

INQUIRY INTO CHILD PROTECTION

Organisation: MacKillop Family Services

Date received: 29 July 2016

29 July 2016

The Honourable Greg Donnelly MLC
Chair
General Purpose Standing Committee No. 2
Legislative Council
Parliament of New South Wales

Dear Mr Donnelly,

Submission to Inquiry into Child Protection

Thank you for the opportunity to respond to the General Purpose Standing Committee No. 2 “Inquiry into Child Protection”.

MacKillop Family Services (MacKillop) provides child and family support services in New South Wales, Victoria and Western Australia. In NSW, MacKillop is a provider of out-of-home care, specialist homelessness services, early intervention services and family referral services.

Child protection and the provision of out-of-home care have been the subject of a number of inquiries in recent years, including the Wood Special Commission of Inquiry into Child Protection Services in NSW (2008), the Senate Standing Committees on Community Affairs Inquiry into Out-of-Home Care (2015) and the Royal Commission into Institutional Response to Child Sexual Abuse (current). As the Committee will be aware, these inquiries, and those conducted in other states, have already made recommendations and provided information about how we can better protect vulnerable children and young people. We refer the Committee to the evidence base of past and current inquiries.

The attached response is focussed on specific issues addressing those points in the inquiry terms of reference (points d - g) relating to the areas in which MacKillop has direct experience, particularly the provision of out-of-home care services.

Please contact Dr Nick Halfpenny, Director of Policy and Quality on
submission further.

if you wish to discuss this

Yours sincerely,

Dr Robyn Miller
Chief Executive Officer

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**MacKillop Family Services Submission to the
General Purpose Standing Committee No. 2
Inquiry into Child Protection**

Introduction

Drivers of demand and system capacity

There are considerable pressures on the systems designed to protect vulnerable children and young people, including the increasing numbers of children in out-of-home care. In NSW in between 2004/05 and 2014/15 the number of children placed in out-of-home care increased from 9,230 to 16,843¹. This increase far exceeds population growth: the rate of children and young people placed in care per 1000 of population increased from 5.8 to 9.9 for the same period. The rate of children in out-of-home care in NSW is considerably higher than in comparable populations, for example Victoria and Queensland².

As of 2014/15, Aboriginal and Torres Strait Islander children and young people were placed in care at a rate 10.2 times that of non-Aboriginal children and young people. These rates are particularly disturbing. During the period 2004/05 to 2014/15 the number of Aboriginal children and young people in care increased from 2,543 to 6,210 with rate per 1000 increasing from 39.7 to 67.4 for the same period³.

The National Children's Commissioner has identified three main drivers for increased numbers of children and young people in out-of-home care:

...they appear together... domestic violence, substance abuse and mental health issues. What causes what is debatable, but they are the three main ones. That is the troika. Those factors account for 80 to 90 per cent of all cases.⁴

Furthermore, the 2015 Senate inquiry into out-of-home care found:

...the reasons why children enter and remain in care are complex and closely linked to social disadvantage, particularly for Aboriginal and Torres Strait Islander children. The committee acknowledges that Aboriginal and Torres Strait Islander communities face significantly higher levels of social disadvantage than non-Indigenous communities, contributing to the overrepresentation of Aboriginal and Torres Strait Islander children and young people in out-of-home care. The committee

¹ Australian Institute of Health and Welfare 2016. Child protection Australia 2014–15. Child welfare series no. 63. Cat. no. CWS 57. Canberra: AIHW; Australian Institute of Health and Welfare (AIHW) 2006. Child protection Australia 2004–05. AIHW cat. no. CWS 26. Canberra: AIHW (Child Welfare Series no. 38).

² *Ibid*, p.50

³ Australian Institute of Health and Welfare 2016. Child protection Australia 2014–15. Child welfare series no. 63. Cat. no. CWS 57. Canberra: AIHW, Australian Institute of Health and Welfare (AIHW) 2006. Child protection Australia 2004–05. AIHW cat. no. CWS 26. Canberra: AIHW (Child Welfare Series no. 38).

⁴ Community Affairs References Committee 2015. Out-of-Home Care, Senate Community Affairs Committee, Parliament House, Canberra, pp. 64.

acknowledges that to properly address the increasing numbers of children entering care means addressing a broad range of social issues, particularly family violence, alcohol and drug abuse and mental health.

Trauma-informed support

Given the complex impact of the developmental trauma experienced by children who enter out-of-home care, MacKillop Family Services has implemented the Sanctuary Model, a framework to provide trauma-informed, therapeutic responses across all areas and work of the organisation. We are committed to leading best practice in the provision of out-of-home care and complying with child-safe organisation standards.

