



Response to the Consultation Paper on Out of Home Care Standards

Department of Families, Housing, Community Services and Indigenous Affairs
together with the National Framework Implementation Working Group

AASW CONTACT:

Dr Bob Lonne
AASW National President
E-mail: aaswnat@asw.asn.au

Kandie Allen-Kelly
AASW Chief Executive Officer
Phone: 02 6270 7200
E-mail: ceo@asw.asn.au

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The Australian Association of Social Workers (AASW) is the professional body representing social workers in Australia. The Association is the accrediting body for all tertiary social work programs in Australia and also for the assessment of overseas qualified social workers.

The AASW recognises that children and young people in out of home care are one of the most vulnerable groups in the community. Prior to entering care many of these children have experienced significant abuse or neglect and have often been removed from their birth families in traumatic circumstances. It is therefore important that this group of children and young people be given every opportunity to maximize their potential and not continue in the cycle of intergenerational abuse and neglect.

Children and young people are cared for by foster carers and kinship carers in home based care. Different assessment tools, background checks and training tools are used Australia wide and it is considered essential that these be standardized to maximize outcomes for children and young people and ensure that all foster carers and kinship carers are monitored and trained.

The AASW therefore makes recommendations regarding the following stakeholders:

1. Children and young people in Out of Home Care
2. Birth parents and siblings
3. Foster Carers
4. Kinship Carers, in particular Indigenous Kinship Carers
5. Non Government Organisations providing OOHC
6. The system providing care for children and young people in Out of Home Care
7. Children and young People Leaving Care.

The AASW has also made a submission to the Consultants working for Australian Health Ministers' Advisory Council (AHMAC) on the Development of the National Clinical Assessment Framework for Children and Young People in Out-of-Home Care. The AASW is delighted that Governments are working across portfolios to improve the lives of children in OOHC, and has highlighted some practical barriers to health checks, suggestions to support children leaving OOHC in their future health and well-being needs, as well as comments on the questions provided. This submission can be made available to FAHCSIA and the National Framework Implementation Working Group if requested.

Summary of Recommendations:

1. Needs of children and young people:

- 1.1. Each child or young person in OOHC [including kinship and other forms of OOHC] is allocated a social worker or caseworker who visits them at least four times a year and identifies their ongoing educational, medical, social, developmental, spiritual and emotional needs.
- 1.2. Each child or young person in OOHC has a case plan which is updated on a regular basis according to their age and developmental level. This plan incorporates future planning needs as well as the present needs of the child.
- 1.3. Decision making for children in OOHC is made in a timely fashion with a particular focus on their developmental level and significant attachments.
- 1.4. Decision making for children who have significant behavioural disturbance or who have had multiple placements is timely and based on need rather than economic consideration.
- 1.5. Children in care are placed with carers who can assist them to overcome the impact of neglect and abuse and who can provide them with stability and continuity.

2. Needs of birth parents and siblings:

- 2.1. Birth families of children in care are treated in a respectful way that harnesses their strengths and recognition that the family will be grieving over the loss of their child/children and the disintegration of their family.
- 2.2. Birth families have access to adequate, intelligible legal advice.
- 2.3. Birth families and siblings maintain adequate contact with children in care so that these children can maintain their identity.
- 2.4. Minimum levels of contact for children in care are recommended in the National Framework.

3. Needs of foster carers:

- 3.1. Foster carers are treated in a respectful way that harnesses their strengths.
- 3.2. The National Legislative Framework provides for the assessment of all foster carers and recommends the use of a common assessment tool, including criminal record, working with children, health and referee checks.
- 3.3. A National Data Base of authorised foster carers is available for all State, Territory and non government agencies involved with OOHC and that children are only placed with carers who are on the register.
- 3.4. Foster carers receive compulsory ongoing training and regular updates on material relevant to the needs of children in care.
- 3.5. Foster carers are reviewed on an annual basis using a standardised tool that meets National Standards but accommodates the needs of foster carers in rural and remote areas and those who are caring for children with a disability.

4. Needs of Kinship Carers, in particular Aboriginal and Torres Strait Islander (ATSI) Carers.

- 4.1. Kinship carers are treated in a respectful way that harnesses their strengths.
- 4.2. Kinship carers are treated in a way which respects their culture and acknowledges unique kinship ties, past practices and trauma.
- 4.3. A National Legislative framework provides for the assessment of all kinship carers utilising a common assessment tool which accommodates cultural and rural and remote differences and includes criminal record checks.
- 4.4. A confidential National Data Base of Authorised Kinship Carers is established which is accessible to Statutory Agencies and NGOS.
- 4.5. Kinship carers receive training similar to that received by foster carers and regular updates on material relevant to the care of children.
- 4.6. Every kinship carer is allocated a caseworker, is visited at least four times a year and has an annual review.

