Melbourne City Mission's submission to the

Senate Inquiry into Out of Home Care

10 November 2014*

Submission authorised by:

Ric Holland
Chief Executive Officer
Melbourne City Mission
164 – 180 Kings Way
South Melbourne 3205
Victoria
Email: rholland@mcm.org.au
Telephone: (03) 8625 4463

Submission written by:

Deborah Fewster
Head of Policy and Government Relations
Melbourne City Mission
164 – 180 Kings Way
South Melbourne 3205
Victoria
Email: dfewster@mcm.org.au
Telephone: (03) 8625 4462

**Extension granted by Committee Secretariat of the Senate Standing Committees on Community Affairs*

Table of contents

About Melbourne City Mission

Melbourne City Mission is one of Victoria's oldest and largest community services organisations (established 1854). Its mission is to work alongside people and communities who are marginalised, to support them to develop pathways out of disadvantage.

Melbourne City Mission's service platform spans all ages and life stages across the greater metropolitan area. Key areas of work include early childhood development, family support, justice services, homelessness services, disability services, employment, education and training, aged care and palliative care.

Melbourne City Mission also has significant expertise in place-based solutions to disadvantage, underpinned by well-developed, high-functioning partnerships with universal services, other community services organisations, public service agencies and the three tiers of government.

Melbourne City Mission's key interest is in long-term outcomes – in particular, supporting people to forge and sustain positive and meaningful connections to family, community, school and work. This one-on-one work is complemented by the work we do at the systems level to try and mitigate structural inequality.

Context for this submission

Melbourne City Mission is one of Victoria's largest funded specialist homelessness services, a leading provider of education re-engagement programs, and a significant provider of disability services, including Early Childhood Intervention Services (ECIS) and parenting/family support. We also work in the corrections space, both in detention facilities and in the community (one of our programs is a lead tenant accommodation model for young people on statutory orders).

Melbourne City Mission has a strategic interest in the Out of Home Care system and this Senate inquiry because:

- Significant numbers of young people exit the Out of Home Care system **straight** into the homelessness system – in Victoria, estimates range from 35 per cent[1] to "42 per cent of DHS[2] kids"[3]. More than 20 per cent of young people we see in our own homelessness services have been in state care **throughout** their lives (as distinct from episodic engagement). Young people with a 'leaving care' background who present to our services have multiple and complex needs largely unmatched by any other cohort we work with.

- Children and young people in Out of Home Care often fall into the 10 per cent of young people who become disengaged from schooling, have lower levels of academic achievement and do not successfully complete Year 12 or its equivalent[4], which compounds their risk factors for long-term socio-economic disadvantage and their likely engagement with our services. This is borne out not only in our homelessness services, but in our education re-engagement programs.

- Our 'lived experience' in the corrections space corresponds with local and national research that shows an over-representation of care leavers in the criminal justice system, particularly in youth detention facilities[5]. Melbourne City Mission notes that young people who have been placed on Youth Justice orders are more likely to progress to the adult criminal justice system[6] and, further, recidivism is a major issue – Victorian research shows that almost 60 per cent of 17 to 20 year olds return to prison within two years[7].

- In our disability case management work, Melbourne City Mission engages with families who are often under significant strain as a consequence of insufficient access to respite care, parenting support or other services. In the absence of timely, targeted support, these families are at risk of engagement with the Out of Home Care system either 'voluntarily' (relinquishment) or court-mandated engagement.

---

[1] J McDowell (2009), *Report Card 2009: Transitioning from care, tracking progress* cited in VCOSS (2014), *Sharing the Benefits: VCOSS State Budget Submission 2014-15*

[2] DHS refers to the Victorian Department of Human Services. This acronym is used throughout this submission.

