ozchild
every child deserves the chance to shine

Children Australia Inc.
ABN 90 680 959 928
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Patron
Governor of Victoria

Senate Inquiry into Out of Home Care
Committee Secretary
Senate Standing Committees on Community Affairs
P.O Box 6100
Parliament House
Canberra ACT 2600

30th October, 2014.

Dear Secretary,

OzChild is pleased to provide the attached submission to the Senate Inquiry into Out of Home Care.

As one of Victoria's providers of Kinship care, Foster care and Disability Out of Home Care, we are pleased to share our knowledge and experience of this important area with the Inquiry.

We are very happy to attend for a conversation with the Committee, should this be required.

Thank you once again, for the opportunity to provide this submission to the Inquiry,

Yours faithfully,

Lisa Sturzenegger,
Chief Executive Officer

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Parliament of Australia

Community Affairs References Committee of the

Senate Inquiry and Report into Out of Home Care

Submission from OzChild

October 2014

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Introduction

OzChild is a not-for-profit organisation which aims to enhance the life opportunities and well-being of children and young people, especially those who are disadvantaged or at risk. Our primary focus for service delivery is the Southern Division. We also provide services in a number of other regions, including south-west Victoria. We run a range of programs designed to support and nurture children and their families. These include the single largest Home Based Care program in Victoria with 163 children being placed in Home Based Care placements on any given night. As part of this program we deliver a therapeutic foster care program in partnership with The Australian Childhood Foundation. OzChild also has one of the largest single Kinship Care programs in Victoria, with up to 138 children being placed in Kinship Care at any one point of time.

Our large Family Services Program includes the Kinship Care Program and incorporates partnership in the delivery of a ChildFIRST Service, an intensive therapeutic family support program, a Families First program, the Together Again Program (an assessment program for families where reunification of children in out of home care with their families is being considered), and a large volunteer family support program. OzChild also has a large Disability Services program including a small out of home care program for children with severe disabilities who are not able to live with their birth families. As an agency we are committed to taking a holistic view of children's needs and how best to respond to them. Our mission is set within the framework of the United Nations Convention on the Rights of the Child. OzChild's purpose is to improve the quality of care, life opportunities and status of children by:

- Taking or initiating action to protect or enhance the rights of children;
- Providing or enabling direct services, through a variety of disciplines, for the benefit of children;
- Influencing decisions or actions of individuals, organisations and governments, where relevant to children and their families.

We thank the Committee for the opportunity to provide a submission on this most important topic. Our submission will be relevant to the following Terms of Reference:

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

c. Current models for out of home care;

d. Questions of cost;

f. The supports available for kinship care, foster care and residential care;

g. Best practice in out of home care in Australia and internationally;

j. Best practice solutions for supporting children in vulnerable situations including early intervention.

Our research, knowledge and experience in out of home care and family services lead us to our overarching argument which has several components:

1. More children can be prevented from coming into care. And perhaps some children can be returned to their parents from out of home care. In both cases this can be achieved, while we simultaneously ensure their safety and development. If we invest

more strongly in more intensive family services for a longer period of time, we will achieve these objectives. (Terms of Reference b., d., and j.)

2. Kinship carers need more support in their task of caring for their young relatives. Their job is every bit as difficult as foster care and we should support and fund them and the children in their care to the same level provided in foster care. (Terms of Reference b., c., d., and f.)

3. Some carers and children in both foster and kinship care need additional financial, therapeutic, educational and social/cultural/recreational support. This support is necessary if children in out of home care are to fare well in their childhoods and as adults. (Terms of Reference b., c., d., and f.)

