AASW
Australian Association of Social Workers

Submission to the Senate Standing Committees on Community Affairs

(Community Affairs References Committee)

Re: Inquiry into Out of Home Care

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Executive Summary

The Australian Association of Social Workers (AASW) welcomes this opportunity to submit its responses to the terms of reference of this Inquiry. The Executive Summary distils many of the key comments and recommendations on each issue. However the full response elaborates the background and rationale for the recommendations.

Drivers of the increase in the number of children placed in out of home care

The drivers for the increase in out of home care (OoHC) placements are both distant and proximal. From a societal point of view, there has been a widening inequality in Australia, placing increasing strain on disadvantaged individuals and families. Among the proximal factors influencing the numbers of children in care are those related to the changing nature of the family as the primary caring institution, typified by three demographic developments:

- The growing number of four generational families with increasing challenges for adult children with complex care responsibilities across the generations
- The increasing number of parent/grandparent figures within a generation ('horizontal families') and the impermanence of family rights and responsibilities as a result of the impact of separation, divorce, re-marriage and blended families
- The impact of these complexities when compounded by homelessness, family violence, drug and alcohol use, poverty and mental health concerns as the family context for an increasing number of children coming into care, including Aboriginal children.

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

The submission discusses the distinctive features of current OoHC models. The AASW recognises that from a child's perspective, the closer an OoHC type resembles a functioning family unit, the better for the child or young person. The most suitable OoHC type for a child or young person at a given time should be based on their needs rather than the availability of a limited number of models.

Current costs of Australia's approach to care and protection

The Association believes that the current economic modelling applied to funding such care is inadequate. Specifically the economic modelling does not adequately account for the social and human costs for young people emerging from a child protection and OoHC system in that it does not provide for the complexities of necessary rehabilitative, educational, health and therapeutic support and developmental needs of traumatised children, their carers and families. The AASW recommends that the important policy discussion on the detailed costs of care carried out by Professor Harriet Ward at Loughborough University (UK) be used as a guide to funding decisions.

Consistency of approach to out of home care around Australia

Out of home care (OoHC) is typically a state responsibility, with the attendant variations in legislation, policy and practice. The AASW believes that the child protection system must be flexible and responsive to the diverse needs of children and families and recognises that the strength of the state-based system is the ability to design responses around the specific needs of local populations.

However, the AASW believes that child protection is also an issue of human rights that requires Commonwealth government involvement and investment according to our obligations under the United Nations (UN) Convention on the Rights of the Child. The Commonwealth has a strategic role to play in this area by setting consistent expectations for the provision and monitoring of OoHC through existing and proposed measures.

The AASW endorses the 2011 National Standards but believes more needs to be done to improve current inconsistencies in OoHC systems, policies and practices. Systemic problems require the development and implementation of operational standards, systems and resources, which are nationally consistent and evidence-based.

The AASW recommends that all OoHC government and non-government providers should be subject to the same standards, approval and review processes. The AASW believes more research is needed to identify which regulatory framework is most effective in addressing the systemic difficulties. However, the Association believes there is sufficient evidence to recommend the need for:

- A Council of Australian Governments (COAG) initiated national institute jointly auspiced by the Commonwealth, States and Territories with a focus on research, evaluation (including monitoring adherence to the National Standards and subsequent outcomes) and the development of resources to support good practice
- Minimum requirements for the qualifications and training of OoHC staff and carers. Consistency in measures to establish, promote and maintain a child-safe environment
- Attention to case and administrative loads such that workers have the capacity to consistently provide high-quality support to children, young people, their carers and families
- National carer registers that include information on substantiations of abuse in care to ensure identified carers do not simply move to provide foster care services through another agency or channel. Based on a nationally consistent approach to OoHC this means carers in every jurisdiction would be listed on this centralised database.

What are the supports available for relative/kinship care, foster care and residential care?

The submission outlines the strengths and weaknesses of the supports available in these forms of OoHC. In addition the following recommendations are suggested.

Foster care

The AASW recommends that:

1. Further research by an independent institute or university is undertaken to look at the professionalisation of foster care as a means of better supporting foster carers and reducing abuse in care.
2. Foster carers are provided with all the information they need to appropriately understand and respond to the behaviours and needs of children in their care.
3. Training programs for foster carers and ongoing support from OoHC staff should provide the knowledge and skills to understand a child's behaviour, including sexualised behaviour or inappropriate boundaries stemming from their abuse history, and strategies and guidance on keeping the child and others safe from harm.

Kinship care

The AASW recommends that:

1. Kinship carers are required to undertake processes, similar to other kinds of formal care arrangements which nevertheless acknowledge existing relationships. This should include thorough assessment and screening processes prior to placement. Similarly training should be available that is helpful to prospective kinship carers and takes into account their relationship with the child.
2. More research is undertaken to further inform policy and practice for different kinship care settings, including those involving Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse groups.
3. More attention is paid to the support of kinship placements in the areas of financial support and navigating parental contact.

