

A Time to Invest

in Australia's most disadvantaged children,
young people and their families

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About CAFWAA: the Child and Family Welfare Association of Australia

The Child and Family Welfare Association of Australia (CAFWAA) is the national peak body representing community service organisations in all states and territories. These agencies work with children, young people and their families, where child neglect and abuse is a major factor in determining the types of services provided. Member organisations offer a range of services including family support and preventative services, out of home care and related services. Membership also includes all State-level peak bodies responsible to these community service organisations for policy and professional practice development, information provision and advocacy in relation to this specific area, or the broader community services sector.

Australia-wide links of such individuals and community service organisations go back to the early 1970s. Consolidation of the value of these links was realised with the incorporation of CAFWAA in 1995.

The primary interests and resourcing of organisations in this sector are governed by state legislation and authorities, however, many areas of federal government policy directly affect the welfare of children and families, such as income maintenance, homelessness programs, crime prevention, suicide prevention and family law. In addition, significant policy development and funding opportunities occur at the national level although, like family support, they may be administered by state governments.

CAFWAA's objectives are to:

- Inform national policy development and advocate for national policies and initiatives that will address the needs of children and young people at-risk, and their families.
- Provide advocacy, support and information for non-government service providers and the community at large, with respect to the provision of appropriate and effective services for children and young people at risk, together with their families.
- Promote family support, community development and other preventative programs which aim to appropriately maintain children and young people within a family network and enhance parental care and responsibility.
- Promote and undertake research into the needs of children and young people at risk, their families and service providers in the industry sector.
- Promote, support and undertake the provision of appropriate training and skills development for those working in the industry sector.
- Promote and facilitate the development of national standards of service delivery.
- Support and assist in the development of state and territory associations of child and family welfare service providers.
- Form links with relevant overseas bodies and national organisations.
- Undertake other activities which support the above objectives.

CAFWAA comprises members of community service organisations and individuals committed to the principles and objectives of the association, together with representation from the following State peak bodies, and the national SNAICC and CRE-ATE Foundation.

- Association of Children’s Welfare Agencies (NSW)
- PeakCare Queensland
- Child & Family Welfare Association of South Australian
- Child & Family Welfare Association of Tasmania
- Child, Youth and Family Agencies of the ACT
- Children’s Welfare Association of Victoria
- Children’s Youth & Family Agencies Association (WA)
- Child and Family Welfare Association (NT)

CAFWAA is affiliated with:

- The International Organisations Asia Pacific Forum on Families (APFAM) Australia
- The International Forum for Child Welfare (IFCW)
- Coalition for Australia’s Children.

CAFWAA is a founding member of Families Australia which has provided invaluable support in the development of this policy paper.

Acknowledgements

CAFWAA acknowledges the contributions made by several people and organisations to ensuring that *A Time to Invest* shifted from a good idea to a finalised project.

Families Australia provided the opportunity, through financial support, to undertake this initiative.

Sherrie Coote and the Children’s Welfare Association of Victoria have been responsible for preparing the material for the report under the guidance of the CAFWAA Board and a committee comprising of Ken Patterson and Coleen Clare from CWAV, Jane Hague of RAPT, Margaret Matters of Anglicare Victoria, Marion Rainsford of Clarendon Children and Family Services, Sue Treggale of Barnardos Australia and Simon Schrapel from Anglicare SA. Robyn Douglass of Anglicare SA was responsible for the final editing, layout and printing of the report.

Introduction: a blueprint for reform

The problems experienced by children, young people and families are too often compounded by poor quality, and at best patchy service responses.

Reform of Australia's child and family welfare system requires a comprehensive, strategic and long term planning approach, by all levels of government, non-government agencies and the community itself.

A Time to Invest paints a picture of how we might establish opportunities to empower and enrich Australia's families and children.

It outlines a series of targeted planning and actions to be taken across a number of dimensions of our service systems. *A Time to Invest* is an ambitious and far reaching strategy for reform, which will benefit the whole of the Australian community.

Underpinning the directions and actions espoused are four fundamental commitments which the Child and Family Welfare Association of Australia considers to be essential to the reform of child and family wellbeing in Australia.

- A pre-eminent focus on promoting and supporting families in the care and nurture of children. Contemporary research clearly demonstrates that a whole-of-community approach which invests in the early years from 0–6 years avoids financially costly services later in life. Governments in Canada and the UK have embraced this evidence with full scale whole-of-government approaches, with targeted outcomes. Long-term comprehensive early intervention and prevention resources within a community development framework will, over time, lead to a diminution of resources required for remedial services, and at the same time provide a stronger, healthier, more active and contributing society.
- Ensuring improved permanency planning and stability in care for children unable to remain living at home.
- Improving the quality of out of home care and family preservation services through the establishment of national standards and accreditation. Resources need to be used in the best way possible. Much is known about what works in the field of child and family welfare. Standards and accreditation exist for many other service types, such as aged care, health and child care services. Similar requirements of services for the vulnerable members of our community are imperative to ensure good outcomes, and money well spent.
- Ensuring that the most disadvantaged children are assisted as a priority. These are children in poverty and distress, suffering abuse and neglect, with complex needs, and Aboriginal and refugee children.

A Time to Invest provides an opportunity to make a real and substantial difference to the quality of life for all Australians, and in particular, to the most vulnerable members of our society.

CAFWAA's vision for family policy is that of ensuring stable, nurturing, and life enhancing experiences for the most disadvantaged children. Our vision is for State,

Territory and Commonwealth Governments to work in concert. There are 115,471¹ children at risk of separation from their families (2001 notifications of abuse or neglect in Australia).

Our vision is for all children to be given opportunities to reach their potential as individuals and contributors to a healthy, productive community. Our vision requires:

- all families to be well supported in their nurturing and family management roles
- access to adequate housing and income
- access to meaningful education
- access to employment (paid and unpaid) — the basis for full community participation.

Where alternatives are required for children who cannot live at home with their families, they should have access to:

- a full range of services and supports
- kinship care
- foster care, permanent care or open adoption that is well managed, supported and resourced
- additional supports: education, health, alcohol and drug, mental health and disability services

that will enable them to become resilient and thrive to become sound citizens.

Children in care need quality services, not the poorly supported and under-resourced services we have today.

We need to apply standards and quality strategies for all organisations caring for children.

We need viable foster care with carers who are properly reimbursed and supported.

We need forward-looking government policy with proactive support for sustainable partnerships between the community services and government sectors.

Purpose and context of *A Time to Invest*

This paper outlines the major policy issues which CAFWAA believes Commonwealth and State Governments need to address. They are urgent issues.

Neglect of these issues leads to further disadvantage for the most vulnerable children in Australia, that is, those suffering abuse and neglect and removal from their families. In later life, this disadvantage is manifested in substance and alcohol abuse, homelessness, young parenthood. It results in greater demands upon social service, juvenile justice and adult corrections systems.

Neglect of these children's well-being is costly to the Australian community.

The paper has three major functions:

1. To document, from the perspective of CAFWAA members, the policy priorities to be pursued at the national and state levels. These policies will enhance the well-being of children and young people at-risk and their families, which will be of benefit to the whole community.
2. To advocate for change in public policy at the Commonwealth and state/territory level and to seek an improved investment in child and family welfare services across Australia.
3. To inform and encourage debate about policy and practice in child and family welfare.

CAFWAA seeks to pursue the issues outlined in this policy paper as a matter of priority. In some instances, CAFWAA will be a lead agency in advocating policy debate and change but, in other instances, will seek to progress matters in collaboration with others, including Families Australia.

It is acknowledged that other issues and policies not canvassed in this paper are also likely to influence outcomes for children and families. Their exclusion from this policy paper does not imply that CAFWAA will not advocate on these issues/policies in the future.

I. Promoting stability and permanence for children and young people

What needs to happen

CAFWAA calls on state and territory governments to:

- establish or review permanency planning legislation and resource intensive case work in the early stages of professional intervention with families to maximise the opportunity for children and young people to live with their birth family
- adopt effective case management systems. It should be noted that *Looking After Children* has already been adopted by many non-government agencies and state and territory governments
- adequately fund family support and home-based care services to enable them to undertake intensive case work practice with birth families, towards reunification where possible
- implement best practice permanency planning principles for children and young people who have to be in care
- expand funding to the Family Support Program currently implemented by the states/territories to meet community demand and ensure complementary targeting of other programs, including the Commonwealth Government's 'Stronger Families, Stronger Communities' strategy to at-risk families
- develop respite care and mentoring programs for socially disadvantaged children and young people
- universally recognise leaving care/after-care as a relevant program component of the out of home care system and ensure staffing, brokerage, programs and leaving care grants are adequately resourced
- establish leaving care/after-care policy and procedures which are flexible and work with the individual young person and if necessary, provide continuing support up to 25 years of age
- greatly increase the numbers of older age adoptions.

CAFWAA calls on the Commonwealth Government to:

- establish minimum standards for States/Territories to record and report child protection notification, investigation and substantiation rates for national comparison.
- support open adoption programs through funding and research
- promote and resource mentoring and respite care programs for those with social disadvantage
- promote effective case management and data collection.
- promote research into which out of home care and child protection services currently in operation are effective in Australia.

Neglected and abused children in Australia need permanence to ensure that disadvantage does not compound throughout their life. Family policy needs to address permanency planning, that is, "the systematic process of carrying out, within a time-limited period, a set of directed activities designed to ensure children live with nurtur-

ing parents or caregivers who offer continuity and the opportunity for lifetime relationships”².

Permanency planning principles underpin children and young people’s right to grow up with a clear 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.

The primary goal of permanency planning is to prevent breakdown in the family of originⁱ, and support families so that parent/s’ caring capacity is enhanced. However, despite intensive support services to birth parents, some children will require an alternate permanent family. The length of time taken to elect for permanency planning decision-making needs to be considered on a case-by-case basis, with due regard to the age of the child.

Prevention is better than cure: permanency planning for children

The most significant aspect of permanency planning is the identification and support of high risk families before they come to the attention of intrusive child protection services. Australia is currently experiencing a rise in child protection notifications and re-notification rates also continue to rise. The following table lists the number of child protection notifications, investigations and substantiations in Australia over the past decade. Unfortunately, re-notification rates are not systematically collected.

| | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|-----------------|--------|--------|--------|--------|------------------|------------------|--------|------------------|---------|------------------|
| | -92 | -93 | -94 | -95 | -96 ^c | -97 ^a | -98 | -99 ^b | -2000 | -01 ^d |
| Notifications | n.a | n.a | n.a | n.a | 91,734 | n.a | 98,568 | 103,980 | 107,134 | 115,471 |
| Investigations | 53,296 | 59,122 | 74,436 | 76,954 | 67,816 | n.a | 61,452 | 58,717 | 56,083 | 54,286 |
| Substantiations | 21,371 | 25,630 | 28,711 | 30,615 | 25,558 | n.a | 26,025 | 25,447 | 24,732 | 27,367 |

a) National total for the year 1996-97 could not be calculated as no data was available from NSW for this period.

b) An estimate using 6 months of data for Northern Territory was used to form the national year figure for the year 1998-99. Note: Data on the number of notifications were not collected prior to 1995/96.

c) Note the New Directions Policy of Western Australia (1995-96) which changed the classification of some notifications to one of family support, thus decreasing total notifications recorded.

d) In 2000-01, the classification of notifications in South Australia was changed to exclude reports that did not meet the criteria of reasonable suspicion due of child abuse or neglect.