[3] Figures from RMIT research cited by Cooke, D (2008), 'No place to call home', *The Age*, accessed at http://www.theage.com.au/news/national/no-place-to-call-home/2008/05/22/1211182996026.html?page=fullpage

[4] State Government of Victoria (2011), *Out-of-Home Care Education Commitment. A Partnering Agreement between the Department of Human Services, Department of Education and Early Childhood Development, Catholic Education Commission of Victoria and Independent Schools Victoria*, p. 3

[5] Mendes, P, Snow, P & Baidawi, S (2012), Young People Transitioning out of Out-of-Home Care in Victoria: Strengthening support services for dual clients of Child Protection and Youth Justice

[6] Kalb, G & Williams, J (2002), *The Relationship Between Juvenile and Adult Crime*

[7] Holland, S, Pointon, K & Ross, S (2007), *Who Returns to Prison, Patterns of Recidivism among Prisoners Released from Custody in Victoria in 2002-03*, Corrections Research Paper Series no. 1, Department of Justice

- As a provider of Early Childhood Intervention Services, working to maximise the health and wellbeing of children with developmental delays and disabilities, and foster participation and inclusion, it is of significant concern to Melbourne City Mission that children with disabilities are over-represented in the Out of Home Care 'population', that they experience particularly high levels of vulnerability and trauma once in the system, and that they tend to have a disproportionate length of stay in the system compared with other groups of young people.

Melbourne City Mission commends the Senate for referring matters associated with the Out of Home Care system to the Community Affairs References Committee for inquiry and report, and thanks the Committee for the opportunity to share our insights.

Submission acknowledgments:

This submission reflects the lived experience of children, young people and families who seek support from Melbourne City Mission. Case studies shared in this submission are, for the most part, de-identified using pseudonyms, due to vulnerability. An exception is Aimee's story. This is a first-person narrative in which Aimee puts her name to her story – a story in which she not only shares insights into her childhood and adolescence, but celebrates her achievements as a young adult and as a mother to two children who remain in her care. The author thanks Aimee for her contribution to this submission.

This submission also reflects the policy and practice wisdom of Melbourne City Mission's senior management and case workers across the organisation. The author wishes to particularly acknowledge the expertise of Sheridan Bruinhout, Director of Homelessness and Justice Services, and close collaboration with Sonia Chudiak, Senior Manager Homelessness and Accommodation Services. Other contributors included: Heather Boyd, Joanne Calkin, Chris Clementson, Aiesha Maybir, Vanessa Rendina, Samantha Ware and Marcus Wiseman.

Melbourne City Mission's recommendations to the Inquiry

There is significant evidence demonstrating that the Out of Home Care system is not working for most children and young people.

Melbourne City Mission's recommendations to the Senate Inquiry into Out of Home Care are as follows:

Recommendation 1:

To promote and expand the range of early intervention programs that prevent and divert families from entering (or further entering) the Child Protection and Out of Home Care systems, including:

- Increased capacity of early childhood early intervention programs (such as Cradle to Kinder[8]);
- Increased capacity and quality of respite care options for families to prevent parental/carer burnout;
- Expansion of in-home intensive support to families; and
- Expansion of early intervention youth programs (such as Finding Solutions Plus[9]).

Recommendation 2:

To strengthen and encourage best-practice responses to children and young people (and their families) placed in Out of Home Care by:

- Ensuring Care and Transition Plans are supported by practice and technology to be 'living documents' that support the appropriate planning required for young adults to live independently post Out of Home Care;
- Expanding transition programs (such as Lead Tenant/ CIAO[10]) to support young people to graduate from child to adult in a positive and sustainable manner;
- Expanding the leaving care age to 21 years for all young people, with a 'stepped down' model of care for young people aged 18-21 years;
- Expansion of treatment programs to address trauma, prioritised for young people who have experienced significant multiple detachments from parents and carers; and
- Reviewing the remuneration packages available to carers, and consider cost-benefit of recruiting carers on an EFT remuneration to encourage placement stability and high-quality applicants.

Recommendation 3:

To ensure that young people who have exited State care are not at risk of homelessness, we recommend that a Five-Year Leaving Care Guarantee is established that ensures:

- Young people have a private rental subsidy of up to $5,200 (indexed) per annum to assist in the cost of housing; and
- Young people leaving care are exempt from educational frees and charges, and receive a scholarship of $5,200 (indexed) per annum if they are enrolled in full time education or training.

[8] Cradle to Kinder is a Victorian initiative detailed further in this submission.
[9] As above, Finding Solutions Plus is also detailed in the body of this submission.
[10] As per footnotes 1 and 2 above.