4. A raft of responses to these three areas will incur initial costs to government, but will form the basis of longer-term cost savings. For example, OzChild has commissioned a piece of work on social return on investment, which calculates that for every dollar invested wisely in services to vulnerable children, there are savings of seven dollars (Thomas 2014). Savings will come from: reduced number of children entering out of home care; reduced number of placement breakdowns; reduced number of children moving from kinship and foster care into residential care; and reduced costs from improved trajectories of children at risk of entering or already in out of home care. If children in the care of their parents, and in out of home care can be cared for well, we can expect to see reduced levels of mental illness, preventable disability, family relationship breakdowns, poor parenting in adulthood, family violence, substance abuse, physical ill-health, and involvement in the juvenile and adult justice systems. The link between abuse and neglect of children, many of whom end up in out of home care, and these risks and costs, have been highlighted in a number research projects and reports outside Ozchild, see (Tregeagle, Cox et al. 2011; Cummins, Scott et al. 2012; Mendes, Baidawi et al. 2014) (Terms of Reference b., d., g., and j.)

Detailed Submission

1. More children can be prevented from coming into care. And perhaps some children can be returned to their parents from out of home care. In both cases this can be achieved, while we simultaneously ensure their safety and development. If we invest more strongly in more intensive family services for a longer period of time, we will achieve these objectives. (Terms of Reference relating to b. outcomes achievable in out of home care versus staying at home; d. questions of cost; and j. early intervention)

Prevention of children coming into care is preferable to out of home care for children, provided children can be cared for safely and in ways that ensure their development and wellbeing. However, per child, society has never invested as much in early intervention and prevention, as is spent when a child comes into care. Research and practice knowledge suggest that increased funding of specific family services targeted to families where children are at risk of being removed from their parents' care can mean that children can remain safely with their parents. Currently, these objectives are pursued through limited standard program models: family services with targets of one worker for 8-12 families (sometimes amounting to 20-30 children), or intensive, but strictly time-limited services through Families First. Families First has case loads of two families per worker, but the service is expected to finish within 6 weeks, or in some limited cases, 12 weeks. Both standard program models ignore the need for some families to have a more intensive service than the family services option, for a much longer period of time than the Family First service. Longer term intervention of a more intensive nature is needed to address the long term, entrenched, intractable, multiple and serious needs and difficulties of some families whose children are most at risk. For a more detailed description of one group of families whose children are

frequently involved in the child protection and out of home care systems, and suggestions of the kind of service needed to help them, see (Mitchell and Campbell 2011) and summarised in Appendix 1. Experience around the world and summarised in Mitchell and Campbell provides evidence of the effectiveness of early intervention through more intensive family services. Such services, located in existing family services would provide effective early intervention to protect children, and ensure that only those who need to be removed from the care of their parents, are removed. The service could also function as a reunification service for children currently in out of home care. The program would need the following components:

- Higher levels of intensity of case work (caseloads of 5 families per full time worker)

- Intervention for longer than 12 months, and even of years, if longer periods of involvement ensure the safety and development of the children. Although costly, the cost would be far less than placing children in out of home care. The range of current cost of a residential care placement in Victoria is between $186,000 – 265,000 per year. Foster and kinship care are less expensive, but still far more expensive than providing the more intensive and longer term family service advocated here.

- Specialist assistance of clinical assessment and therapy, education, employment and social inclusion being readily available to families who need such services. OzChild has recently calculated the cost of these additional services, based on an assumption that at least 10 young people would require the service. The unit cost per child for a therapeutic specialist was $18,440, and the unit cost for an education support worker per child was $13,409.

These services would need to address families' intergenerational patterns relating to poverty, housing insecurity, educational disadvantage, exclusion from the workforce, mental health, family violence and substance abuse. They would need to do so in a flexible, responsive way, allowing for innovation (because we haven't solved the problems of these families yet). There is need for educational and employment support for parents and specific educational support for children as well as therapeutic specialist intervention for some parents and children with entrenched destructive patterns rooted in past experiences of trauma. The severe social isolation of some parents which militates against constructive parenting must also be reduced. Children need more intensive intervention to treat attachment and other emerging mental health disorders and their effects, to reverse developmental delay and learning difficulties, to promote engagement and participation in education, and to ensure any disorders or ill-health (mental or physical) present or at risk of development, receive appropriate intervention or treatment.