Residential care

In order to ensure the health and safety of young people in residential care, strategies recommended by the AASW include:

1. Young children should not be in residential care especially in larger settings and where there are rotating staff.
2. Residential services and staff have clear policies, procedures and related training and support to ensure the wellbeing of children and young people in their care.
3. Employing staff who are highly-skilled and experienced in working with children and young people with challenging and complex behavioural support needs.
4. Processes to ensure that young people in residential services are not placed with others who present a clear and identifiable risk of harm.

Extent of children in out of home care remaining in contact with their family of origin

In the vast majority of cases a continuing connection to family of origin, as well as to culture of origin where applicable, is important to the emotional security and sense of identity for children in OoHC. This is crucial where return to family is planned at some future stage. However there are a small number of situations where contact with the family of origin may be so destructive to the child that it should not be allowed. As a general rule, links to the family of origin should be maintained to the extent that it is safe and in the child's best interests to do so, also taking into account the wishes of the child where these are able to be expressed.

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

Early intervention programs are designed to assist children directly through the provision of structured interventions and indirectly through their impact on the care giving environment. Analyses of the economic costs and benefits of early childhood programs show that programs offering both a parent and child component appear to be most successful in promoting long term developmental gains for children from deprived backgrounds.

The AASW therefore commends the Commonwealth government's commitment to a public health model of child wellbeing and protection as reflected in the National Framework, which aims to improve investment in initiatives that prevent abuse and neglect. The Association recommends that all levels of government commit to a 'public health' model of child wellbeing and protection with commensurate and significant investment in prevention and early intervention services and supports to children and families.

Background to the submission

The Australian Association of Social Workers (AASW) is the key professional body representing nearly 8000 social workers throughout Australia. Social work is the profession committed to the pursuit of social justice, the enhancement of the quality of life, and the development of the full potential of each individual, group and community in society.

Concern for the wellbeing of children and young people has been a core element of social work nationally and internationally since the development of social work as a distinct profession. Significant numbers of social workers practice in the child wellbeing and protection field in a range of roles including direct case work, management and policy associated with out of home care.

No other profession is so immersed in the areas of knowledge and skill that are essential for quality relationship-based child and family welfare practice. Consequently, social workers are recognised throughout the world as the core professional discipline in child protection policy, management and practice.

Introduction to the submission

From 1998 until 2008, the number of children in out-of-home care in Australia rose by almost 115%, from around 14,500 children to 31,166 children. Rates of children aged 0–16 years who were the subject of a substantiated notification in 2007–08 varied considerably across States and Territories, indicating differences in policy and practice.[i] For example, substantiation rates were between 2.9 in Western Australia and 11.9 in the Northern Territory per 1,000. During 2012-13 there were 50,307 children in out of home care nationally and just over 40,500 children were in out-of-home care at 30 June 2013.[ii]

Most children in care have experienced significant abuse or neglect. Trauma from abuse and neglect and associated risk factors such as poverty, domestic violence, drug and alcohol abuse, and mental health issues have been associated with a range of challenges for children in the child protection system, including attachment and interpersonal difficulties, developmental disorders, issues with affect regulation, disassociation, behavioural control and issues with cognition.[iii] Taken in the context of serial loss and disenfranchised grief, the challenges facing children even before they are placed in care are substantial. These impacts are compounded by issues such as placement disruption, which affects a large proportion of children in care, and disconnection from community and culture, which is particularly relevant given the over-representation of Aboriginal and Torres Strait Islander children in the Out of Home Care (OoHC) system.[iv]

Children in care are therefore some of the most vulnerable children in our community. The Australian Association of Social Workers (AASW) believes that a decision by the State to remove a child from the family home relates to an obligation to provide excellent care, not simply care that is 'good enough'. All too often however, we hear stories about children in care who are further traumatised in OoHC. At best, these children and/ or their carers and families do not receive the support they need when they need it; at worst the system designed to protect and nurture them results in harm.

The following deidentified case illustrates events that could cause further trauma to children in care and is relevant to a number of points raised in this submission.

> *'There were four children in a family a girl 6 and three boys aged 8, 6 and 2. The older children were full siblings – the younger two had different fathers. The children's fathers did not play an active role in their lives. The mother was cohabiting with her partner who had not previously had children of his own. The children were removed from the care of the mother because of emotional and physical abuse and neglect.*

The children were then placed in a kinship setting with maternal relatives – the girl was sexually abused by her maternal uncle and two older boys were physically abused. The children were removed and returned to the care of the mother and her partner.