Sourced from : AIHW 2001c and AIHW Child Protection Australia 2000-01 Tables 2.2, 2.3, 2.4.

Trends indicate a steady increase in the number of notifications since data has been collected, but with the substantiation rate reaching a peak in 1994–95ⁱⁱ. There were 115,471 notifications in 2000–01, of which 53% did not receive further investigation. The remaining 47% of notifications received investigation, of which half resulted in

ⁱBirth or natural family

ⁱⁱEven though a downward trend is apparent in investigations, some states are currently experiencing increases. For example, in NSW the number of notifications was 40,937 to 7501 substantiations in 2000-01

substantiation by protective services. What is of concern is the level and growing number of families that remain without additional support, even though welfare concerns have been sufficient to refer to protective services. CAFWAA is concerned that governments are moving too slowly to address and implement prevention programs to stem the need for intrusive child protection intervention.

Also of significant concern are the high rates of subsequent renotification to child protection services, indicating that families are not receiving the services needed to address initial welfare concerns and prevent renotifications.

The Report on Government Services 2002—Productivity Report³ did not provide comparable data across jurisdictions on resubstantiation rates. However, the report provided information at the 3- and 12-month periods after the initial substantiation for all states except Northern Territory. The trend to increased renotification rates for all states is concerning.

Proportion of children subject to re-substantiations after initial substantiation in 1999–2000

| Proportion of children subject to a re-substantiation | NSW | Vic | Qld | WA | SA | Tas |
|---|-------|-------|-------|-------|-------|-------|
| Within three months after an initial substantiation | 3.6% | 2.9% | 9.0% | 4.9% | 15.4% | 8.9% |
| Within 12 months after an initial substantiation | 10.2% | 14.0% | 22.6% | 10.5% | 23.9% | 16.5% |

Source: Adapted from Report on Government Services 2002 Table 15A.10

CWAV⁴ recently conducted a survey on the availability of family support services. The survey found that 50% of families requesting family support services in August 2001 were placed on waiting lists due to a chronic lack of government funding. Only 7% of families were on waiting lists for less than two weeks. Of the remaining 93%, more than half were kept waiting up to five weeks despite the fact that we know appropriate help at the time of crisis can prevent later problems. Improved access to support services for families experiencing parenting and life crises will prevent notifications to child protection services. Support services to families require significant investment of funds to adequately address current demands. Further funding is essential to develop prevention programs that are easily accessible for families at the first point of need.

Also, there is a small but significant number of families who need long term (the duration of childhood) formal support services to prevent re-entry to protective services and/or placement system. To respond to these families' needs, continuity of government resources is a critical issue to permanency planning principles of service delivery, longevity of service involvement and long-term family well-being.

Parental drug use

Parental drug use is one of the most serious issues confronting the child welfare sector in the past 20 years. Parental drug use is bringing more children to the attention

of protective services and into care. Permanency planning is critical to support reunification of children and their birth parents (where possible), or with relatives/kin where reunification with birth parents is clearly not an option. Future trends of parental drug use are likely to continue to adversely affect out of home care, with an increasing number of children requiring specialised, long-term care supports.

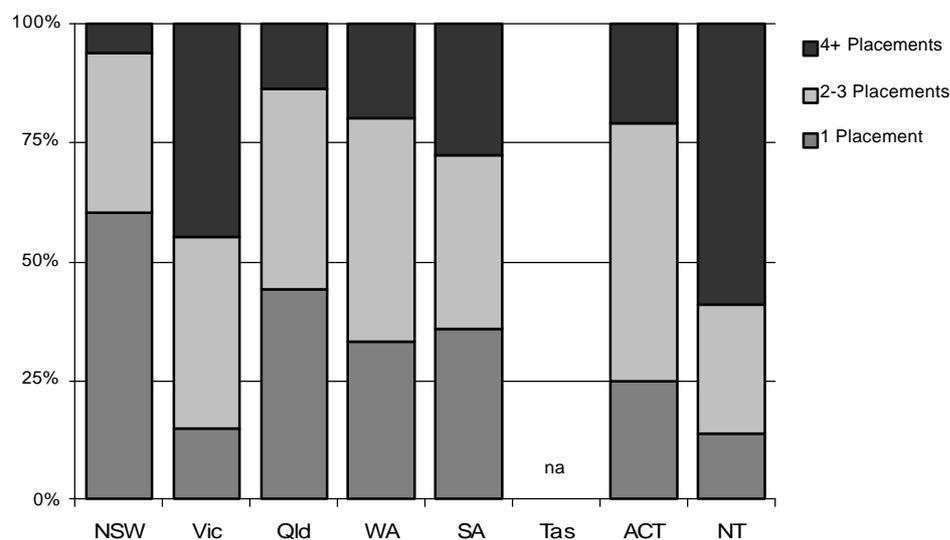
Drift in out of home care

CAFWAA is concerned about the number of children who continue to drift in the child welfare system, either bouncing from home to placement or languishing in multiple placements without clear reunification or decision-making in permanent placement plans.

CAFWAA notes with concern the number of placement changes that children and young people are experiencing. The Productivity Commission Report⁵ states that the majority of children leaving care after less than 12 months had only one placement. However, the proportion of children leaving care in 2000–01 after 12 months or more who had experienced more than one placement is disturbing.

The following table depicts nationally the number of different care placements for 2000–01⁶.

Children leaving care after 12 months or more, by number of different care placements, 2000–01



Source: Report on Government Services 2002. Productivity Report, Figure 15.8

Outcomes for children and young people who do not have a sense of permanency are poor. Research conducted by Cashmore and Paxman⁷ found that young people who had spent 75% of their time in care in one placement had generally positive out-

comes. They comment further on the impact of lack of permanence or continuity that children often experience in substitute care as they move through a series of placements. This concern is well based, as their research (and others) has substantiated the ill effects to children of the lack of continuity of caregivers. Effects include suicide, depression, teenage pregnancy, involvement in crime and difficulties in parenting the next generation.

Permanency planning is accepted as a philosophy and practice within the sector, although some caution is advised about any solution which may appear too simple⁸. Permanency planning is not an end in itself. However, inherent in the child welfare system are a number of barriers which work against permanency planning for children who have experienced complex problems, neglect and/or abuse, serious behavioural difficulties, special needs and multiple placement moves within the system.

These barriers include:

- lack of access to family support services at the early stages of family stress, which can prevent children being notified to protective services and/or moving into out of home care
- the current difficulties inherent in the legal system which balance the rights and feelings of birth parents against the needs of developing children
- initial placements of children in care are often not adequately case planned or resourced to provide early support, including both therapeutic and practical services to work immediately towards reunification with families of children
- a focus on making placements to meet immediate demands rather than meeting the placement needs which are in the best interests of the child/young personⁱⁱⁱ
- lack of permanency planning legislation in all jurisdictions, and even when in place, lack of implementation^{iv}
- lack of active use of adoption (particularly open adoption) for children requiring permanent care. In some jurisdictions there is no legislative base for open adoption
- lack of other legal forms of permanence for children and young people
- practice that is non-inclusive of the birth parent/family, which can lead to delayed permanent placements^v
- the ease with which court orders can be varied, and the length of time taken in court to finalise such matters. Dealing with the uncertainty can be stressful, even traumatic for the children. Secure placements can be destabilised by birth parents seeking a variation (note: some states have legislation to address this issue. NSW has new legislation through the Permanency Planning Amendment Act 2001.)
- lack of co-ordination between the Supported Accommodation Assistance Program (SAAP) system and the out of home care system — sometimes

ⁱⁱⁱThe LAC case management framework addresses this issue

^{iv}Appendix One: *Family Law Council, Discussion Paper No.2. The Best Interest of the Child? The Interaction of Public and Private Law in Australia. Appendix B – Child Protection Matrix 2000* (at 1 September 2000)

^vThe LAC case management framework addresses this issue

the same children are moving between these systems; and finally,

- a dearth of resources for carers, including inadequate access to case work supports. Practical supports which would support permanent placement include: adequate reimbursement, relief from constant care, regular respite and other practical services.

Permanency planning principles

For permanency planning practice to be effective it must work within a legislative framework which embodies the following features⁹:

- a philosophical perspective that regards the birth family or extended family as the preferred environment for child rearing. Hence, resources are invested in families to maximise the possibility of a child staying at home or returning to home
- a theoretical perspective which stresses stability and continuity of relationships to promote a child's development, functioning and sense of well-being and identity. When reunification is not achieved in the timeframe appropriate to the child's age and development, the best interests of the child are jeopardised
- a planned program, designed for each child at-risk of needing alternative care or for children who are in care, focusing on systematic planning within specified time frames
- a case management perspective emphasising strategies such as reviews, time limited contracts and casework with birth parents involving them in active plans, ongoing problem solving and decision making^{vi}
- a collaborative perspective between the various organisations and government, family and others who have a role in the lives of children/young people and their families^{vi}
- better support for foster carers.

Consideration needs to be given to open adoption and other forms of legal permanence. Rates of adoption of older age children in Australia are low, yet there are many children in uncertain long- and medium-term foster care. In the period 2000–01¹⁰, the majority (74%) of known child adoptions^{viii} were of children aged 5–14 years; (7%) aged 1–4 years and (19%) aged 15 years and over. Some research¹¹ is clear that open adoption is a better solution than even stable long term foster care, although not necessarily appropriate in all cases.

Open adoption for older children includes an ongoing contact between children and their birth families. If well planned and properly resourced, open adoption is a better solution than having the child drifting in the care system, or with uncertain legal status. In NSW, the Find a Family program averages 10 open adoptions each year, for

^{vi}ibid

^{vii}ibid

^{viii}Known child adoptions are adoptions of children in Australia where the adoptive parents are seeking to adopt a particular child who is known to them, including step-parent, other relative(s) or carers

young people with severe emotional and behavioural disturbances. Currently, there is inadequate legal provision for older age open adoption across Australia^{ix} and even where legislation is in place, lack of resources means adoption is not actively pursued.

Current research and practices indicate that the processes to make permanency planning a reality are not occurring. CAFWAA believes that the principles of permanency planning need to be foremost in protection and care decision making and service delivery. Permanency planning will maximise opportunities for children and young people to live with nurturing adults who can provide continuity and the opportunity for lifetime relationships. The ideal lifetime relationship option is with the child's birth family, but where this is not in the child's best interests, consideration of relative/kinship care, before consideration of long term foster care (with the possibility of open adoption) should be actively pursued within a time limited period to avoid drift in care, and multiple placements.

Post-care and leaving care

Mendes¹² comments that young people leaving state care are arguably one of the most vulnerable groups in society, because many of them have

- experienced and are still recovering from considerable abuse and neglect before entering care
- experienced inadequacies in state care, including systems abuse
- little, if any, direct family support or other community networks to ease their movement into independent living after care
- experienced an abrupt end to the formal support networks of state care (at 16–18 years of age).

Numerous international and national studies have documented the traumas commonly experienced by young people leaving state care; and these include

- homelessness
- abuse 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
- involvement in criminal activities.

CAFWAA and the CREATE Foundation both support the use of a 'continuum of care model' recommended by the Victorian study *Improving Outcomes for Young People Leaving Care*¹³.

