

- long term strategic planning, based on well researched predictions of demand and patterns of need in vulnerable families and including models of co-ordinated planning;

- viable workforce planning and conditions improvement, including a comprehensive workforce training and development plan;

- a framework for continuous quality improvement and accreditation mechanisms;

- commitment to evidence-based policy and program development that identifies sources and mechanisms for funding research, evaluation, program development and innovation;

- models of community and client participation that links service development with processes for community capacity-building;

- a communications and key-information plan, including harnessing IT capabilities; and,

- financial planning to ensure long term certainty for the sector which includes operational and capital needs.

Critical workforce issues that need urgent attention are:

- ensuring a qualified workforce for the industry;

- addressing recruitment issues, especially in rural and remote areas;

- lack of parity in salary and conditions compared to government and health sectors;

- unequal access to staff development and training;

- ensuring that employers can meet their occupational health and safety responsibilities for staff; and,

- strategies for the recruitment, training support and retention of foster and kinship carers.

RECOMMENDATION 9 — INDUSTRY DEVELOPMENT PLAN

CAFWAA believes that a national Industry Development Plan is urgently needed for the child and family welfare sector aimed at building the capacity and long term viability of the sector.

CAFWAA urges:

- **The Commonwealth Government to provide leadership in developing a National Industry Development Plan for the child and family welfare sector.**

- **The States and Territories to work with community service organisations and the Commonwealth to develop a National Industry Plan.**

4. Aboriginal and Torres Strait Islander Children and Young People

The longstanding over-representation of Aboriginal and Torres Strait Islander children in child protection systems across Australia is evidence of the failure of child and family welfare policies to address the causes of family dysfunction and child abuse. It is clear that if the wellbeing of Aboriginal and Torres Strait Islander children is to be ensured, comprehensive whole-of-government strategies are required. In this context, CAFWAA strongly supports the Secretariat for National Aboriginal and Islander Child Care (SNAICC) in its call for the establishment of a National Action Plan for Aboriginal and Torres Strait Islander Children's welfare and development.

A National Aboriginal and Torres Strait Islander Children's Welfare and Development Taskforce should be created under COAG, in order to develop, monitor and report against the Action Plan.

The Action Plan and Taskforce must be led and resourced by the Commonwealth Government, but must also involve State and Territory Governments and community based Aboriginal and Torres Strait Islander organisations.

The Action Plan should include State, Territory and Commonwealth Government program responsibilities. The Action Plan should be the mechanism by which the Taskforce coordinates State and Territory and Commonwealth spending so that service models on the ground meet the full range of needs of local communities.

Consistent with the approach outlined above which emphasises the development of integrated prevention and early intervention services for non Aboriginal and Torres Strait Islander children and their families, CAFWAA also supports SNAICC's proposals for the development of the following programs:

Aboriginal and Torres Strait Islander Family Support and Parenting Program

Gaps in current service delivery include:

- Parenting programs and Aboriginal and Torres Strait Islander parenting and child rearing information;

- Intensive home based family support, family respite, mediation and relationship services; and,

- Promotion of the importance of the early years and prenatal period with emphasis on critical issues such as Foetal Alcohol Syndrome, nutrition and children's developmental milestones.

Funding is needed to enable child and family welfare services to provide preventative and early intervention services to meet the needs of people who may otherwise be at risk of neglecting or abusing their child or who may have already have had one child removed and need assistance with the other children in the family. In the child care area, funding is needed so that child care services can provide a more holistic response to the families that bring their children to child care centres of all types.

Facilitated playgroups for Aboriginal and Torres Strait Islander children

Aboriginal and Torres Strait Islander playgroups linked to existing child care, maternal and child health or child and family welfare services create opportunities for families to access information and support in relation to child health and development. They also provide a mechanism to reach out to families for whom centre based care is not appropriate, acceptable or available. Playgroups that are facilitated by a trained staff member provide children with some of the benefits of centre based child care including the capacity for their health, development and early intervention needs to be met and responded to.

