



3 November 2014

Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 6100

**Wanslea Family Services
Submission to Senate Inquiry**

Out of Home Care

Dear Sirs

Attached is Wanslea's submission to the Senate Inquiry into Out of Home Care.

Thank you for this opportunity to contribute to the body of knowledge around this most important area within the Australian community. Wanslea staff are willing to contribute to the Senate Inquiry in other ways as required and can be contacted as detailed below.

Yours sincerely

—
Tricia Murray
Chief Executive Officer

Wanslea Family Services Submission to Senate Inquiry Out of Home Care

1. Introduction

Wanslea Family Services has been providing out of home care in Western Australia since 1943. During that time the agency has been involved in delivering different models of out of home care, including large and small group homes, foster care and specialist foster care.

The philosophy behind Wanslea's delivery of out of home care programs has always been to enhance the care of children by providing quality care in the most appropriate environment for the child. This has meant assessing the needs of the child and matching them with the most appropriate care arrangement to meet their particular needs. The commitment to quality care has been operationalised by maintaining high standards in recruitment, training and support of carers and support staff. Wanslea focuses on being a leader within the WA out of home care sector and its continued service development is based on evidence-led, best practice.

Children were originally accommodated at the Wanslea Hostel in Bulwer Street, Perth from 1943 and then subsequently in Cottesloe from 1948. Wanslea operated group home care from that site until 1983. In 1984 Wanslea also established a community foster care program. This move was in line with the national policy shift towards deinstitutionalisation and recognition of the need for a family living environment for children who were unable to live at home. This program grew into the current Foster Care program that exists today. Wanslea has always worked in partnership with, and received funding from, the state child welfare department of the day, currently the Department for Child Protection and Family Support.

Wanslea's foster care program includes a suite of services in out of home care:

- Currently Wanslea is contracted to provide placement for 90 children with flexibility around placement length
- Wanslea's foster carers are supported by the Foster Friends program, a unique program to provide volunteer support to carers in areas such as food preparation, minor home care, garden care and other activities that provide them with space to provide quality care to children
- The biological children of foster carers are supported through the Fostering Together research and resources (see below)
- In 2004 Wanslea (in collaboration with Anglicare WA) was funded to deliver specialist foster care to children with high and complex needs. The Spectrum program was specifically for children under the age of 12 who were not able to be placed in general foster care settings. Spectrum has successfully recruited and supported specialist foster carers to deliver high quality family foster care for children who have struggled in other out of home care settings

- Wanslea has been part of the panel of providers contracted to tender to provide Intensive Individual Supported Placements
- Grandcare – Wanslea is the largest provider in WA of professional support services to grandparents who care full-time for their grandchildren through the Grandcare Service (information, support groups and advocacy) and the Grandcarers Support Scheme (a payment to informal grandparent carers to support them in raising their grandchildren)
- A Leaving Care service, operating in two geographical regions, to support young people who are moving from care to independent living.

Wanslea also provides a range of related services in the Family Services program area including early intervention and family preservation services (Creating Stronger Families, Keeping Families Together, and Family Support) and a Reunification Program, an intensive, child-led service that works with families to reconnect a child who has been removed from his or her family.

Wanslea's unique and long history in providing out of home care in Western Australia, position as a leader in best practice in the sector, and commitment to evidence-led practice means Wanslea is well-positioned to contribute to this current inquiry into out of home care in Australia. Given this, the sheer complexity of the issues, and the breadth of the terms of reference Wanslea has chosen to provide a service-led response based on the organisation's practice and research evidence.

2. Statement against Terms of Reference

(a) Drivers of the increase in the number of children placed in out of home care, types of care that are increasing and demographics of the children in care

Consistent with the national demand on out of home care services, Wanslea's Foster Care service has experienced an increased demand for all types of placement from emergency through to long term care.

Wanslea's observation across the foster care services is that the majority of the children have experienced some form of trauma and subsequently display trauma based behaviours within their placements. Other common and significant presenting issues for these children are attachment issues and/or disorders, histories of poor school attendance, learning delays, emotional and/or psychological issues such as anxiety and poor emotional regulation, health and dental issues. Parental risk factors present in the families of children in care include psychiatric illness, alcohol and substance abuse, domestic violence, social exclusion and socio-economic deprivation, in particular poverty and housing insecurity.

The main reasons for placement with Wanslea continue to be chronic neglect (usually linked with drug and alcohol use and mental health issues or a combination of both), domestic violence, physical and sexual abuse. In addition to these reasons, the overwhelming demand for preventative intensive family support services has meant that all of these services in Western Australia have long waiting lists. This means that many families who could have benefited from intervention prior to placement have missed out on this opportunity and child protection authorities have had no option but to intervene and remove children as there has been significant risk of harm.

Wanslea has observed that the number of children being raised by their grandparents in WA is increasing. This observation is supported by the findings of the Australian Institute of Family Studies of a rapid increase in the proportion of children in kinship care. AIFS links

this with problems recruiting sufficient numbers of foster carers¹. The Wanslea Grandcarers Support Scheme has assessed approximately 1000 grandcarers for the Scheme since 26 November 2013. The most common factors grandparents cite for the child's move into their care are substance abuse, mental health issues, imprisonment, domestic violence, unstable accommodation or homelessness and family breakdown. Based on information provided by grandparent carers it appears that not only are illicit drugs becoming more prevalent in a number of regional towns but the types of drugs used tend to be 'harder', for example methamphetamines. Child abuse and neglect, and family violence are also cited as significant factors however this information is not specifically quantified in the data collected. Again, Aboriginal and Torres Strait Islander people are over-represented in both Grandcare (13% of service recipients) and the Grandcarers Support Scheme (38% of approved applicants): Aboriginal people in 2013 represented 3.6% of WA's population.

In the 12 month reporting period from July 1 2013 to June 30 2014, Wanslea Foster Care placed 426 children in care. In this same period 494 referrals for children were refused due to limited capacity. Demand for placement far outstrips supply despite Wanslea very successfully recruiting and retaining foster carers, particularly since 2009 when a comprehensive recruitment strategy was put in place. A snapshot of children placed with Wanslea in the last year reveals:

- 47% of children identified as Aboriginal or Torres Strait Islander
- 10% of children identified as being from a Culturally and Linguistically Diverse background
- 10% of children had a diagnosed disability
- 32% of children were two years of age or younger.