This model incorporates positive corporate parenting and permanency planning to adulthood, and the key ingredients are:

^{ix}Appendix One: *Family Law Council, Discussion Paper No.2. The Best Interest of the Child? The Interaction of Public and Private Law in Australia. Appendix B – Child Protection Matrix 2000 (at 1 September 2000)*

- legislative framework for adequate preparation and after care support (NSW has such legislation)
- underpinning policy which recognises government and organisations act *in loco parentis* for children and young people out of their families. There is an ongoing parental responsibility to provide support to young people when they leave home in the same way that parents support their children when they leave the nest.
- a transition period of leaving care is needed, rather than an abrupt ending. Sudden eviction from care at age 18 does not reflect normal moves towards independence in the community
- policies should outline preparation for independence, such as the provision of education and training in life skills, while the young person is still in care
- a standard to guide common practice (*Looking After Children* has a comprehensive leaving care preparation checklist of life skills)
- access to mentoring and peer support programs for young people in transition to inter-dependence/independent living
- government measurement of outcomes against benchmarks.

2. Investing in family strengths and prevention programs

What needs to happen

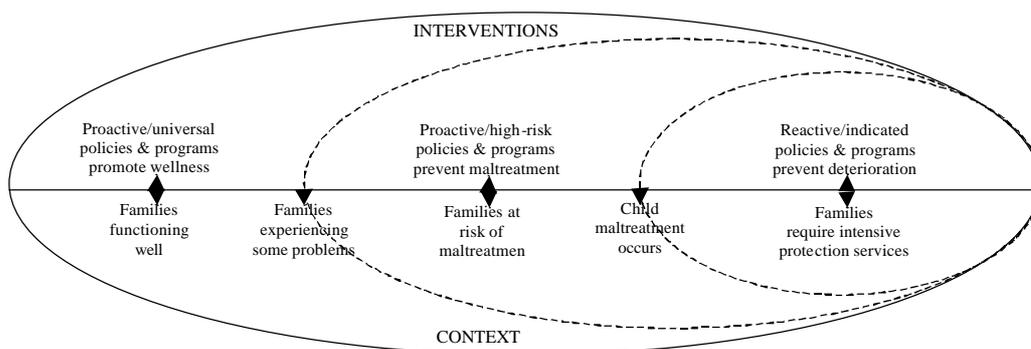
CAFWAA calls on the Commonwealth and state/territory governments to:

substantially increase their investment in early intervention and prevention programs which support families. A long-term national vision which puts children first is needed. With adequate funding, it will

- expand and re-fund the family support program (especially community-based home-visiting programs)
- develop a well funded, neighbourhood or community area approach, targeting multiple risk and protective factors using a developmental prevention framework
- target communities in areas with high levels of reported child abuse, school dropout rates, substance abuse, violence and juvenile crime
- have a co-ordinated, whole of government approach — resulting in community partnerships built on mutually agreed agendas which all parties can commit to in the long term
- document and research the long-term impact of community-based interventions
- evaluate and track program effectiveness and cost benefits to inform future long-term political and funding agendas
- expand use of community based child care for children living in poverty
- fund readily accessible respite care and mentoring services.

Common sense tells us that prevention is better than cure, but governments globally devote less than 1% of their budgets to the prevention of social and mental health problems¹⁴. Most funds go towards remedial services. The results of prevention are difficult to measure. Research conducted by RAND¹⁵ shows that for every \$1 spent on early intervention, \$7 is saved. Not only does early intervention work, it is cost effective! *Pathways to Prevention* shows that early intervention leads to prevention of a range of social problems, eg. crime, drug and alcohol addiction, child abuse and neglect etc. Society wants parents to stop harming their children, but governments are unwilling to systematically invest in prevention and early intervention programs.

The promotion-prevention-protection continuum



Source: *Promoting FAMILY WELLNESS and preventing CHILD MALTREATMENT*¹⁶

Child, youth and family services require a continuum of services that range from promotion/wellness to proactive/universal policies for everyone, to proactive/high-risk approaches that focus on a targeted population, as well as reactive/indicated approaches of intensive protective services. Interventions only at the intensive end of the continuum are too little too late. CAFWAA believes that there is an imbalance in the current service system. There are proactive government policies and programs which can respond early to high-risk families, and which can prevent serious welfare problems developing.

Important findings in brain research indicate that the first three years of a child's life are critical to children's development. Furthermore, the majority of physical brain development which occurs during this period provides the foundation for long term physical and mental health, as well as cognitive development. These findings provide evidence that early childhood furnishes a window of opportunity for enriching input and a window of vulnerability to such social stresses as poverty and dysfunctional home environments.

Whole of government approaches in Canada (Ontario, The Early Years Program)¹⁷ and the United Kingdom (Sure Start Program)¹⁸ are examples of whole government investment in evidence-based prevention programs to avoid future community costs. The Canadian Government¹⁹ will spend \$2.2 billion dollars over five years to provincial and territorial governments to support investments in early childhood developmental programs and services. Likewise, the British Government²⁰ has a budget of £450 million rising to £500 million in 2003–04. Similar early intervention State initiatives in Australia include NSW's Families First and Western Australia's Building Blocks. However the scale of investment is not adequate and nowhere near the investment and work in similar western countries.

RAND research²¹ studied nine programs (which provided a range of early childhood intervention programs) and concluded that carefully targeted early childhood interventions can yield measurable benefits in the short term. As well, some of those benefits persist long after the program has ended. These programs had the following advantages for participants:

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

RAND research²² estimated that the cost benefits from such early intervention programs were in the order of US\$24,000 per family for the High/Scope Perry Pre-School Project and US\$6000 per family for the higher risk families of the Elmira Prenatal/Early Infancy Project.

Government investment in prevention and early intervention programs has 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.

National research conducted on behalf of the National Crime Prevention Strategy, *Pathways to Prevention*²³, recommended a policy framework for a developmental approach to crime prevention. The strategy is underpinned by the following principles which are very relevant to the child, youth and family welfare sectors:

- identify factors which contribute to child abuse — risk and protective^x factors that affect the long term development of children and young people
- risk and protective factors need to be viewed in the context of other child factors, family factors, school context, life events, community and cultural events
- the impact of risk factors is usually not singular, but instead multiple and has a cumulative effect over time
- a developmental prevention pathway and early intervention approach provides many opportunities for earlier intervention. From pre-school to adulthood, this is a life course approach
- the nature and timing of intervention depends (from a developmental perspective) not just on the individual's age, but on the identified pathways and critical transition points that characterise those pathways (ie. pre-school, primary school, secondary school/adolescence and adult life)
- strategic diversion from harmful or vulnerable pathways before maladaptive patterns of behaviour become well entrenched
- importance of social context and available support
- evaluation to identify effective programs — map changes in behaviour and document cost-effective mechanisms and social contexts.^{xi xii}

Prevention and early intervention programs aim to develop more supportive, friendly and inclusive environments for children, young people and families; and promote healthy pro-social development.

CAFWAA promotes the development of a comprehensive national prevention strategy in disadvantaged communities, to build community capacity and social capital for the long term benefit of at-risk children and young people. Because of the level of service 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/community areas close to childcare centres, pre-school and primary schools. The pilot project that Mission Australia and Griffith University et al are undertaking in a Brisbane suburb to trial the recommendations of the *Pathways to Prevention* report is an example of a social capital/community development model. CAFWAA believes this approach is positive and proposes the Commonwealth Government fund similar demonstration projects

^xAppendix Two: *Risk and Protective Factors associated with Antisocial & Criminal Behaviour in Pathways to Prevention*

^{xi}Appendix Three: *Summary of Major Prevention Program Evaluations in Pathways to Prevention*

^{xii}Appendix Four: *Summary of Cost Benefit Analysis of Programs Surveyed in FACS Policy Research Paper No. 11*

across the country. Long term commitment is required with a shift from the narrow focus on output targets to one of understanding outcome indicators for the development of social capital and healthy communities.

CAFWAA commends the Commonwealth Government for the *Stronger Families—Stronger Communities* initiative, but resources need to be increased across the nation to address the current need for preventative programs. Targeting areas of high socioeconomic disadvantage needs to be considered in the roll-out of these scarce resources. Greater consultation and participation between the federal and state/territory governments is also needed to identify communities of risk and disadvantage. What is required is an across-government, joined up response to combat the current isolated planning and limited collaboration between all sectors and governments.

The evidence is there. What we now need is an ongoing commitment of resources to ensure long term sustainability of programs.

3. Actively supporting kinship care

What needs to happen

CAFWAA calls on the Commonwealth Government to:

- undertake a longitudinal study on the full range of wellbeing and education benefits for children in kinship care programs
- disseminate nationally the research findings on effective kinship care.

CAFWAA calls on state and territory governments to:

- recognise the important role relative/kinship care plays in the Australian child and family welfare system. CAFWAA stresses the urgent need for the development of a practice framework which articulates the principles, policies and minimum practice standards to ensure quality of care for children and young people.

The practice framework should provide a differentiated and sensitive approach²⁴ to support kinship carers through the availability of:

- early assessment processes for extended families to explore family strengths and options for care of children (eg. address the need for respite issues early)
- financial assistance (including to all indigenous families involved in kinship care)
- access to voluntary supervision and support in the early phases of care
- ongoing family support as required to support placement
- access to respite care
- support and supervision of access visits (where requested)
- peer support and networks of carers (eg: support groups for grandparents)
- parent education and groups
- information brochures about access to income maintenance, community services and referrals.

Formal kinship care, where children are placed with relatives and other members of the child's network, is the fastest growing form of care in Australia. The AIHW figures²⁵ at 30 June 2001 report that of the total of 18,241 children in out of home care in Australia, 38% were in relative/kinship care. There are many more families who have not come to the attention of welfare departments and are therefore not represented in official figures.

Kinship care is a normal and important aspect of our society, however given the complex needs of many of the neglected or abused children living with kin, and the age and socio-economic situations of many kin carers, social policy needs to be more active in addressing the needs of kin carers

| Type of Care | 1998 no(%) | 1999 no(%) | 2000 no(%) | 2001 no(%) |
|------------------------------|---------------------|---------------------|----------------------|---------------------|
| Foster care | 8089(56%) | 8212(53%) | n.a. | 9429(52%) |
| Relative/kinship care | 4446(31%) | 5254(33.9%) | n.a. | 6940(38%) |
| Other home based care | 126(1%) | 183(1.2%) | n.a. | 192(1%) |
| Total home-based care | 12,661(88%) | 13,649(88%) | 15,169(89.6%) | 16,561(91%) |
| Facility based care | 1415(10%) | 1314(9%) | 1222(7.3%) | 1177(6%) |
| Independent living | 183(1%) | 218(1%) | 208(1.2%) | 203(1%) |
| Other | 211(1%) | 316(2%) | 324(1.9%) | 300(2%) |
| Total | 14,470(100%) | 15,497(110%) | 16,923(100%) | 18,241(100%) |

Source: AIHW Table 4.4: Children in out of home care, type of placement, by State and Territory, at 30 June 2001

Johnstone²⁶ notes that the latest figures from the AIHW also indicate that over the past four years, the number of children in non-reimbursed kinship care placements has increased at a markedly greater rate than the number of children in reimbursed kinship care. Available evidence indicates that relative carers tend to be single, poorer and older (grandparents) than non-relative carers.