Aboriginal and Torres Strait Islander Healing and Wellbeing Program

Aboriginal and Torres Strait Islander families affected by the trauma of previous child removals and family violence require support to heal and recover. All governments should have a role in this and the Commonwealth Government should provide an initial financial commitment and at the same time seek additional commitments from States and Territories. Funded activities should include programs addressing familial sexual abuse with elements to address the needs of the victim, the other children in the family, the non-abusing parent and the abusing parent; community education programs for young children in protective behaviours to lessen the chances of them becoming victims, education for young people in protective behaviours, sexual health, life choices, and self esteem, and funding for traditional healing centres.

National Aboriginal and Torres Strait Islander Child Care Strategy

In 2005 the Commonwealth Government employed consultants to identify the child care needs of Aboriginal and Torres Strait Islander families and the barriers to having these needs met. A detailed draft report was produced by May 2006 following extensive consultations across the country. This research must now be published and fed into the development of a strategy that results in planned improvements in child care availability, appropriateness and quality for Aboriginal and Torres Strait Islander children and families. The immediate child care priorities that CAFWAA seeks a Strategy to address are to:

- recognise that the purpose of child care for Aboriginal and Torres Strait Islander families is more broadly focussed on supporting children's development and supporting families to care for their children and that the current number of Aboriginal and Torres Strait Islander specific child care places meets only a small fraction of the total need;

- recognise that multi-functional Aboriginal and Torres Strait Islander specific child care is the only appropriate form of child care for many Aboriginal and Torres Strait Islander families and that this form of child care needs to be supported and expanded across the country;

- immediately expand the capacity of current Aboriginal and Torres Strait Islander specific child care services;

- immediately establish new multi-functional Aboriginal and Torres Strait Islander specific child care services in areas of high need;

- develop a separate Child Care Accreditation process for Aboriginal and Torres Strait Islander childcare services and programs recognising Aboriginal and Torres Strait Islander approaches to child rearing and parenting; and

- respond to the workforce development and training needs of the Aboriginal and Torres Strait Islander child care sector.

National Aboriginal and Torres Strait Islander Children's Services Workforce Development Plan

Aboriginal and Torres Strait Islander workers in Aboriginal and Torres Strait Islander child care and child and family welfare services do not have adequate opportunity or support to access appropriate accredited training. As a result, Aboriginal and Torres Strait Islander services, particularly those in remote communities, struggle to recruit and retain skilled workers and meet licensing requirements. Nationally accredited training needs to be developed and staff within services need to be provided with adequate support to undertake accredited training modules.

Development of national Aboriginal and Torres Strait Islander out-of-home care standards and legislation

Nationally, Aboriginal and Torres Strait Islander children are almost seven times more likely to be removed from their birth family than non Aboriginal and Torres Strait Islander children. The Aboriginal Child Placement Principle which

has been in place for over 20 years was designed to ensure that Aboriginal or Torres Strait Islander children that needed to be removed from home were kept connected to their family, community and culture to the maximum extent possible. Compliance with the Principle is very poor in most States and Territories.

Broad monitoring of compliance by the Australian Institute of Health and Welfare shows that out-of-home care placements of Aboriginal and Torres Strait Islander children within the child's extended family (that is in accordance with the first priority of the Principle) is achieved in only 52% of cases in Western Australia, 25% of cases in Queensland and 27% of cases in Victoria. Total placements in accordance with any of the priorities of the Principle was achieved in 82% of cases in Western Australia, 62% of cases in Queensland and 63% of cases in Victoria. In Tasmania, only 25% of the 93 Aboriginal and Torres Strait Islander children in out-of-home care were living with an Aboriginal or Torres Strait Islander relative or caregiver (AIHW 2007: 59).

Commonwealth Government leadership is required to develop National Standards that ensure that all Aboriginal and Torres Strait Islander children who have involvement with State and Territory child protection systems and potentially require out-of-home care are guaranteed that their rights are consistently protected, including their right to know their extended family and community and to cultural and spiritual development as an Aboriginal or Torres Strait Islander.