Some current trends for the Wanslea Foster Care services include:

- Continued high demand for respite placements - this has led to challenges in meeting demand and also for being able to meet the demands of the carer's own respite needs
- Contact issues - distance for children to travel to contact. For example one hour journey for one hour contact and then one hour return sometimes with different workers. Contact arrangements are not always child centred
- Requests for sibling groups, older children and children with additional needs have all increased in the last 12 month period
- More recently, Wanslea has been able to provide placements for large sibling groups who have been placed together in a family environment in the community. In three of these cases the children were placed separately before coming to Wanslea care, as there was no other placement available where they could live together
- There has been an improvement in the relationship building between foster carers and birth families - this has been as a result of more understanding from the Department for Child Protection and Family Support and trust that Wanslea is able to undertake and support this work
- There are inconsistencies in the reunification process for children being returned home to family
- As identified above, an increasing number of children being raised (formally through the foster care system or informally) by their grandparents. Very often this is an informal arrangement and doesn't therefore attract the structures of support and resources available to registered foster carers

¹ AIFS 2013 *Children in Care CFCA Fact Sheet* Avail:
<https://www3.aifs.gov.au/cfca/publications/children-care>

- As outlined in the following paragraph, an increasing rate and over-representation of Aboriginal children in care.

Aboriginal children are grossly over-represented in out of home care in Western Australia: an Aboriginal child is 15 times more likely to be in out of home care in this state than a non-Aboriginal child. This comes in the context of a history of colonial oppression, forced removal of Aboriginal children and extreme levels of disadvantage – leading often to mistrust of the child protection and out of home care system by Aboriginal communities². The Aboriginal Child Placement Principle reflects the rights of Aboriginal and Torres Strait Islander people to raise their children in their communities, and states the preferred order of placement for an Aboriginal and Torres Strait Islander child who has been removed from their family: (i) extended family (ii) their community and (iii) other Aboriginal or Torres Strait Islander people.

The demand, or need, for Aboriginal and Torres Strait Islander carers currently far outweighs availability. There are a number of contributing factors: first is the increasing number of Aboriginal children requiring care, secondly many families are already at or beyond capacity providing both formal and informal kinship care, and finally, services face significant difficulties recruiting and retaining Aboriginal carers. Wanslea recently commenced a targeted campaign to recruit Aboriginal carers, though it is too soon for the results of this to be known.

When unable to meet the requirements of the Placement Principle, ie when children need to be placed outside of kin or community with non-Indigenous carers, it is important to consider other ways to keep children engaged with their community and culture. Wanslea has identified providing Aboriginal children with culturally safe placement experiences as an area for attention internally and across the sector and is developing a number of organisational, partnership and practice-based strategies to address this.

(b) The outcomes for children in out of home care (including kinship care, foster care and residential care) versus staying in the home

There are multiple significant points for a child along their care journey – the circumstances and experiences that lead to their entry into care, the often traumatic event itself of going into care, the experience of being in care, for many children having multiple care experiences (different placements and/or moving between home and care), perhaps a return home and/or leaving care at eighteen. These multiple transitions influence the well-being and life trajectory of children and young people.

It is not easy to make comparisons about the outcomes for children in care compared to if they had stayed at home as (i) there are a number of factors that may influence outcomes and (ii) researching this would present major ethical and methodological issues. Research and practice have led to an understanding of the outcomes for children in care compared to the general population however, as well as practices in out of home care that lead to improved outcomes for children.

On average, compared to the general population, children who have been in out of home care experience poorer outcomes³. In particular, they have poorer mental health outcomes

² Bilson A, Cant R L, Harries M & Thorpe D 2013 'A longitudinal study of children reported to the Child Protection Department in Western Australia' *British Journal of Social Work*, doi:10.1093/bjsw/bct164

³ Outcomes as summarised from research in the Commissioner for Children and Young People (WA) 'The State of WA's Young People' Report 2014, Avail:

and social competence than the general population. They are more vulnerable to homelessness, are less likely to complete secondary school (to Year 12 level) and more likely to be unemployed. Children who have been in out of home care are more likely to have contact with the youth justice system, and experience alcohol and drug use problems. They are also more likely to be parents at a younger age; and where parents, for their own children to be in out of home care, creating an intergenerational experience of out of home care that compounds poor outcomes. Given the reasons for going into care, the event and experience of being in care, a significant number of children in care experience complex psychological and behavioural problems, and in particular trauma driven behaviours.

There are of course many examples of children having positive experiences in care and improved life outcomes as a result. Wanslea highlights this here through a number of case studies.

Case Study One

A sibling group of three children is currently placed with Wanslea foster carers in an ongoing arrangement. The three children in the placement are part of a larger group of five siblings. In July 2013 the two oldest siblings of the group were placed with their current family after a referral from the WA Department for Child Protection and Family Support because of potential placement breakdown. In January 2014 the foster carers indicated they would consider providing care to another child in the family group when her foster care placement became unstable. This was agreed and the three children are currently living together. The children have regular and ongoing contact with their remaining two siblings and family, and this is supported by the carers, Wanslea and DCPFS. The girls are currently all enrolled in the local school and are achieving well with encouragement and support from their carers. They are developing relationships and friendships within the local community and are engaged in activities outside the school to enhance connections in the local area. The carers are committed to the placement and the children have become part of not only their family, but also of their extended family.

Case Study Two

Joe is a 12-year-old boy who has been living with his current carers for one year. At the time of being placed with the carers Joe was: separated from his brother after trauma in a previous placement, struggling to understand age appropriate social skills and performing below expected level academically.

The carers, working closely with Wanslea staff, have supported Joe to maintain contact with his brother and other siblings, two of whom are in a different placement and two who have moved to independent living. The carer has undertaken to facilitate this and often includes the siblings in family activities, including inviting siblings for Christmas lunch and other activities. Joe has also been supported by the carers and Wanslea to re-establish contact visits with his mum, including having her attend Harmony Day at Joe's school where she made traditional food for Joe's class to share. Joe took great pride in explaining what the dish was and introducing his mum to teachers.

Joe has become active in various sports and does particularly well in athletics where he continues to create new personal best records and win awards. Schooling has become somewhat easier for Joe as the carers have invested a great deal of time into helping him improve his academic capacity.

With intensive support from Wanslea and carers Joe is also now forming friendships and thriving from having the respect and company of his peers.

Joe recently commented to a Wanslea staff member how good it feels that he has people who love him, look after him and trust him and that while he misses his mum he understands now that he can have a good, happy life living where he is.

Case Study Three

Josh is a 10-year-old boy who was placed with Wanslea on 7 February 2014 and is typical of the referrals received in the last six months. Josh was waiting at a DCPFS office when Wanslea received the referral. He had suffered neglect ie insufficient food, lack of supervision; he had experienced emotional harm and concerns also arose regarding his development. He and his siblings were placed with their grandmother but after incidents of domestic violence and alcohol misuse involving the grandmother, DCPFS considered it unsafe for Josh to remain in her care, hence the referral to Wanslea.

His current Wanslea carer took him on an emergency basis with a view to a long-term placement if Josh settled well in the placement. The initial stages were fraught with a lot of challenges relating to sibling rivalry between Josh and his sister who was placed with the same carer three days after Josh's placement commenced. The carer requested that the siblings be separated, as the impacted on Josh was quite significant. This manifested through behavioural difficulties including aggression, anger management difficulties, defiance and poor self-esteem. The carers have maintained a nurturing approach that is underpinned by warmth, love and affection whilst maintaining clear and consistent boundaries.