Children and young people in out-of-home care require trauma-informed support, therapeutic treatment and advocacy relevant to their needs. Children and young people coming into contact with child protection services and entering out-of-home care have experienced significant cumulative harm. Trauma-informed service delivery is not universal and some services lack an understanding of the impact of trauma on children's behaviour and life outcomes. MacKillop welcomes current initiatives underway in NSW to support and improve the provision of therapeutic models of out-of-home care.

This submission addresses terms of the inquiry d) through to i) and is based on MacKillop's understanding that:

1. The numbers of children and young people in care have increased alarmingly in recent years,
2. Prevention is a critical element of demand management, and
3. A therapeutic, trauma-informed response is essential.

d) The role of the Department of Family and Community Services in relation to child protection, including the amount and allocation of funding and resources to non-government organisations for the employment of casework specialists, caseworkers and other frontline personnel and all other associated costs for the provision of services for children at risk of harm, and children in out-of-home care

MacKillop's experience providing therapeutic residential care and therapeutic foster care illustrates that it is increasingly difficult to provide adequate services, and achieve positive outcomes, on base funding levels. For families, children and young people in NSW to create pathways out of disadvantage, investment in achieving positive outcomes is essential. We note that children who have experienced profound trauma and may exhibit complex behaviours and / or needs have, at times, not received the appropriate service response.

Ethan's story

When Ethan⁵ came to MacKillop in 2013, he was 16 years old. He was significantly traumatised by the abuse and neglect he experienced as a child, and had also been reported to FACS more than ten times, Ethan was referred to MacKillop's homelessness service, even though he would have been more appropriately placed in out-of-home care.

As a child Ethan experienced neglect and abuse. The first notification about Ethan was made when he was just 4 months old, and the second, when he was twelve months old. At 11, he left his family home due to conflict. As a result of Ethan's early trauma, he exhibited violent and aggressive behaviour, and because of his vulnerability, has been sexually exploited from a young age.

Since coming to MacKillop, Ethan has been aggressive and violent towards the staff in MacKillop's Specialist Homelessness Service (SHS) and has caused thousands of dollars of damage to property.

Ethan's trauma history was clear and he required the structure and support of therapeutic residential care placement. Instead, Ethan was referred into the homelessness sector, where he is treated as an independent young person, rather than given intensive support required of someone at his stage of development.

MacKillop's SHS has implemented the Sanctuary Model. Although trauma informed therapeutic care is difficult to provide within SHS funding levels, many SHS providers, including MacKillop, have incorporated a therapeutic approach, to the extent that funding allows. Unfortunately, this does not extend to employing a therapeutic specialist who is able to provide therapeutic leadership and reflective practice for staff.

MacKillop is a provider of both homelessness and out-of-home care services, and we have implemented the Sanctuary Model throughout our programs. Our experience tells us that some children and young people will do well in a more independent setting, while others need to the more intensive support offered by residential care. To assist MacKillop work effectively with Ethan, we have received top-up funding, in recognition of his complex needs. However, many homelessness services, even those that are trauma-informed and operating therapeutic models, are simply ill-equipped to deliver the intensity of support to work with young people like Ethan whose cognitive development is well below his chronological age.

⁵ The names and relevant details in this case study have been altered to protect the identity of the young person.

This case study illustrates a reluctance to place older adolescents in out-of-home care. However Specialist Homelessness Service (SHS) services are not resourced or structured in a way to provide a comprehensive therapeutic response to young people with complex needs. Funding and resources prohibit the ability of services to effectively provide the intensity of support required to a young person under 16 years who is homeless and has experienced significant trauma.

Resourcing of residential care and the availability of alternative care options, such as professional foster care, remain key factors in the ability of organisations to effectively protect children, especially those like Ethan. Increasing skilled staff, better training, better information sharing and purpose built residential care homes will all go some way to promoting the safety of children and young people in out-of-home care and allow for increased placement options for young people with multiple and complex needs like Ethan.

MacKillop's Therapeutic Foster Care

Another essential element in the suite of services that must be made available include an expansion of therapeutic foster care. MacKillop provides therapeutic foster care in Western Sydney and Nepean Blue Mountains districts. It provides additional supports, including comprehensive assessments that inform the development of individual therapeutic care plans and behaviour support plans that take into account the child's experience of trauma.

Therapeutic foster care also allows for smaller case-loads for case managers, more frequent home visits, care team planning and support from therapeutic specialists. The support from the therapeutic specialist includes reflective practice with the carers and the care team. Foster carers also receive coaching on the provision of therapeutic parenting, more regular supervision and monthly respite. Therapeutic foster care also promotes therapeutic contact between the child and parent/s.