Kinship care placements have higher rates of stability²⁷, are important to children and young people because they are non-stigmatising, preserve identity, contact with their families and culture, and relieve the pressure on an already stressed out of home care sector. Kinship care usually does not have the formal recognition of carer as in foster care, with the typical reimbursement or supports. Placement reimbursements appear to be arbitrary and ad hoc across different jurisdictions. However, even though research is positive, kinship care placement stability is at-risk (in some states) due to unnecessary stresses, lack of planned supports and lack of routine access to payments and resources.

The *Costs of Living*²⁸ study on foster care found that several states and territories pay different forms and often lower levels of allowance to kinship carers than to foster carers. A key issue is that kinship placements are not routinely financially supported.

The following table identifies the significant role relative/kinship care plays in the child and family welfare system. States/Territories rely on relative/kinship care. Without relative/kinship care, the out of home care system would be unable to respond to the needs of children and young people requiring placement.

Number of children in out of home care — relative/kinship care by indigenous status at 30 June 2001²⁹

| Home based care | NSW | Vic | Qld | WA | SA | Tas | ACT | NT |
|----------------------------|------|-----|-----|-----|-----|-----|-----|-----|
| Indigenous | | | | | | | | |
| Relative/kinship care | 1458 | 141 | 241 | 223 | 47 | 11 | 11 | 29 |
| % of total home based care | 72% | 34% | 39% | 57% | 21% | 50% | 44% | 32% |
| Non-indigenous | | | | | | | | |
| Relative/kinship care | 2851 | 905 | 478 | 214 | 100 | 208 | 44 | 9 |
| % of total home based care | 56% | 30% | 21% | 26% | 11% | 48% | 26% | 16% |

Source: Adapted from Table 15A.12 in the Report on Government Services 2002 – Protection & Support Services

The importance of relative/kinship care cannot be underestimated. Kinship care is a cornerstone of the Indigenous Child Placement Principle, resulting in a significant rise in indigenous kinship care numbers. Bridge³⁰ reports that Koori kinship carers want information, support for access and contact, as well as financial assistance. For example, Victoria has a high number of indigenous children (43%) placed with non-indigenous foster carers. As a consequence, links with their birth parents, extended family and cultural community have become non-existent or tenuous and pose serious risk to the cultural identity of indigenous children.

The majority of kinship placements have occurred as a consequence of state government child protection intervention, because of concern for the child or young person's welfare. Therefore, CAFWAA believes that the needs of children/young people and the state's duty of care should drive policy to provide resources where kin carers request assistance. Kinship care policy or legislation should be adequately funded — as an investment in improved outcomes for those children and young people who are unable to live with their birth families but able to maintain essential family connections. As well, kinship care prevents an unnecessary drain on an already overtaxed out of home care system. A cost benefit analysis is needed.

CAFWAA is concerned about the lack of formal supports available to kinship care placements. Kinship placements often experience significant stress because of the needs of children and young people, lack of financial support and reimbursement for the costs of care, isolation and associated tensions related to families. Most importantly, kinship carers need early access to casework services — specialised family support programs for placements where there are difficulties. A best practice model program operating at Oz Child in Melbourne provides benchmarks for kinship care. Oz Child³¹ has recently documented and published the theory and practice that underpins its successful kinship care program.

4. Development and support of foster carers

What needs to happen

CAFWAA calls on the Commonwealth and state and territory governments to:

initiate a national approach to recruitment, training and accreditation of foster carers including the funding of a feasibility study for a national recruitment campaign.

CAFWAA calls on state and territory governments to:

- ensure that indigenous relative/kinship carers receive the same level of support and access to services for children in care as other carers
- ensure that training and support groups be made available for all indigenous carers
- accept the FCE (foster care estimates) as the basis of payment to reimburse for food, housing, energy, ongoing clothing, insurance, basic health, dental, daily transport, leisure and personal care. This amount should be adjusted annually to reflect the cost of living
- ensure that carer payments are age-related, irrespective of legal order, and special needs categories should apply. A loading for rural and remote carers should be added. Payments should be applicable to kin carers on request
- ensure that mandatory additional payments should be made for: placement establishment expenses (including clothing), gifts, specialist services including counselling and tutoring, childcare, private health cover, over the counter medication, education (books, excursions), mileage and expenses for all official work such as family contact, appointments and care planning meetings, and respite care
- provide immediate assistance to address the insurance needs of carers.

CAFWAA works in collaboration with the Australian Foster Care Association (AFCA) and acknowledges recent work undertaken in relation to a range of national policy issues affecting foster care³².

Home-based care is a significant component of the out of home care service system, and it is in a state of crisis due to:

- a dwindling pool of carers emanating from a high rate of turnover and difficulty of recruiting new carers
- inadequate reimbursement of costs
- changing demographics of client group
- children with complex needs causing significant harm to foster carers and their children
- misuse of foster care through multiple placements of children and young people with complex needs
- placement of children from many families with the one carer family, and resultant demands on carers

- placement organisations' current lack of resources to intensively support carers
- lack of access to planned regular respite foster care.
- In 2000, foster care contributed 53% of placements, with another 34% in relative/kinship care. In the past decade, foster care has provided care for children and young people with extremely complex needs, as home-based care is considered a first priority and more beneficial for children's needs than residential care services.

Increased payments to foster carers

Foster care is the backbone of child welfare services and is undergoing a crisis in recruitment and retention partly due to poor reimbursement. In 2001 Australia-wide bodies representing child and family welfare agencies and foster carers commissioned the Social Policy Research Centre (SPRC) University of NSW, to undertake research to establish the real cost of caring for foster children³³.

The research finds that the estimates of the costs of children in foster care are on average 52% higher than the costs of children not in care. Foster children require more expenditure than 'ordinary' children in the areas of housing, wear and tear, household and contents insurance, water usage, energy, food, clothing and footwear, health, specialist assistance, transport (particularly access visits to birth families), leisure and personal care.

The study showed that no state or territory is, overall, paying an adequate reimbursement to foster carers at the standard subsidy level, compared to the estimated costs of foster children. The research also confirmed that there is a high level of discontent among carers about reimbursement of costs in all states and territories.

The Foster Care Estimates (FCE) compared to the standard subsidy levels for all states by age of the child (2000) (\$ per week)

Note: These figures are indicative only and must be read with regard to the impact of contingency payments

| Age | TAS | WA | NT | SA | VIC | ACT | QLD | NSW | FCE |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|
| 0-1 | 70 | 79 | 97 | 85 | 85 | 92 | 76 | 175 | 157 |
| 2 | 70 | 79 | 97 | 85 | 77 | 92 | 93 | 175 | - |
| 3 | 70 | 79 | 97 | 85 | 77 | 92 | 93 | 175 | 156 |
| 4 | 70 | 79 | 97 | 85 | 77 | 92 | 93 | 175 | - |
| 5 | 70 | 79 | 101 | 91 | 77 | 105 | 93 | 175 | - |
| 6 | 70 | 79 | 101 | 91 | 77 | 105 | 114 | 175 | 168 |
| 7 | 71 | 79 | 101 | 91 | 77 | 105 | 114 | 175 | - |
| 8 | 71 | 79 | 120 | 98 | 93 | 123 | 114 | 175 | - |
| 9 | 71 | 79 | 120 | 98 | 93 | 123 | 114 | 175 | - |
| 10 | 72 | 79 | 120 | 98 | 93 | 123 | 114 | 175 | 197 |
| 11 | 72 | 79 | 120 | 98 | 112 | 123 | 138 | 175 | - |
| 12 | 83 | 79 | 136 | 118 | 112 | 141 | 138 | 175 | - |
| 13 | 83 | 118 | 136 | 118 | 157 | 141 | 138 | 175 | - |
| 14 | 90 | 118 | 136 | 118 | 157 | 141 | 138 | 175 | 242/2481 |
| 15 | 90 | 118 | 163 | 145 | 157 | 171 | 138 | 175 | - |
| 16 | 90 | 118 | 163 | 145 | 157 | 171 | 129 | 175 | - |
| 17 | 90 | 118 | 163 | 145 | 157 | 171 | 129 | 175 | - |

Notes: All dollar amounts rounded. (1) Amount of \$242 applies to a boy aged 14.

Amount of \$248 applies to a girl aged 14 Source: For all States' subsidy amounts, Bray, 2001, p 34

A study conducted by the Australian Foster Care Association³⁴ identified the following issues in relation to caregiver payments:

- no national uniformity in policy formation or the application of such a policy to the provision of payments and allowances
- inadequate reimbursement of the real costs carers incur for placement needs
- existing payment scales do not recognise children placed have special needs, therefore additional costs
- payment reliability and variations in the application of discretionary payments
- associated costs related to access, and need for carer retainer payments when children are on overnight access
- equity issues in the payment of mileage allowances
- a right to access respite care without having to pay for the service — it should be viewed as part of the case plan
- no automatic indexation, eg. CPI is usually not passed on to carer payments
- more equitable arrangements for covering associated schooling costs
- discrepancies in reimbursement of medical/dental/pharmaceutical/ambulance costs. Some costs, such as Hepatitis B vaccinations for carers, should be met in full from agency or government funds
- need for additional support to remote and isolated placements, due to higher living costs
- costs of insurance, legal liability and indemnification.

Support to foster carers — a shared obligation

In a ‘good practice’ foster care system, there will be both good practice at the family or foster carer level, and there will be good practice in the supporting structures which assist the foster family. Foster care is a joint activity between foster families, government(s), foster care organisations, birth parents and the broader community.

Foster care depends on, firstly, the calibre and expertise of the fostering family household, and secondly, the quality and effectiveness of the surrounding support system. Foster carers need to be adequately resourced with intensive, specialist case work supports, and have access to wrap-around services to comprehensively meet the increasing challenging placement needs of children and young people. Without these supports, placements may be jeopardised and break down, which is detrimental to the children’s well-being.

Also, foster care contributes to the reunification of children to their families. Carers have an important role in supporting and mentoring birth parents, as well as managing complex access arrangements which can place extra demands on placements. Intensive supports are critical to maintain the current pool of carers and quality care for children and young people.

Improved respite care access for foster carers

The need for supported respite care for foster carers themselves is another obvious need in the foster care system. There is little doubt that as the level of need in children/young people grows, so too does the stress level and demand upon foster carers. Lack of respite leads to burn-out for many carers. There is already evidence that lack of supported respite has led some carers to cease fostering. Planned respite care, which would provide home-based carers with necessary regular respite, is usually unavailable for long term placements. Lack of access to respite can jeopardise placement stability and threaten the continuity of care which is crucial to children and young people living in out of home care.

National standards for foster care

There has been much talk within the sector about standards and separate attempts have been and are being made in different jurisdictions to develop standards. The *Australian National Baseline Standards for Out of Home Care* (covering residential and foster care) were agreed upon and published in 1996 by the then Standing Committee of Community Services and Income Security Administrators (SCC-SISA). The standards were not taken up and applied throughout the sector.

The best interests of Australian children would be served if national standards were to be developed. The sector as a whole needs national baseline benchmarks for performance. This also includes the development of appropriate standards and practice protocols to deal with allegations of abuse in out of home care. Standards are a means of measuring performance and ensuring that poor practice is outlawed. They are also part of public accountability.