There have been recent legislative changes in Victoria. The changes relate to providing permanency for children when there is "no real likelihood for the safe reunification of the child with a parent in the next 12 months" (Children, Youth and Families Amendment (Permanent Care and Other Matters) Act 2014 (2014)). OzChild supports the changes. OzChild also knows that they will be best supported if there is world best practice in assessment and intervention with families at risk of losing the care of their children permanently, provided by readily available and accessible services. The services described above would form part of this response.

Recent OzChild research has also found that existing program models do not allow for levels of complexity that stem from particular causes. For example, about 30% of children in Family Services, or 22 out of 77 children, had a disability (Mitchell 2014). In Family Services, 81% of these 22 children had parents with a disability. Currently funded program

models do not allow a caseworker to address the multiple needs of the children and parents in these cases.

Recommendation: That increased funding is provided to family services to provide more intensive services for a longer period of time, targeted at families with a known history of involvement in child protection, and at families at risk of their children coming into care.

2. Kinship carers need more support in their task of caring for their young relatives. Their job is every bit as difficult as foster care and we should support and fund them and the children in their care to the same level provided in foster care. (Terms of Reference b. outcomes achievable in out of home care versus staying at home; d. questions of cost; and j. early intervention b., c., d., and f.)

Kinship care is the out of home care option of preference, if kin (or in some cases, kith) can be found to care for the children. This increasingly means that children entering kinship care have similar difficulties, similar levels of complexity, and face similar challenges to children entering foster care. Two recent pieces of research are relevant. One found that 30% of children in kinship care in OzChild had a disability (Mitchell 2014). In a second study undertaken with OzChild and two other kinship care agencies (Baptcare and Anchor), 25% of 130 children in kinship care showed significant behavioural issues, 13% had developmental delays, 12% had physical health issues, while other children also experienced significant school issues, and exposure to family violence. Further, 27% of the children had more than one serious issue (Breman 2014). Despite these levels of need, difficulty and complexity, and despite avowed policy that the state will fund all children in care according to their need, these children do not, in fact, receive similar levels of support or access to services, compared to children in foster care. Caseworkers advocating of the needs of children in kinship care continually note the difficulty they have trying to access even small amounts of funding to support such activities as school camps. In comparison, caseworkers in foster care know that there is additional funding set aside for children with higher needs in foster care. The amount of additional funding can range from small amounts to $25,000 - $30,000 for children with complex needs.

The caseworkers themselves have less time to devote to each kinship care placement, since the program model under which they receive funding provides for higher caseloads than for workers in foster care. Nor are placements assessed according to different levels of complexity, in the way that they are in foster care. In foster care there are three levels of placement: general, intensive and complex, with each level of placement receiving a higher level of care allowance, payable to the carer, as shown in Appendix 2. In contrast, all kinship carers receive a care allowance at the lowest foster care level of a general placement, except in unusual circumstances, where the Department of Human Services may agree to a higher level of payment on a short term basis. This effectively means that, generally, there is a differential of up to $25,731 between the highest care allowance kinship carers can receive, and the highest care allowance a foster carer can receive, for the highest risk, most complex child. This is clearly inadequate in the face of the levels of complexity within kinship care placements. In the Victorian context, the solution is to provide equal access to additional support funding through the Department of Human Services equally to children in foster care and kinship care, and to their carers.

Further, kinship carers come to caring in a very different way than foster carers. Questions of financial security and other family needs are pushed to the background, in the face of a young relative needing their care. For example, a recent research report found that 52% of the kinship carers in the study reported financial difficulties (Breman 2014). This is a very high level of financial stress, and would be well above the levels experienced by foster carers. There are additional stresses and strains for kinship carers, with 78% of the carers in the Breman study reporting conflict with at least one of the birth parents (a difficulty from which foster carers are protected (Breman 2014). Yet kinship carers are funded at the

lowest level available to foster carers. Currently in Victoria there are barriers to providing ongoing support to all statutory kinship care placements for the length of the placement. These barriers do not exist in foster care and need to be eradicated in kinship care. Further, there are many kinship care placements in Victoria which are non-statutory, are keeping children out of the statutory out of home care system, and which receive limited support from a kinship care service. This support currently amounts to information and advice to any kinship carer and short term family support to Kinship care families with high levels of need.