Angela, Keith and the O'Malley children's story

Damien (aged 8), Tia (aged 6) and Keesha (aged 4) entered out-of-home care in 2015. They had experienced significant trauma and neglect. All showed signs of developmental delays and attention deficit hyperactivity disorder. Although only 8, Damien had taken on some parenting responsibilities and viewed himself as his siblings' caregiver. An initial assessment identified that the children would benefit from a time-limited intensive therapeutic foster care placement before moving to a less intensive option. They were placed in MacKillop's therapeutic foster care with carers, Angela and Keith.

Angela and Keith were recently retired and had considerable parenting experience (4 adult children of their own and 7 grandchildren). Angela had also been a primary school teacher for 30 years. They felt the therapeutic foster care (TFC) training and assessment process had prepared them well for their first placement – particularly their training in providing trauma-informed care and the Sanctuary Model.

Samantha, the therapeutic specialist, spent structured time with Angela, Keith, and the O'Malley children during the first few weeks of the placement. She learned about the children's trauma history and individual needs, and completed comprehensive assessments. She also coached Angela and Keith on the impact of trauma and neglect and how to respond therapeutically to the children's trauma-based behaviour.

William, the therapeutic case worker, focused on establishing the care team. This included Angela and Keith, Samantha, the assistant principal from the children's school, and the children's speech therapist and psychologist. With support from Samantha, the care team developed an individual therapeutic care plan (ITCP) for each of the children. The care team then met each week to support Keith and Angela to continue providing therapeutic, trauma-informed care; oversee the implementation of the ITCPs; and act as the children's 'collective parent'. William's role was to bring the planning and people together and monitor progress through weekly home visits. A key focus was supporting Damien to let go of his 'parenting role' and enjoy just being a child, and supporting therapeutic contact between the children and their mother.

A couple of months after the children were placed with Angela and Keith, they learned their mother was expecting another baby. Damien was excited about having a new brother or sister but also worried that he would end up having to care for another baby. Keith, Angela, Samantha and William worked with Damien to help him overcome his fears and to accept his role as a brother rather than caregiver. Damien found emotion coaching helped him to understand his anxiety and manage it better. The baby was placed with his siblings in December 2015 and settled in well.

The children have now been in their TFC placement for almost 12 months. During this time, they have experienced significant developmental gains, remained engaged at school, participated in community activities, and developed a stronger relationship with their mother. They are expected to be placed on final orders soon. The care team is currently planning their transition from TFC to general foster care. This means that Angela and Keith will continue caring for the children with reduced support from MacKillop. They remain committed to providing the children with a sense of belonging and stability and therapeutic care that supports recovery from trauma.

Therapeutic Residential Care

MacKillop provides therapeutic residential care in Victoria, and it is funded at a higher level than other forms of residential care. The Victorian government strongly supports all residential care becoming therapeutic and being treatment focussed. MacKillop welcomes this approach but is of the view that national consistency for therapeutic residential care is important to provide NGOs and governments with guidance as to what constitutes therapeutic residential care

We are a member of the National Therapeutic Residential Care Alliance (NTRCA). The NTRCA has developed the following definition of therapeutic residential care (TRC).

Therapeutic Residential Care is intensive and time-limited care for a child or young person in statutory care that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment, and developmental needs.

In NSW the definition of therapeutic care is different, but is based on the same principles:

Therapeutic Care for a child or young person in statutory OOHC is a planned, team based and intensive approach to the complex impacts of abuse, neglect and separation from families and significant others. This is achieved through the provision of a care environment that is evidence driven, culturally responsive and provides positive, safe and healing relationships and experiences to address the complexities of trauma, attachment and developmental needs.

The Royal Commission into Institutional Responses to Child Sexual Abuse consultation paper on out-of-home care⁶ included ideal elements of a therapeutic residential care:

- Careful matching of young people
- Attention to clinical training of staff
- Clear practice leadership
- Ongoing supervision and regular reflective practice facilitated by a clinician⁷.

⁶ <http://www.childabuseroyalcommission.gov.au/policy-and-research/our-policy-work/making-institutions-child-safe/out-of-home-care>

⁷ Royal Commission into Institutional Responses to Child Sexual Abuse 2016 Consultation Paper: institutional responses to child sexual abuse in out-of-home care. Commonwealth of Australia Sydney, pp. 102

In addition to these elements MacKillop recommends:

- Organisational congruence and commitment to a therapeutic approach
- Establishment of placement matching panels in jurisdictions that do not currently have them – placement matching panels to base their decisions on a therapeutic assessment of the child or young person
- Planned transitions for young people coming into and exiting residential care
- Regular care team meetings comprising case manager, key carer/s, parents, FACS worker and other relevant parties
- Resourcing that supports higher staff levels. This would allow capacity to respond to the needs of the children or young people and enhance their safety
- Regular, ongoing, one-on-one staff supervision
- Regular team reflective practice sessions for staff led by a therapeutic specialist
- Support and therapeutic planning for young people beyond 18, reinforcing attachments that have been established in residential care
- A safe, home environment that has plenty of natural light and open space, a balance of shared and private spaces, and furnished and decorated with input from young people.