Improved recruitment, training and accreditation of foster carers

Currently there is no national standard for recruitment, training or accreditation in foster care. The needs of children and young people requiring out of home care have changed; foster parents require vastly more parenting skills as the norm. A national system of recruitment, training and accreditation of foster carers would provide a number of important functions within the foster care sector:

- national recruitment approaches/initiatives
- formal recognition of carers
- a vehicle for national migration of carers and automatic recognition in other jurisdictions
- recognition of prior learning
- allied to national standards, competencies and agreed training profiles.

5. The need for a range of services for children and young people with complex needs

What needs to happen

CAFWAA calls on the Commonwealth Government to:

fund research to document best practice and service models of effective treatment programs for children and young people with complex care needs.

CAFWAA calls on state and territory governments to:

commit additional funding to redevelop intensive care services, including residential care, to better meet the needs of the most vulnerable group of young people. Such services would include:

- community based prevention and intervention programs such as outreach, multi-systemic therapy, wrap-around and brokerage services for high risk young people and their families
- innovative partnerships and prevention initiatives between government and the community service sector
- the development of new, smaller residential treatment focused options
- well-resourced professional therapeutic and specialised home-based care
- improved co-operation and collaboration with specialist services
- improved access to specialist adolescent and related mental health services
- adequate attention to needs of young people post-care
- increased opportunities for staff training and specialisation.

Services required for children and young people with complex needs

Children and young people who are in residential care³⁵ and community placements have suffered traumatic early environments and care alone is not enough to effectively address the aftermath. An indicative study³⁶ showed that many young people have complex problems, including:

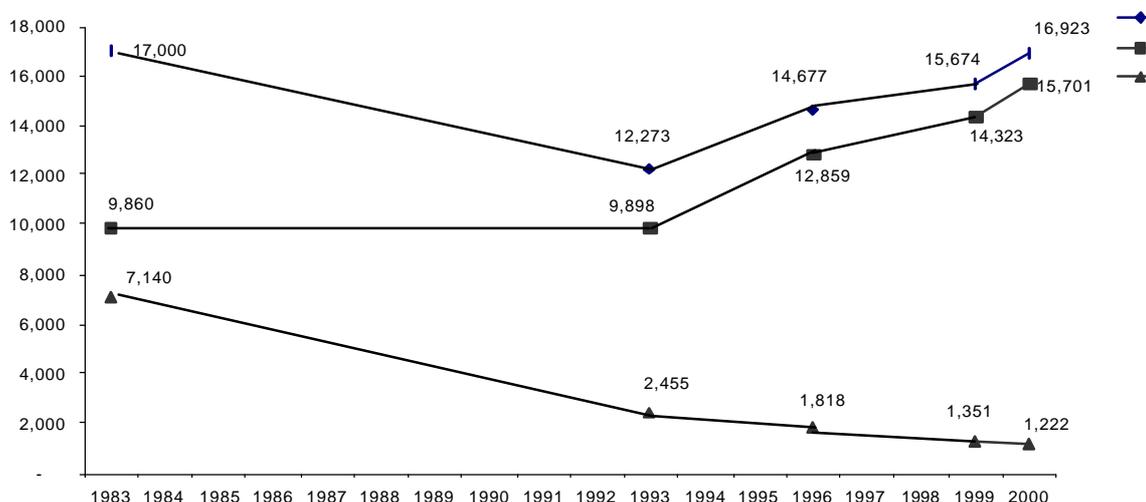
- exhibiting extreme emotional and behavioural disturbance from early adolescence and increasingly pre-adolescence, including behaviour that frequently involves serious risk of harm to themselves (self-harm, suicide attempts and/or risk taking) and/or others. Generally, males pose more risk to others than females
- extreme behavioural disturbance stemming from the experience of severe physical, emotional, sexual abuse and neglect in their families of origin, generally commencing before the age of five years
- suffering severe emotional and attachment problems since early childhood
- suffering post-traumatic stress symptoms
- escalating drug use, crime and prostitution

- history of failed foster care placements
- an average of 5.2 years in out of home care
- 90% receiving little or no education or vocational training
- deteriorating life functioning while in care, associated with a dearth of appropriate services to meet their needs for treatment, education and care.

The study further reported that current services were often not equipped to address the level of disturbance experienced by these young people and their level of functioning worsened in the period of time they were in out of home care. This is a major concern and requires immediate remedy.

In the period 1983–1993, there was a decline in the overall numbers of children and young people placed in out of home care, with numbers in 2000 now only approaching the levels of the early 1980s. Since the 1990s, the increase in the demand for out of home care has been largely taken up by foster care. In 2000, foster care provided 15,701 placements compared to 1222 in group care³⁷. It is clear that the use of residential options has been on the decline over the past two decades, although there has been a recent stabilisation of the total numbers of children placed in group house settings.

Australian out of home care trends 1982–2000



Source: Bath, H. 1994, 1998 adapted from AIHW. 2001

However, there is also general concern about the increasing number of younger children presenting with complex needs being placed in group residential care. Extreme care should be taken with the placement of young children (under 12 years) in residential care, and this should not occur unless there are extenuating circumstances. Short-term, purposeful, time-limited placement may form part of a case management plan on the proviso that all other placement avenues have been explored. There may be isolated cases in which longer residential placement is appropriate.

The out of home care system should provide a range and mix of placement options beyond residential care, including supported foster care and well resourced services including:

- case management service and brokerage funds
- wrap-around models/services
- well resourced family reunification efforts
- one to one care options
- family group homes
- therapeutic foster care.

Bath³⁸ highlights current practice issues facing contemporary residential service approaches which affect the sector's capacity to effectively meet troubled adolescents.

- Few programs are designed to holistically address or treat the needs of residents. There is poor access to specialist services and poor collaboration between services.
- There are stresses on smaller residential units, with the mix of young people with long histories of juvenile offending, serious substance abuse issues, mental health concerns and histories of sexual abuse and/or sexually exploiting other children, and challenging behaviour resulting in contagion of behaviour and a high risk, often dangerous environment.
- Conceptual and theoretical bases are under-developed, relying on a generic model that emphasises care rather than treatment.
- There is no significant body of knowledge about contemporary Australian residential care.
- There are inadequate service standards and lack of a national accreditation system to specify quality care outcomes.
- There are limited qualification and training options for staff working with young people with intensive support needs.
- Residential units and workers are often in isolated locations.
- Residential care workers have low status, which adds to high turnover of staff, and difficulty recruiting good staff.

Organisations vary in their use of residential care, with some more specialised organisations preferring to use more community placement models with residential backup. Inappropriate placements can be made (with high frequencies of placement breakdown) as no treatment alternatives exist.

Bath³⁹ argues that contemporary residential care in Australia is still a system that was designed for children who needed care and protection — but that is not the reason that many young people today require placement. Many young people in the welfare system need treatment and protection.

Morton et al⁴⁰ in the study, *When Care is Not Enough* recommended:

- Enhancing regional services (child protection, mental health, juvenile justice and drug treatment services) by improved cross program cooperation,

and developing intensive therapeutic services to help young people with extreme emotional and behavioural disturbance

- Establishing a new specialist state wide service to support cross-program services, including intensive therapeutic services in child protection, mental health, juvenile justice and drug treatment services.

Residential care may always be a small component of the overall system for very disturbed adolescents and must have links with specialist services, such as adolescent mental health, drug treatment services, juvenile justice, education and vocational training. It is urgent that the child welfare sector develop a functional treatment service in the context of the continuum of the child, youth and family welfare service system. As well, services need adequate resourcing for after-care support to ensure positive transitions to work and independent living.

CAFWAA believes that residential and community placement services should be redesigned for young people over 12 years of age for whom care is not enough. Without treatment options, the most vulnerable and disadvantaged young people inevitably drift into marginalisation, homelessness, addiction, unemployment and incarceration — needing high cost remedial services later in life.

6. Educational needs of child and young people in out of home care

What needs to happen:

CAFWAA calls on the Commonwealth Government to:

undertake research into the educational needs and performance of children and young people in care to develop appropriate strategies to address their needs and improve performance at school. This research requires collaboration between national, state and territory governments; community service organisations and consumers.

CAFWAA calls on state and territory governments to:

- as a priority, ensure that education, employment and community services government departments identify and respond to the needs of children and young people in care. In particular, they need to improve participation in education and educational performance
- cease using suspensions and exclusions from school for children in out of home care.

Develop agreements between the education, employment and community service government departments in each state and territory to:

- acknowledge the state's role in parenting children in care
- identify the particular circumstances and needs of children and young people in care
- commit to improving the educational participation and performance of children and young people in care
- require collaboration between government departments, schools and communities
- detail funding available at the local level to facilitate collaboration of services.

Collect and publish data about educational participation and performance of children and young people in care. This should include:

- matching existing data about the participation of children and young people and their educational performance with data identifying children and young people who are in care in each state and territory
- reporting on performance at the state and territory level
- reporting on performance at a national level in line with current agreements and establishing agreed benchmarks.

Improve collaboration between state and territory departments of community services and education at all levels of schooling, program development and policy development. This should include:

- assessment of educational needs, participation and performance of all children and young people within one month of being placed in out of home care
- involvement of children and young people and key people in their lives to assess educational performance and plan for the future. Family, direct carers, teachers and other relevant educational personnel, statutory service

providers and community service organisation providers should be involved

- development of individual education plans for all children and young people within two months of being placed in out of home care. Such plans would identify needs and action required to meet them
- six monthly reviews of individual education plans
- development of protocols for the sharing of information between schools, government and organisations providing services
- development of mechanisms and processes to monitor assessment, planning and review functions
- collection of all relevant statistical information on participation and performance required at a local level of service
- development of local area planning forums involving senior management to lead, resource and monitor these arrangements.

Train and encourage schools to take an active interest in children in out of home care, including active involvement in caseplanning, to:

- ensure that each school has an appropriate number of children in out of home care, and receive funding to support such placements.
- ensure additional resources for the educational needs of children in out of home care no matter what system, public or private, that the child is in.

Children and young people in the care of the state are up to two years behind their peers in educational achievement. CREATE⁴¹ Foundation, the consumer advocacy body for children and young people who have been or are living in out of home care reported that 50% of children and young people are achieving below average results; 50% have completed only Year 10 or less; 47% are experiencing educational difficulties at school. There are major gaps between reported policies and programs/services and information about the needs, participation and performance. No state and territory has adequate information about educational participation and outcomes of young people in care. Such serious educational disadvantages will affect young people's access to employment and life opportunities.

CAFWAA too is concerned about the educational disadvantage that children and young people experience in out of home care. Education makes a significant contribution to the development and wellbeing of children and young people and their future employment and life opportunities. Education is identified as a significant gateway through which they can pass from care into adulthood, to employment and to effectively participate in community life.

The *Report Card on Education of Children and Young People in Care* was recently released by CREATE Foundation, the national consumer organisation of 20,000 children and young people in care. Ms Jan Owen, the past National Director of CREATE Foundation commented:⁴²

The gateway to education is mostly shut for children and young people in state care. Most do not finish high school. They are achieving below average results for no other reason than the fact they are in care. More dis-

turbingly, at this point in time no state or territory has any way of knowing the educational participation or performance of children in their care.