These are all matters which need to be addressed with some urgency. There is very real threat of placement breakdown, and additional cost burdens to children, carers and the state if this occurs.

Recommendation: That children and carers in kinship care are funded at the same level as children and carers in foster care with equal rights of access to funding options; and
That funding is provided for support for the entire length of kinship care placements.

3. Some carers and children in both foster and kinship care need additional financial, therapeutic, educational and social/cultural/recreational support. This support is necessary if children in out of home care are to fare well in their childhoods and as adults. (Terms of Reference b., c., d., and f.)

The need for additional financial and services support for kinship carers has been argued above. Additionally, however, there are a group of children in both foster and kinship care where children have experienced significant trauma, and where the effects on the children are extreme. These children need additional therapeutic assessment and intervention to reverse the negative effects of trauma, and to promote constructive social, cognitive, emotional, language and physical development. OzChild has participated in the Circle Program, designed to provide such a service to children in foster care. The program was evaluated and showed significant improvement in the children in the program (Frederico, Long et al. 2012). Further, OzChild developed its own therapeutic program, to provide a less intensive therapeutic program to a larger number of children in foster care. The unit cost per child of the program was $18,440. The evaluation of this program also demonstrated substantial success (Conolly and Ranahan 2012; Mackay and Moore 2013). There is a profound need to extend the availability of these services to all children in foster care who need it, and to develop appropriate therapeutic support for children in kinship care and their carers.

Recommendation: That levels of funding are sufficient to ensure that therapeutic assessment of and intervention with children and appropriate therapeutic support to carers are provided in all situations where need exists, at a unit of cost of at least $18,440 per child.

Further, children in out of home care often do poorly at school (Wise, Pollock et al. 2010). Programs designed to help children achieve at school have been developed and evaluated (The Smith Family 2012; Wise and David 2013). These programs have been found to improve educational achievement of children in out of home care. OzChild has calculated the cost of such a program at $13,409 per child. However, ongoing funding from state governments to ensure their continuation has never been able to be achieved. Children who could succeed at school are therefore not being provided with the essential help they need to do so.

Recommendation: That educational support be readily available to children in out of home care and funded as part of standard funding in kinship and foster care, at a unit cost per child who needed the service of at least $13,409.

Children in out of home care also experience a higher level of social isolation than their peers who are not in care. Recent research gave further evidence of this reality. For example, 32% of children with a disability in foster care were unable to participate in any

social or recreational activity, either because they needed different activities, or because their behaviour and the activity organisers' inability to cope with their behaviour, excluded them (Mitchell 2014). This research merely provides additional support for practice knowledge that many of the children and young people in kinship and foster care need additional support (including financial support to their carers) to participate in social and recreational activities, and to learn the skills of social and community participation.

Recommendation: That, as part of additional, but standard funding of out of home care, recreational and social inclusion support is provided to children in kinship and foster care who are socially isolated.

These needs have been identified in a number of forums, and by agencies other than OzChild. OzChild has identified most of these needs previously in its submission to the Protecting Victoria's Vulnerable Children Inquiry, a copy of which is attached to this submission as Appendix 2. The one additional need identified in that submission was that of respite care in family services to prevent children coming into care in the first place, and in kinship and foster care, to prevent placement breakdown as a result of the unremitting demands carers face in providing daily care and nurture to children who bear the effects of trauma.

The OzChild Disability research highlighted further needs, if children in out of home care are to flourish, thrive, and develop the capabilities they need for enjoyment of life during childhood, and enjoyment and participation in mainstream society in adulthood (Mitchell 2014). These recommendations are entirely consistent with the rest of this submission, and include recommendations for:

- Practice models of greater flexibility and time release and backfill for knowledge and skill transfer for staff as needed;

- Inclusion of functional impairment in the definition of disability, so that children who have been deeply impacted on by trauma prior to coming into care can access appropriate services as a right, and as a means of eliminating the individually-based difficulties that have developed as a consequence of their experience of trauma.

