



Australia's Children: safe and well

A National framework for protecting Australia's children

Response to the Discussion Paper by
Catholic Social Services Australia

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1 Summary

Catholic Social Services Australia and its members commend the Government for its national leadership in developing a comprehensive framework to develop policy that will enhance the safety and well-being of Australia's children.

Catholic Social Services Australia calls on the Federal Government to support families by developing a broad range of just and equitable policies that address issues such as health care, poverty, affordable housing, employment, social security, the promotion of social inclusion, quality education, affordable and high quality childcare, and parental leave.

Catholic Social Services Australia highlights the significant issues associated with delivering services to ensure children are safe and well in rural and remote communities.

Catholic Social Services Australia believes the proposed framework would be strengthened by a greater emphasis on *supporting* parents and families by addressing their *needs* rather than an emphasis on family deficits, vulnerabilities and risks to children.

Catholic Social Services Australia's members have significant experience in delivering programs that provide opportunities for education, increased parenting skills, and the development of positive support networks for all parents, but particularly young parents and Indigenous parents. Non government organisations make a significant contribution to engaging families who are otherwise considered "difficult to reach".

Catholic Social Services Australia regards the current income "quarantining" measures in Indigenous communities as racially discriminatory and a return to punitive and paternalistic practices of the past. Our members report that community development approaches which incorporate principles of support and empowerment are more effective in bringing about long term change.

The Australian Government is commended for its approach to the development of a framework for national standards and monitoring of the out-of-home care system.

Of particular current concern to Catholic Social Services Australia members is the ability to attract suitably qualified, skilled and experienced staff to child and family support related positions and to attract foster carers nationally.

Initiatives to recruit and retain Indigenous staff should involve local Indigenous communities and experienced service providers in the design, development and implementation of an Indigenous recruitment and training strategy.

Catholic Social Services Australia welcomes the formulation of Australia-wide indicators of well-being for children and the development of a common language (particularly a common assessment language), common standards and common performance indicators.

Catholic Social Services Australia believes there is value in all service provision to children (including statutory child protection services) being subject to inspection, investigation, assessment, and transparent reporting on an ongoing basis

Catholic Social Services Australia supports improved data collection and calls for the better integration of data about children across jurisdictions.

2 Introduction

Catholic Social Services Australia, an agency of the Australian Catholic Bishops Conference, is the Catholic Church's peak national body for social services. It represents 64 member organisations which employ over 6,500 people, and supports its members' delivery of a wide range of social service programs. Catholic Social Services Australia also advises the Australian Catholic Bishops Conference on social policy issues and advocates publicly for social policy consistent with Catholic Social Teaching.

Catholic Social Services Australia and its members commend the Government for its national leadership in developing a comprehensive framework to develop policy that will enhance the safety and well-being of Australia's children.

Catholic Social Services Australia welcomes the opportunity to contribute to discussion about the nature of such a framework and commends both this initiative and the Government's stated commitment to a social inclusion agenda.

While Catholic Social Services Australia recognises the importance of developing such a framework, we note that child abuse and neglect is linked to other major social issues such as poverty, alcohol abuse, mental illness, homelessness and domestic violence¹. This submission therefore highlights the role and responsibility of the Federal Government in supporting families by developing a broad range of just and equitable policies in relation to high quality health care, reduction in poverty, affordable housing, employment, social security, the promotion of social inclusion, quality education, affordable and high quality childcare, and parental leave.

Catholic Social Services Australia notes that while there are challenges in achieving universal access by families to services to ensure children are safe and well, the particular constraints in delivering those services to rural and remote communities (and to Indigenous communities in those areas in particular) are significant. The call for better coordination between services and collaboration between service providers, while worthy, has little value if services are not currently delivered in rural and remote areas due to poor infrastructure, skills shortages and other structural barriers.

As a general comment, the framework would be strengthened by a greater emphasis on *supporting* parents and families by addressing their *needs* rather than an emphasis on family deficits, vulnerabilities and risks to children. Those concerns need to be framed within a strategy that addresses the general well-being of children (their education, health, family relationships) of which child protection and safety is only one (though very significant) part. Only a small number of children will ever require a high level of statutory child protection. The vast majority of children will benefit from growing up in families who have access to services that support them in meeting their children's developmental needs and promoting their well being.

¹ See for example Durlak, J. (1998). Common risk and protective factors in successful prevention programs. *American Journal of Orthopsychiatry*, 68(4), 512-520, and Stanley, F., & O'Donnell, M. (2007). Child abuse and neglect – can we prevent it. Ministerial Community Roundtable on Child Protection 12-13 March 2007.

As a further general comment, the proposed framework should strengthen its emphasis on parenting. While we want healthier and safer children, we also, as a society, want better parents. Parents who are more knowledgeable about their children's needs, their developmental pathways, and the effects of environmental and family stressors on their children's neurological and psychological development are better placed to address those issues, or seek help in addressing them, than parents who are not. While universal measures to assist all parents are to be welcomed, there are many secondary interventions in the form of evidence-based programs² that provide both parent education and support and seek to provoke attitudinal change in parents including parents experiencing significant disadvantage and those who may be at risk of maltreating their children. As recent media reports have confirmed, parents who have been identified as "at risk" are frequently left with inappropriate support.