The Education Report Card⁴³ findings highlight:

- states and territories acknowledge that children and young people are at risk of being inadequately educated
- at the policy and organisational level, children and young people in out of home care are not identified as a target group
- lack of data collection by state and territory governments regarding the education of children and young people in their care
- no state or territory has an integrated policy and program framework
- lack of collaboration between education and community service departments
- lack of monitoring or tracking of educational performance, needs and participation of children and young people in care.

However, despite these overall findings, NSW was exceptional in having a unit within the Education Department to focus on support of children and young people in care. Queensland is the only state to have attempted to track the educational performance of children and young people in care. Northern Territory was unable to respond to any of the questions within the 2001 Report Card. Western Australia is the only state to provide ongoing higher education scholarships for young people in care. South Australia is the only state to collect data based on psychological and intellectual assessments.

The background and circumstances of children and young people in care means that they require particular assistance to access educational opportunities, promote their participation and improve their performance if they are to realise their potential. Lack of access and lost opportunities have a cumulative effect on children as they move through the various stages of education and development, from pre-school, primary to secondary school through to vocational and tertiary education.

7. Commitment to Aboriginal & Torres Strait Islander children

What needs to happen

CAFWAA supports the Secretariat of the National Aboriginal and Islander Child Care (SNAICC) in seeking the Commonwealth Government to pledge its support for:

- making a formal apology to the Stolen Generations through the Federal Parliament.
- developing a National Aboriginal and Torres Strait Islander Family policy between indigenous organisations, the Commonwealth and the states and territories which aims to:
- reducing the number of Aboriginal and Torres Strait Islander children still being removed from home for child welfare and poverty related reasons
- expanding the availability of AICCA's and Family Support Services to ensure all indigenous communities can obtain holistic family support
- outlining targets for reducing the current rates of child removal by state/territory welfare authorities
- establishing national benchmarks for all government services at all levels to ensure planning takes into account the high proportion (70%) of indigenous people under the age of 30

Implementing recommendations from *Bringing Them Home* including those in relation to national standards legislation and national framework legislation, to cover:

- reform of the current system of child protection to effectively provide for self determination and the transfer of child protection responsibilities to accredited community based Aboriginal and Torres Strait Islander organisations
- minimum standards for the protection and support of Aboriginal and Torres Strait Islanders in need of care
- juvenile justice administration and issues relating to detention and sentencing; abolishing mandatory sentencing in the NT and WA.
- funding for the Federal Government commissioned *National Plan for the Prevention of Child Abuse and Neglect* developed by SNAICC and the Commonwealth in 1996
- establishing and funding a national indigenous youth strategy commission as recommended by the Royal Commission into Aboriginal Deaths in Custody with a key focus on community involvement, education and employment for young people at risk of leaving school with no opportunity for work or study
- providing Aboriginal and Torres Strait Islander families with improved access to family support services to prevent family breakdown and reduce the number of indigenous children removed from their families by state welfare authorities
- making a national commitment to early childhood development by expanding the number of multifunctional Aboriginal Children's Services,

MACS and other early childhood services to ensure all Aboriginal and Torres Strait Islander children have access to quality child care and pre-school education

- Providing additional funding to ATSIC to enable ATSIC to reinstate its community and youth support program which was closed by budget cuts imposed on ATSIC in 1996.

The Secretariat of National Aboriginal and Islander Child Care's (SNAICC) national policy states that "Aboriginal and Torres Strait Islander children continue to face an uncertain and difficult future." Indigenous children are the most disadvantaged children in Australia and therefore require particular attention. CAFWAA takes leadership from SNAICC's recent national policy statement, *Making a commitment to Aboriginal Children and Torres Strait Island Children: Their Future Our Responsibility*⁴⁴.

CAFWAA recognises the difficulties that indigenous children and their families face in all aspects of child, youth and family welfare services. SNAICC has identified the following key issues which require attention at the community, state, national, and international levels to promote understanding of and support for Aboriginal and Torres Strait Islander children.

Family separations and the ongoing removal of children

The removal of indigenous children from their families continues at an alarming rate with many still being placed with non-indigenous foster families. Despite the acceptance of the indigenous child placement principle, approximately 25% of indigenous children removed from their families are placed with non-Aboriginal foster parents⁴⁵. In the *Report Card 2001*⁴⁶ CREATE points to an average 10.5% increase in indigenous children entering care in the past 12 months.

The Australian Institute of Health and Welfare (AIHW) identifies indigenous children as still being over six times more likely to be removed from their family than other Australian children. The causes include:

- higher rates of poverty
- inadequate housing and living conditions
- intergenerational effects of previous separations from family and culture
- lack of access for families to support services.

The over-representation of indigenous children in out of home care reflects the higher incidence of family stress and family breakdown within Aboriginal and Torres Strait Islander communities. This is demonstrated by the rate ratio between indigenous and non-indigenous children with the national figure showing indigenous children were removed from their families at 6.1 times the rate of other children. SNAICC and CAFWAA are deeply concerned about the escalating numbers of indigenous children in out of home care. It is projected that by 2010, the rate for indigenous children in out of home care across Australian will be 18.3 per 1000. At

the same time, there will be fewer established Aboriginal and Torres Strait Islander families able to provide substitute care as 70% of the indigenous population is currently aged under 30.

Children in out of home care: number and rate per 1000 children aged 0–17 years by indigenous status and State and Territory, at 30 June 2001

| State/Territory | No. of children | | | Rate per 1000 children | | | Indigenous: other rate ratio |
|-----------------|-----------------|----------------|---------------|------------------------|----------------|------------|------------------------------|
| | Indigenous | Other children | Total | Indigenous | Other children | Total | |
| New South Wales | 2139 | 5647 | 7786 | 38.3 | 3.7 | 4.9 | 10.4:1 |
| Victoria | 454 | 3428 | 3882 | 41.5 | 3.0 | 3.4 | 13.8:1 |
| Queensland | 637 | 2374 | 3011 | 11.6 | 2.8 | 3.3 | 4.1:1 |
| Western Aust | 456 | 980 | 1436 | 16.6 | 2.2 | 3.0 | 7.5:1 |
| Sth Australia | 227 | 948 | 1175 | 20.7 | 2.8 | 3.3 | 7.4:1 |
| Tasmania | 31 | 541 | 572 | 4.2 | 4.9 | 4.8 | 0.9:1 |
| ACT | 29 | 186 | 215 | 18.6 | 2.4 | 2.8 | 7.8:1 |
| Nthn Territory | 100 | 64 | 164 | 4.2 | 1.8 | 2.7 | 2.3:1 |
| TOTAL | 4073 | 14,168 | 18,241 | 21.1 | 3.1 | 3.9 | 6.8:1 |

Sources: ABS 1999a, b, c.

National standards for the care, protection, placement and support of indigenous children

The 'Indigenous Child Placement Principle' states that a child placed away from home under child protection legislation should be placed with other family members, extended family, within local indigenous communities, another indigenous community (where culturally appropriate) or as a last resort, with non-indigenous carers. This principle has underpinned most state and territory legislations and/or child welfare policy for the past decade but is currently at risk as approximately 25% of children are now currently placed with non-indigenous foster parents. The ongoing over representation of indigenous children in substitute care and the continuing practice of placing children with non-indigenous foster care constitutes a serious risk to the cultural identity of indigenous children.

Federal legislation which outlines national standards for the proper care and protection of indigenous children and incorporation of the indigenous child placement principle is urgently needed. Such standards would improve the quality of care for chil-

dren in the protective system, ensuring that states and territories are accountable for implementing the above principles. Sufficient funding needs to be provided to lift the standards of care and support, and capacity to ensure that more indigenous children requiring out of home placement are placed within the indigenous community.

Child abuse and neglect

The major contributor to the over representation of Aboriginal and Torres Strait Islander children in the child welfare system and out of home care is child neglect — not child abuse. Child neglect typically arises where parents and families are unable, but not necessarily unwilling, to provide for their children in the material sense due to family poverty, unemployment, poor housing and family stress. Poverty and disadvantage are the major cause of child removal, not inappropriate parenting.

Rather than supporting families in poverty to care for their children, all too often the response of government to family poverty within indigenous communities has been to remove children. This is an intolerable, unjust and ineffective way to respond to child neglect and children's long term interests and requires a more proactive response focused on family strengthening.

Preventing the removal of children — from family separation to family support

Currently no government in Australia with a role in child welfare has a specific policy to lower the rate at which Aboriginal and Torres Strait Islander children are removed from their families for welfare related reasons. This over-representation of indigenous children in out of home care has a negative impact on children and families and long term cost implications to government and community.

Over the past 20 years there has been some growth in the resources of child and family welfare services working with non-indigenous families. In stark contrast, Australia's existing Aboriginal and Islander Child Care Agencies (AICCA's) which serve Aboriginal and Torres Strait Islander families, have been largely left behind, neglected and grossly underfunded. The Commonwealth currently provides only part funding to the 11 services across Australia. AICCAs are unable to work across all communities because of limited funding. Additional services are required to ensure that all indigenous communities can access AICCAs and family support services to help them to keep families together. Improved funding will advance AICCA's capacity to focus on preventing children being removed in the first place. Its current focus is family breakdown, removal and placement of children, which is self defeating.

SNAICC believes that governments at all levels, including the Commonwealth, must commit themselves to this most basic of policy objectives — to reduce the number of Aboriginal and Torres Strait Islander children in the care and protection system.

8. A new response to refugee children

What needs to happen

CAFWAA calls on the Commonwealth Government to:

- abolish the practice of mandatory detention for refugee children and families and establish community-based care programs. Community based care is widely accepted as being a necessary condition for children to achieve normal development. Children recover from trauma when they are placed in caring community environments under the protection of family members or with kin and cultural groups the same as their own. CAFWAA member organisations have indicated their willingness to provide accommodation and support for refugee children and families
- ensure that as long as the detention centres remain that children and young people must be allowed to attend local schools, interact with local communities and have access to the full range of health and mental health services accorded the rest of the Australian community
- ensure that as long as detention centres remain, state and territory child protection authorities must be given the same jurisdictional powers to intervene and assess or investigate any allegations of child abuse or neglect.

Under the present Liberal and former Labor federal governments, Australia has made it clear that where refugees are concerned, the protection of national borders and the deterrence of people smuggling is our primary concern. This approach is resulting in practices which contravene the rights of children and young people, notably those rights enshrined in the United Nations Convention the Rights of the Child.

CAFWAA believes that current Australian Government policy and practice is in breach of Australia's human rights obligations to children and young people. Specifically:

- Article 37 of the United Nations Convention the Rights of the Child (UNCRC) which prohibits the detention of children except as a last resort, and for the shortest possible period of time.
- Article 22 of the UNCRC which requires the state to provide appropriate protection and humanitarian assistance to refugee or asylum seeker children, especially in relation to family reunion.
- The UNCRC requires the state to provide care and intervention to protect children from abuse and neglect. There is a disturbing lack of intervention on the part of state child protection authorities to intervene in the cases of reported abuse. The reasons for this would seem to be complicated and varied however this does not belie the fact that were these children Australian citizens they would be provided with care and protection under appropriate state and territory legislation.
- Article 37(c), which states "...every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age..."