The mother was unable to manage the children, took the children to her parents and left returning to her partner. Although the children lived in this second kinship placement with the maternal grandparents, there were subsequent allegations of physical and emotional abuse. The children were removed and subsequent court action placed the children in ministerial care until the age of 18. These events took place over a period of four years.

The children were then placed with an authorised foster carer – the two full siblings were placed together and the half siblings were in a separate placement.'

The AASW notes this Inquiry concerns OoHC rather than the wider Child Protection system. This constrains comments that the Association would like to make on matters related to OoHC. However reference will be made at the conclusion of this document to additional input that may be of interest to the Inquiry. This submission will address the following issues in the Inquiry's terms of reference and provide recommendations regarding potential improvements to the present OoHC system:

- drivers of the increase in the number of children placed in out of home care
- current models for out of home care, including kinship care, foster care and residential care
- current costs of Australia's approach to care and protection
- consistency of approach to out of home care around Australia
- what are the supports available for relative/kinship care, foster care and residential care
- extent of children in out of home care remaining in contact with their family of origin
- best practice solutions for supporting children in vulnerable family situations including early intervention.

Drivers of the increase in the number of children placed in out of home care

There are proximal and more distant factors that contribute to the significant rise in numbers of children entering the care systems across Australian States and Territories. From a societal point of view, and particularly since the 2007-08 Global Financial Crisis, there has been a widening inequality in Australia, placing increasing strain on disadvantaged individuals and families. The most recent report from the Australian Council of Social Services confirms this trend.[v] Among the proximal factors influencing the numbers of children in care are those related to the changing nature of the family as the primary caring institution, with heightened uncertainties about the rights and responsibilities of parents and children. Three demographic developments impacting on the contemporary family are:

- The growing number of four generational families with increasing challenges for adult children with complex care responsibilities across the generations
- The increasing number of parent/grandparent figures within a generation ('horizontal families') and the impermanence of family rights and responsibilities as a result of the impact of separation, divorce, re-marriage and blended families
- The impact of these complexities when compounded by homelessness, family violence, drug and alcohol use, poverty and mental health concerns as the family context for an increasing number of children coming into care, including Aboriginal children.

The situation for Aboriginal and Torres Strait Islander children is alarming and needs particular attention as they continue to be over-represented in the child protection system. The numbers of Aboriginal children and young people living in OoHC in Australian States and Territories is over nine times the rate for non Aboriginal children.[vi] In 2012–13, Indigenous children were 8 times as likely as non-Indigenous children to be receiving child protection services in general or to be the subject of substantiated abuse or neglect, and over 10 times as likely to be on a care and protection order or in OoHC.[vii]

The1997 report 'Bringing them home' (National inquiry into the separation of Aboriginal and Torres Strait Islander children from their families) examined the effect of child welfare policies on Indigenous people. Some of the underlying causes of the over-representation of Aboriginal and Torres Strait Islander children in the child welfare system include:

- the legacy of past policies of the forced removal of some Aboriginal children from their families
- intergenerational effects of previous separations from family and culture
- poor socioeconomic status
- perceptions arising from cultural differences in child-rearing practices.[viii]

Part of the growth in numbers of children receiving OoHC can be attributed to the fact that in some periods, there are more children entering care than leaving care, which adds to growth in numbers.[ix] Another factor driving placement of children in care is the politicisation of Child Protection in public debate. There is often a strident and simplistic critique from some sections of the press if a child is harmed when a child protection agency already had an unfavourable report of the family. In the absence of being able to reliably predict adverse events, government and agency decisions can lean towards risk avoidance rather than weighing up all relevant factors regarding the child's welfare. Public discussion neglects or underestimates the negative emotional effects of the removal of a child from their parents. This also tends to pressure the child protection decisions to remove without giving enough weight to the long term effects of loss of belonging, personal identity, and therefore overall mental health. The other negative consequence of removal is the probability that multiple placements will follow for the child.

The combined consequence of these factors is that there are more children in care and rising demand on existing services. However, as evidenced by the proceedings of the Royal Commission into Institutional Responses to Child Sexual Abuse, there are no guarantees that removal from parental care will prevent further abuse.