Contact between Josh and his birth family has been sporadic and inconsistent. The carer has advocated for Josh by talking to the Wanslea Social Worker and her Wanslea Family Support Worker and a meeting has been organised with DCPFS to discuss this as the carer clearly understands and maintains that this is in Josh's best interests and will contribute positively to his emotional and psychological well-being.

When Josh was placed with the Wanslea carer, he did not take part in any activities. He now goes for swimming and plays soccer for a local team. He attends soccer training twice during the week and plays games on Saturdays. The carers took Josh to Victoria and he experienced travelling by plane for the first time. The Foster Carers took him to an Indigenous Art and Ceramic show in order that Josh could gain some understanding of his culture. They continually promote his self esteem and self worth through talking positively about his culture as well as encouraging him to watch Indigenous television programs and offering the choice for Indigenous cultural foods.

When Josh was placed with the carers, he had a set of rotten teeth and the carers quickly arranged for dental checks. Josh has had some teeth removed and now attends dental appointments regularly; he is included in the carers' private health insurance.

The carers have indicated their willingness to provide care to Josh until he reaches adult age and is ready to move to independence. They are now working towards transferring school to a private school that their own birth children attend. Josh has very much become a part of the household. The carer's indication to provide the long-term care, as well as the school transfer will likely reinforce this sense of belonging. The children are also engaged in weekly sessions with Wanslea's Clinical Social Worker. Together these measures add to the commitment of the carers and ensure the children have a safe, secure and stable placement while in Wanslea's care.

A number of practices in out of home care service provision have been identified that could improve outcomes for children. Placement stability – continuity of placement – has been identified in the research and in practice experience as one of the key indicators for better outcomes^{4 5}. Where children are able to be placed and remain in a long-term placement

⁴ Cashmore J A & Paxman M 2006 'Predicting after-care outcomes: The importance of 'felt security', *Child and Family Social Work*, 11, 232–41.

there are generally less disruptions to their education and support networks and create a greater opportunity for attachment and connection. The age of the child at the commencement of their placement can impact on their placement stability: when older children are placed they may have increased behavioural challenges.

CREATE Foundation - Australia's peak body representing the voices of all children and young people in out of home care – provides a variety of forums and publications outlining evidence from children and young people about care experiences. A 2009 summit reflected the views of children and young people about what creates a 'good' care experience. Their responses included: constant review of placement; equality/welcoming/respect/courtesy; stability; family environment; open communication; support with life skills, practical things and emotional support; encouraged to be yourself; access to birth family; families work with carer and/or caseworker and young people; and staying with foster carer after they turn 18.

In the past decade several research audits have been undertaken in out of home care in Australia demonstrating more research is needed to provide a reliable evidence base and one that allows for proper exploration of the linkages between children's developmental status at entry into care, their experiences in care and their later developmental outcomes. Existing research is limited by cross-sectional designs, single sites, low response rates, small samples sizes and a lack of validated measures⁶.

Improving outcomes for children and young people in care requires a comprehensive response across a child's life course.

- (i) There is an argument, on economic and human grounds, for resources to be directed to early intervention and prevention services in order to reduce entries into out of home care. As the costs outlined in (d) below demonstrate, the majority of child welfare funding goes into out of home care compared to prevention services. Further, if the kinds of supports offered to foster carers (financial support, regular respite, access to specialist services, access to peer support) were to be offered to vulnerable parents, they too might have a more positive and safe experience of family.
- (ii) Where children do need to go into care the negative outcomes outlined earlier can be reduced through better quality care to assist children in addressing the impact of their pre-care experiences, including access to specialist and therapeutic services. This will necessitate building capacity in and providing support to carers to provide continuous and stable placements for children.
- (iii) Leaving care needs to be a planned transition with engagement of all the key stakeholders and particularly the young person (see below).

(c) Current models for out of home care, including kinship care, foster care and residential care

Wanslea's Foster Care Service is one of the largest not for profit, community service sector providers of foster care to children in Western Australia. As noted above, Wanslea both provides and supports a range of models of out of home care including emergency care, short term care, medium care, long term care and therapeutic specialist care, as well as supporting grandparent carers (kinship care). At any given time, Wanslea's Foster Care Service accommodates up to 90 children with 110 voluntary foster families. The Grandcare

⁵ DSS 2010 *National Standards for Out of Home Care*, Avail:

https://www.dss.gov.au/sites/default/files/documents/facs_37724_out_home_care.pdf

⁶ Paxman M, Tully L, Burke S & Watson J 2013 'Pathways of Care: a longitudinal study on children and young people in out of home care in NSW', *Family Matters*, 94, pp.15-28.

program provides an active service to over 350 families (described in (f) below). Wanslea also offers a Community Foster Care program, which caters to families where the primary caregiver will not be available to provide care for a short, time limited period due to hospitalisation and does not have their own support network to care for the children. Families can self-refer to this program. Wanslea moved out of providing residential care in the 1980s. Funded by the Department for Child Protection and Family Support (DCPFS), referrals for foster care are also made directly through the department.

Wanslea's Foster Care service was established in 1984 and the model of care is continuously reviewed and revised as needed to ensure it meets contemporary and best practice guidelines. Integral to the service is the provision of consistent and strong supports to the children in its care, to the foster carers and to staff. A significant factor to success in both recruiting and retaining foster carers is the intensive level and quality of support provided. In the organisation's experience the support they receive and the level of engagement they have with both the service and agency directly affect the retention of foster carers.

The service operates on the principle that foster carers are an integral part of the fostering team and, as such, they are offered opportunities to engage at a range of levels within the service. For example, carers are invited to represent the larger carer group on a Carer Consultative Committee. The Carer Consultative Committee identifies common issues, service strengths and possible areas for improvement across a range of aspects of service delivery ie relationship with support staff, service policy and procedure, resourcing etc. Existing carers are involved in the recruitment of new carers participating in Information Sessions for prospective carers and mentoring new carers to the service.

Wanslea's foster care service offers a model of staff support not typically used by other not for profit providers in the WA out of home care sector. All foster carers are allocated a Family Support Worker who stays with them regardless of which child/ren they have placed with them at any given time. The Family Support Worker provides both practical and emotional supports to assist the carer to manage the demands of role. Practical supports include assisting with transportation, looking after children, attending medical appointments and planning forums for the child with the carer, coordinating donations and distributing equipment to carers and coordinating carer and child functions.

When a child is placed a Wanslea Social Worker is allocated to the case to ensure that the needs of the child, as specified in the DCPFS Care Plan, are met within the placement. The Social Worker works in close collaboration with the DCPFS Case Manager and the foster carer's Family Support Worker.