- Article 37(d) which states “...every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance...and to a prompt decision...” Decisions about the refugee status of children and their families are taking an excessive period of time. There are numerous instances of children, young people and families being denied access to information and legal advice about their rights and entitlements.

In addition to the breaches of human rights for children and young people, current Australian government policy and practice is detrimental to the psychological, educational, social and emotional needs of these children.

The nature of Australia’s detention centres puts children at grave risk of physical, emotional, sexual abuse and neglect. The environment is a mix of highly traumatised and stressed individuals from widely varied communities, ethnicities, and religions; some of which are in conflict with each other. Family groups are not separated from single adult males and no aspect of detention centre operations are child-focused. Staff in detention centres are not trained in the care and protection of children. Detention centres are operated on a corrective services model, similar to prisons. Australian Correctional Management (ACM) staff are referred to as guards, their primary role being the maintenance of security not the wellbeing of detainees.

The detention centre environment is unsafe and distressing for children. Violent outbursts occur frequently between guards and detainees as well as between detainees. The children are often witnesses to the violence as well as hunger strikes, suicide attempts and actual suicide.

Serious stress is placed on the family relationships and attachments:

A major stressor for children in detention is the experience of threat to their attachment relationships. These children live with the fear of abandonment and loss of attachment figures and some experience their traumatised parents’ withdrawal as rejection.⁴⁷

The health and educational services provided to refugee children are grossly inadequate particularly in the remote detention centres of Port Hedland and Woomera. Children and young people in all centres are not provided with the regular or special services provided for children in the general Australian community.

Mental health services in detention centres are inadequate and there is little opportunity for early identification of children in distress or provision of appropriate interventions. The situation for children in the detention centres has the potential for long term emotional damage.

There are clear intervention strategies based on the principles of strengthening children’s attachment relationships and reducing trauma exposure which should be implemented.⁴⁸

Once in the community unaccompanied and separated adolescents may find themselves in situations of great responsibility for themselves and others. They may be part of child-headed households assuming responsibility for younger children.⁴⁹ At

this time there is virtually no community care programs established for this group of young people.

Sexual violence, exploitation and abuse are strongly associated with situations of forced population movement. Adolescent girls are particularly at risk of sexual violence for a range of reasons including their size and vulnerability. Boys are also victims of sexual violence.⁵⁰ The Australian press has brought to public attention multiple cases of children allegedly being sexually exploited and abused in refugee detention centres particularly those situated in the Central and Western Australia.⁵¹

9. Building service quality: practice standards, quality assurance, continuous quality improvement

What needs to happen

CAFWAA calls on the Commonwealth Government to:

- fund Families Australia to develop national (benchmark) standards for out of home care in the context of a 'Quality Protects' framework.

CAFWAA calls on state and territory governments to:

- encourage use of *Looking After Children* case management system in all states and territories
- offer financial assistance to non-government agencies who wish to pursue generic quality improvement strategies
- provide adequate resourcing for implementation of standards alongside monitoring and review mechanisms
- provide leadership and funding incentives to prioritise and expedite the implementation of the *Looking After Children* case management system in out of home care
- have complaint mechanisms and community visiting systems in place.

CAFWAA is committed to the development of practice standards and quality systems in all services to families and children. Out of home care, which provides services for the most vulnerable members of the community, has no consistent national standards, regulations, licensing or accreditation system. This is not acceptable. Most services are not subject to state regulation, nor subject to standards or quality development.

It is essential that all service providers in the sector, including government, for-profit and not-for-profit community service organisations operating out of home care services be required to adhere to nationally consistent practice standards, quality assurance procedures and processes. Such standards would ensure quality services and outcomes for consumers. Standards and compliance procedures are standard practice in most other areas of human services.

In 1996, the then Standing Committee of Community Services and Income Security Administrators (SCCSISA) agreed and published standards in the out of home area: The National Baseline Standards for Out of Home Care (covering residential and foster care). These standards were not taken up and applied routinely throughout the sector. They now require substantial upgrading and funding to meet contemporary out of home care requirements.

In the past decade, various reports (HEROC, the Forde and Community Services Commission NSW enquiries) have shown serious problems in out of home care. All call for the establishment of consistent regulations and standards. Standards are needed to ensure:

- a national quality assurance framework
- the desire for excellence and continuous improvement
- quality for all, particularly the diversification of the sector and rise of for-profit organisations.

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. Children and young people in care require additional resources to systemic disadvantage. The result of poor out of home service systems is that children separated from their families are some of the neediest people in the community, drawing on community services for the rest of their lives. The *Wards Leaving Care* study in NSW⁵² reported that state wards were often disadvantaged by being in care and after leaving care. This study found:

- 77% of children in care had more than three placements
- 50% were unemployed 12 months after leaving care
- school retention rate to Year 10 was only 50%
- one in three young women became pregnant soon after leaving care
- more than one in two ex-wards considered suicide after leaving care.

The CREATE Foundation⁵³ also reported poor outcomes for young people leaving care, including:

- 50% of young people leaving care are unemployed
- 75% do not complete secondary school
- 35% enter the juvenile justice institutions
- 50% of homeless 14–17 year olds have been in care.

Two examples of international national frameworks are *Quality Protects* and *Children in Need*. The UK Government has embarked on a whole of government approach to reduce the level of poverty within the country. A target has been set to reduce the level by 30% over a ten year period. The *Quality Protects* program is in place to guide early childhood services in designated high need areas, and to work with their local communities to address barriers to participation in pre-school and parenting programs. Funding is available to meet needs identified by the local community, such as transport costs, child care, assistance to achieve employment etc. Targets such as reductions in unemployment and referrals to child protection are attached to the allocation of funding.

For those children identified as requiring special, additional support to meet their developmental needs and to avoid placement, a uniform framework is being developed to identify support required for the child and/or their family. The *Children in Need* framework has been developed from 15 years of research; the *Looking After Children* framework has been used for children in out of home care for over ten years.

A comprehensive, well researched program is embedded in the range of child and family services which is robustly supported and funded by a whole of government approach. The following table outlines the current status of quality assurance across Australia.

Status of Quality Assurance Systems in Australian Child Welfare

| States/Territories | Generic Tools | Standards in Place | Standards Compliance | Community Visitors | Complaints Procedures | Case Management |
|---------------------------|---|--|--|---|---|---|
| ACT | AQF Government only | No | No | Yes | Yes | All providers using LAC Framework |
| Vic | CWAV provides training FAMQUIS CHASP SAAP EQUIP | Residential standards phase. Family Support 1996 standards, but no systematic implementation | No systematic implementation in sector, other than training strategy currently being planned for residential care standards (2001) | No | Only that it is specified in standards as an expectation. | Some CSOs taking up LAC |
| New South Wales | Some CSO's have used ISO 9000 Certification. | Standards for Substitute Care & SAAP 1998. | Awaiting organisation of Children's Guardian | In place through CAMA | Specified in standards as an expectation, and external to agencies through CAMA and Children's Ombudsman. | Government committed to implement LAC but no action to date. Some CSO's taking up LAC |
| South Australia | Some CSO's have implemented a range of systems. eg. ISO 9000 Certification. | 1997 Standards for out of home care & family preservation | No systemic implementation in sector | No | No | No |
| Queensland | Some CSO's have implemented a range of systems. eg. AQC | Licensing of Residential Services | Licensing on non-government services being phased in 2002. | Through the Commissioner for Children & Young People. | As per Licensing process & in accordance with legislation | Currently trialing a needs assessment in one region |
| Western Australia | No system wide response | No | No | No | Government Consumer Advocate | Government intend to introduce LAC |
| Tasmania | No | No | No | No | Some agencies have developed own procedure. | Government intend to introduce LAC |
| Northern Territory | No | No | No | No | No | No |

Source: CAFWAA Quality Working Group. 2001

The above table highlights state by state the fragmentation and under development of national practice standards and quality assurance systems in the sector. It also clearly identifies the gaps and variations and the resulting risks in ensuring quality care and support services across the nation. In comparison, Supported Accommodation Assistance Program (SAAP), aged care and hospital services have accreditation procedures. Child care centres are regulated through national standards and accreditation procedures.

CAFWAA believes there is a role for the Commonwealth in developing sector standards to be implemented at the state and territory level. In the past four years there has been considerable debate but minimal progress in advancing the cause of nation-

al standards. Despite jurisdictional issues, the Commonwealth could play a valuable role as honest broker in urging a consistent approach to be developed across state/territory jurisdictions.

National standards implementation has implications for funding at the state/territory level. There will be increased costs to support organisations in their pathway to quality service provision and accreditation, but improved services to the community. Without additional resources, the implementation of consistent standards will remain compromised.

In its *Report Card 2001*⁵⁴, CREATE identified that attempts to improve the quality of service delivery and outcomes for children and young people were being hindered, because of the lack of a shared quality framework across states and territories. CREATE found that there was an urgent need to review the various approaches to quality being used in child and family welfare agencies across Australia.

There is an identified need to develop industry standards for both government and community sector services, and to improve the quality of service delivery and outcomes for children and young people in out of home care. CREATE recommended that Looking after Children (LAC) be adopted in each state and territory.

CAFWAA believes that a multi-level approach to standards and quality assurance systems should be adopted across federal and state levels.

CAFWAA has identified three levels of quality assurance appropriate for the sector:

- A system of quality management tools, for example the Standards Australia (SA; formerly AQC), International Standards Organisation (ISO) and Quality Improvement Council (QIC)
- A number of organisations involved in the provision of child welfare services are now adopting a generic system of quality assurance and improvement. These systems are designed to engage agency staff and management in examining planning, management and operational systems, and to seek continuous improvements measured against broadly stated indicators of quality. Such approaches are aimed at the dimension of aspirational quality but do not incorporate any assessment or accreditation against specific alternative care standards or requirements
- National standards for out of home care services and support services to families, with implementation structures and funding, to apply to government and non-government services.

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. Government has a dual role of establishing and monitoring standards at the foundational level. Monitoring options include an external monitoring body to review service providers and grant accreditation; a children's guardian (as in NSW) or children's commissioner model; or peer review with peak body involvement.

Furthermore, when service providers are required to meet national standards, it is fundamental that government provide adequate funding to underpin a national practice standards framework for quality care and support services to children, youth and families.

- A case management system, such as the Looking After Children (LAC) Framework. The service delivery system requires a case management system which details information and processes to be implemented when working with individual children and their families. LAC is an internationally recognised best-practice approach to case management, and it results in improved outcomes for children in out of home care. The LAC approach has been adopted in states and territories with generally positive feedback from government and community organisations. One territory, the ACT, has introduced LAC to all services involved in out of home care.

CAFWAA encourages all state and territory governments to fund the implementation of the LAC system as per the UK *Quality Protects* and *Children in Need* frameworks. This will result in a best practice national and international system for comparisons, and identification of practice issues faced by out of home care systems in Australia.

10. Commitment to non-government sector sustainability

CAFWAA calls on state and territory governments to:

ensure long term sustainability and capacity of the child and family welfare non-government sector by addressing viability of the sector. One of the major priorities is a significant injection of financial resources to underwrite increased risks and costs. Through realistic funding bases, community service organisations will be able to deliver quality services, to meet the duty of care responsibility that they share with government.