5. The needs of NGOs and Their Role in OOHC:

- 5.1. The National Legislative Framework provides for the assessment of foster carers and recommends the use of a common assessment tool for all carers this tool to be used by NGOS.
- 5.2. The National Legislative framework provides for the assessment of all kinship carers and recommends the use of one assessment tool which accommodates cultural and rural and remote differences).
- 5.3. Social workers or caseworkers be trained and skilled to conduct such assessments.

The Agency having Parental Responsibility for the child ensures that the following occurs:

- 5.4. Each child is allocated a caseworker and has regular visits and reviews.
- 5.5. There are regular case reviews and case planning with involvement from the statutory agency to meet the developmental, educational, medical and social needs of the child.
- 5.6. Decision making for children who have significant behavioural disturbance or who have had multiple placements is timely and based on need rather than economic consideration.
- 5.7. Decision making and communication is timely and in the best interests of child.

6. Systemic and Workforce Issues in OOHC:

- 6.1. A National or state register of workers in these organisations to ensure workers perform their duties professionally and avoid harm to vulnerable children in care and their families.
- 6.2. Recruitment and retention of adequate high qualified and experienced staff, including social workers, to provide senior case management and line management roles
- 6.3. Essential to this is the role of professional judgment and the need for caseworkers and carers to not be afraid to communicate honestly about their experiences both good and managers treat their feedback as a learning tool. This requires a cultural change within the work practices of Government and NGO agencies from a culture of risk aversion and blame shifting, to a culture of shared ownership of problems.
- 6.4. Professional supervision this can assist with specialised professional development to ensure staff develop appropriate knowledge values and skills and so help retain qualified and experienced staff in the sector
- 6.5. Minimum qualification standards for all workers in organisations which provide OOHC services to ensure that workers perform duties professionally and maximise outcomes for children in care.
- 6.6. A clear set of maximum ratio of staff to clients (children and carers) so that adequate services and resources are able to be delivered to children.
- 6.7. The development of published scopes of practices and career development opportunities for all staff (social workers and others) working in OOHC services whether Government or non-Government.

7. Leaving Care:

- 7.1. Each child in out of home care [including Kinship and other forms of care] is allocated a social worker or caseworker.
- 7.2. A national legislative framework that provides for consistent and minimum uniform leaving care standards in the states and territories.
- 7.3. Establishment of a national data base which will monitor the outcomes of young people leaving care.

Submission to National Standards in Out of Home Care:

The Australian Association of Social Workers (AASW) recognises that children and young people living in Out of Home Care (OOHC) are one of the most vulnerable groups in the community. The AASW has a commitment to making a positive contribution to the lives of children and young people, their families and the carers who provide care to these children. The Association recognises that historical factors have contributed to ongoing issues with some sectors of the community, particularly Aboriginal and Torres Strait Islanders, and these factors continue to contribute to intergenerational patterns of abuse.

The Australian Association of Social Worker would like to address the following areas in Out of Home Care:

1. The role of social workers in OOHC and how these standards relate to the profession.
2. The experiences of children and young people in OOHC.
3. The needs of Foster Carers.
4. The needs of Kinship Carers and appropriate standards with particular reference to the impact of the Indigenous Placement Principle on this form of care.
5. The needs of NGOs involved with OOHC programmes recognising that they employ social workers and other staff.
6. Systemic and workforce issues that affect OOHC.
7. Leaving Care

The AASW has also made a submission to the Consultants working for Australian Health Ministers' Advisory Council (AHMAC) on the Development of the National Clinical Assessment Framework for Children and Young People in Out-of-Home Care. The AASW is delighted that Governments are working across portfolios to improve the lives of children in OOHC, and has highlighted some practical barriers to health checks, suggestions to support children leaving OOHC in their future health and well-being needs, as well as comments on the questions provided. This submission can be made available to FAHCSIA and the National Framework Implementation Working Group if requested.

The Australian Institute of Health and Welfare (AIHW) (2009) reported that the number of children in OOHC increased by 44 per cent between 2005 and 2009, 94% of these being in home based care foster care [47%] and kinship care [45%]. These were formal arrangements for 34,069 children. There are no figures on informal arrangements. It is also well documented that children who are now entering care have more complex behavioural problems and the number of foster carers is decreasing (Wood 2008).