To achieve the best outcomes for children and young people in residential care all residential care should be provided by NGOs and staff that understand the impact and pervasive nature of trauma. The best way to do this is providing therapeutic residential care, and funding allocations must be adequate to meet the definitions and elements listed above.

Flexible funding – funding arrangements

MacKillop welcomes reform to create more flexible funding arrangements in out-of-home care, especially structuring funding to meet individual needs of children and young people entering care and the achievement of positive outcomes. MacKillop believes the work done by NGOs providing out-of-home care has evolved significantly since unit pricing for out-of-home care was established in 2012.

It would be timely to review unit pricing to ensure it accurately reflects the cost of providing flexible, responsive and therapeutic care options for children and young people. In addition, MacKillop suggests some key improvements that could be made to funding arrangements.

Child Assessment Tool (CAT)

The introduction of the Child Assessment Tool (CAT) in 2012 was intended to identify the most appropriate level of out-of-home care funding for a child or young person based on behavioural, health and development

factors. While MacKillop supports the principle of a needs-based funding model, it must become more responsive to the changing needs of individual children. MacKillop staff have encountered a number of difficulties with the CAT review process.

Immediate supports are sometimes required

Children who come into care as immediate placements are identified as a General Foster Care (GFC) CAT. There are no assessments available to find that the needs of the children are anything other than “general”. However, children come into care with a number of complex needs and behaviours, including medical needs, developmental delays, significant attachment difficulties and intellectual disability. In these cases carers require immediate additional support, including support staff, to meet their needs, such as more frequent home visiting.

Delays in obtaining CAT reviews and negotiating changes

MacKillop has experienced difficulties and delays in negotiating changes to the level of support with FACS staff. In some cases, it can take longer than 6 months for the review.

Inconsistent approaches and ‘Continuum of need’

MacKillop has identified variations in practice across within and between districts, variations in personnel conducting the reviews and different interpretations of the guidelines. At times, MacKillop has been informed by FACS that changes in the needs of the child come within the ‘continuum of need’. In our experience, this means that although the support needs of the child have changed, the review will be unsuccessful because FACS deems the changes to be within the behaviours expected.

Collation of detailed evidence

The process of gathering evidence to support a review is also difficult. Staff have between 21 and 28 days to request a review, gather the necessary evidence and complete the documentation required to request the review. This can include getting expert reports, for example from paediatricians and other professionals. Meeting the timeframe provided to gather evidence is not always possible.

Additionally, many reviews are done without the opportunity for any further input from the NGO, although they are best placed to speak to the application. Some FACS districts undertake reviews without the relevant context and do not engage in dialogue with the NGO in relation to the application.

Ruth and Emma's story

When Emma and her mum Ruth first started receiving family support, Emma was 8 years old. Emma was diagnosed with an intellectual delay, attention deficit hyperactivity disorder, epilepsy, sleep apnoea and a rare genetic disorder that impairs brain function and growth.

To obtain that support, Emma and Ruth had to undergo a series of assessments with disability specialists, child behaviour specialists and a psychologist who specialises in parenting.

Emma has always had difficulties managing her emotions, and can lash out. When Emma was small, Ruth was able to “absorb” Emma’s punching and kicking. However, as Emma has entered adolescence, Ruth is finding it harder to manage this behaviour. The punches are harder, and as Emma grows bigger and stronger, Ruth has been struck to the ground.

We assessed that Ruth needed additional support to manage this, including respite. The CAT review was declined, and FACS told us that there was no clear evidence that anything had changed for Emma and Ruth, as Emma’s behaviours were essentially the same. FACS did not take into account the fact that the impact of the behaviours was greater due to Emma’s age and size.

The difficulty for MacKillop is that a series of assessments must take place and this can be very stressful for a child and their family. There is a requirement that we “label” children to get adequate services for them. In our view, this sort of deficit approach can be counter-productive, is not in the child’s best interests and can have a detrimental impact on placement stability.

Funding for exception placements

The process of funding exception placements requires significant reform. The system of paying in arrears for such placements creates uncertainty for NGOs and has a negative impact on quality, continuous improvement, workforce planning and workforce development. We are advised by FACS that there is currently 30% less capacity in the system than required to meet demand⁸. While FACS is progressively converting exception placements to funded placements we would prefer to see NGOs funded upfront through a significant increase to baseline funding for the FACS OOHC contracted care program. This would allow exception placements to revert to being an ‘exception’ rather than the way most new entries to out-of-home care are currently funded.