- Greater focus on interventions to improve educational achievement of children in OOHC, specifically, educational programs, and therapeutic specialists to address the barriers to learning (including a range of developmental delay) that emerge for children who have experienced trauma.

- Development of programs and initiatives which address the social, cultural and recreational exclusion that occurs for many children in OOHC. The disability research identified that 33% of the children identified as having a disability in foster care needed additional help or different activities if they were ever to participate in their community, whether in extra-curricular activities at school, or in their community more generally.

- Funding for kinship care that is equivalent to funding for foster care – for children and for the carers.

Conclusion

Enactment of recommendations provided above will incur initial costs to government, but will form the basis of longer-term cost savings of seven dollars, for every one dollar spent, according to OzChild commissioned work (Thomas 2014). These include savings from: reduced number of children entering out of home care, reduced number of placement breakdowns, reduced number of children moving from kinship and foster care into residential care, and reduced costs from improved trajectories of children at risk of entering or already

in out of home care. The reductions would be expected in levels of mental illness, family relationship breakdowns, poor parenting in adulthood, family violence, substance abuse, physical ill-health, and involvement in the juvenile and adult justice systems. The proposals would result in the improved safety, health, well-being and development of children – whether in the care of their own parents or in kinship or foster care. Achieving these improvements is essentially the prime motivation of this submission of OzChild to the Senate Inquiry. It is our greatest wish that the Inquiry will be able to propose action to improve the lives of children in out of home care, and their carers, and we thank the Committee for the opportunity to provide this submission.

Appendix 1

Description of families who need additional service to assist them care for their children, and suggested program response.[1]

Some families have entrenched, intractable, multiple, serious and complex problems which appear in the families across generations. (One group of such families are sometimes called 'excluded families' (Tierney 1976).) A brief description of excluded families is provided in Table 1.

Table 1: Characteristics of a sample of excluded families (source, Mitchell and Campbell, 2011)

<table>
<tr><th>Range of problems</th><th>Indicators of complexity</th><th>Informal network</th><th>Formal network</th></tr>
<tr><td rowspan="2">• Family violence
• Sexual abuse
• Substance abuse
• Poverty
• Social isolation
• Educational disadvantage
• Mental illness
• Severe problems in parenting

(Commonly, many of these problems appear in each excluded family)</td><td rowspan="2">• Multiple, serious, entrenched , chronic and interacting problems at multiple levels – individual, family and environment
• Complex family structures and processes
• Long histories of contact with Child Protection as parents
• Experiences of multiple trauma</td><td>• Difficulties persist across at least three generations
• Parental history of childhood abuse and neglect with or without placement
• Problems with the informal world of friends and relations : weakened or blurred boundaries, or cut off and extreme isolation</td><td>• Exclusion from services
• Family members resisting contact with services.
• Interventions from services which fail to provide consistency, connectedness or stability to parents or children, and fail to address their problems</td></tr>
<tr><td colspan="2">• Isolation and cut-off from mainstream community life.</td></tr>
</table>

A program model is proposed to address the needs and difficulties of families with these characteristics, and to ensure they can raise their children in safety and with the development of their children ensured:

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

The objectives and program components of this model are outlined in Table 2.

[1] Material taken from Submissions to Commonwealth Social Inclusion Board on understanding, avoiding and breaking cycles of disadvantage, by Dr Gaye Mitchell and Dr Lynda Campbell, 2010, and submission to the Protecting Victoria's Vulnerable Children Inquiry, by the same authors, 2012

Table 2: Objectives and components of an integrated service to ensure effective early intervention and to reduce entry to child protection and out of home care in this generation of children and especially, in the next.