Failure to address this immediate need will result in:

- increased risk to the safety and well-being of children and young people in out of home care and staff
- some residential services will close, further reducing care options
- diminished public confidence
- increased long term costs to government and the community
- increased litigation.

To acknowledge the transfer of increased risks, which affect the long-term viability of the non-government sector, it is imperative for government to form a partnership with the sector which shares the risks and indemnifies community service organisations from future litigation.

CAFWAA is proud of the non-government sector's contribution to a healthy, productive civil society that is responsive and nurturing of children. The sector is passionate and committed, but CAFWAA is gravely concerned about its ongoing capacity and viability to meet future needs of children, young people and their families.

Government can never provide the professional level of service and innovation of the non-government sector. Client families do not have the same trust in government services as in community services, which do not have a child protection police role. The non-government sector is also able to generate substantial funds for children's welfare through fundraising and corporate support, together with in-kind support through volunteer contributions.

Viability of non-government out of home care services

Significant factors affecting the viability of non-government out of home care services include:

- the current trend to outsource government services to the community services sector, resulting in the transfer of risks and growing expectations (without the transfer of resources that were previously available to the government sector). A proportion of these government funds have been offered up by state and territory departments to meet productivity dividend demands of government, while further funds have been deployed to contract management costs etc, within government
- increased risk management requirements for 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,

than ever before encountered

- reduction of the overall system's bed capacity, which has reduced the likelihood of matching a young person to the most suitable placement, and hence minimise contagion effects which worsen behaviour
- because of the increased complexity of needs of children and young people, staff are exposed to greater risk of assaults and work related stress
- staff retention and recruitment problems that ensue from the above
- inadequacy of the current range and types of family support services available for children and young people and their families to effectively support staying at or returning to home
- in some states, the introduction of stringent policy and legislative requirements without flow-on funding to meet these legal requirements
- increasing inability of foster carers to get insurance cover for contents and personal liability
- growing concern about possibility of litigation for both carers and community service organisations
- historic under funding of services and organisational infra-structure to deliver quality services limits sector capacity and development of effective risk management strategies
- introduction and administration of GST and fringe benefit tax.

Work Cover costs blow out

As a consequence of the increased complexity of the needs of children and young people in out of home care, staff are exposed to greater risk of assaults and work related stress. In Victoria alone during 2000–01, youth workers accounted for more than 3000 days of paid compensation for occupational assault and nearly 2000 days for exposure to a traumatic event.⁵⁵ Increased Work Cover premiums have not been covered by government funding, a factor which affects the viability of the sector.

Viability of support services for families

The Family Support program and associated support programs for vulnerable families remain patchy, geographically and in the variety of available service models. They are grossly under-funded. Since direct Commonwealth Government funding for Family Support was withdrawn in 1988, program consistency has been lost across Australia. With the escalation of demand upon state child protection services, supports for families have become ill-defined and poorly funded by state and territory governments. Community organisations are contributing very significantly to the costs of these services^{xiii}, many of which are 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 these community organisations cannot sustain this level of funding.

^{xiii}For example, a \$20,000 government grant in 1985 (with the occasional CPI increase) does not purchase much service in 2002. robust 1985 services are now half the size they were, facing increased demands for access by high needs families

Financial viability

Two recent studies^{56 57} highlight factors impinging directly and indirectly on the viability of community services:

- major changes in client population and increasing Work Cover costs: understaffing, high staff turnover, lack of available supports and managing challenging behaviours have led to increased stress on staff, increased sick/stress leave and increased Work Cover claims
- inadequate levels of funding to ensure that services are able to operate effectively and meet the legislated standards of care
- increased insurance costs across the range of insurances required, to effectively manage risks in service delivery
- failure to pass on CPI increases and full costs of statutory wage increases coupled with impact of productivity savings
- systemic work force problems: high turnover of staff, impact of award changes, low status and remuneration of workforce, poor parity on pay and conditions with similar roles in other sectors such as government and health, emergence of and reliance on agency (contract) staff
- a major increase in administration staff costs to meet compliance and reporting requirements of governments and the increasing administrative burden on direct service staff which decreases the time they can spend on client service

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.
- reliance on once-off grants and bequests to cover operating deficits
- individual case by case negotiation with government for specific funding arrangements for high risk adolescents
- changing models of service delivery to implement lower cost structures incorporating reduced levels of services
- as a last resort, reducing or closing service.

Success Works⁵⁸ conducted a study of sector viability of 28 Victorian out of home care services in 2001 and reported (in discussion) that only 10 (42%) of the 24 agencies were assessed as viable. Another eight (33%) were considered potentially non-viable in the short-term as they were running down their reserves. Four services reported their withdrawal from out of home care services. This study identified 75% of residential services being either currently non-viable or potentially non-viable.

The *Queensland Churches Community Services Forum Report*⁵⁹ indicated that 13 of the 19 licensed residential care services were funded at \$260,000 or less and called for an immediate viability package to ensure that services were able to operate effectively and meet the legislated 'Standards of Care'.

Rural and remote service needs

Rural and remote organisations are experiencing significant disadvantage which is affecting their capacity to serve their communities. Areas that require urgent attention are:

- access to specialist services
- recruitment and retention of staff
- access to supervision
- access to training and professional development
- travel costs
- telephone and internet costs
- inadequate funding levels to respond to current rural service needs.

Threats of litigation

There is a growing concern in the sector about the potential liability of welfare services and prospects of litigation. The current trend of outsourcing services from government has resulted in community service organisations taking greater responsibility for risk management, which raises issues of indemnity in contracting services from government. Recent developments in procurement and commercial contracting practices have resulted in non-government organisations indemnifying government against a range of risks. Current community trends indicate the likelihood of greater threats of litigation. Sidford⁶⁰ discusses a landmark case in the UK, *Barrett v Enfield* London Borough Council which puts beyond doubt the imposition of a duty of care and civil action. She points to a growing number of decided cases in which the courts have imposed liability on public authorities for workers' negligence in the discharge of their duties under welfare legislation. She argues that there is a growing potential for personal claims to be brought against the department or the state by individuals who claim they have suffered physical or psychological abuse in alternative care. A duty of care does exist and will require proof that there have been breaches of the standard of reasonable care. She comments that one consequence of these decisions is the likelihood that non-government organisations presently operating in the field will be unable to continue to operate as they assume such transferred risk from state authorities.

CAFWAA is alarmed about increasing risks facing the sector, in particular rising costs of insurance premiums and threats of litigation. State governments need to acknowledge their role and ultimate duty of care for children and young people placed in out of home care.

Industry development plan

It is in the interests of government and the community 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. For example, Victoria has a 10 year State DisAbility Plan, so why not a 10 Year Community Care Plan?

An Industry Plan^{xiv} for the Community Care sector would need to incorporate:

- long term strategic planning for the sector, including models of co-ordinated planning
- viable workforce planning and improvement of conditions, including a comprehensive workforce training and development plan
- a framework for continuous quality improvement and accreditation mechanisms
- commitment to evidence-base program development that identifies sources and mechanisms for funding research, evaluation, program development and innovation
- models of community and client participation that link service development with processes for community capacity-building
- a communications and key-information plan, including harnessing IT capabilities
- financial planning to ensure long term certainty for the sector
- capital expenditure needs.

Critical workforce issues that would need to be addressed in such an industry plan are:

- implementation of quality programs and continuous improvement mechanisms
- a qualified workforce for the industry, instead of reliance on unqualified staff
- overcoming difficulties of staff retention
- recruitment in rural and remote areas
- unequal access to staff development and training
- lack of parity in salary and conditions compared to government and health sectors.

New for-profits in the community sector

There are a number of serious problems with the shift towards a tendering approach to the provision of out of home care services, particularly with respect to the quality of care that is offered to vulnerable and disadvantaged children. Any tendering process assumes that the 'product' or services required can be clearly described and specified quality standards reached. Unlike comparable developed countries, there are no generally-accepted out of home care service standards in place in Australia, let alone accreditation systems to ensure that the standards are met. Other industries such as day care and aged care have federally-funded systems that meet this need. In the absence of such systems, criteria such as service cost will inevitably drive the tendering process.

^{xiv}See Appendix Five: *Components of a Community Services Industry Plan*

In some states, the unhappy effects of such developments are readily apparent. Several years after the shift to a tendering approach to the provision of services for high-needs adolescents in NSW, only a handful of the experienced providers remain in the work. Most of the older, experienced organisations with successful track records in the field have withdrawn their services, unable to provide adequate quality service for the funding, and short-term contracts. They have been replaced by a disparate group of providers, including several for-profit groups, many without experience in this challenging and specialised work. Many of the new groups operate in this under-regulated environment without a sound and proven infrastructure, and without the guiding hand of a management board. Not surprisingly, some of the new organisations have withdrawn after a short period, others have closed and the ownership of others has changed. Vulnerable and disadvantaged young people who need the best that can be offered in terms of stability, reliability and service quality, are the real losers.

CAFWAA member organisations

Child, Youth & Family Agencies of the ACT

Barnardos Australia
Galilee Inc.
Marymead Child & Family Centre
Richmond Fellowship
School of Social Work, Australian Catholic University
YWCA of Canberra — Family Housing Service

Association of Children's Welfare Agencies (NSW)

Australian Red Cross [NSW]
Benevolent Society of NSW
Bungarimbil Adolescent & Family Care Program
Burnside
Carries Place Co-op
Centacare Wagga Wagga
Department of Community Services
Professor Frank Ainsworth
Lutanda Children's Homes
Marist Community Services
Mission Australia
Presbyterian Social Services
St Saviour's Neighbourhood Centre
Stretch-A-Family Inc
Weldon Centre
Wesley Dalmar Child & Family Care

Association of Child Welfare Agencies (NT)

Anglicare Central Australia

PeakCare Queensland

Abused Child Trust Inc
Anglicare (Qld)
Boystown
CREATE Foundation
PeakCare
Save the Children Fund — Queensland Division
Uniting Church (QLD) — Family & Community Support
Uniting Church (QLD) — Family & Community Support — Community Linking and Outreach Program

Child & Family Welfare Association of South Australia

Anglicare SA

Centacare Catholic Family Services
Child Protection Service
Department of Human Services
Lutheran Community Care
Minda Incorporated
Port Pirie Central Mission
School of Social Work & Social Policy, University of SA
Southern CAMHS

Child & Family Welfare Association of Tasmania

Centacare Catholic Family Services
Clarendon Children and Family Services
Glenhaven Family Care Inc

Children's Welfare Association of Victoria

Anglicare Vic/Southern Region
Anglicare Victoria
Berry Street Victoria
Child & Family Services — Ballarat
Dr Ulla Svensson
Glastonbury Child & Family Services
Kildonan Child & Family Services
Kilmany Family Care
Lisa Lodge — Hayeslee
Lloyd Owen
MacKillop Family Services
Menzies Inc
Northern Parenting Resource Centre
Oz Child — Children Australia
Secretariat National Aboriginal & Islander Child Care
Southern Family Life
St Luke's Anglicare
Starting Out — Uniting Care Connections
The Salvation Army — SouthEastern Network
UnitingCare Connections

Childrens Youth & Family Agencies of WA

Anglicare — West Perth
Department of Family & Children's Services
Lady Gowrie Centre
Mercy Community Services
Mooflyn
Parkerville Children's Home
The Salvation Army Crossroads West
Wanslea Family Services

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