⁸ As advised at the FACS OOHC Recommissioning Forum held on 25 May 2016.

Funding of therapeutic responses

A therapeutic and trauma-informed approach is the most important mechanism to achieving better outcomes for children and young people placed in out-of-home care. Investment in therapeutic care for children and young people who have experienced trauma and neglect is essential. This includes that therapeutic residential care meets the basic elements detailed above.

Case Management

While MacKillop supports transferring case management responsibility to NGOs, funding allocated for this has not been commensurate with the responsibilities assumed by NGOs under the transfer. The placement of planning, support and decision-making authority as close as possible to the child or young person is key step towards maintaining responsive services and supports. Case management within NGOs helps to achieve this. However, while the case management policy released by FACS in 2010 and revised in 2015 has placed a broad range of responsibilities on NGO case managers, the pricing framework has not been adjusted to reflect these changes.

An example of these new responsibilities is the work associated with preparing for final orders. Case managers are required to swear affidavits and provide reports on the child or young person's placement, health and well-being. This is a responsibility that has changed since NGOs took on case management. The demands associated with preparing for court are being prioritised ahead of other important work.

In addition, MacKillop has found that the higher standards required of NGOs, that were not required of FACS, have left a significant shortfall in funded time to spend supporting children, young people and their carers. While MacKillop welcomes the increased scrutiny that comes with higher quality standards, this does impact on the ability of case managers to have the time to properly engage with children and young people.

Preventing entry into out-of-home care: family support services

MacKillop supports programs that prevent children and young people entering out-of-home care and support families to stay together. We welcome the recent announcement of the NSW government to fund support targeting family preservation and restoration services. In our view existing models do not provide the intensity of intervention over a sustained period to assist families with complex needs to achieve lasting change.

Our experience suggests there is more to be done in the areas of universal services and specific family support services to respond to the growing demand. The data suggests that existing prevention services targeting children, young people and their families are not adequately addressing need in this area.

The provision of services in rural and regional NSW

MacKillop provides services in rural and regional NSW, where families face additional disadvantage due to limited access to specialist support. In many areas there are long waiting lists for services. Our staff have reported there are few options for individuals requiring therapeutic services, especially if they are unable to establish rapport with the sole local service provider.

Families living in rural and regional NSW are entitled to receive the same level of services and supports as those provided in urban areas. MacKillop supports models of funding that reflect the challenges and additional costs of providing services in rural and regional NSW. It is our experience that some NGOs receive a rural loading while others do not.

Young people leaving care

Across a range of indicators such as health, employment and housing, young people transitioning from out-of-home care experience significant deficits.⁹ One of the key issues for care leavers is that their experience of the process of leaving care is often abridged and inflexible.¹⁰

MacKillop supports the increase in support when leaving care, and in the care leaver's post-care life. We believe that a greater emphasis should be placed on support for young people when they turn 18 up to age 25. Out-of-home care providers must be resourced to meet the responsibility to be available to offer support to young people should they need to return.

e) The role of the Department of Family and Community Services in relation to child protection, including support, training, safety, monitoring and auditing of carers including foster carers and relative/kin carers.

Ensuring Child safety

MacKillop favours a number of mechanisms to enhance child safety in NGOs. Child safe standards are being implemented in a number of jurisdictions and have been an area of interest for the Royal Commission into Institutional Responses to Child Sexual Abuse. Becoming a child safe organisation, according to the NSW Office for the Children's Guardian, involves an organisation:

⁹ See, for example, Raman, S., Inder, B. & Forbes, C. (2005) Investing for success: The economics of supporting young people leaving care, Centre for Excellence in Child and Family Welfare Inc., Melbourne; Cashmore, J. and Paxman, M. (2006) 'Predicting after-care outcomes: the importance of felt security', Child and Family Social Work, 11 (3), pp. 232-241; Osborn, A. and Bromfield, L., (2007) Young People Leaving Care, National Child Protection Clearinghouse Research Brief No. 7, Australian Institute of Family Studies, Melbourne; Cashmore, J. and Paxman, M. (2007) Longitudinal Study of Wards Leaving care: four to five years on, Social Policy Research Centre, Sydney; Mendes, P., (2011) "Addressing the Housing Needs of Young People Transitioning from State Out-of-Home Care in Rural Victoria", Parity Volume 23, Issue 5, July 2010; Mendes, P., Johnson, G. and Moslehuddin, B., (2011) Young People Leaving State Out-of-Home Care: Australian Policy and Practice, Australian Scholarly Publishing, North Melbourne; Johnson, G., Natalier, K., Mendes, P., Liddiard, M., Thoresen, S., Hollows, A. and Bailey, N., Pathways from out-of-home care: AHURI Final Report No. 147, Australian Housing and Urban Research Institute, Melbourne, 2010.