Whilst both the Family Support Worker and Social Worker are working to promote the best interests of the children in care and the foster families, the Family Support Worker has a specific focus on representing and advocating for the carer family whilst the Social Worker does the same for the child. This separation of focus in regards to the support role ensures that the best interests of the carer family and the child are paramount at any time and reduces potential conflict of interest in meeting the needs of both which can arise when one worker carries the responsibility for both roles.

The Foster Care Service is also highly committed to ensuring that carers continuously develop their competency and skills within the caring role as mandated under Competency 4 of the WA Children and Community Services Act of 2004. Wanslea facilitates this through the provision of a range of training opportunities including targeted training sessions, Peer Support Groups, access to a Clinical Social Worker and participation in a Community

Services Certificate IV course, 'Fostering Foundations'. Carers are also invited to attend regular peer support sessions in their area which provides a valuable opportunity to network and share information with other carers.

Wanslea also places strong emphasis on the support and professional development of staff. Carers often cite continuity of staffing as a significant factor in how well supported they feel. Wanslea acknowledges that working in the out of home care sector can be demanding on staff and recognises that the quality of support provided by staff is directly affected by the level of support they receive from the agency. As such, staff of the Foster Care service have regular access to case supervision, clinical supervision, team meetings and case discussion meetings. The case ratio is kept at ten cases and two foster carer assessments per full time equivalent caseworker.

Wanslea's Foster Care service also provides a range of innovative programs and resources to support carers, their own children and children in their care. Of particular note is Wanslea's new Foster Friends program, which was established in 2013. The first of its kind in WA, the program recruits and links volunteers to foster carers within their local community. They can offer a range of back up supports to foster carers from preparing meals, tutoring children in care, helping with transport and preparing first night bags for children entering foster care. The aim of the program is to provide foster carers with access to 'natural' supports within their own community which will be self-sustaining.

The Foster Care service is committed to giving children in care meaningful opportunities to voice their concerns, hopes and queries about their time in care. It is important that they can do this in a safe, structured and fun way. In addition to regular meetings with Wanslea support staff and involvement in placement planning, children are invited to attend quarterly 'Have Your Say Day' sessions. The content of the sessions are based on the DCPFS 'Better Care, Better Services' standards but are delivered in a child friendly, developmentally appropriate format and always incorporate fun activities for children to engage. Other agencies have expressed interest in the 'Have Your Say Day' forum and Wanslea has presented information regarding it at a sector wide workshop.

The biological children of foster carers are often overlooked as stakeholders in the fostering experience. Wanslea is keenly aware that when parents foster, the whole family fosters. This is discussed openly with prospective carers from the time they enquire about fostering and throughout their fostering career. To assist foster carers to prepare their children for, and whilst, fostering, Wanslea partnered with researchers from Edith Cowan University in 2011-2013 to produce a range of 'Fostering Together' resources designed to support biological children of foster carers. 'A guide to supporting biological children of foster carers' focuses on how fostering organisations and parents can support biological children. A book 'I Live Here Too' is published in two versions, one for younger children and one for adolescents, and is written specifically for children to provide them with a practical understanding of their role in fostering and situations they and their family may experience whilst fostering. The resources are provided to prospective Wanslea foster carers and are available for purchase to other organisations.

In addition to these resources, Wanslea recognises that it is also critical to families fostering success and wellbeing that, throughout their fostering experience, biological children have a formal opportunity to share their views, concerns and hopes with the service and to meet with other children from fostering families. To meet this need, an annual 'Very Important Kids' (VIKS) day is held.

A resource that can be used by prospective foster carers, biological children and other fostering agencies is a series of short films produced by Wanslea Foster Care entitled 'I was a foster child'. These films feature young people who were previously in care speaking about their experiences. They can be accessed via Wanslea's website or on the Wanslea Foster Care YouTube channel (http://m.youtube.com/channel/UcdKjBy93m7_rVFnnsbYmlwQ). The aim of the films is to inform and educate a broad range of stakeholders about the meaning of foster care in the community.

It is generally acknowledged that children are best placed with extended family rather than in foster care if this provides a safe and stable care arrangement. However to ensure the continuity of this care for children, it is critical that grandcarers have access to a range of supports. Wanslea's Grandcare Service includes the Grandcare Program and the Grandcarers Support Scheme. These services are aimed at grandparents caring fulltime for their grandchildren who do not receive a fostering subsidy through the DCPFS. These carers are typically referred to as informal carers within the WA sector. Other relative/kinship carers may also be able to access the services for example if the person has a cultural grandparent type relationship and role with the child.

(d) Current cost of Australia's approach to care and protection

The direct economic costs of child abuse and neglect are significant. Nationally, governments spent approximately \$3.2 billion on child protection and out-of-home care services in 2012-13. Out of home care services accounted for the majority (64.3% or \$2.1 billion) of this spending. Since 2007-8 national expenditure on child protection and out of home care has increased on average by 7.0% each year⁷. In addition to this direct spending, governments fund programs aimed at preventing child abuse and neglect and reducing the risk factors and conditions that can lead to it. Funded areas include family preservation and intensive family support services as well as universal service areas with which many of these families interface such as drug and alcohol treatment, mental health, justice, police, education, housing and the like.

The additional long-term financial costs as well as indirect costs associated with the ongoing and intergenerational effects of child abuse and neglect are likewise substantive. While precise costings are difficult to find, some have estimated, for example, that the annual cost of child abuse and neglect for all people ever abused in Australia was \$4 billion in 2007, while the value of the burden of disease (a measure of lifetime costs of fear, mental anguish and pain relating to child abuse and neglect) represented a further \$6.7 billion⁸.

There are also a number of 'hidden' costs in the delivery and outcomes of out of home care:

- Foster carers are not remunerated at a professional wage or salary level but rather are paid a volunteer subsidy
- Informal kinship care, such as grandparents caring for their grandchildren, does not attract a foster care subsidy or other government support. Some of these carers may be eligible for Family Tax Benefit, though whether they apply for or receive this can depend largely on family circumstances. Many grandparents, for example, do not apply for FTB for fear of reprisal from their children. The economic costs of this care arrangement are borne by individuals or families directly. The evaluation findings of the Grandcarers Support Scheme provided a demographic picture of grandparent carers as being single, predominantly female, with high rates of unemployment. This is also the Australian

⁷ AIFS 2014 'Economic Costs of Child Abuse and Neglect', Avail:
<https://www3.aifs.gov.au/cfca/publications/economic-costs-child-abuse-and-neglect>

⁸ AIFS 2014 Ibid

population with the lowest superannuation savings. They represent therefore, a financially vulnerable group. When they take on their care of their grandchildren, this financial vulnerability is exacerbated

- As out of home care can occur in a number of formal and informal ways including placements made within the child protection system (foster care, kinship care, residential care) and outside it (relative care, institutional placement, self-selected placement), the true costs of out of home care are impossible to determine
- With an absence of longitudinal studies in Australia of children who have been in out of home care the long-term economic costs are difficult to determine. Given the poor outcomes outlined above it may be a reasonable assumption that as adults, these children are more likely to require additional and specialised health services, counselling and support services, drug and alcohol services, income support given their employment and educational attainment, and draw on justice-related services
- The human costs to children, their parents, and subsequently their own children, in the inter-generational cycle of out of home care, are impossible to put a price on.