The role of social workers in OOHC

The AASW accredits all Australian Schools of Social Work using the Australian Social Work Education and Accreditation Standards (2010). These standards include a specific statement on curriculum content on child wellbeing and protection. As a result, all graduates of Australian Social Work degrees have the knowledge, skills, and values to contribute to the safety and protection of Australian children, by working Government or NGO agencies.

Significant numbers of AASW members work in OOHC in a range of roles including direct case work, training, assessments and management and policy development. Social workers are recognised throughout the world as the core professional group in OOHC management and practice. The guiding principles for OOHC should have a primary focus on the child, while respecting, where possible, the roles of others. These principles should play an important role in assisting to maximise the potential for children in care, assisting their carer and children to maintain their identity with significant family members.

Social workers in child protection positions have specialised skills and, if AASW members, are accountable under the AASW Code of Ethics. Social work is the one profession which focuses on the interface between care and control, and enables its practitioners to work within such contested fields, applying a strong knowledge base and values. These are important skills and safeguards for children and families who find themselves involved with child protection agencies.

1. The experiences of children and young people in OOHC:

The consultation paper [page 7] writes ‘given the range of developmental stages and transitions a child may go through whilst in care it is important that the Out of Home Care System provide necessary and appropriate supports to aid this process. This involves filling many of the roles that a parent or family would be expected to satisfy including supporting the children through key life transitions identifying when the child needs assistance and ensuring that protective factors are present.’

Children in care are vulnerable, particularly those who are young or with a disability. They depend on their carers and OOHC staff to ensure that while in care, all necessary systems and supports are in place to assist them to develop their full potential and protective factors are in place. In order to do this the following is recommended:

- 1.1. Each child or young person in OOHC [including kinship and other forms of OOHC] is allocated a social worker or caseworker who visits them at least four times a year and identifies their ongoing educational, medical, social, developmental, spiritual and emotional needs.
- 1.2. Each child or young person in OOHC has a case plan which is updated on a regular basis according to their age and developmental level. This plan incorporates future planning needs as well as the present needs of the child.
- 1.3. Decision making for children in OOHC is made in a timely fashion with a particular focus on their developmental level and significant attachments.
- 1.4. Decision making for children who have significant behavioural disturbance or who have had multiple placements is timely and based on need rather than economic consideration.
- 1.5. Children in care are placed with carers who can assist them to overcome the impact of neglect and abuse and who can provide them with stability and continuity.

2. The needs of birth parents and siblings:

The consultation paper does not discuss the relative disadvantage of the birth parents of children in care. Many of the birth parents of children in care experience social disadvantage prior to the entry of their children into the care system. They can be further disadvantaged because of the stigma of having a child removed from their care, the complexities of the legal system, working with the statutory agencies, meeting requirements for restoration and making significant changes to their parenting skills due entrenched intergenerational practices and difficulties with a statutory system which they find intimidating (MacKinnon 1998, Thompson and Thorpe 2003, Wickham 2009). For example a parent in a rural community may not be able to locate or engage legal advice, not have the skills to represent themselves and act in the interests of their child (the writer of this submission witnessed a magistrate castigating a parent for not having legal advice). In addition some birth parents may not have the literacy or numeracy skills to understand legal documentation.

The AASW accepts that for some children, returning to the care of their parents is not viable. It is also important that these birth parents have some form of contact with their children so that the children can maintain their identity and the birth parents are involved with their children's lives.

Some children in care come from serial families and because of this siblings and half siblings can be placed in different and often distance care situations. For example in one case a child with four siblings was placed in Sydney. The siblings were all in different placements; one in a regional centre, one in an isolated community, one in a coastal town and one in a long term disability placement. Four of these children did not know their other siblings.

It is recommended that:

- 2.1. Birth families of children in care are treated in a respectful way that harnesses their strengths and recognition that the family will be grieving over the loss of their child/children and the disintegration of their family.
- 2.2. Birth families have access to adequate, intelligible legal advice.
- 2.3. Birth families and siblings maintain adequate contact with children in care so that these children can maintain their identity.
- 2.4. Minimum levels of contact for children in care are recommended in the National Framework.

3. The needs of foster families / carers

It is documented in the literature that the number of people applying to become foster carers is diminishing and there are changing patterns in the social backgrounds of applicants

to provide foster care. Assessment and initial training of foster carers varies from state to state and within the non government sector as does ongoing training, support and review of foster carers. For example *Shared Stories and Shared Lives* and *Step by Step Assessment Tools* are used in some jurisdictions.