3 Stronger prevention focus

3.1 Better use of early intervention family support services

Gilbert³, speaking of the US child protection system in 1990 noted that, "an enormous surge in the number of child abuse reports has transformed the system of child welfare services... an increasing amount of resources are devoted to investigation of the problem, steadily diminishing the resources left to provide services to children and families at risk" (p. 3). Catholic Social Services Australia and its members suggest that Australia finds itself in a similar situation in 2008.

Dorothy Scott⁴ in discussing a way forward for child protection reform and changes in the recent past noted that, "the shift (in the past 30 years) from the use of the term 'child welfare' to that of 'child protection' symbolises the radical transformation." Many commentators⁵ point to the dangers associated with this broad transformation in the focus of child welfare systems to considering and managing risk rather than focusing on the needs of children and families and the services required to meet those needs.

Families require holistic assessment and accessible, local, community-involved and community-led services, and (importantly) trust in the service provider. Such services should use knowledge about families to determine the levels of support families require in meeting their needs and the developmental needs of their children, rather than such knowledge triggering child protection concerns, forensic investigation and (potentially) removal of their child/ren.

² Examples of such programs are: Parents As Teachers (<http://www.access.mq.edu.au/>), the Positive Parenting Program (Triple P; <http://www.triplep.net/>) and NEWPIN (<http://www.newpin.org.au/>).

³ Gilbert, N. (1997). Introduction. In N. Gilbert (Ed.), *Combating child abuse: international perspectives and trends* (pp. 3-6). New York: Oxford University Press.

⁴ Scott, D. (2002). Child protection service system reform: a way forward. *Children Australia*, 27(1), 42-44.

⁵ Berrick, J. D. (1997). Child neglect: definition, incidence and outcomes. In: J.D. Berrick, R. Barth, & N. Gilbert (Eds.), *Child welfare research review* (Vol. 2, pp. 1-12). New York: Columbia University Press. Harries, M., & Clare, M. (2002). *Mandatory reporting of child abuse: Evidence and options*. Perth, WA: University of Western Australia. Hill, M., Stafford, A., & Green, P. E. (2002). *International Perspectives on Child Protection*. Scotland: *Scottish Executive Child Protection Review: Protecting Children Today and Tomorrow*. www.scotland.gov.uk/. Scott, D. (2004). Child protection: a public health model. Paper presented at the Australian Medical Association Summit, Canberra, Australia, February 19. Scott, D. (2002). Child protection service system reform: a way forward. *Children Australia*, 27(1), 42-44.

Bromfield⁶ noted the characteristics of these two approaches:

Forensic Approach	Therapeutic Approach
Focus on 'risks'	Focus on needs
Focus on symptoms (child abuse and neglect)	Focus on causes (holistic approach to family)
Short-term	Long-term
Deficit focus	Strengths focus
Adversarial	Empowerment
Crisis response (tertiary)	Preventative (secondary)
Documentation	Engagement
Case management	Case work

The proposed framework should be based on principles derived from therapeutic rather than forensic approaches and couched in the language of family support rather than risk.

It is acknowledged that in a small number of cases child maltreatment is the result of criminal abuse or neglect and that forensic investigation and statutory intervention is necessary, required and appropriate. In the vast majority of cases, however, preventative action consists in understanding families' needs and responding to them appropriately.

An important step in developing a national framework is to identify gaps in current family support and parent education service provision. Although the discussion paper alludes to plans for greater coordination and collaboration between jurisdictions it does not explicitly set out a plan for mapping the number and types of family support services currently delivered to families nationally and the identification of gaps in that service provision.

Many rural and remote areas lack family support service provision. Setting up mechanisms by which effective coordination can occur within and between jurisdictions is redundant if current service provision is currently absent or under resourced.

Some examples from Catholic agencies in rural and remote areas demonstrate the lack of rural services routinely enjoyed by urban and coastal dwellers:

- In many rural and remote locations the availability of child care is limited and non-existent on some days.
- Whilst Medicare is in place in theory, there are locations in Western NSW where there is no access to a bulk billing doctor leaving families to pay \$50 or more up front to see a doctor.

⁶ Bromfield, L. (2007). Child Protection in Australia: current challenges and future directions. Ministerial Community Roundtable on Child Protection 12-13 March 2007.

- Existing antenatal, maternal and infant health services in rural and remote areas are under resourced and must service vast geographical areas.
- In many small communities in rural and remote areas antenatal care is non-existent with pregnant women having to travel more than 200 km to access basic care, including access to ultrasound technology and there is no public transport available.
- Child and Family Health Nurses (who conduct universal home visits) primarily operate on a part-time basis and cover very large areas.
- Similarly, there are some communities where there are no family support services and where services exist, funding is limited, and staff members cover large geographical areas and may operate on a part-time basis.

While the discussion paper states that changes to child care assistance (e.g. the Commonwealth Special Child Care Benefit) could be considered for more developmental support for children at risk, and for respite for children under stress, this is a valuable initiative for families living in communities where there are sufficient childcare services to access, but it is hardly helpful in communities where there is limited childcare available such as in rural and remote communities.