Given these significant social, human and economic costs, there is potential to achieve significant savings for government by reducing or avoiding existing out of home care costs. This could be achieved through preventing child abuse and neglect and thereby reducing entries into care, supporting families to keep their children safe and improving the quality of the care experience⁹. Research and practice shows that early intervention derives the greatest economic and human value. This is related to the rapid nature of development during early childhood and evidence of the influence of parenting and home (social and learning) environments on children's development¹⁰. Characteristics of effective early intervention programs include targeting high risk families, intensive and outreach services, including a teaching component, and starting early in family life¹¹.

(e) Consistency of approach to out of home care around Australia

Child protection and out of home care are the jurisdiction of the states, and as such, funding models, service delivery, legislation and policy, and the not-for-profit stakeholders are different in each state as are some of the social issues to be addressed. In WA the Department for Child Protection and Family Support still provides its own fostering service and has a significant number of children placed within this service. The Department also contract out to a number of not for profit organisations such as Wanslea to provide a foster care service. In WA, apart from a current Delegated Case Management pilot, case management remains with the DCPFS as the legal guardians of the children.

Wanslea staff have had the opportunity to attend and present at many national conferences over the last ten years. Although the general themes in out of home care across Australia

⁹ Centre for Social Impact 2011 *Report on the NSW Government Social Impact Bond Pilot*, CSI, NSW, Available: <http://csi.edu.au/research/our-project/nsw-government-social-impact-bond-pilot-february-2011/>

¹⁰ Allen K 2013 'Value for Everyone: Understanding the Social and Economic Benefits of Family Support Services', FRSA, Canberra, Available:

<http://www.frsa.org.au/storage/FRSA%20Value%20for%20Everyone%20Report.pdf>

KPMG 2014 'Evaluation of the Joint Development Phase of the NSW Social Benefit Bonds Trial', KPMG Government Advisory Services, Available: http://www.treasury.nsw.gov.au/data/assets/pdf_file/0006/123189/KPMG_Evaluation_SBB_IDP_Final_Report_290114.pdf

Benevolent Society 2014 'Response to Building a Stronger Society: Discussion Paper on Social Impact Bonds', Benevolent Society, NSW Available: <http://www.benevolent.org.au/about/social-benefit-bonds>

¹¹ Benevolent Society 2014 Ibid

are similar, there are different ways of approaching it in each state. In the states where the statutory authority (in WA this is DCPFS) retains a foster care division, contracted (not for profit) providers have a greater flexibility in their approach – whereas large government departments tend to be inflexible. This greater flexibility means they are able to provide a more responsive, timely and quality service to carers and children in care. This comes from a better working relationship with carers and children and therefore a more comprehensive understanding and assessment of their needs; allowing a response that is more tailored and appropriate. The flexibility also allows for discretion in policy and procedure adjustments to meet the needs of a particular child or family. This has been evidenced in reviews and reports over the years, most notably in Western Australia in the Ford Review of the then Department for Community Development (now DCPFS) in 2007. That review found that the services provided by the not-for-profit sector in WA in out of home care were provided at a high level of quality, with a higher level of reported satisfaction for biological and general and relative foster families. This in turn resulted in a higher retention rate of carers because they were provided with more support¹².

The Grandcarers Support Scheme is currently the only state funded payment scheme specifically for grandparent carers. However in some other states grandparent carers receive the equivalent of the fostering subsidy that is provided to registered foster carers. Supporting grandparents who care for their grandchildren is essential to ensure the sustainability of their care.

Leaving care services are similarly funded and organised at a state level. Leaving care services aim to support and guide young people to develop the knowledge, skills and supports necessary for adult living. The then Department for Families, Housing, Community Services and Indigenous Affairs, released a discussion paper in 2010, based on consultation with key stakeholders, that proposed an implementation framework for a nationally consistent approach to transitioning young people from care to independence. The framework was based on the following contributors to successful transition:

- Leaving care services take into account the individual needs of young people in-keeping with the cumulative effects of their pre-care family experiences and placement history
- Transitioning is a phased process (beginning with a preparation phase, then moving to the transition phase and culminating in an after care phase
- a planned approach to transition identifying the required supports for each phase based on individual needs the key areas of: safe and sustainable housing; education; employment; financial security; social relationships and support networks; health – physical, emotional (including self-esteem and identity), mental and sexual life; and after care skills¹³.

States also have particular social issues that need addressing that contribute to and/or result from out of home care. In WA, where the rate of Aboriginal children going into out of home care is significantly higher than the national rate, there is an urgent social need. This is further complicated in WA by the state's geographical diversity and remoteness of some communities, as well as cultural diversity within the Aboriginal community.

¹² Ford P 2007 *Review of the Department for Community Development* Avail:
<http://trove.nla.gov.au/work/34429948?selectedversion=NBD51843946>

¹³ Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). (2010). *Transitioning to independence from out of home care: A national priority under the National Framework for Protecting Australia's Children 2009-2020. A discussion paper for the Transitioning to Independence sub-group of the National Framework Implementation Working Group (NFIWG)*. Prepared by the Children's Policy Branch, FaHCSIA. August 2010.

(f) What are the supports available for relative/kinship care, foster care and residential care

Wanslea provides a diverse range of services and supports in the out of home care area, in particular in foster care and kinship care, specifically grandparents. Wanslea also offers a range of other primary and secondary children and family services that provide opportunity for internal referral for foster carers and grandparent carers and the children for whom they care. As outlined in (c) Wanslea provides support to foster carers through: an allocated Family Support Worker and Social Worker, Foster Friends, Carer Consultative Committee, VIKS Days, comprehensive assessment and recruitment processes, annual reviews, training and professional development, respite, and peer support.

Wanslea provides a range of support services to grandparent carers, as a unique group of kinship carers. The service is primarily aimed at 'informal' grandparent carers, those that are not registered as foster carers with DCPFS and therefore do not receive the financial and other support provided to registered carers. The Grandcare Program provides an information line and monthly support groups to grandparents caring full-time for their children who do not receive DCPFS funding (fostering subsidy or Special Guardianship payments). The information line provides initial support and information for grandparents who have recently taken on the responsibilities of caring for their grandchildren.

The support groups are held across the metropolitan area and in some regional areas (Albany, Bunbury and Mandurah). They provide grandparents with a valuable opportunity to network with other grandparents also raising their grandchildren and to share information. Wanslea staff facilitate the groups.