The above indicates that much still needs to be done to adequately address the needs of Aboriginal and Torres Strait Islander children and their families. A recent study by the Australian Institute of Family Studies (AIFS) has found some promising practice in out-of-home care services for Aboriginal and Torres Strait Islander children and has made recommendations for further improvements to these services.

The AIFS was commissioned by the Department for Families, Community Services and Indigenous Affairs (FACSIA) to produce a report, released in October 2005 and entitled *Enhancing Out-of-Home Care for Aboriginal and Torres Strait Islander Young People*, which outlined what it called 'promising practice' in Aboriginal and Torres Strait Islander out-of-home care. Some of the recommendations, based on the identified 'promising practice', made by the report include:

The ongoing importance of out-of-home care and the vulnerability of its clients, when juxtaposed with the lack of a systemic national approach to the quality of the service system, presents a serious policy dissonance which requires immediate redress

- Where children are already in a stable placement with a non Aboriginal and Torres Strait Islander carer, the child should continue to reside in their current placement, supported by the mainstream service provider. However, the children and carers should also be made eligible for services provided by Aboriginal service providers, and plans developed to reintegrate the child with their community and culture. The hope is that non Aboriginal and Torres Strait Islander carers closely linked to the Aboriginal and Torres Strait Islander community of the child will maintain the child's community and family linkages and be aware of cultural nuances important for the child's development.

- Assessment tools should be developed in order to assess the potential carer's ability to raise an Aboriginal and Torres Strait Islander child. The community is an important source of information during assessment; community councils and elders should endorse assessment and be consulted during the assessment of a potential carer. In addition, a lead Aboriginal and Torres Strait Islander agency should be appointed, at either State-wide or regional level, to recruit, assess, train and support potential carers (AIFS 2005: 35, 50).

- Carer training should be amended to include specific Aboriginal and Torres Strait Islander elements for all carers of Aboriginal and Torres Strait Islander children focused on understanding the partnership roles between carers, departments and a child's family and on the stages of child development. Further recommendations include the ability of carers to request training on specific issues as they arise. Once again, the report recommends that a lead Aboriginal and Torres Strait Islander agency be appointed to both develop and oversee training.

- Following on from these recommendations, the report argues that the capacity of Aboriginal and Torres Strait Islander agencies to support their carers and to ensure retention needs to be actively developed (AIFS 2005: 47).

- One of the key points discussed in the report is the lack of adequate support for carers, particularly kinship carers. Financial support for carers is sporadic; in several jurisdictions, relative carers are not given as much support as non-relative carers, and are eligible only at the discretion of the caseworker (AIFS 2005: 40). The report argues that kinship care must be seen as a best-care option, not simply a cost-cutting measure, including the provision of financial and other assistance to informal kin carers as well as formal care arrangements.

- Respite is also seen as crucial, with the report's authors arguing that it is necessary for both relative and non-relative carers and their families.

- Of crucial importance to successful out-of-home care for Aboriginal and Torres Strait Islander children and young people is the healing of 'adversarial relationships' between Aboriginal and Torres Strait Islander agencies and Department staff, including the belief that departmental regulations sometimes inhibit the delivery of early interventions that might avoid the need for statutory intervention (AIFS 2005: 49).

CAFWAA recommends that States and Territories work with SNAICC to facilitate relationship building and the long term development of Aboriginal and Torres Strait Islander community based child welfare organizations. Further Departments should commit to the transfer of child welfare function to these organisation as their capacity develops.

Number of Children in Out-of-Home Care – Relative/Kinship Care by Indigenous Status at 30 June 2006

Home Based Care	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Indigenous								
Relative/kinship care	1,951	233	521	452	137	20	39	44
(as a % of total home based care)	69%	46%	36%	66%	41%	27%	53%	20%
Non-Indigenous								
Relative/kinship care	3,585	1,383	1,129	356	222	128	103	13
(as a % of total home based care)	53%	35%	27%	33%	21%	27%	39%	14%

Source: Adapted from Table 15A.12 in the *Report on Government Services 2007 – Protection & Support Services*

Kinship care is a cornerstone of the *Aboriginal and Torres Strait Islander Child Placement Principle*, resulting in a major rise in Aboriginal and Torres Strait Islander kinship care numbers and reliance on kinship carers. Bridge (2001) reports that Koori kinship carers want information, support in relation to access and contact, as well as financial assistance. For example, Victoria has a high number of Aboriginal and Torres Strait Islander children (35%) placed with non Aboriginal and Torres Strait Islander foster carers. As a consequence, links with their birth parents, extended family and cultural community may have become non-existent or tenuous and pose serious risk to the cultural identity of Aboriginal and Torres Strait Islander children. The majority of kinship placements have occurred as a consequence of State Government child protection intervention regarding concern for the child or young person's welfare.