Melbourne City Mission's response to Term of Reference (a):

Drivers of the increase in the number of children placed in out of home care, types of care that are increasing and demographics of the children in care

Melbourne City Mission's practice wisdom relates principally to the Out of Home Care system in the State of Victoria. Whilst, historically, Victoria has had lower rates of children reported, at risk of harm, and placed in Out of Home Care, the latest Australian Institute of Health and Welfare (AIHW) figures show Victorian growth rates are outstripping growth rates in other States and Territories.

The *AIHW 2012-2013 Child Protection Australia Annual Report* finds record levels of reports, substantiations of children at risk of harm and children placed in out of home care in Victoria. The Victorian Department of Human Services has indicated that the main driver behind this growth in Victoria has been significant increases in reports from Victoria Police arising from family violence incidents.[11]

Melbourne City Mission notes:

- Statistics published by Victoria Police from 2013/14 show that incidents of family violence where children are present (and may have experienced violence in addition to witnessing it) have increased by 30 per cent since 2009.[12]

- Consistent with the Victoria Police figures, a common thread underpinning our much of Melbourne City Mission's work in the homelessness and justice space (and some of our early years and education re-engagement work) is the exposure to – or experience of – family conflict and violence by children, young people, parents and carers.

In terms of what Melbourne City Mission is seeing in its own services at the present time:

- In the past six months, 55 per cent of young women and 40 per cent of young men presenting to our CBD service Frontyard (Melbourne's principal 'access point' for young people seeking homelessness support) have reported having experienced family violence.

- A significant trend we are seeing is the presentation of young people from newly-arrived backgrounds – newly-arrived young people now account for nearly 40 per cent of everyone we see in our refuges and outreach programs. This is a significant over-representation. A particular cohort that has emerged is young women from African backgrounds who have experienced family violence and/or intimate partner violence.

- We are particularly concerned about the lack of housing options for young women who are single parents and the barriers that this presents in terms of education engagement and attainment and workforce participation. We recently had one young woman and her two-year-old daughter living in one of Melbourne City Mission's youth refuges for six months, highly motivated but unable to find private rental. In the emergency accommodation (refuge) sector, length of stay is usually capped at six weeks, particularly since demand is now so high in Victoria that 66 per cent of young people seeking a youth refuge bed are turned away.

---

[11] Centre for Excellence in Child and Family Welfare Inc (2014), 'Record number of Victorian children at risk and in care', accessed at www.cfecfw.asn.au

[12] *Victoria Police Family Incident Reports 2009/10 – 2013/14* are accessible at http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72311

- In Melbourne's growth corridors, where we deliver prevention and early intervention strategies using early years platforms (such as supported playgroups, child care and pre-school), we are seeing the fallout from rapid population growth not being matched by adequate funding for social services and community infrastructure. Families are reaching crisis point. For example, in Whittlesea (the sixth largest municipality in Australia, located on Melbourne's northern fringe), there has been a 249 per cent increase in reported family violence incidents since 1999. The municipality has this past year reached a critical new high of 1249 incidents per 100,000 people. Every week, there are 45 incidences of family violence reported to police, and there has been a 15 per cent increase in the rate of children present in family violence incidents over the past 12 months.[13]

- We know from working with young people from a leaving care background that stability from an early age, with parents/carers who are well supported, has a critical impact on development. We note, with concern, that in areas like Whittlesea, where families cannot access critical supports, that in some parts of that municipality 35 per cent of children are now entering school 'developmentally vulnerable'[14].

Another trend that was first noted in Victoria in 2010, as part of the Ombudsman's *Own motion investigation into Child Protection – out of home care,* is the tendency for children and young people to remain in out-of-home care for longer periods of time. Anecdotally, intelligence coming from our sector indicates that children and young people with a disability are highly represented in that 'long-stay' group – that is, once they enter out-of-home care, they are tending to stay in the system until that time they can be exited to adult services. Melbourne City Mission is not aware of any research into this issue, however, we note that the health of people with disabilities is associated with the health and wellbeing of their carers, a group shown to have the lowest wellbeing of any group in Australia.[15]

In 2009 (which aligns with the reporting period of the Ombudsman's *Own motion investigation*) there were 96,000 primary carers across Australia whose main recipient of care was their own child aged 0-14 years:

- Almost two-thirds (64 per cent) reported that the main financial impact of their caring role was a decreased income or an increase in their expenses.