The discussion paper canvasses the possibility of the use of Family Relationship Centres to extend the range of early intervention and family support services currently provided. Again, in rural and remote areas, issues of transport, geographical coverage and limited outreach reduce access to these services and these Centres. Extending the role of these Centres has little value if services cannot be delivered effectively and comprehensively at present.

3.2 Enhancing Centrelink's role to identify and refer vulnerable families

This proposal would require a significant overhaul of practice and culture within that Department. The only connection Centrelink has with the most socially disadvantaged families in Australia is the fact that they hold their personal details and have used a standard assessment process to assess eligibility for income support, and the need for income support is only one indicator of vulnerability.

In many instances Centrelink's assessment and contact with families occurs over the phone and there is little if any face-to-face contact between the organisation and the family. (For example, social work services for people living in the Parkes ESA are currently delivered by a social worker based in Queensland.)

Changes to income support arrangements due to transitions in family life (separation of parents, death of a parent, and risk of homelessness for example) may enable Centrelink staff to identify children with increased vulnerability to trauma but these issues may or may not have consequences in terms of child protection and well-being issues.

It is unlikely, unless the role of Centrelink social work staff take on a more investigative role, that issues around mental health, domestic violence, and drug and alcohol use that have a more proximate relationship with risk of child maltreatment would easily be identified.

3.3 Targeted action on parenting and alcohol misuse

Catholic Social Services Australia welcomes targeted intervention for high-risk families who suffer the effects of alcohol misuse.

Scott⁷ noted, in reflecting on the changes in child protection services over the past 30 years that "the most significant change in the nature of the client population... is the number of children

⁷ Scott, D. (2002). Child protection service system reform: a way forward. *Children Australia*, 27(1), 42-44.

whose parents have a drug dependence". Research⁸ into alcohol and other substance abuse has indicated that child abuse and neglect cases where a parent has a substance abuse problem are 2.34 times as likely to be substantiated and 5.32 times as likely to be resubstantiated compared to those cases where the parent did not have a substance abuse problem.

It is therefore suggested that the initiative not restrict itself to initiatives concerning alcohol misuse, but embrace initiatives to simultaneously address dual diagnosis, polydrug use and substance abuse, and highlight the risks to children's health and safety of such things as foetal alcohol syndrome, post-natal withdrawal, access by children to illegal substances and medications and so on. Further, given alcohol and drug misuse are closely bound to risks for domestic violence, targeted campaigns emphasising the risks to children could also be initiated in this area.

Catholic Social Services Australia's members have significant experience delivering programs that provide opportunities for education, increased parenting skills, and the development of positive support networks for young parents (including young Indigenous parents) and in engaging young parents who do not access traditional health and community service pathways.

An example is the Centacare Wilcannia–Forbes' *Strong Young Mums* program. Central to the success of this program has been the use of an NGO-led integrated service delivery model as an effective way of delivering education to reduce risk factors such as drug and alcohol use during pregnancy. In this project engagement of young women was facilitated by the development of a trusting relationship between the young women and NGO staff and characterised by the time taken and the support provided to build rapport with young women who would otherwise be unlikely to engage with statutory health and community services.

This successful relationship brought about increases in knowledge and awareness by the young women of a range of health issues affecting them and their children. This interest led to the delivery of education sessions by Drug and Alcohol workers regarding the effects of drug and alcohol on both the young women's unborn babies and themselves. Several of the young women have subsequently ceased their use of cannabis and nicotine as a result of this education and support. Many of the young women have also accessed pre-natal care for the first time as a result of meeting the Community Midwife at their weekly group gathering.

Catholic Social Services Australia notes the Australian Government acknowledgement in the discussion paper that the non profit sector is a key player in the protection of children and in promoting social inclusion. The non profit sector has a key role, as the example above indicates, in partnering with statutory services in integrated service delivery. Fear of disclosing need to statutory agencies because of their known child protection mandate is often a barrier for families asking for help and in accessing services.

3.4 Promotion of good parenting

As noted above, strategies that promote good parenting are welcomed, but should not be restricted to universal measures. Targeted secondary level interventions may have significant impact⁹ on families experiencing disadvantage or with high and complex needs.

⁸ Allen Consulting Group (2003). *The child protection outcomes project: Final report for the Victorian Department of Human Services*. Melbourne: Victorian Department of Human Services.

⁹ The Standing Committee on Social Issues (1998; *Working for children: Communities supporting families*. Sydney: Parliament of NSW Legislative Council) found that parent education and support programs had an important role to play in the prevention of child abuse, and in strengthening family functioning and supporting stressed families. The Committee found that 'there is a compelling body of research... that parent education and support programs can... play a role in preventing or reducing the incidence of... child abuse, criminal behaviour and mental illness' (p.47). A similar point was made by Scott (1998) who argued that such

A review¹⁰ of over 1200 outcome studies examined the broad set of risk and protective factors associated with child maltreatment. The factors identified as being associated with negative outcomes for a child (including child abuse) were: impoverished neighbourhoods, ineffective social policies, poor quality schools, negative peer relationships, families with low socio-economic status, parental psychopathology, marital discord with punitive child-rearing style, early learning difficulties, and stress.