There are insufficient placements with ATSI carers to meet the demand created by the over representation of ATSI children in out-of-home-care. There is an urgent need for research that examines the recruitment and retention of ATSI carers and models of best practice … that will assist governments and agencies to ensure culturally appropriate placements…   (AIFS 2005 p3)

RECOMMENDATION 10 — ADDRESSING ABORIGINAL AND TORRES STRAIT ISLANDER DISADVANTAGE

CAFWAA believes that the continued o ver-representation of Aboriginal children in Child Protection and the out-of-home care systems is a significant national problem.

CAFWAA urges the Commonwealth Government to:

- **Support the establishment of a National Action Plan for Aboriginal and Torres Strait Islander Children's welfare and development and A National Aboriginal and Torres Strait Islander Children's Welfare and Development Taskforce as proposed by SNAICC**

- **Take a leadership role with States and Territories on the development of a National Aboriginal and Torres Strait Islander Workforce Development Plan**

- **Support a range of immediate measures as outlined in the National Action Plan proposed by SNAICC including**

    - **A National Aboriginal and Torres Strait Islander Child Care Strategy for Aboriginal children and families and develop a plan for a rollout to all areas of high need;**

    - **An immediate increase in the number of Aboriginal and Torres Strait Islander child care services and programs including, Multifunctional Aboriginal Children's Services (MACS), Aboriginal and Torres Strait Islander specific child care services, facilitated playgroups and innovative remote children's services**

CAFWAA also urges the States and Territories to implement the recommendations from:

- **The AIFS *Enhancing Out-of-Home Care for Aboriginal and Torres Strait Islander Young People* (October 2005); and**

- **The SNAICC paper on reforming child protection, *Achieving Stable and Culturally Strong Out of Home Care for Aboriginal and Torres Strait Islander Children* (2005)**

- **ensure that Aboriginal and Torres Strait Islander kinship carers are properly supported and receive appropriate financial reimbursement.**

- **make further efforts to support the Aboriginal Placement Principle**

5. Outstanding Issues in Out-Of-Home Care

The lack of a comprehensive national strategy means that emerging issues are not identified in a timely manner. The time between these issues emerging on the ground and appropriate government action is placing severe stress on an already fragile system. Outstanding issues of significance across the Australian out-of-home care system include:

1. Increasing reliance on kinship care.

2. The need for therapeutic approaches in care settings.

3. The lack of support for young people leaving care.

4. The inability to provide permanency and stability for children.

5.1 Increasing Reliance on Kinship Care

In Australia and elsewhere there is growing reliance upon the benefits of kinship care. Just over 40 per cent of all children in home based care in Australia are in kinship care and this figure is increasing. It is the fastest growing form of care in Australia.

There are differing understandings and definitions of kinship care across Australia, but all involve placing children with kin or relatives. Grandparent carers form a large part of this group.

Kinship care enables the child to retain close relationships with their family and community.

However, kinship care does not, in the main, have the same regulation or support as foster care. Placement reimbursements can often to be arbitrary and ad hoc, both within and between jurisdictions. By 2001, the AIHW found that growth in the number of non-reimbursed kinship placements was outstripping reimbursed placements, (Johnstone, 2001), and that grandparent-carer stress and increased poverty as a result of caring costs, was likely to place the kinship care system under severe pressure (McHugh, 2003). These concerns have only escalated since 2001.