- More than half (57 per cent) reported that they needed an improvement or more support to assist them in their caring role.

- Half (50 per cent) reported that the physical, emotional and time costs of caring for a child with a disability had impacted on their own relationships and physical or emotional wellbeing.

- More than one-third (38 per cent) of those who had a spouse or partner stated that their relationship had become strained or that they lacked time together due to the caring role.[16]

[13] Source: Whittlesea Community Futures Partnership 'Families on the Edge' advocacy campaign – see www.whittleseacommunityfutures.org.au/partnerships/advocacy-families-on-the-edge.asp
[14] ibid
[15] Cummins and Hughes (2007), cited in the VicHealth report *Disability and health inequalities in Australia, research summary*, August 2012
[16] VicHealth (2012), *Disability and health inequalities in Australia, research summary*

Melbourne City Mission's response to Term of Reference (b):

The outcomes for children in out of home care (including kinship care, foster care and residential care) versus staying in the home[17]

The majority of children and young people in Out of Home Care are the subject of Children's Court Protection Orders.

Melbourne City Mission knows that courts do not take the decision to remove children and young people from their homes lightly – when children and young people are placed in care, it is because the court has determined they are at significant risk of harm if they remain at home.

Melbourne City Mission's concern is that court decisions are made on the basis that:

- The Out of Home Care system will provide safety and protection to highly vulnerable children and young people
- Children and young people will receive care that is better than if they had remained at home.

Whilst this is the case for some children and young people, the majority of those engaged with Melbourne City Mission services report experiences of:

- placements that are/were unsafe
- placements that are/were not stable.

Leroy's story (provided on page 18 of this submission), Brian's story (pages 19 – 20) and Aimee's story (pages 28 – 29) are but three examples.

Placement safety and stability were key areas of inquiry in the Victorian Ombudsman's 2010 *Own Motion Investigation into Child Protection – out of home care*, in which the Ombudsman reported finding instances of children who had:

- been physically and sexually assaulted by foster and kinship carers
- had limbs broken or been knocked unconscious by residential carers
- been physically assaulted or raped by other children
- been placed with adult 'friends' who have then engaged them in sexual acts
- engaged in prostitution while in care
- reported their carers selling drugs to other children[18].

The Ombudsman highlighted particular issues in residential care units – *"rarely the preferred placement option"* – where *"the atmosphere and the dynamics ... are extraordinarily and exaggeratingly sort of robust"*[19].

[17] Please note, in Melbourne City Mission's response, we have broadened the scope to include lead tenant, which is an Out of Home Care program for young people transitioning out of care. These young people are still statutory clients and thus relevant to this Inquiry.
[18] Victorian Ombudsman (2010), 'Own Motion Investigation into Child Protection – out of home care'
[19] ibid

Whilst residential care unit placements account for only a small proportion of all Out of Home Care placements, most recently, DHS data published by the Victorian Auditor-General John Doyle shows the number of category one incidents in residential care – an incident category which includes severe trauma or death – *"has ballooned from around 500 to 900 incidents in the last four years"*, with a *"49 per cent increase in these serious incidents from 2011-12 to 2012-13"*[20].

The Age newspaper reported:

Mr Doyle said this increase was mainly due to children going missing, which exposed them to a ''heightened risk of sexual exploitation.

"Because absconding can be an indicator of sexual exploitation, DHS has encouraged CSO staff to report all instances of children absent or missing from their units,'' he said.

''Regrettably, there has been a fundamental failure to oversee and ensure the safety of children in residential care."[21]

Melbourne City Mission recognises that most children and young people in the Out of Home Care system (and particularly those in the residential care part of the system) enter care affected by trauma, which presents a significant challenge for care teams and has a profound impact on some of the poor long-term outcomes for care leavers.

In particular, Melbourne City Mission acknowledges:

- That whilst these children and young people do not constitute a homogenous group, their stories are, overwhelmingly, characterised by repeated exposure to child abuse and neglect, family violence and substance abuse, not only in early childhood, but often in utero.