The review found that a critical protective factor leading to positive outcomes was a good parent-child relationship that developed from effective parenting practices. These included parents understanding their child's unique personality and developmental needs, child-rearing methods that promoted warmth and acceptance, and parents reinforcing positive behaviour (coupled with appropriate discipline strategies). Of particular interest was that social support of the child or parent was a significant protective factor.

There is support in the literature¹¹ to suggest that where more robust intervention is required to bring about significant changes in parenting (e.g., to prevent child abuse), parent education and support may only be effective if there are multiple components of that intervention, and where it is of longer duration.

The Dropping off the Edge Report co-commissioned by Catholic Social Services Australia and Jesuit Social Services and written by Professor Tony Vinson also highlights the importance of achieving higher levels of social cohesion in disadvantaged communities as results indicate that strengthening the social bonds between residents can be an important first step in minimising the harmful effects of disadvantageous social and economic conditions. Further, that social cohesion can in fact provide protection against the impacts of entrenched disadvantage, poverty, unemployment, criminality and so on.¹²

The discussion paper makes brief reference to Integrated Family Centre models as a means to deliver the multiple components necessary in delivering services to families and children. Integrated Family Centres work with families to assess family needs and aspirations and provide the appropriate services required to help families improve their relationships; parents develop their parenting skills; and children reach their developmental milestones.

Integrated Family Centres sit at the intersection of many funding streams and provide a range of family and parenting services that directly address family well-being, parenting, relationship skills, and early childhood development. The flexibility inherent in such models of service delivery is that

programs should not just aim to prevent child abuse and neglect, but aim also to facilitate healthy parenthood. (Scott, D., 1998. Looking back to see ahead - 25 Years of child abuse prevention. Parents Anonymous Annual General Meeting Address, November 19.)

¹⁰ Durlak, J. (1998). Common risk and protective factors in successful prevention programs. *American Journal of Orthopsychiatry*, 68(4), 512-520.

¹¹ Baldwin, N., & Spencer, N. (1993). Deprivation and child abuse: Implications for strategic planning in children's services. *Children & Society*, 7(4), 357-375. Barnett, B. (1995). Preventive intervention: Pregnancy and early parenting. In B. Raphael & Burrows (Eds.), *Handbook of studies on preventive psychiatry*. London: Elsevier Science. Commonwealth Attorney-General's Department (1999). *Pathways to prevention: Developmental and early intervention approaches to crime in Australia*. Canberra: Commonwealth of Australia. Powell, D.R. (1997). Parent support programs: Opportunities and challenges. *Children's Issues*, 1(2), 9-11. Vimpani, G. (2001). The role of social cohesiveness in promoting optimum child development. *Youth Suicide Prevention Bulletin*, 5, 20-24.

¹² Vinson, T. (2007). *Dropping off the edge: The distribution of disadvantage in Australia*. Sydney: Catholic Social Services Australia & Jesuit Social Services.

they it offer families seamless transitions to other types of services within such Centres as the family's needs change and develop over time.

Integrated Family Centres differ in their type and level of service provision because each is responsive to the particular local levels of resource availability and community need. Thus, families with specific needs, or specific challenges, can access the same generalist services as other families in the community, but with the capacity to access the specialised services they need (such as disability services) when they need them.

Depending on each family's circumstances, Integrated Family Centres work jointly with other agencies or refer families to other agencies than can meet their individual and family needs. Research into the efficacy of such integrated models, particularly models that reflect joint NGO and statutory service delivery should form part of the proposed framework.

Whilst mainstreaming is certainly welcome, families at high risk will require special 'targeted' interventions if they are to access such services.

3.5 Support for families to protect children online

Catholic Social Services Australia welcomes any measures that promote safe online environments for children.

4 Better collaboration between services

4.1 Income management – including Northern Territory and Cape York models

Catholic Social Services Australia regards the current income "quarantining" measures in Indigenous communities as racially discriminatory and a return to punitive and paternalistic practices of the past. Such measures, particularly in the absence of a range of adequately resourced family support interventions which seek to address the causes of child maltreatment, remain blunt instruments, the effects of which (intended or otherwise) remain unclear. Given the complex interrelationships between the causes of child abuse and neglect the notion that single interventions of this nature will be effective is naïve.

Central to any intervention strategy to improve child safety and well being should be an individual assessment of each child and each family's needs and continuing engagement through case management directed at meeting those needs. Where income management is assessed as one of those needs, there are adequate provisions for *voluntary* arrangements to be effected through Centrepay for families to meet costs such as rent, utilities, education expenses, and the provision of food where necessary, the court can also make suitable orders.

Given that evidence for the success or otherwise of income management strategies on child protection in Australia is untested, the proposal to roll out similar further initiatives in other parts of Australia is premature.

There is some evidence from the US on the effect of linking income support sanctions to children's school attendance. A study by David Campbell and Joan Wright suggest that sanctions are not an effective measure on their own. The study reported the findings of the Merced County Attendance Project (MerCAP) – a demonstration program sponsored by the Merced County Human Services Agency, county schools, and the California Department of Social Services (CDSS). The project aimed to improve the school attendance of students whose parents received income support payments (TANF). The program monitored attendance, communicated with parents, and finally, imposed a financial sanction of welfare benefits to discourage absences that were considered excessive.