¹⁰ Stein, M., (2006) Research Review: young people leaving care', Child and Family Social Work, 11 (3), pp. 273-279.

- developing child safe policies,
- implementing a child safe code of conduct,
- ensuring effective staff recruitment and training,
- understanding privacy considerations,
- planning for and managing risk,
- encouraging children and young people to participate,
- dealing with concerns or complaints about behaviours towards a child,
- participating in child safe organisations training.

Adopting child safe principles mean that the organisation is responsible for ensuring that employees and volunteers are supported, trained, supervised and monitored. The role of the Department of Family and Community Services in relation to this is the promotion of child safe practices, the adoption of child safe practices within its own infrastructure, and funding of NGOs to assist them to meet the standards.

The contemporary focus on creating child safe organisations is a welcome development. Improved processes for the screening and monitoring of fosters carers and staff and greater oversight of NGOs have led to demonstrable benefits for children and young people.

Ensuring effective staff recruitment and training

Checks of carers

MacKillop supports existing mechanisms to effectively screen potential carers of children and young people in care. MacKillop ensures that all carers should be subject to pre-employment screening checks (for example, working with children/vulnerable person's checks and criminal records checks) and have satisfactory outcomes for these checks prior to caring for children and young people.

The current practice of completing FACS checks of the child protection database on prospective carers is a valuable addition to this screening process although there are opportunities for this process to be improved. It is our experience that the completion of FACS checks can be delayed which can slow the carer assessment process. This may be a resourcing issue and could be addressed by increasing the funding allocation to support timely release of information to NGOs.

NGOs also require more guidance on how to manage the information provided in the Community Services check. Information provided by FACS can at times be partial or incomplete and it is not clear how NGOs should use information that has not been investigated or not substantiated. As illustrated by the case study

below, the process is effective at highlighting problems but does not assist NGOs how to manage risk. Guidelines for NGOs on how to manage this information would be welcomed.

Abigail and Jed's story

In 2015 MacKillop was in the process of assessing Abigail and Jed, potential foster carers. We requested a FACS check and received a report that indicated that Jed had been reported to the child protection help line a number of years ago. However, the report also showed that the matter was never investigated. Furthermore, Jed was unaware the report had even been made.

We made further enquiries and discovered that the report was vexatious, and had not been investigated on that basis. However, this information was not included in the original report, leaving MacKillop and the potential foster carers with an unsatisfactory check. Without further investigation, on MacKillop's part, this allegation would have remained against Jed's name, and he would have been unaware of its existence.

Training and support

As discussed, the children who are coming into out-of-home care have complex needs. As such, carers need to have high levels of training and skills. When MacKillop trains foster carers in Shared Stories, Shared Lives, we also train in trauma informed care (TIC). This training provides carers with information about the impact of trauma and how to provide therapeutic trauma-informed care to children and young people.

Additionally, in MacKillop's view, training and support of carers must be ongoing and responsive to the individual needs of children in their care.

In its current form, the unit costing is not commensurate with the degree and rigour of ongoing support and development required to properly equip, monitor and retain staff and foster carers to provide trauma informed therapeutic care.

Staff qualifications

MacKillop supports initiatives to improve the formal qualification of staff working in out-of-home care, particularly staff employed in residential care settings. Ideally, this should be done in partnership between Family and Community Services, NGOs, peak bodies and academic institutions.

In the area of residential care, MacKillop recommends a minimum certification/qualification, customised to the field, which the individual can work towards while in employment. Such a qualification for residential carers should be linked to a nationally consistent accreditation scheme. At a minimum, residential care workers should be expected to have an understanding of child and adolescent development, trauma and

attachment, family engagement skills, cultural safety, therapeutic residential care and therapeutic crisis intervention.

As a provider of services in three states, MacKillop agrees that a universal set of competencies linked to therapeutic principles should apply to all residential carers.

Specialised training and workforce development is necessary for some service providers to understand out-of-home care and the experiences of loss and grief – of children and young people.

Given MacKillop is an accredited Sanctuary Model organisation, we utilise psycho-education – the practice of educating individuals about trauma to empower them to understand and manage mental health and relationships in our work with children and young people in out-of-home care as part of our approach.

These mechanisms must be supported by practice forums that allow carers to learn together through discussing practice challenges and successes.