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

For the purposes of this submission, the main models of OoHC are understood to be:

- Home-based care – this is the most common OoHC arrangement where placement is in the home of a carer who is reimbursed for expenses in caring for the child. The three categories of home-based care are:
  - *Foster care* – where care is provided in the private home of a substitute family which receives payment that is intended to cover the child's living expenses
  - *Kinship care* – where the caregiver is a family member or a person with a pre-existing relationship with the child
  - *Other home-based care* – care in private homes that does not fit into the above categories
- Residential care – where placement is in a residential building whose purpose is to provide placement for children and where there is paid staff. This includes facilities where staff work

shifts as per a roster, where there is a live-in carer or where staff are off-site (for example, a lead tenant or supported residence arrangement)

- Family group homes – where placement is in a residential building which is owned by the jurisdiction and which typically run like family homes, have a limited number of children and are cared for around the clock by paid residents or substitute parents
- Independent living – where children are living independently, such as those in private boarding arrangements
- Other – 'where the placement type does not fit into the above categories or is unknown' (Australian Government Department of Senate Community Affairs Committee 2005). For example, Treatment Foster Care has very limited availability in Australia and offers therapeutic structured interventions in the in-home setting. This Foster Care type is based on US models adapted to Australian conditions. However, these adaptations have not been adequately researched for their effectiveness.[x] Similarly, there are examples of permanency planning in both Western Australia and Victoria, which recognises that not all children placed in OoHC will be able to return home to their family of origin and vests guardianship in a named carer. Alternatively, when it is clear a child cannot safely return to their family of origin, adoption is considered. In this care type, an adult acquires the permanent, legal status of parenthood in relation to a child under the age of 18 in place of the child's birth parents.

While not strictly an OoHC service type, mention should be made of transitional arrangements when young people leave care. The vast majority of young people in this situation are at great risk of experiencing additional vulnerability and disadvantage. Unlike their peers living with their families, many care leavers make their transition to adulthood with insufficient living skills as well as emotional, social and financial support. They leave between the ages of 15 and 17 years when their peers do not leave home until their mid 20s.[xi] A number of States and Territories have, or are planning to introduce, semi independent living arrangements and living skills programs to facilitate a young person's transition from OoHC into adult life. Such programs should be considered essential for young people leaving care. Where they have been introduced, these services have been shown to reduce the chances of homelessness as well as disengagement from education and employment opportunities. At a minimum, planning for young people exiting care should be an inclusive, thoughtful process and encompass the three-stages of Preparation, Managing the transition and Providing ongoing support.[xii]

From a child's perspective, the closer an OoHC type resembles a functioning family unit, the better for the child or young person. The most suitable OoHC type for a child or young person at a given time should be based on their needs rather than the availability of a limited number of models. Just as the experience in an OoHC type influences outcomes for children, so does the management of key transition points in a child's progress through the OoHC system. The management of transition points could be facilitated by an appraisal of situational strengths, weaknesses, opportunities and threats.

Current costs of Australia's approach to care and protection

The AASW makes the following general comments regarding the costs of Australia's OoHC system. The Association believes that the current economic modelling applied to funding such care is inadequate. Specifically we believe economic modelling does not adequately account for the social and human costs for young people emerging from a child protection and OoHC system in that it does not provide for the complexities of necessary rehabilitative, educational, health and therapeutic support and developmental needs of traumatised children, their carers and families.

The Australian Institute of Family Studies' report[xiii] on the economic costs of child abuse and neglect reveals the differing levels of State and Territory expenditure on child protection, including OoHC. These expenditure rates are not strictly correlated with state population sizes, demonstrating a lack of consensus about what constitutes adequate funding. The low rates of investment in preventive activity are evidence of the bias in favour of intervening only when there are high protective risks. At the same time, it is acknowledged that programs not strictly designed to forestall the occurrence of child maltreatment may actually prevent maltreatment by addressing known risk factors for child abuse and neglect. This makes it difficult to accurately quantify expenditure on child abuse prevention activities.[xiv]

The AASW recommends that the important policy discussion on the detailed costs of care carried out by Professor Harriet Ward at Loughborough University (UK) be used as a guide to funding decisions. Professor Ward was also involved in designing and implementing the UK 'Looking After Children Project' which has been recognised internationally and adopted by in New South Wales and Victoria. The project strengthens communication and collaboration between carers, government department staff, community organisation staff, other professionals, clients and their families to promote improvements in the quality of care children receive in OoHC.[xv]

Consistency of approach to out of home care around Australia

Out of home care (OoHC) is typically a state responsibility, with the attendant variations in legislation, policy and practice. The AASW believes that the child protection system must be flexible and responsive to the diverse needs of children and families and recognises that the strength of the state-based system is the ability to design responses around the specific needs of local populations. State government Ministers and Directors of government and non-government child and family welfare agencies are accountable for the quality of 'substitute care' of children who require it. Using Maslow's hierarchy of needs as a metaphor for service levels and standards, Ministers and Directors are responsible for policy development, for needs-based funding and for the quality of services for vulnerable children in their care. These can be represented along a service continuum from accommodation through to therapeutic services addressing the emotional, educational and health needs of often traumatised children who will stay in OoHC for many years.