Wanslea's Grandcare Program is the largest support group provider for grandparents raising their grandchildren in WA, however, there is a growing demand for its services and Wanslea is currently focused on possible expansion of the program. This expansion would ideally see the provision of additional and more flexible support group options in the metropolitan area (ie to cater to working grandparents) and more support groups in country areas. Wanslea would seek to work in partnership with country communities to assist them to develop and facilitate their own support groups. This may involve the development of a resource guide that communities could use to establish and maintain support groups for grandparent carers in their local area in consultation with Wanslea. This will enable communities to utilise their existing networks and resources, which in turn would provide a sense of ownership of, and belonging to, their group/s.

The Department of Local Government and Communities funds the Grandcarers Support Scheme at a state level. It was launched in November 2013 and provides much needed financial support to grandparent carers by way of annual payment. The Scheme acknowledges the financial hardship that many grandparent carers experience and provides \$400 for the first child in care and \$250 for each additional child in care. Whilst the Scheme provides vital financial relief to grandparent carers, there is still a significant disparity between the financial entitlements foster carers can access via a fortnightly subsidy from the DCPFS and the GSS payment available to grandparent carers.

The Scheme has had a good take up rate with 688 people in the January-June 2014 reporting period having received payment. However the scheme does have some limitations. Many grandparent carers have expressed frustration that the scheme does not provide assistance for children in their care who are aged 16 years and over. It is their experience that children of this age typically cost them more to raise due to greater costs in

clothing, groceries, transportation, covering school fees and supplies and covering recreation and sporting expenses.

A number of non-biological carers who have a grandparent type role with a child have been unable to apply, as the scheme does not recognise all non-biological relationships. It does recognise the cultural relationships and role non-biological grandparents in the Aboriginal community may have with a child in their care however other informal kinship carers who do not have this culturally acknowledged grandparent role are not recognised by the scheme. Often these carers also do not have access to the DCPFS fostering subsidy.

Costs for grandparents are often higher as they typically have not anticipated taking on the care of a child and are not resourced to do so. In effect, they are often starting from scratch with little or no capacity to increase their income. This, in addition to the many other pressures of the caring role, can affect grandparents and their grandchildren's overall health, wellbeing and quality of life. Whilst grandparent carers welcome any financial assistance, concern has been expressed by applicants that the payment is not really sufficient to meet the considerable costs they incur in raising their grandchildren. Wanslea recommends that consideration be given to indexing the payment based on nationally prescribed costs of care ie 'actual costs of care'. In addition, Wanslea would like to see consideration given to making the payment available for all children in a grandparent's care at the rate for the first child rather than the reduced rate for additional children.

In addition to the limitations of the scheme as outlined above, it is anticipated that proposed Centrelink changes to Family Tax Benefits will place additional financial pressure on grandparent carers.

Wanslea's Leaving Care service, My Place, operates in the South Rockingham and Mandurah areas to support young people who are moving from care to independent living. My Place Youth Workers offer information, individual planning help, referral to other services, hands-on living skills development, and advocacy in housing, education, employment, training and health. The service is for young people aged 14-25 who:

- are in foster care and are preparing to leave care or
- have left foster care or a group home
- have been in the care of the Department for Child Protection and Family Support
- This service is available to young people in Wanslea's foster care service and to young people in the care of the DCPFS.

Wanslea has identified two areas within its out of home care service as priorities for development. One is greater engagement with the child's parents and extended family. This can be difficult to achieve as DCPFS holds case management for most of the children placed with the service. As such, Wanslea often has limited access to information about the child's family and to contact with the family. The other area is greater engagement with the Aboriginal community to increase levels of recruitment of Aboriginal foster carers and to promote cultural participation for children in care. One of the barriers to this is the limited number of Aboriginal staff employed by Wanslea in its metropolitan services. The presence of Aboriginal staff may make the services more accessible to the Aboriginal community who may have a level of discomfort engaging with a largely non-Aboriginal agency.

(g) Best practice in out of home care in Australia and internationally

The standards implemented by Wanslea have always been above and beyond what has been expected in the sector and has included creative and innovative strategies to ensure that children's needs are met. Some examples of this include:

- Employing Family Support Workers to directly support carers as part of the out of home care team
- Ensuring standards of carer assessment are high by exceeding sector training and support in this area
- Introducing specific support programs for male foster carers and biological children of foster carers
- Monthly training and peer support workshops for carers
- Establishment of a Carer Consultative Committee to engage and include carers in Wanslea's service delivery
- Partnering with West Coast Institute of Training to offer core training for carers and staff in Fostering Foundations
- Commitment to high levels of professional development and supervision for staff
- Regular anonymous feedback from service users to help measure outcomes
- Integration of research and evaluation position to ensure that latest evidence based practices are implemented
- Regular review of policies and procedures to ensure that staff are familiar with them and that quality improvement occurs.

Wanslea has a history of maintaining staff and carers for long periods of time to ensure some continuity in care and support. Carers have been able to manage complexity and difficult behaviours as well as high levels of medical need. The support framework that currently exists in the Foster Care and Spectrum programs have been shown to contribute to positive outcomes in six monthly progress reports and service reviews.

A number of practices have been identified in the research and in Wanslea's extensive history in the sector as constituting best practice:

1. Children and young people are actively involved in the decisions that influence them, and participate in forums and plans that affect them. To move beyond tokenistic involvement, child-inclusive practice must be paced for children's participation, documents and discussions are in child-friendly language, with professional staff who are experienced and expert in working with vulnerable and traumatised children
2. Leaving care plans are comprehensive, inclusive, start early, and are resourced adequately (ie the planning process and after-care services are adequately funded). As above, inclusive practice requires using strategies that engage young people, in accessible language, and paced to allow their participation
3. Support to foster carers is tailored to meet the individual needs of the carer family
4. Foster carers are included as key stakeholders at the organisational and case practice level
5. Biological children of foster carers are included in all aspects of the foster care experience where developmentally appropriate
6. Foster carers and birth families are able to work together to support the needs of the child
7. The organisation that has the care of the child has case management for the child (in WA this is being piloted under a Delegated Case Management model, already well established in Victoria and more recently in NSW)
8. Aboriginal children are supported to remain connected to culture, community and family

9. Contact arrangements with a child's biological family are driven by the wishes and needs of the child, and include their immediate and extended family members.

(h) Consultation with individuals, families and communities affected by removal of children from the home

Wanslea consults with its foster carers extensively using a number of mechanisms:

- Regular assessment and support visits with their allocated Family Support Worker
- Regular assessment and support visits with their allocated Social Worker
- Annual reviews (conducted by a Social Worker and Family Support Worker)
- Carer Consultative Committee (see above)
- Peer support and feedback
- Bi-annual survey to carers seeking feedback and input regarding the service
- Support and information to the biological children of carers (see above)
- Wanslea's Grandcare Service has formed a Research Advisory Group to develop and progress a research agenda for grandparent carers
- Their perspectives have been included in other sections where relevant. Note that Wanslea does not directly consult with individuals, families and communities whose children have been removed from their care beyond the case management process.