Planning for and managing risk

Placement matching

Recent reports¹¹ have noted the critical importance of effective placement matching in protecting safety and promoting the stability of children and young people in out-of-home care. MacKillop's experience of the joint departmental/community service organisation placement matching mechanisms in NSW has been positive, particularly in the Western Sydney and Nepean Blue Mountains districts (where the placement matching panel was developed before being rolled out across the state). We fully support the ongoing development and roll out of this approach.

Understanding privacy considerations

Information sharing

MacKillop believes more could be done to ensure foster and kinship carers are provided with the information they require to properly provide for the children and young people placed in their care. Our experience indicates that carers often do not receive enough information at the time of referral. We understand that in circumstance of a placement that is arranged in an emergency this may be unavoidable but we have experienced occasions where a child who has previously been placed in care for an extended period has been placed with carers with little information. Deficiencies in the provision of information can undermine the

¹¹ Royal Commission into Institutional Responses to Child Sexual Abuse 2016 Consultation Paper: institutional responses to child sexual abuse in out-of-home care, Commonwealth of Australia Sydney; Commission for Children and Young People (2015) 'As a good parent would': Inquiry into the adequacy of the provision of residential care services to Victorian children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care, Victorian Government, August 2015. Report available at <http://www.cyp.vic.gov.au/downloads/inquiry/final-report-as-a-good-parent-would.pdf>

decision-making process and ability to properly support placements, In turn, this can create unnecessary risks for carers and children and young people. On occasions, MacKillop staff have had to repeatedly advocate for the provision of information held by Family and Community Services.

The information sharing provisions set out in Chapter 16a of the *Children and Young Persons (Care and Protection) Act 1998* were a critical step forward in improving information sharing arrangements between organisations. There is no equivalent in the other jurisdictions within which MacKillop operates.

As noted in the *Keep Them Safe Outcomes Evaluation*¹², there is some work to be done in ensuring that agencies understand their responsibilities in relation to information sharing. While Chapter 16A of the *Children and Young Persons (Care and Protection) Act* allows information to be shared between prescribed bodies, despite restrictions in privacy laws, the Keep Them Safe Outcomes Evaluation noted that “...stakeholders reported continuing challenges and significant bureaucratic delays in relation to information sharing.” MacKillop is of the view that the value of 16A could be further enhanced by better resourcing FACS (and other relevant agencies, for example, the NSW Police Force) to process and manage the exchange of information.

Data collection

MacKillop acknowledges that managing the potential organisational risks to children and young people has been associated with an increase in administrative tasks and functions associated with compliance activities. The volume of data collected and maintained by staff has increased dramatically in recent years as has the range of databases our staff are required to enter data into. We believe more could be done to streamline these requirements. For example, ensuring interoperability between data systems would have a profound impact on the work of case managers and other staff working with vulnerable children and young people. The duplicate and sometimes triplicate entry of the same data into different databases is an enduring frustration for staff.

MacKillop is encouraged that Family and Community Services has committed to a project of interoperability in the development of the IT platform Child Story. Other data systems would greatly benefit from this functionality. For example, the NSW Carers Register managed by the Office of the Children’s Guardian (OCG) does not have this functionality leading to significant duplicate data entry for our staff.

¹² Cassells R, Cortis N, Duncan A, Eastman C, Gao G, Giuntoli, G, Katz I, Keegan M, Macvean M, Mavisakalyan A, Shlonsky A, Skattebol, J, Smyth C and valentine k (2014), *Keep Them Safe Outcomes Evaluation Final Report*, Sydney: NSW Department of Premier and Cabinet, page 10

f) The role of the Department of Family and Community Services in relation to child protection, including the structure of oversight and interaction in place between the Office of the Children's Guardian, Department of Family and Community Services, and non-government organisations regarding the provision of services for children and young people at risk of harm or in out-of-home care.

MacKillop supports clear and consistent regimes of oversight for services working with vulnerable children and young people. We note that a range of agencies are involved in the oversight of NGOs working with vulnerable children and young people including the Office of the Children's Guardian (OCG), Department of Family and Community Services and the NSW Ombudsman.

As a provider of services across NSW, Victoria and Western Australia, MacKillop is able to make comment on the difference in methods of oversight in these jurisdictions. The NSW approach to oversight and accreditation provided by the OCG is MacKillop's preferred model. We believe there is a value in the agency responsible for accreditation being separate from the funding body. In NSW organisations are accredited for a period of up to five years. We support this practice that allows for periodic accreditation processes but more frequent monitoring in the intervening period. Our experience suggests the approach adopted by the OCG is both robust and effective.