However, the AASW believes that child protection is also an issue of human rights that requires Commonwealth government involvement and investment according to our obligations under the UN Convention on the Rights of the Child. The Commonwealth has a strategic role to play in this area by setting consistent expectations for the provision and monitoring of OoHC through existing and proposed measures. To be able to monitor and compare performance, the AASW supports the Australian Bureau of Statistics recommendation that States and Territories adopt uniform definitions in their collection of data in child protection.

A National Out of Home Care (OoHC) system

The National Standards (2011) provide the overarching framework for State and Territory government and non-government organisations providing OoHC. They recognise the need for consistent, best-practice approaches and address issues such as stability, carer support and planning. They are designed to address inconsistencies in State and Territory based OoHC standards, which are in various stages of development, and to provide a baseline for states such as Tasmania, ACT and Northern Territory where there are currently no OoHC standards.[xvi]

The AASW endorses the National Standards but believes more needs to be done to improve current inconsistencies in OoHC systems, policies and practices. Systemic problems require the development and implementation of systems, not just standards, which are nationally consistent and evidence-based.

The systems relate to how OoHC is delivered, how it is staffed, who provides care and how staff and carers are supported.

Core elements of a National OoHC system

Consistency in the regulation of OoHC

The AASW recommends that all OoHC government and non-government providers should be subject to the same standards, approval and review processes. The AASW believes more research is needed to identify which regulatory framework is most effective in addressing the systemic difficulties. However, the AASW believes there is sufficient evidence to recommend the need for:

- A COAG initiated national institute jointly auspiced by the Commonwealth, States and Territories with a focus on research, evaluation (including monitoring adherence to the National Standards and subsequent outcomes) and the development of resources to support good practice. At the same time, an evidence-based, jointly resourced investment in increased prevention and early intervention strategies is needed
- Minimum requirements for the qualifications and training of OoHC staff and carers. Consistency in measures to establish, promote and maintain a child-safe environment
- Attention to case and administrative loads such that workers have the capacity to consistently provide high-quality support to children, young people, their carers and families
- National carer registers that include information on substantiations of abuse in care to ensure identified carers do not simply move to provide foster care services through another agency or channel. Based on a nationally consistent approach to OoHC this means carers in every jurisdiction would be listed on this centralised database.

Operational standards and resources for OoHC providers

The AASW endorses the National Standards, but believes that organisations need additional guidance and support to achieve desired outcome. To this end, the AASW recommends the development of a range of national evidence based operational standards and resources designed to inform and support providers, regulators and carers in implementing policies, processes and practice.

Critically, these should address issues such as:

- how OoHC providers can foster placement stability through, for example, better placement matching processes
- how to support staff through appropriate supervision, coaching, training and mentoring programs
- how to involve children in decision-making processes and ensure barriers to disclosure of abuse are addressed
- what training and ongoing support should be provided to caregivers
- how to create, foster and develop a child-safety culture
- best-practice in care and placement planning including stability planning, case plans, leaving care planning, culturally appropriate and sensitive practice and the participation of children in decision-making processes
- the importance of information sharing and collaborative practice with key allied services and supports including education, health and mental health.

The AASW proposes that an independent body, such as the aforementioned national institute, monitor and report on the implementation or otherwise of these operational initiatives.

What are the supports available for relative/kinship care, foster care and residential care?

Foster care

Current assessment arrangements

Foster carers are generally required to go through a formal and thorough assessment process before any children are placed in their care. Assessment processes vary between States and Territories but generally will include a detailed discussion and consideration of:

- motivation
- social supports
- relationships
- parenting style
- childhood history
- stress management
- household safety
- referee and health checks
- carers' understanding of harm
- cultural awareness
- teamwork (Queensland government 2005)

After the assessment process, there are varying degrees of initial and ongoing support available to foster carers.

Current training arrangements

Commencement as a foster carer may also be dependent on the completion of a training program, which possibly covers theories of trauma and attachment; explores some of the challenging behaviours emerging from an abuse and trauma history and how to respond to these; and involves critical self-reflection to support carers to prepare mentally and otherwise for the arrival of a child into their family. These programs are generally evidence based, standardised and supported with specific government funding to cover costs associated with their implementation.

Ongoing support

An Australian Foster Care Association report revealed that 84% of foster carers identify 'support' as absolutely essential or very important, but that over 50% reported that the quality of the support they receive is average, very poor or extremely poor.[xvii] What is needed is a more comprehensive understanding of what constitutes 'helpful' support to foster carers.

Some authors point to the professionalisation of the vocation as a way of improving outcomes for young people. Thorpe[xviii] states that:

> '*Gone are the days when fostering could be conflated with 'mothering' and 'ordinary parenting'. What is needed now are abilities to provide sophisticated care for children with complex needs, including the need to retain connections with family, kin and culture.*
>
> *Such are the demands of current day fostering that two thirds of foster carers interviewed in a recent research study considered that fostering should be regarded as a professional role requiring education and training, respect as equal members of the child welfare team, professional supervision, and support for the valuable job that they do*.'