(i) Extent of children in out of home care remaining connected to their family of origin

Key issues in contact and connection with family of origin include: decisions being child focused; challenges in sustaining relationships with siblings when children are not placed together; lack of exploration of extended family members with whom a child could be connected particularly when children are not engaged in contact; and resourcing barriers that impact on the frequency and quality of contact.

Contact for children and young people in out of home care has been the subject of recent discussions between the Department for Child Protection and Family Support (DCPFS) and the non-government sector. The frequency of contact is determined through the court processes and is often higher at the initial point of a child entering out of home care with a level of reduction once a child is placed on a longer term basis. There are a number of complexities around contact, that are not always managed well. As contact is court ordered, children can be ordered at a high level of frequency and often very young babies can spend significant periods of time travelling to visitations with family members¹⁴.

Contact with parents is generally the main contact arrangement given consideration when a child enters out of home care but there is less emphasis placed on contact with their siblings or extended family members. Ideally children placed in foster care would be placed together with their brothers or sisters as research suggests placements with all or some siblings can lead to better long-term behavioural and academic outcomes¹⁵. When siblings are not placed together there are often no formal arrangements for contact between them. Often contact between siblings is initiated and sustained by the foster carers and this can be particularly challenging if there are significant geographic distances. Fathers are the family members seen least by children in care; this is concerning in the face of mounting evidence that when fathers are involved, the time children spend in care can be shortened and the

¹⁴ Humphreys, K. 2011 'High Frequency contact a road to nowhere', *Child & Family Social Work*, 16(1), pp. 1-11

¹⁵ CREATE Foundation 2013 *Experiencing Out of Home Care In Australia - CREATE Report Card 2013*, Avail: <http://www.create.org.au/create-report-card-2013>

likelihood of reunification is greater¹⁶. Contact is further complicated in kinship care arrangements: parents experience relatively low contact rates in kinship placements, perhaps related to the complexity of family relationships.

Wanslea's experience is that there are often barriers put in place for 'natural' contact with families of Aboriginal children due to fear about unknown factors in their lives or lifestyles that may impact on foster families. Often when foster families would like to meet and work with birth families of Aboriginal children in care, DCPFS is unwilling to allow or facilitate this due to what appears to be risk aversion. Wanslea Foster Carers are assessed and trained to have understanding of Aboriginal issues, and many go above and beyond expectations to try to connect children with their families and extended kin networks.

Earlier this year CREATE WA published findings of a consultation it completed with children and young people in care, regarding their experiences and wishes relating to family contact. The participants told of how important contact is with their family to develop their sense of identity, in part through having shared experiences and memories. Children and young people emphasised the importance of being involved in decision-making about contact, and being informed when their wishes could not be met and the reasons for this. Without being provided this information, children and young people were likely to make false assumptions, in particular ones in which they were to blame. Participants wanted to be prepared and supported throughout contact. Given the emotional impact of contact, communication was deemed essential by children and young people, before, during and after contact for their safety and well-being. Contact also needed to be child-friendly and not cause disruption to their other routines, in particular schooling¹⁷.

Essential to all contact arrangements and experiences is that decisions are child-focused and include the child. It is important that contact (whether it be high or low) is the choice of children, reasons that it can or cannot occur explained in a way children can understand, and not driven by the conveniences or beliefs of adult stakeholders and gatekeepers¹⁸.

(j) best practice solutions for supporting children in vulnerable family situations including early intervention.

Wanslea promotes community, family and individual development through partnerships and individual services. In addition to the Foster Care Program, Wanslea's services are provided through Wanslea Family Services and Wanslea Early Learning and Development across metropolitan Perth and the Peel, Great Southern and Goldfields/Esperance regions.

Wanslea has provided support to families in their own homes for over thirty years. Through long established relationships and strong connections with multiple communities across the metropolitan area, Wanslea has built the capacity of parents to care for their children safely. Wanslea has worked consistently to maintain the safety of children in their parents' care with a focus on early intervention and community capacity building. Wanslea has a commitment to following best practice including evidence informed and evidence-based practice. Work occurs in the family's own home from the earliest point possible in the service continuum. Wanslea is committed to early intervention and has a rich history that demonstrates when

¹⁶ CREATE 2013 Ibid

¹⁷ CREATE 2014 *Hearing from Children and Young People in Care: Experiences of Family Contact* Western Australia, Avail:

http://www.create.org.au/files/file/Research/CREATEconsultation_July2014.pdf

¹⁸ CREATE 2013 Ibid

families are able to access services when they are needed and are tailored to their individual needs, they are more likely to build the coping skills required to keep their children safe.

Since 2006 Wanslea has worked closely with the Parenting Research Centre in Victoria to establish an evidence informed Practice Framework to guide practice with families. In 2009 the Practice Framework was co-produced with practitioners who were experienced in working with families and researchers. The aim was to build on the many years of expertise among long standing practitioners and compare this to the latest evidence in working with supporting families. The process involved mapping the existing practice, researching the evidence of what is known to work with families, and bringing these together. The resulting practice guide aims to strengthen parent and family functioning and improve child outcomes.

Wanslea staff work towards four main outcomes and evidence is sought that is both observable and measurable to demonstrate that these outcomes have been achieved:

1. Increase positive parent-child interactions
2. Improve child physical safety and well being
3. Positive child development
4. Increase in social connectedness

The Practice Framework aims to outline the values and principles that underlie an approach to working with families. It also describes a specific approach and techniques that it is hoped will lead to its users achieving outcomes that are desired by Wanslea, which can be broadly described as strengthening parent and family functioning and improving child outcomes.

This Practice Framework is comprised of a range of evidence-based or evidence-informed practices that have been demonstrated to deliver identified outcomes based on agreed indicators.

This Practice Framework informs practitioners how to:

- Identify and implement practices that lead to effective engagement with families
- Gather information about families using a collaborative approach
- Use the information to identify parenting support that families may need
- Practitioners respond to families' needs by working directly with families to build parents' skills, by providing information, and making referrals to specialist services and programs.

The Family Services team at Wanslea is well placed to identify and consider the needs of vulnerable children and families in order to improve child outcomes, including safety, permanency and wellbeing. In all families individual members will have a diverse range of environmental, social support, family/caregiver and child wellbeing needs. The ultimate aim for practitioners in the Family Services team is to actively help the family decide the best way for them to address their current difficulties. This can be achieved by setting goals and creating a plan that includes providing information, teaching skills or making appropriate referrals.

The core of the Practice Framework relies on taking a strengths-based approach to professional practice in working with families.