In their conclusion the researchers wrote:

“The data support the proposition that welfare school-attendance programs will not succeed in improving attendance unless supportive case management services are an integral part of the implemented program. Because sanction programs do require some form of attendance monitoring, they create the potential for an early warning system that can trigger social service interventions aimed at resolving the family problems that underlie absenteeism. However, as MerCAP’s history suggests, implementing programs that realise this promise is difficult, particularly when no new financial or staff resources are provided to support implementation.”¹³

Our members report that community development approaches which incorporate principles of support and empowerment are effective in bringing about long term change. For example, Centacare Wilcannia–Forbes' *Manage Your Income, Manage Your Life* program is an example of an innovative program that involves training Indigenous staff as financial counsellors who then provide programs in financial literacy to Indigenous communities. The program has had significant impact on the quality of life within families, and has led to engagement in employment and further training for participants. This program operates from a strengths based approach working in partnership with Aboriginal communities and participants to develop financial management skills through group work, and the application of learning and education to daily life.

4.2 National plan to reduce violence against women and children

The community education initiatives outlined in the discussion paper are welcomed. In addition to general education campaigns Catholic Social Services Australia and its members suggest enhanced education and training for Police, Magistrates, Teachers, and Childcare workers regarding domestic violence and the role those professionals can play in responding to children and families experiencing violence.

Information about services available for perpetrators of violence and best practice models for working with perpetrators is extremely limited. Any measures to facilitate dissemination of domestic or international practice research in this area would be welcomed as would planning for, and appropriate resourcing of, services to work with this target group.

4.3 A solution driven national research program

As long as Australia does not have consensus on a national approach to the protection and well being of children, a national research agenda and a national family support system, we maintain the present fragmented and idiosyncratic arrangement that affords a level of support and protection to children that is predicated on their postcode¹⁴.

Professor Tony Vinson's *Dropping Off the Edge* report (a joint Catholic Social Services Australia and Jesuit Social Services initiative) is an example of one type of national research project that can inform public policy in its development of strategies to address disadvantage, and in particular, child abuse and neglect.

Dropping Off the Edge employed 25 generally distinct aspects of social disadvantage in order to build up a picture of the geographic distribution of disadvantage throughout Australia. One of the factors considered was confirmed instances of child maltreatment using information provided by

¹³ Campbell, D and Wright, J, “Rethinking Welfare School-Attendance Policies”, 2005, p.20. Available at <http://www.journals.uchicago.edu/doi/abs/10.1086/426716>

¹⁴ Vinson, T. (2007). *Dropping off the edge: The distribution of disadvantage in Australia*. Sydney: Catholic Social Services Australia & Jesuit Social Services.

four state authorities. The number of instances of this problem was converted in each locality to a rate that took into account the number of children resident within its boundaries.

Overall, it was found that most of the indicators of disadvantage waxed and waned together; they tended to inter-correlate in the sense that if an area had a 'high' score on one factor (say, limited formal education) it tended to have high scores on several other factors.

Confirmed child maltreatment differed in an important way from this pattern. There were several indicators that more than others helped to define the outstandingly disadvantaged areas throughout Australia, including the four states that were able to furnish child abuse data (Queensland, New South Wales, Victoria and South Australia). These crucial indicators were: limited education and computing skills, low individual and family income, limited work credentials, poor health and disabilities, and engagement in crime. Where these attributes were present in concentrated form then, there too, confirmed child maltreatment was prevalent. In the case of this indicator the picture was not one of continuous linkage with others throughout disadvantaged and non-disadvantaged places. It was only in the most deprived of localities that rates of child maltreatment were elevated. The research literature on this topic acknowledges that the spill-over effect of cumulative stresses can help to account for the pattern found in *Dropping Off the Edge*, as well as the possible contribution of added surveillance in areas where families may be better known to social agencies and where closer scrutiny is maintained.

4.4 Additional child focus in adult specialist services

Related to earlier points about the lack of services or service gaps in rural and remote areas, proposals to extend the range or role of existing services presupposes that current coverage is adequate, when this is far from the case.

Often in smaller communities this limited service is only available on a visiting basis once a fortnight and there is minimal ongoing treatment or intervention provided. Closing existing service gaps and making available specialist services would need to be addressed for this option to be workable.

5 Improving responses for children in care and young people leaving care

5.1 National standards and monitoring of the out-of-home care system

The evidence of the poor outcomes for children and young people in care is considerable¹⁵ and that there are poorer outcomes when children experience multiple placements.¹⁶ Central to stability in out of home care placements is effective case planning and case management. Catholic Social Services Australia recommends evaluation of such case management systems as Looking After Children (LAC) which provides a framework for identifying the needs of children and young people

¹⁵ Cashmore, J. & Paxman, M. (1996). Longitudinal study of wards leaving care. *Report of Research Commissioned by the NSW Department of Community Services*. Social Policy Research Centre: University of NSW.