The AASW recommends that:

1. Further research by an independent institute or university is undertaken to look at the professionalisation of foster care as a means of better supporting foster carers and reducing abuse in care. To date there has been limited research in Australia.[xix] Importantly, the attitudes of children and young people have not been well canvassed and possible risks, such as children being or feeling like a 'commodity' need to be very carefully considered.

2. Foster carers are provided with all the information they need to appropriately understand and respond to the behaviours and needs of children in their care. The AASW believes that if foster

carers are equipped with more information on the unique and specific needs of a child in their care, they are better positioned to utilise their knowledge and skill (obtained through OoHC training) in an appropriate and responsive manner.

3. Training programs for foster carers and ongoing support from OoHC staff should provide the knowledge and skills to understand a child's behaviour, including sexualised behaviour or inappropriate boundaries stemming from their abuse history, and strategies and guidance on keeping the child and others safe from harm.

Kinship care

Kinship care, typically grandparent care, is the fastest growing type of OoHC in Australia however the evidence base for kinship care is minimal. [xx] Nationally, the number of children in statutory kinship care overtook foster care in 2010-11, with many more children in informal kinship arrangements.[xxi]

Current assessment and support arrangements

Foster care-type training programs are not currently offered to kinship caregivers as a matter of course. The AASW is aware that some non-government organisations have developed and are delivering kinship carer training programs, however we understand that these are the exception, rather than the rule; are not standardised across the sector; and are not generally supported with additional funding to cover costs. Kiraly and Humphreys[xxii] confirm that current policy allows for a less rigorous process than for foster care, whereby the assessment process normally takes place after the care arrangement has begun. Similarly Uliando and Mellor[xxiii] identified that while kinship placements offer greater stability and 'normality' than other forms of OoHC, inadequate screening of kinship carers is a significant factor in abuse in this setting. A reason for less rigorous screening practices is kinship carers are likely to be trusted by children or parents.

At the same time, kinship carers, particularly grandparents, face obstacles including:

- lack of legal and financial supports for grandparents; most grandparent kinship carers have very few financial resources[xxiv]
- lack of support in managing parental contacts: mixed loyalties and intense family tensions that are not productive for children, can result in placement breakdown[xxv]
- less monitoring through placement visits[xxvi]
- less training and support regarding the purpose of the kinship carer/defacto role, children's developmental needs, trauma, domestic violence, mental health, alcohol and drug issues and engaging with the legal and child protection systems.[xxvii]

Grandparents can also bring intergenerational parenting strategies to the placements which are not always in the children's best interests. These intergenerational parenting strategies could have in part contributed to the removal of children from their parents. For example, there are situations where grandparents will use physical punishment or do not place value on the educational needs of children.

Where kinship placements are successful, research indicates that grandparents in particular have felt let down by State and Commonwealth governments especially in relation to the financial and legal issues that they face and the lack of recognition and support that they receive. Nevertheless, Bromfield and Osburn[xxviii] identified the primary strength of kinship care in relation to benefits from 'maintaining family, cultural and community connections' for both Indigenous and non-Indigenous children. It is clear that while kinship care offers children opportunities to grow up with their families in the community, this policy and practice must allow for more thorough assessment and support processes.

The AASW recommends that:

1. Kinship carers are required to undertake processes, similar to other kinds of formal care arrangements which nevertheless acknowledge existing relationships. This should include thorough assessment and screening processes prior to placement. Similarly training should be available that is helpful to prospective kinship carers and takes into account of their relationship with the child. Anecdotally it is known that in a limited number of instances, especially involving remote Aboriginal communities, alternative placements are arranged quickly to avoid risk of harm. It has been found that such non statutory interventions can allow workers and family time to stabilise issues. That said, there should be clear guidelines as to the circumstances in which this alternative should be invoked, in addition to the need for relevant carer education, regular monitoring and transition to formal kinship care status when needed.

2. More research is undertaken to further inform policy and practice for different kinship care settings, including those involving Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse groups. The AASW believes this research is urgently needed given growing numbers of children being placed in kinship arrangements. Such research should consider how kinship placements are best supported as well as assessing outcomes for children in this placement type. For example, there is contradictory evidence as to whether kinship care reduces the need for multiple placements.[xxix] A taskforce should be established comprising Commonwealth, State, university, key service providers and community representatives to develop a generic framework that can be adapted to with local variations. Such a group could work alongside the previously mentioned national institute to develop a range of practice guides suited to particular multicultural or otherwise disadvantaged groups.

3. More attention is paid to the support of kinship placements in the areas of financial support and navigating parental contact.