There is documented and anecdotal evidence that whilst most carers provide excellent care for the children in their care there is a group that would benefit from regular review and monitoring. The AASW recommends that:

- 3.1. Foster carers are treated in a respectful way that harnesses their strengths.
- 3.2. The National Legislative Framework provides for the assessment of all foster carers and recommends the use of a common assessment tool, including criminal record, working with children, health and referee checks.
- 3.3. A National Data Base of authorised foster carers is available for all State, Territory and non government agencies involved with OOHC and that children are only placed with carers who are on the register.
- 3.4. Foster carers receive compulsory ongoing training and regular updates on material relevant to the needs of children in care.
- 3.5. Foster carers are reviewed on an annual basis using a standardised tool that meets National Standards but accommodates the needs of foster carers in rural and remote areas and those who are caring for children with a disability.

4. The needs of Kinship Carers and appropriate standards with particular reference to the impact of the Indigenous Placement Principle on this form of care.

Under the National Framework one of the twelve priorities is *'Improving the Support for Carers'* in particular grandparents and kinship carers.

Kinship care is the fastest growing form of OOHC in Australia (Broomfield and Osborn 2007). NSW is the jurisdiction with the highest proportion of kinship care and the only state with a higher proportion of kinship care than foster care (AIHW 2009). Kinship is defined as *'care with a person who is not a relative of a child or young person but who shares a cultural, tribal and or community connection and is recognized that by the child or young person's family and community'* (Paxman 2006). All jurisdictions in Australia have adopted the Aboriginal Placement Principle which recognizes the right of an ATSI child to be raised in an environment that allows them to access their own culture, extended family and community.

There are a high proportion of grandparents providing care for their grandchildren as are a high proportion of Aboriginal family members.

There is a high proportion of Aboriginal and Torres Strait Islander Children in OOHC and the numbers are rising. Nationally in June 2009 there were 10,512 ATSI children in OOHC (AIHW

2009). Past practices have led to complex layers of disadvantage, high rates of child protection and OOHC cases and difficulties with the recruitment of ATSI foster carers (Breslin 2009). In addition many ATSI families have complex adversities resulting from intergenerational and cultural trauma (Atkinson 2002, Halloran 2004). ATSI and non ATSI Kinship Carers (in some circumstances) are fearful of approaching the referring agency for fear of losing the child in their care. It is also recognized that children coming into a kinship family may change the dynamics of the family and bring with them the complexities of the birth family network such as drug and alcohol abuse, domestic violence and unstable relationships (Breslin 2009).

At the time of writing this submission there was no consistent Australia wide or state wide assessment practice framework for Kinship care. Training and casework support varied from jurisdiction to jurisdiction and agency to agency. There is limited evidence based practice research for kinship care.

Some states allow for informal kinship care agreements where there is an informal agreement within the family for a relative to care for the child. These informal care arrangements have no statutory agencies involved. There is no data on these informal arrangements.

It is therefore recommended:

- 4.1. Kinship carers are treated in a respectful way that harnesses their strengths.
- 4.2. Kinship carers are treated in a way which respects their culture and acknowledges unique kinship ties, past practices and trauma.
- 4.3. A National Legislative framework provides for the assessment of all kinship carers utilising a common assessment tool which accommodates cultural and rural and remote differences and includes criminal record checks.
- 4.4. A confidential National Data Base of Authorised Kinship Carers is established which is accessible to Statutory Agencies and NGOS.
- 4.5. Kinship carers receive training similar to that received by foster carers and regular updates on material relevant to the care of children.
- 4.6. Every kinship carer is allocated a caseworker, is visited at least four times a year and has an annual review.

5. The needs of NGOs involved in OOHC programs, recognizing that they employ social workers and other staff

Decisions that are central to the welfare and wellbeing of children must be central to decision making. Children in the system should receive equitable care and treatment regardless of whether they are in statutory care with a state department or in the care of NGOs. The Wood Report (2008) noted that strengthening decision making is essential for placement stability. There needs to be a clear and consistent framework for all children transferred to the care of NGOs. In particular there is a need for:

- 5.1. The National Legislative Framework provides for the assessment of foster carers and recommends the use of a common assessment tool for all carers this tool to be used by NGOs.
- 5.2. The National Legislative framework provides for the assessment of all kinship carers and recommends the use of one assessment tool which accommodates cultural and rural and remote differences).
- 5.3. Social workers or caseworkers be trained and skilled to conduct such assessments.

The Agency having Parental Responsibility for the child ensures that the following occurs:

- 5.4. Each child is allocated a caseworker and has regular visits and reviews.
- 5.5. There are regular case reviews and case planning with involvement from the statutory agency to meet the developmental, educational, medical and social needs of the child.
- 5.6. Decision making for children who have significant behavioural disturbance or who have had multiple placements is timely and based on need rather than economic consideration.
- 5.7. Decision making and communication is timely and in the best interests of child.