The implementation of unannounced visits to residential homes in Victoria has been an effective oversight mechanism to monitor compliance with standards in out-of-home care. Commencing in April 2015 the unannounced visits (also referred to as "spot audits") allow regulators to assess a home with very little notice of the visit. This helps to ensure that agencies are consistently compliant and accountable. In MacKillop's view, spot audits should be incorporated into the monitoring of residential care in all jurisdictions. While useful in the NSW context such an initiative would need to be designed to minimise the duplication of existing processes of oversight, for example the Official Community Visitors program managed by the NSW Ombudsman.

As noted above, there are a number of agencies with oversight responsibilities in the areas of out-of-home care. In this environment it is importance that clear roles and responsibilities are established and maintained. From time to time the communication to NGOs has not been clear. For example, the early communications to NGOs regarding FACS' *Quality Assurance Framework* or the FACS - OOHC Service Provider Assurance process conducted in 2015, and how these processes intersected with the OCG Standards, could have been substantially improved.

g) The role of the Department of Family and Community Services in relation to child protection, including specific initiatives and outcomes for at risk Aboriginal and Torres Strait Islander children and young people

As noted in the Introduction, the number of Aboriginal children and young people coming into care is disturbing and requires urgent and sustained attention. The over-representation of Aboriginal children, young people and their families in tertiary and statutory services cannot be solved through the reform of child protection and out-of-home care alone, as it requires investment in a range of early intervention and prevention measures to address entrenched discrimination, poverty and marginalisation across the NSW community. We welcome the NSW Government's budget 2016-17 announcements to reduce the numbers of Aboriginal children entering care.

With regard to the child protection and out-of-home care context, MacKillop supports measures designed to ensure that Aboriginal children are cared for by Aboriginal agencies. To this end we support a significant investment in Aboriginal Community Controlled Organisations (ACCOs) to support the capacity building and transition support that may be required to improve compliance with the Aboriginal Child Placement Principle (ACPP).

Commencing in 2012, the NSW transition agenda created a framework to support partnerships between ACCOs and mainstream agencies. To date, this is the only state-wide framework that incorporates strategies designed to facilitate Aboriginal and mainstream agency collaboration towards the goal of Aboriginal children in out-of-home care being cared for by Aboriginal agencies.

In NSW we have built a strong partnership with the South Coast Medical Service Aboriginal Corporation to deliver foster care placements for Aboriginal children, ensuring that it meets the needs of Aboriginal children and their families and young people seeking connection to culture. MacKillop have learnt from this model and implemented a similar program in the Pilbara region of Western Australia, and encourage the adoption of partnerships in all jurisdictions.

Compliance with the Aboriginal Child Placement Principle

Implementation of, and compliance with, the ACPP could be improved by ensuring funding to support the program is commensurate with the needs and numbers of Aboriginal children entering out-of-home care. Mechanisms include:

- Increased resourcing of Aboriginal family support and placement prevention programs to prevent entry into care.

- Consistent identification of Aboriginal children and young people to improve their chances of receiving culturally competent services.
- Capacity building within lead departments and mainstream community agencies to ensure staff working with Aboriginal children, young people, families and communities work in culturally safe and respectful ways.
- Improved access to Aboriginal Family Led Decision Making (AFLDM). Family have an essential role and voice in planning for the placement of a child. Without AFLDM it can be difficult to identify potential carers among family members.
- Reduce barriers to the recruitment of Aboriginal carers; these include trauma associated with Stolen Generations impacting upon capacity to care for children; unwillingness to be associated with the welfare/child removal system; high numbers of children within the community, compared with adults; disproportionately high numbers of Aboriginal children in care.

In NSW, out-of-home care placement decisions are made with the support of the Aboriginal Placement Matching Panel, which operates alongside the mainstream Placement Matching Panel, in some districts. For example, the Panel in Metro Sydney is more active and involved than the Southern NSW Panel.

Best practice would require that when placement decisions are made, the right people are consulted, including people with connections to elders and community. For example, in circumstances where community and country are distant from the child, the Panel can also include people who have knowledge of the child's family and country. A number of avenues can be explored to locate connections and family members in making placements that support the intent of the ACPP.

Cultural Support Planning

MacKillop representatives recently reviewed a draft FACS cultural support plan template. We do not know if or when it will be available for NGOs to use when working with Aboriginal children and young people. The draft that we have seen is good, and in our view, would improve the quality and consistency of cultural support planning across the State.

MacKillop is supportive of mechanisms like this that will enhance outcomes for Aboriginal and Torres Strait Islander children and young people in out-of-home care.

Conclusion

MacKillop thanks the Committee for providing the opportunity to contribute to this Inquiry and welcomes the exploration of further investment in child protection to ensure better outcomes for children, young people

and families in NSW. The best outcomes for children and young people in out-of-home care can be achieved through the provision of better prevention programs and therapeutic, trauma-informed service delivery.