Residential care

There are widely varying models of residential care: small to larger settings, with full time carers or shift work carers, for children in transitional or permanent care. The care of children and young people in residential settings is often beset by difficulties and has been in decline across Australia and world-wide. For example, a range of systemic factors related to the abuse of children in residential settings has been observed, including staff/child abuse and peer-to-peer abuse. These include: unclear rules and objectives; inadequate admission procedures; acceptance of 'pecking orders'; the demands of caring for traumatised young people with violent, destructive and/ or sexualised behaviour; and staff turnover.[xxx] Nevertheless, despite residential care being a small component of OoHC, there is an increasing appreciation that given the right supports, it does have a role to play with very disturbed young people who have complex needs.

In order to ensure the health and safety of young people in residential care, strategies recommended by the AASW include:

1. Young children should not be in residential care especially in larger settings and where there are rotating staff.

2. Residential services and staff have clear policies, procedures and related training and support to ensure the wellbeing of children and young people in their care.

3. Employing staff who are highly-skilled and experienced in working with children and young people with challenging and complex behavioural support needs.

4. Processes to ensure that young people in residential services are not placed with others who present a clear and identifiable risk of harm.

Overall more work is also needed on evaluation of different forms of OoHC in the Australian context, so as to aid the development of a range of effective types of intervention for children with high and complex needs. This would include further research on the circumstances in which forms of residential care might be the preferred option.

The following issues, commonly experienced by carers in all settings, also require attention:

- Access to carer payments and adequate funding or reimbursement to cover costs associated with caring for a child, including costs associated with undertaking tasks associated with formal training and assessment
- Regular and ongoing supervision, information and support from staff in the OoHC system for the duration of the child's/young person's placement
- Facilitated access to a range of services to ensure the health and wellbeing needs of the child and caregiving family are met. This might include, for example, parenting programs, carer respite, counselling, behavioural support, health related visits such as dental care and GP visits, educational and recreational opportunities.

Finally it is worth mentioning the mixed blessing posed by social media. It can certainly enhance communication between families. On the other hand it can be destructive, for example, when a grandparent or kinship carer is attempting to put rules and boundaries in place or settle a child, particularly an older child, into a placement. Whilst kinship carers can regulate the use of social media in home environment to some extent, it is not always so when a child is at school or away from home. Parents can send a child conflicting messages about the longevity of the placement, behavioural regulation and in some instances other forms of inappropriate communication. More research and accompanying strategies to manage these issues are needed.

Extent of children in out of home care remaining in contact with their family of origin

In the vast majority of cases a continuing connection to family of origin, as well as to culture of origin where applicable, is important to the emotional security and sense of identity for children in OoHC. This is crucial where return to family is planned at some future stage. The maintenance of those relationships is important to maximise the chances of successful reunification. However there are a small number of situations where contact with the family of origin may be so destructive to the child that it should not be allowed.

It is worth noting that where the state has contracted OoHC to non government organisations (NGOs) and private agencies, accountability for the child's progress can be diluted. While many NGOs and private agencies may adhere to high standards of professional practice, this cannot be taken for granted. In particular it is important that plans to maintain linkages to family and culture of origin be fully implemented where this has been determined to be in the best interests of the child. The State has overriding responsibility to ensure that this occurs. Contracting out of OoHC services by the State does not relieve the State of responsibility for the wellbeing and safety of children whose care is provided by those services. Governance arrangements should be in place to ensure full accountability back to the State by service providers for the delivery of agreed care plans and the safety and wellbeing of children in their care. The cornerstones of an OoHC system are that

- the State must maintain overriding responsibility for the welfare of children in OoHC
- OoHC agency accountability is to the State, and
- each child's individual situation and needs should be appraised and acted upon.

As a general rule, links to the family of origin should be maintained to the extent that it is safe and in the child's best interests to do so, also taking into account the wishes of the child where these are able to be expressed.

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

Investment in primary prevention programs has the greatest likelihood of preventing progression along the service continuum and sparing children and families from the harmful consequences of abuse and neglect. (Australian Institute of Family Studies 2011a)

The AASW is concerned that current investment and responses to child welfare in Australia are disproportionately focused on tertiary intervention (such as child protection responses). The AASW believes that significant investment in prevention and early intervention is urgently needed to tackle the issue of child abuse and neglect at a societal level. Although the following data does not emanate from the same year, a picture emerges when comparing spending on tertiary and preventive services:

Total state and territory real recurrent expenditure on child protection, OoHC and intensive family support services 2011-12	*Estimated funds spent on child abuse prevention in Australia across all government departments in 2007-08*
Approximately $3.37b	*Approximately $1.16b*

(From Australian Institute of Family Studies May 2013 'The economic costs of child abuse and neglect' Australian Government).