¹⁶ Belinsky, J., & Cassidy, J. (1994). Attachment: Theory and Evidence. In M.F. Rutter, & D.F. Hay (Eds.), *Development Through Life: A Handbook for Clinicians*, Blackwell Scientific Publications, Oxford. Rutter, M. (2002). Maternal deprivation. In M.H. Bornstein (Ed.), *Handbook of parenting: Vol. 4: Social conditions and applied parenting* (2nd Ed.), pp. 181–202). Mahwah, NJ: Erlbaum Associates. Vorria, P., Rutter, M., Pickles, A., Wolkind, S., & Hobsbaum, A. (1998a). A comparative study of Greek children in long-term residential group care and in two parent families – Social, emotional and behavioural differences, *Journal of Child Psychology and Psychiatry*, 39, 225-236. Vorria, P., Rutter, M., Pickles, A., Wolkind, S., & Hobsbaum, A. (1998b). A comparative study of Greek children in long-term residential group care and in two parent families – Possible mediating mechanisms, *Journal of Child Psychology and Psychiatry*, 39, 237-245.

and developing plans aimed at meeting those needs. LAC has been successfully implemented as a joint initiative of the 39 community service organisations across Victoria who deliver out of home care services for children and young people, and the Department of Human Services in that state. LAC strengthens the abilities of agencies caring for children to effectively share information through a single consistent, structured approach.

The NSW Children's Guardian's Accreditation and Quality Improvement Programs have led to significant improvements in the quality of OOHC services provided by NGOs in NSW and these models are commended to the Australian Government in its development of a framework for national standards and monitoring of the out-of-home care system.

5.2 Support for foster carers and informal carers

Both statutory agencies and NGOs struggle to recruit and retain enough foster carers to support all of the children and young people requiring foster care placements. It is widely recognised that there are not enough people willing and qualified to provide foster care in Australia.

NGOs are, in general, able to support foster care placements more effectively than statutory agencies because their caseworkers maintain much lower caseloads than statutory caseworkers¹⁷ allowing the more intensive support required. Carers continue to leave the system because they feel that they are unsupported and not valued.

Foster carers require ongoing training and support. The support must be consistent, reliable, practical, available 24/7, tailored to the carer's individual needs and accessed before the placement is in crisis¹⁸. The relationship between foster carer and case worker is critical. Carers need to understand what they're being asked to do and matched carefully with the child or young person requiring care. They require information about the child's needs at the beginning of the placement so that they are able to respond appropriately. They should be involved in making decisions about the placement and participate in case reviews, court proceedings and other critical processes. Carers also need to feel that they are respected and valued. The NSW Government recently boosted payments to carers following a review of allowances and contingency payments, making NSW carers the highest paid in Australia. However, NGOs, peak bodies and foster carers suggest that remuneration remains grossly inadequate.

Catholic agencies suggest a number of practical initiatives to address recruitment and retention issues:

- Recruitment practices should be informed by the latest research.¹⁹
- Recruitment should be coordinated across regional and jurisdictional boundaries.
- Previous accreditation and experience in foster care should be taken into consideration in the foster carer accreditation process.
- Foster carers (and kinship carers) should be provided with additional support and paid appropriately and promptly.

Some of our members note that monitoring and support of informal care and family/kinship placements (particularly of Indigenous placements) by statutory agencies is often poor and characterised by:

¹⁷ For example, according to ACWA, NGO case loads in NSW are approximately 1:10 – 1:12 compared to NSW DoCS caseloads of 1:30.

¹⁸ A. Butcher (2004). *Foster Care in Australia in the 21st Century. Developing Practice: The Child, Youth and Family Work Journal*, 11, 42-54.

¹⁹ The University of Wollongong's Faculty of Commerce recently secured a \$350,000 ARC Grant to research the recruitment of foster carers.

- The lack of a response when calling for assistance/support.
- Irregular contact (many carers are lucky to receive one visit per year from a statutory caseworker).
- No assigned Caseworker or frequent changes in Caseworker.
- Failure to follow up with promised support including medical appointments and assessments required by children.
- No coordinated plan or arrangement around contact with birth family.
- Unrealistic expectations placed on carers, e.g. children placed with additional needs and carers not provided with respite or support to access required therapy, and medical services (often at great distance in rural and remote areas).

5.3 Improved assistance for young people leaving care

While it is acknowledged that the issue of assistance to young people leaving care is important, the major predictor of success for young people leaving care is a secure, stable placement *while they were in care* that afforded them the same educational opportunities, vocational training and emotional and physical security provided to children and young people who never enter the care system.

Many of the issues associated with young people leaving care centre more on the levels of support available to the young person during transition than the provision of material and financial aid. The lack of funding to agencies to continue case management with young people beyond care is a major impediment to successful transition.

6 Improving responses to Indigenous children

- 6.1 Targeted investigative measures**
- 6.2 A common approach to protecting Indigenous children**
- 6.3 A better service model to protect Indigenous children in towns and cities**
- 6.4 A better service model to protect Indigenous children in remote communities**
- 6.5 More responsiveness to Indigenous children's issues within existing services**
- 6.6 Supporting compliance with the Aboriginal placement principle**
- 6.7 Northern Territory Emergency Response review**

Catholic Social Services Australia welcomes the emphasis placed on the protection of children in the framework and the desire to provide security and safety to Indigenous parents and children in particular.

Substantial research has shown that maintaining family and culture has a positive influence on reunification and the general well-being and development of the young person in out-of-home care²⁰.