6. Systemic issues and particularly workforce issues that affect OOHC

The AASW strongly supports the development of a competent and skilled workforce. It is recognised that there are difficulties with recruitment and retention of staff particularly highly experienced and qualified staff and particularly in rural and remote areas.

In some agencies, professional practice is excessively controlled and proceduralised to the extent that there is a culture of blame (Munro 2010) and carers, in particular kinship carers, are unable to communicate concerns to the relevant agency. This is not always in the best interests of children and young people in care. Staff may also be working within a culture of blame and risk aversion which is not conducive to maximising the wellbeing and protection of children and their families. There is a need to move to a culture of shared ownership of problems.

It is also recognized that OOHC systems are complex adaptive systems and these systems need to be recognized as such (Russ et al 2009, Munro 2010). In order to maintain an effective OOHC workforce which meets National Standards the following needs to be considered.

- 6.1. A National or state register of workers in these organisations to ensure workers perform their duties professionally and avoid harm to vulnerable children in care and their families.
- 6.2. Recruitment and retention of adequate high qualified and experienced staff, including social workers, to provide senior case management and line management roles
- 6.3. Essential to this is the role of professional judgment and the need for caseworkers and carers to not be afraid to communicate honestly about their experiences both good and managers treat their feedback as a learning tool. This requires a cultural change within the work practices of Government and NGO agencies from a culture of risk aversion and blame shifting, to a culture of shared ownership of problems.
- 6.4. Professional supervision this can assist with specialised professional development to ensure staff develop appropriate knowledge values and skills and so help retain qualified and experienced staff in the sector
- 6.5. Minimum qualification standards for all workers in organisations which provide OOHC services to ensure that workers perform duties professionally and maximise outcomes for children in care.
- 6.6. A clear set of maximum ratio of staff to clients (children and carers) so that adequate services and resources are able to be delivered to children.
- 6.7. The development of published scopes of practices and career development opportunities for all staff (social workers and others) working in OOHC services whether Government or non-Government.

7. Leaving Care

The National Standards paper briefly refers to “transition planning that involves children and young people (into, during and exiting care)” on p.3, after care (p.8), and providing opportunities for more gradual transition from care and providing ongoing support particularly for those with mental health needs (p.18).

The AASW believes that the National Standards need to incorporate three key parameters concerning transitions from care:

7.1 Each child in out of home care [including Kinship and other forms of care] is allocated a social worker or caseworker.

Care authorities should aim to approximate the ongoing and holistic support that responsible parents in the community typically provide to their children after they leave home till at least 25 years. The international research summarized by Stein (2008) argues

that three key reforms are required to improve outcomes for care leavers: improving the quality of care, a more gradual and flexible transition from care and more specialized after-care supports.

The first reform is improving the quality of care, as positive in-care experiences involving a secure attachment with a supportive carer are essential in order to overcome damaging pre-care experiences of abuse or neglect. This involves providing stability and continuity, an opportunity, if at all possible, to maintain positive family links, which contribute to a positive sense of identity, assistance to overcome educational deficits and holistic preparation. Foster care placements, small children's homes and residential care with a therapeutic orientation appear to be most successful in addressing young people's emotional and educational needs.

The second component is the transition from care which includes both preparation for leaving care, and the actual moving out from the placement into transitional or half-way supportive arrangements from approximately 16-21 years. An effective leaving care model would arguably include a flexible and functional process for transitioning from care based on levels of maturity and skill development rather than simply age, assistance with accessing and maintaining affordable and stable accommodation, help with renegotiating relationships with family members and to develop wider informal support networks and friendship groups, access to adequate health care including ongoing therapeutic support if necessary to overcome experiences of abuse and trauma, programs of parent support for young mothers, subsidies to undertake higher education, supported employment programs, and financial assistance to access appropriate furniture and household items and pay advance rent and bond if necessary.

The third component is ongoing support after care till approximately 25 years of age. This may involve a continuation of existing care and supports and/or specialist leaving care services in areas such as accommodation, finance, education and employment, health and social networks. The research evidence suggests that effective after-care interventions can facilitate 'turning points' that enable young people to overcome the adverse emotional impact of earlier traumatic experiences.

7.2 A national legislative framework that provides for consistent and minimum uniform leaving care standards in the states and territories

7.3 Establishment of a national data base (similar to that of the UK) freely available on the internet which will allow monitoring of care leavers, and measurement of outcomes in key areas such as education, employment, health, housing, parenthood, substance use, social connections, and involvement in crime.

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