Early intervention programs are designed to assist children directly through the provision of structured interventions and indirectly through their impact on the care giving environment. Analyses of the economic costs and benefits of early childhood programs show that programs offering both a parent and child component appear to be most successful in promoting long term developmental gains for children from deprived backgrounds. Most of the benefits have affected the children's social development. However to treat serious family dysfunction and the attendant risks of childhood trauma, programs need sufficient professional expertise.[xxxi] It is also understood that apart from children's individual differences (both innate and lived experiences), family, community and the broader society affect children's development. Individual programs are always moderated by the influence of social, economic and political factors.[xxxii]

The AASW therefore commends the Commonwealth government's commitment to a public health model of child wellbeing and protection as reflected in the National Framework, which aims to improve investment in initiatives that prevent abuse and neglect. The Association recommends that all levels of government commit to a 'public health' model of child wellbeing and protection with commensurate and significant investment in prevention and early intervention services and supports to children and families.

To obtain better outcomes for children and young people in OoHC, greater attention needs to be paid to the following essential features of effective interventions, whether early intervention to prevent family breakdown or during the OoHC experience:

- Individualise service delivery
- Ensure the quality of program implementation
- Deliver the appropriate timing, intensity and duration of the service
- Check provider knowledge, skills and relationship with the family and the program's acceptability to the intended recipients
- Facilitate family centred and community based coordination between providers and the family.[xxxiii]

Conclusion

The AASW welcomes this opportunity to have input into the Inquiry into Out of Home Care. As mentioned in the submission's 'Introduction', the Association has additional material relevant to child protection and the issues raised in this document. Much of this is captured in the AASW submission to the Royal Commission into Institutional Sexual Abuse, Issues Paper 3: 'Child Safe Organisations' available at http://www.aasw.asn.au/document/item/5212

In conclusion, the AASW advocates that

- Commonwealth, State and Territory governments fulfil their obligations under the United Nations Convention on the Rights of the Child, and
- the following practice principles for child wellbeing and protection be implemented:

1. All children

Best practice with all children will recognise that:

a) The social and emotional wellbeing of infants and children is best served by living with attachment figures (usually related family) who are able to provide a sense of security and safety.[xxxiv]

b) Removal of a child from their birth parents is a decision that has long-term implications and should be considered only when the level of harm is severe and on balance it is more damaging to leave the child where they are.[xxxv]

c) Each change of placement/attachment figure has a negative impact on the child and their future mental health and therefore should not be done lightly. [xxxvi]

d) Children need permanency of placement to develop a sense of social and emotional wellbeing. The sooner this can be established or re-established, the better for the child.[xxxvii]

e) All children do better with gradual introduction to new carers. This maximises time to get to know carers and to feel as secure as possible before any formal transfer.

f) Care by strangers (who do not intend to form an attachment relationship with the child) or rotating care by more than three people could be deleterious for the child if it continues for more than a crisis period.

g) Siblings should be placed in out-of-home care together if at all possible, and in any case, close relationships between them should be maintained.[xxxviii]

h) Priority and support should be given to safe kinship placements for Aboriginal and Torres Strait Islander and other children, where it is in their best interests.

2. The infant (child under two years) – Special consideration

Best practice with children under two years will recognise that:

a) The first two years of a child's life are crucial to the child's development in all areas.[xxxix]

b) Changes in caregiver are more difficult for infants as it means the loss of their sense of safety and security. Developmentally they are unable to understand or be prepared for such disruptions.[xl]

3. Best practice work with birth parents

a) Treating birth parents with respect and inclusive participation is the most effective route to enable them to change.[xli]

b) Voluntary participation of at risk families should be the primary goal of interventions. Strategies involving compulsion without adequate attempts to engage with families on a voluntary basis:
   - may not acknowledge the range of factors relevant to a family's decision to refuse parenting supports
   - risk creating stigma around engagement with early intervention services, which may ultimately undermine the goal of reducing the number of children and families entering the tertiary service system.

c) Improvement of the relationship between the child and the birth parents to a 'good enough' standard of care is the best first option for the child's future development.

d) There should be a range of service options to meet the parent's learning needs.[xlii]

e) However, it is acknowledged that compulsion to engage with the service may be necessary and relevant to ensure the best interests of children are upheld.

4. The initial response to notification

The intent of the initial response to notification and any subsequent intervention should be to effect change that is in the best interests of the child.

a) The initial intervention should be underpinned by a dynamic risk assessment process that includes but does not solely rely upon forensic or structured decision-making tools.

b) If removal is considered necessary, continuity of the cultural affinity of the child and birth family should be a priority.

c) Once a child has been removed from the birth family's care, the possibility of reunification should be the first consideration.

d) If reunification is considered impossible, decisions about a permanent placement should be made as soon as possible.

Submitted for and on behalf of the Australian Association of Social workers Ltd

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