We refer the Australian Government to the NSW Council of Social Service (NCOSS) submission to the NSW Legislative Council Standing Committee on Social Issues *Inquiry into Closing the Gap: Overcoming Indigenous Disadvantage*²¹. This submission provides an excellent overview of the

²⁰ Sultmann, C., & Testro, P. (2001). *Directions in Out of Home Care: Challenges and opportunities*. PeakCare Queensland Inc, Brisbane.

²¹ NCOSS (2007) "Submission to the NSW Legislative Council Standing Committee on Social Issues Inquiry into Closing the Gap: Overcoming Indigenous Disadvantage. Available from the NCOSS website www.ncoss.org.au

challenges associated with meeting the complex needs of Aboriginal children, young people and families who are involved with (or are likely to become involved with) the child protection system.

We suggest that the recommendations developed by the Aboriginal Child Sexual Assault Taskforce as part of the report *Breaking the Silence, Creating the Future: Addressing child sexual assault in Aboriginal communities in NSW*²² and the NSW Government's response: *The NSW Government Interagency Plan to tackle child sexual assault in Aboriginal communities*²³ be considered in developing a national strategy. NCOSS also provides a useful critique of the Government's response in its submission to the Closing the Gap Inquiry.

We also refer the Australian Government to the *Dropping off the Edge: The Distribution of Disadvantage in Australia* co-commissioned by Catholic Social Services Australia and Jesuit Social Services, mentioned earlier in this submission. This report found that a very high proportion of the most disadvantaged communities in Australia are located in rural communities with large Indigenous populations.

7 Attracting and retaining the right workforce

7.1 A national workforce strategy

Achieving the right balance in approach between supporting families and protective interventions will necessarily determine the workforce capacities required to respond with each approach.

Of particular current concern to our members is the ability to attract suitably qualified, skilled and experienced staff to child and family support related positions. This is due firstly to lack of supply, but also funding levels to the non-government sector mean that NGOs are unable to compete in the employment marketplace for staff given higher salaries and better conditions offered by government and statutory agencies. This is a particular issue in rural and remote areas. Anecdotal evidence suggests this disparity is in the order of 10-20 per cent with the instability and uncertainty of securing funding to the NGO sector providing ever further disincentive to workers.

The difficulties in attracting appropriately experienced staff to the non government sector are also apparently reflected in the statutory sector. Recent high profile recruitment drives in some States (NSW, for example) have resulted in an apparent over-representation of new graduates as statutory child protection workers. While the engagement of staff that are tertiary qualified is to be commended, child protection work brings with it significant clinical, ethical and legal complexities requiring a specialist skill-set that embraces not only a theoretical and clinical understanding of the dynamics of multi-problem families, but an ability *to engage with families* in the resolution of those problems. It is clear from the non government sector's perspective that the training, backgrounds and experience of such new graduates do not meet these requirements.

Catholic Social Services Australia welcomes a national workforce strategy to address workforce shortages which may need to encompass initiatives to attract suitability experienced and qualified staff from overseas.

We also welcome the proposal for the development of a national standards framework around competencies for child protection workers, particularly the development of standards to ensure adequate competencies in child and family assessment and cultural competencies.

²² Aboriginal Child Sexual Assault Taskforce. <http://www.lawlink.nsw.gov.au/acsat>

²³ NSW Government (2006) Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities". <http://www.lawlink.nsw.gov.au/lawlink/>

All child protection and child and family support workers require effective professional development, supervision and support. Such professional support is a key factor in staff retention, the promotion of resilience in staff and reduction in staff stress and vicarious trauma.

Levels of such support vary widely between the government and non government sectors and within particular service delivery sectors. While some variation is to be expected in this regard, the development of minimum national benchmarks across the child protection domain, rather than the current plethora of individual professional standards, would seem possible and desirable as part of a staff retention strategy.

7.2 Specific Indigenous workforce strategy

Catholic Social Services Australia notes that there are numerous initiatives by the Federal and state governments in attempting to build capacity in the Indigenous workforce and in addressing Indigenous workforce training needs. Yet there is little coordination. More coordinated approaches will improve accessibility and reduce inconsistencies in training development and delivery.

Initiatives in this area should involve local Indigenous communities and experienced service providers in the design, development and implementation of an Indigenous training strategy.

8 Improving child protection systems

8.1 Identifying national indicators of child wellbeing

Catholic Social Services Australia welcomes the formulation of Australia-wide indicators of well-being for children. We commend to the Government the recently successful development in the United States of 38 key indicators of well being in important aspects of children's lives.²⁴ This initiative resulted in a set of easily understood evidenced-based indicators of children's well-being in seven domains: family and social environment, economic circumstances, health care, physical environment and safety, behaviour, education, and health.

The development of these indicators required unprecedented interdepartmental cooperation and collaboration between 22 US Federal agencies and numerous private research organisations. The indicators developed are a broad set of measurements that provide a benchmark from which performance targets are derived and against which outcomes are assessed and service delivery performance measured.

Catholic Social Services Australia welcomes the development of both the Australian Early development Index (AEDI) and the Indigenous Australian Early Development Index (IAEDI) as practical indices of an individual child's early development and readiness for school learning. However, more broadly based population indicators of well being covering a wider spectrum of children and young people (including middle-years children and teenagers) need to be developed to provide benchmarks to which children's developmental trajectories can be mapped.