This Practice Framework:

- Acknowledges the importance of relationships
- Is respectful and non-judgmental
- Is goal-orientated and teaches specific skills

- Focuses on supporting families to develop individualised plans and strategies that meet their unique needs
- Is holistic and considers all aspects of the child within the context of the family and broader community.

Guiding principles

The following principles underlie Wanslea's Practice Framework:

Adult and child voices and choices are heard. Parent and youth/child perspectives are intentionally elicited and prioritised. Planning is grounded in family members' perspectives and review of key stakeholder perspectives and assessment information. Practitioners strive to provide options and choices such that the plan reflects family values and preferences.

Building on natural supports. Planning reflects activities and interventions that draw on sources of natural support.

Collaboration across Wanslea Family Services. Wanslea practitioners work cooperatively and share responsibility for supporting adults and their children.

Engagement. Wanslea practitioners use a collaborative and collegial approach to engage and motivate families.

Working within the community. Services and support provided to adults and their children take place in the most inclusive, most responsive, most accessible and least restrictive settings possible.

Promoting culturally competent practice. Services and support provided to adults and their children demonstrate respect for and build on the values, preferences, beliefs, culture and identity of the child/youth and family and their community.

Providing individualised support. Services and supports are customised to the unique needs of individual adults and their children.

Working with strengths. Services and supports identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family and their community. Wanslea supports the belief that people are the experts in their own lives and practitioners therefore build on what parent/s are doing well.

Assessment and goal setting. Wanslea practitioners use family focused, ecologically valid assessments across life domains, with an emphasis on ongoing safety assessment and planning.

Behaviour change. Family support aims to promote positive behavioural change in parents by altering the way that parents manage their children using a range of research-based practices

Skills development. Wanslea practitioners teach parents a wide variety of 'life skills', using 'teaching interactions' processes including practice, feedback and homework.

Working towards meaningful outcomes. Wanslea practitioners tie the goals and strategies of services and supports to observable and measurable indicators of success, monitor progress in terms of these indicators and revise strategies accordingly.

Concrete services. Wanslea practitioners provide or help the family access concrete goods and services that are directly related to achieving the family's goals, while supporting them to meet ongoing needs independently.

Remaining persistent. Despite challenges, Wanslea practitioners persist in working toward adult and child goals.

Wanslea works with a model where both a Social Worker and a Parenting Practitioner are allocated to the family. This ensures an extensive range of skills and expertise is available. The Social Worker's role is to engage the family and gather information to form an assessment and a Case Plan. They need to find out what the family wishes to achieve from the work together, to build the family's commitment to their goals and provide support to the family throughout the program. The Social Worker also provides case management, coordination and liaison with referring agencies. The Parenting Practitioner's role is to action the goals that have been set with the family. They need to have an understanding of the assessment findings and be aware of the needs identified to be addressed in the Case Plan. They assist the family achieve the parenting goals outlined in the Case Plan and use a range of evidence-based practices drawn from programs such as Triple P, Parenting Young Children, Healthy and Safe and Protective Behaviours to enhance parenting skills

Wanslea has a range of services that is informed by research and offers value for money to funders. Developments in the Family Services team have been supported and guided by the internal Research and Service Development Committee that has assisted the team to look at issues such as building the evidence for the work, improving internal processes and staff understanding of research, and the importance of accountability and transparency in the work carried out by the team.

Research and evaluation are an integral part of the planning and development of the Wanslea Family Services team. The ongoing relationship with the Parenting Research Centre (PRC) in Victoria has allowed the team to build a new Practice Framework that incorporated evidence based tools to guide the ongoing work and to provide a feedback loop to ensure that the target population is being serviced effectively. The PRC specialises in bridging the research to practice gap, and community capacity building through the development, exchange and implementation of evidence based solutions to contemporary parenting challenges. Over recent years growing demands on limited resources and a broader focus on children's long-term outcomes rather than a narrow focus on their immediate safety has seen a greater emphasis being placed on facilitating the use of evidence in practice.

3. Recommendations

Drawing on the above overview of Wanslea's contribution to and evidence-led practice in out of home care in Western Australia the following recommendations are offered. Recommendations are made across the life cycle of a child's journey in out of home care.

1. Evidence-led early intervention and prevention services are a service delivery and funding priority in order to reduce entry into out of home care and reduce therefore the negative outcomes of out of home care and child abuse and neglect.
2. Given that stability of placement is known to contribute to improved outcomes, professional support should be aimed at sustaining carers in their role and increasing their capacity to provide long-term stable placements. The Wanslea model of support – a Family Support Worker, Social Worker, training, respite, Foster Friends, support to

biological children of foster carers and engagement of carers through the Carer Consultative Committee is one such model .

3. Children and young people be active participants in all aspects of their care and the decisions that affect them, including contact with their biological family. This will require child-aware and inclusive practices with the requisite expertise, time and pace, and forums/decisions to be offered in developmentally appropriate language
4. Foster carers and biological families be supported to work together to meet the best interests of the child(ren) in care
5. Contact between children and young people in care should be determined based on the best interests of the child and not inhibited by resource constraints. Particular emphasis needs to be given to maintaining contact between siblings where they are not able to be placed together, and the role of fathers in their children's lives acknowledged and supported. Consideration needs to be given also to contact with extended family, particularly grandparents.
6. CREATE be supported and expanded to continue its work in giving voice to children and young people about their care experiences and for this to form part of the evidence of what constitutes best practice in the sector.
7. Research is needed to provide a reliable evidence base and one that allows for proper exploration of the linkages between children's developmental status at entry into care, their experiences in care and their later developmental outcomes.
8. The organisation with the care of the child has case management of that child – in WA this is being piloted under Delegated Case Management. Wanslea considers this model allows a more timely and appropriate responsiveness to the individual needs of the child and their carer.
9. The rate of Aboriginal and Torres Strait Islander children going into care be acknowledged as an urgent social need that perpetuates the disadvantage experienced by Aboriginal and Torres Strait Islander communities. The recent state-based forums facilitated by SNAICC provide a series of recommendations and ways forward in this regard and should be accessed and acknowledged by this Senate Inquiry.
10. In the recent Senate Inquiry into the needs of grandparents who take primary responsibility for their grandchildren, Wanslea made a submission and outlined a range of recommendations that could assist to sustain grandparent carers in their role and contribute to improved outcomes for their grandchildren. While not reiterated in full here, Wanslea advocates that grandparent carers be supported through access to peer support, specialised and affordable legal assistance, improved accessibility to Centrelink payments, continuation of the WA Grandcarers Support Scheme, information phone lines, access to respite, representation in government data and statistics, and creating easier accessibility for grandchildren to essential health, social and education services.
11. Leaving care plans are comprehensive, inclusive, start early, and are resourced adequately (ie the planning process and after-care services are adequately funded). As above, inclusive practice requires using strategies that engage young people, in accessible language, and paced to allow their participation.