Other concerns include:

- A fear that the growth in kinship care has been driven because it is the cheapest option when children cannot live with their parents;

- Lack of knowledge about the outcomes for children in kinship care;

- Lack of support for kinship carers — to manage complex family relationships, deal with the trauma experienced by these children, and for respite;

- The pressures placed on relatives, especially grandparents, and the likelihood of the placement breaking down as the children reach adolescence; and,

- Respite for kinship carers is also seen as crucial, with many practitioners and some reports arguing that it is necessary for both relative and non-relative carers and their families.

RECOMMENDATION 11 — STRENGTHENING KINSHIP CARE

CAFWAA believes that kinship care is an important plank in a comprehensive response to child abuse and neglect. However, CAFWAA is concerned that it has developed in Australia without a consistent policy and programmatic framework, that many kinship carers are not receiving the support they need and that there are no consistent measures of the outcomes for children.

CAFWAA urges:

- **the Commonwealth Government to fund a national project on kinship care, with a focus on measuring the outcomes for children placed in kinship care; and**

- **the States and Territories to work together to develop a consistent policy and practice framework for kinship care, which articulates the principles, policies, practice standards and reimbursement to ensure quality care for children placed in kinship care.**

5.2   The Need for Therapeutic Approaches in Care Settings

Over the past ten years it has been recognised that accommodation and physical care are not enough to address the trauma of child abuse and neglect that have bought children and young people into care. Individual treatment and personal and family development opportunities must be essential components of the out-of-home care experience for children and young people. Left unrecognised and untreated, abuse related trauma is cumulative in its impact (Tucci, Mitchell Goddard and DeBortoli: 2005; Tucci, Mitchell, Goddard 2006). Chronic trauma experienced during childhood has the effect of compromising children's ability to integrate sensory, emotional and cognitive information.

As Tucci et al (2005, 2006) have noted, these children have little insight into the connection between what they do, what they feel and what has happened to them. They tend to communicate the nature of their traumatic past by repeating it in the form of interpersonal patterns of behaviour that place significant demands on their carers and others involved with them. Their behaviour can be challenging — yet in the context of their experience, it often has an internal logic and legitimate meaning.

Historically, children in the child protection system have not received appropriate clinical and therapeutic services. Lack of stability of placements, the difficulty of engaging children and the dearth of knowledge about their specific needs, has meant that their needs have been neglected.

Foster care and kinship care in the past 10 years have been under enormous pressure and unable to sustain many children and young people who have experienced significant trauma, disrupted attachment and have poor impulse control. As a result it is increasingly difficult to maintain these children in foster care with many children now experiencing multiple placements adding to their trauma and distress. For some young people foster care is no longer where they wish to live.

There has been an over-reliance of foster care and a broader continuum of care is required to assist children and young people ameliorate their distress and have choice in their care environment. This includes significant investment and development of therapeutic residential care models that will provide appropriate interventions to children and young people to increase their life chances, improve stability and provide appropriate alternatives that meet the complex needs of a number of children and young people in care.

There are a number of new initiatives which directly address the trauma of the children and young people in out-of-home care.

- In 2003 in Victoria, the Department of Human Services funded Take Two (a partnership between Berry Street Victoria and the Austin Child and Adolescent Mental Health Service, with the support of La Trobe University, and Mindful) to work specifically with clients of Child Protection.

- In Queensland, the new Mental Health Therapeutic Service (which is part of the new Child Safety Interagency Therapy and Behaviour Support Services) aims to enhance mental health, behaviour and participation in education for children and young people in the care of the Department of Child Safety.

- In NSW, models have been published to inform the program development that will be part of the roll-out of enhanced out-of-home care funding. These include Intensive Foster Care and Intensive Residential Treatment programs

- There are also a small number of pilot therapeutic foster care programs, with more intensive support for carers, enhanced carer payments and training and secondary consultation for carers and workers, specific therapy for the child and integrated service responses.

RECOMMENDATION 12 — INCREASING THERAPEUTIC CARE

CAFWAA believes that funding for therapeutic work in out-of-home care is essential if children and young people are going to move beyond the trauma of the child abuse and neglect they have suffered.