8.2 National standards and performance reporting

The development of a common language (particularly a common assessment language), common standards and common performance indicators is one of the critical areas that invites national reform and one where a national approach led by the Australian government can have a significant impact.

²⁴ Federal Interagency Forum on Child and Family Statistics. (2007). *America's Children: Key National Indicators of Well-Being, 2007*. Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office.

Much can be learned in this regard from overseas experience. In the United Kingdom, as part of a move towards integrated approaches to the delivery of services to children, the UK Government has developed a common assessment framework for children to enable more coordinated service provision. In particular, the common assessment framework²⁵ aims to:

- provide practitioners working with children and young people a holistic tool for identifying a child's needs before they reach crisis point and a shared language for discussing and addressing them.
- ensure important needs are not overlooked and reduce the scale of assessments that some children and young people undergo.
- provide a common structure to record information and facilitate information sharing between practitioners.
- provide evidence to facilitate requests to involve other agencies, reducing unnecessary referrals and enabling specialist services to focus their resources where they are most needed.

The common assessment framework uses assessment tools in three domains:

- *Development*: health; emotional and social development; behavioural development; identity; family and social relationships; self-care skills; independence and learning.
- *Parents and carers*: basic care (including safety and protection); emotional warmth and stability; guidance, boundaries and stimulation.
- *Family and environmental factors*: family history, functioning and well-being; wider family; housing, employment and financial considerations; social and community factors and resources, including education.

As well as providing common tools and a common language, the Common Assessment Framework acts as an organising principle²⁶ behind interventions, and through its emphasis on children's needs and their families' circumstances, highlights the fact that inter-agency collaboration and a multidisciplinary approach is required to ensure an effective response.

While the Common Assessment Framework has been the subject of critical debate²⁷ the experience gained from its implementation may prove useful in guiding discussion and debate in the development of the child protection framework.

The proposal for the development of common performance indicators is welcome, and we support the establishment of an independent monitoring mechanism to ensure statutory and non government performance is brought under public scrutiny. Again, international experience is helpful.

For example, since 2007 in the UK, when a number of Government inspectorates were combined, the Office for Standards in Education, Children's Services and Skills (Ofsted), which reports directly to the UK Parliament, has had the remit to regulate and inspect children's social care services. These include children's homes, residential special schools, residential family centres, boarding schools, further education colleges, local authority and adoption and fostering services,

²⁵ The following is taken from the Children's Workforce Development Council (2007). Common assessment framework for children and young people. Downloaded 24 June 2008. http://www.everychildmatters.gov.uk/_files/FAQCommonAssessmentFramework0907.pdf

²⁶ Department of Health. (2001). The integrated children's system: Briefing paper no 2 (October). London, DoH.

²⁷ See, for example, Gilligan, P. & Manby, M. (2008). The Common Assessment Framework: does the reality match the rhetoric? *Child and Family Social Work*, 13, 177–187, and Pithouse, A. (2006). A Common Assessment for Children in Need? Mixed Messages from a Pilot Study in Wales. *Child Care in Practice*, 12(3), 199-217.

private fostering arrangements, voluntary and independent adoption agencies, and adoption support agencies.

The inspections are to ensure compliance with National Minimum Standards in meeting the needs of children and young people who use the services. The frequency of inspections depends on particular circumstances but, e.g. children's homes must be inspected twice yearly at minimum and adoption and fostering services at least every three years.

Of relevance to the discussion here is that Ofsted regulates, inspects and enforces compliance of services provided by both *statutory* and *non-statutory* agencies. The results of their individual inspections are publicly available from their website and provide detailed information as to the agency or service compliance with minimum standards and an overall assessment. Further, Ofsted grade local authorities (the main providers of children's social care services in the UK) based on the composite assessment of all the services they provide, using a 1-4 "star" system, and make this grading publicly available. This system has had considerable impact in concentrating the minds of municipal administrators to improve the quality of their service provision.

While Catholic Social Services Australia does not necessarily advocate the wholesale adoption of such a system (the notion of "league tables" for comparing schools and hospitals has generated considerable recent debate in NSW for example) the general principle that there is value in all service provision to children (including statutory child protection services) being subject to inspection, investigation, assessment, and transparent reporting on an ongoing basis recommends itself.

The notion of a national Children's Commissioner or advocate/guardian based on similar positions established in many jurisdictions in Australia has considerable merit if such a position is independent from Government (reporting to Parliament for example). Such a position could take a leadership role with Commissioners from state and territory jurisdictions (where they exist).

8.3 Improving data collection and knowledge sharing

Catholic Social Services Australia supports improved data collection and calls for the better integration of data about children across jurisdictions. There is great merit in the continuing development of statistical data linkage systems such as the proposed linkage under the auspices of the AIHW of the SAAP data collection, Juvenile Justice National Minimum Data Set (NMDS) and the Child Protection NMDS. Expanding such linkages to include data from the domains of health, mental health, alcohol and other drugs and domestic violence would provide a linked data set to enable analysis of important policy issues involving movement between sectors. Further, it would inform the development of early intervention and social inclusion policies and programs to assist in identifying the extent to which clients of one service become clients of another service.

8.4 Better sharing of police intelligence across jurisdictions

Catholic Social Services Australia welcomes the proposed initiatives in this area.