Objectives	Program components
Early intervention, assertive engagement and cycle-breaking	Case finding/referral systems with defined criteria prioritising high risk infants; families with multiple referrals and notifications of several children in the family, multiple notifications for neglect, where out of home placement is likely unless intervention occurs; and adolescents in/with a history of care having their own children. Evidence-based engagement strategies with whole family focus, determination to engage and work with men in the families, and a strengths and competency based approach, despite multiple, chronic and entrenched problems.
Meet survival needs *Meet survival needs, especially in relation to income and housing* *Establish and monitor safety plans for children and adults*	Direct casework and case management with other specialist services focussed on threats to family integrity and survival: child protection, mental illness, substance abuse, criminality, homelessness, family violence, parenting problems, and the effects of past trauma. UK experience demonstrates that close links at the service delivery end need to be supported across the continuum of responsibility of enactment of policy, from the highest governmental and departmental levels, to the lowest.
Initiate and embed safe and positive family organisation and processes *Change patterns in the family system that relate to family violence, mental illness, substance abuse, negative effects of trauma, patterns of abuse and neglect, failure of parents to take up adult parenting roles, and leadership of the family, children in anomalous roles.*	Parent, child and relational counselling and education focussed on parenting practices, positive emotional connectedness, family routines and mutually rewarding activities, and flexible but appropriate roles and boundaries between the family members and the family and others in its environment. Specialist clinical assessment and therapy – for children and adults in the family – both individual and family therapy, with the capacity to address recovery from substance abuse, and the effects of family violence, physical and sexual abuse, and other trauma, and to remedy negative impacts on individuals of lives.
Build positive social networks to sustain family life *Reduce social isolation, establish networks of individual and family development around the family, and help families extract themselves from negative networks*	Social network builder: a position devoted to developing supportive networks around families: network assessment to discover and support any constructive network members in families' existing social networks, collaboration with the key workers to develop friendship development and maintenance skills in family members, and development of mentor and volunteer programs to introduce substitute networks around severely isolated families.

Promote social inclusion *Facilitate access to and retention in mainstream educational and employment arenas for both adults and children.*	Ensured participation in stimulating child care (either supported in the home or though specialist child care), and in 3 and 4 year old kindergarten. Specialist educational assessment, treatment and enrichment services for children failing at school, to ensure school completion (funded through Family Services and schools in collaborative partnership.) They can be available to all students, while they target children from excluded families and their parents, to ensure engagement and a sense of belonging within educational settings.2 Specialist educational assessment and services for adults to address longstanding educational disadvantage, and problems with basic numeracy and literacy, to allow them to move towards social inclusion. Specialist training and employment services and services to build opportunities for meaningful life activities including volunteering and paid employment. This is particularly crucial for parents whose children are at risk of or already in substitute care, and for their young people in or leaving care, to break intergenerational patterns of abuse and neglect.
Facilitate participation in community and civic activities.	Centre based activities: socialising opportunities, parent education and information about child development, numeracy and literacy, basic work skills training, therapeutic and learning groups for parents, for parents and children, and for children. Centre-based program should be targeted at families at risk of losing their children into out of home care, but can be located at the neighbourhood level, can be open to a range of families, and should promote community development: opportunities for normative participation, for reciprocity and contribution to others.

This service design can be thought about in a number of ways:

- First, the service could be provided by giving a loading to existing family services so that they can provide a tailored additional response specifically, and only, to families at high risk of losing the care of their children. This has the advantage of drawing on existing expertise and linkages in family services.
- Second, Australian governments, State and Federal, could identify geographical areas with high levels of disadvantage and dysfunction (high levels of child protection notifications, criminality, violence, and poverty), and the described service design could be embedded in an existing service in the area which has already won trust and acceptance. This could be a Family Service, a homelessness service, a family violence or a substance abuse service.

[2] The Scottish Family Services and Family Preservation organisation, Circle, provides a model of service delivery along these lines.

Appendix 2

Table of carer allowances, Foster Care

(Please note, kinship carers are only able to access the General level allowance)

Care Allowance(Department of Human Services 2014)

General Level	
Age (years)	**Annual rate**
0-7	$7,4487
8-10	$7,779
11-12	$8,835
13+	$11,916
Intensive level	
0-7	$9,000 – 12,050
8-10	$9,868 – 13,108
11-12	$11,853 – 15,852
13+	$16,654 – 22,210
Complex level	
Non-high risk	$24,084
High Risk	$33,707 – 37,647

Appendix 3

OzChild Submission to Protecting Victoria's Vulnerable Children Inquiry
(See attached)

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