CAFWAA also believes that residential care should be redesigned for children and young people to increase appropriate access to placement options that increase stability and address issues that impair children and young people's life chances. Residential care can and should be a positive option enhancing the capacity of the sector and government to meet the comprehensive needs of children and young people in care. Appropriate research and evaluation should be incorporated to assist in model development and quality environments.

CAFWAA urges the States and Territories to:

- **build in therapeutic approaches to all out-of-home care service responses.**

- **commit to share learning and best practice in residential and therapeutic care by holding an annual forum of government, community service organisations and young people.**

5.3 The inability to provide permanence and stability for children

Permanency planning principles underpin children and young people's right to grow up with a strong emotional and legal family identity. Children need a sense of identity and belonging, stability and continuity of relationships and emotional attachment for the development of positive self esteem and well being.

Permanency planning is "the systemic process of carrying out, within a time limited period, a set of directed activities designed to ensure children live with nurturing parents or caregivers who offer continuity and the opportunity for lifetime relationships" (quoted in Tucci, Goddard, Stanley and Saunders 1998)

Our current child protection and out-of-home care systems are failing to achieve the permanency and stability that are essential for children.

Children must be kept out of care whenever possible. Where a crisis or the need for assessment is essential there needs to be strong restoration programs to ensure the fast return of children home. When children are not able to go home, in a time frame that is relevant to the developmental needs of children, planning for a permanent living situation is needed. Australia has a very low level of older age adoption which needs to be addressed, as without it children are not legally protected from challenges to their sense of belonging.

RECOMMENDATION 13 — PERMANENCE FOR CHILDREN IN OUT-OF-HOME CARE

CAFWAA believes all children have a right to stability and a sense of permanence.

CAFWAA urges:

- **States and Territories to ensure that their legislation, policy and practice delivers stability and permanence for children in out-of-home care.**

- **States and Territories to address the issue of low levels of adoption of older age children from foster care**

- **States and Territories to set national and consistent benchmarks for child welfare by which performance, including permanency planning can be assessed and improved.**

5.4   The lack of support for young people leaving care

As of June 2006, there were 25,454 children in out-of-home care in Australia, 82% more than in 1996 (AIHW 2007: 50).

In 2005–06, 8294 children and young people left care in Australia (AIHW 2007: Table 4.2, 50). Of these, 1817 were adolescents aged 15–17 years who are likely to have moved into some form of independent living on leaving care. While the age of dependency in the community has lengthened, with the average age of young people leaving home now at 25 years, young people in care are not supported in families or in residential care by most States beyond 16–18 years. There are strong arguments for extending support for young people leaving care to the age of 25.

Mendes (2002) comments that young people leaving state care are one of the most vulnerable groups in society.

Numerous international and national studies have documented the poor outcomes commonly experienced by young people leaving State care including higher rates of homelessness; use of drugs and alcohol; predisposition to mental health problems; poor educational and employment outcomes; poor social support systems and social isolation; juvenile prostitution; early parenthood and involvement in criminal activities.

Most states have made provision to fund Leaving Care services for young people. These range from specialist after care services (NSW, Vic and WA) to individual supports in other states.

The range of services available includes assistance with housing, life skills programs, access to brokerage funds, employment and education. Access to the Transition to Independent Living Allowance (TILA) provided through FaCSIA is also available in all states.

Legislative changes in some states mean that young people are entitled to access support from the state jurisdiction up to the age of 25 years, although in some states this is discretionary.

Providers encourage referral to the services prior to leaving state care (15–16 years) to enable adequate planning and preparation to occur. Foster carers and young people can be involved in developing a leaving care plan that ensures a supported transition to independence.

RECOMMENDATION 14 — ASSISTING YOUNG PEOPLE LEAVING CARE

CAFWAA believes that young people leaving care must be supported properly to enhance their future life opportunities.

- **CAFWAA urges every State and Territory to ensure that there is an appropriate legislative framework to provide adequate preparation and after care support up to the age of 21 years for all young people and up to 25 years when required.**

- **State and Territories develop frameworks that enable young people to access support services that are commensurate with community standards provided to young people not in the care system**

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