- That, as a consequence, these children and young people enter the out-of-home care system with the odds already stacked against them – for example, with risk markers for poor mental health and cognitive impairment and, associated with this, risk markers for early school leaving, unemployment and housing instability.

- That policy, programs and funding have been reoriented over the past 10 to 15 years to better reflect the complex needs of children and young people, so that the *"the objectives of the out-of-home care system ... have broadened beyond meeting a child's basic accommodation, food, healthcare and schooling needs"*.[22] There has been an increased focus on therapeutic interventions to try and mitigate the effects of trauma and improve the life chances of children and young people who are engaged in the out-of-home care system. Models of care have also changed (with an emphasis on home-based care, particularly kinship care). Furthermore, there is more active identification of, and engagement with, families 'at risk', with targeted early intervention to divert children and families from the out-of-home care system (later in this submission, Melbourne City Mission describes some best-practice models, such as Cradle to Kinder).

[20] DHS data and the Victorian Auditor-General John Doyle quoted in The Age at http://www.theage.com.au/victoria/system-failing-children-in-state-care-auditorgeneral-john-doyle-20140326-35htf.html#ixzz3ISjtKNl3
[21] ibid
[22] Ombudsman Victoria, *Own motion investigation into Child Protection – out of home care*, May 2010

Melbourne City Mission's chief concern – and a key message we wish to convey to the Senate inquiry – is that the challenges for these children and young people are <u>exacerbated</u> by a gap between legislative and policy intent and implementation (practice and resourcing).

Taking Victoria as a case study example, Victoria has robust legislative, policy and practice frameworks, which collectively provide a strong foundation for excellence in Out of Home Care.

<u>Legislation</u>

Victoria's *Children, Youth and Families Act 2005* is a key piece of legislation that integrates the Child Protection and Child and Family support systems. It applies to all State government departments and individuals and organisations that work with vulnerable families and children and young people, including (but not limited to) individuals and organisations that are funded by government and/or contracted to provide services on behalf of government.

<u>Policy</u>

Additionally, there is a raft of policy provisions, best-practice frameworks and quality standards that support the legislation, each of which is designed to ensure that the system is providing protection and care, delivering stability, and optimising health, wellbeing and development across key life domains.

Looking After Children (LAC) provides the care management framework for children placed away from their family's care as a result of a Child Protection intervention or voluntary placement.

LAC focuses on the day-to-day care arrangements for children across seven life areas: health, emotional and behavioural development, education, family and social relationships, identity, social presentation and self-care skills. It includes a set of practice tools that support the child/young person's out-of-home care team to collaboratively provide good care, namely:

- The Essential Information record
- The Care and Placement Plan (0-14) /15+ Care and Transition Plan, and the Review of the Care and Placement Plan
- The Assessment and Progress Record.

LAC is meant to make day-to-day care management easier and more effective by:

- Capturing information that a 'good parent' would know or ask about their child **and**
- Keeping that information together in one place **and**
- Ensuring that information is readily accessible to residential staff and other members of a child or young person's care team.

<u>Implementation of legislative requirements and policy</u>

In practice, across a broad range of Melbourne City Mission program areas that 'touch' the Child Protection or Out of Home Care system:

- Mandated/required information is often unavailable or incomplete when children and young people are referred to our services

- Where documentation is provided, and **appears** to be in good or reasonable order, the documentation does not often always reflect the lived experience of those children and young people (i.e. there is a disconnect between what is on paper and what young people tell us happened in practice) and/or information is not up-to-date.

  As an example, in one case this year, none of the documentation provided to Melbourne City Mission to support a referral into our CIAO program mentioned that the young person had undergone recent heart surgery. It was not until six months after our engagement with the young person that the information was mentioned, in passing, in a meeting.

  We are aware that, irrespective of policy expectations, at the coalface of service delivery, Care and Placement Plans and Essential Information Records are not always considered by workers to be 'living documents'.

Additionally, Melbourne City Mission notes:

- The provisions of the *Children, Youth and Families Act 2005* include that every child or young person involved with Child Protection, including those placed in out-of-home care, is required to have a case plan. A case plan includes any stability plan prepared for that child/young person. A stability plan sets out how stable long term out-of-home care will be provided for a child/young person when family reunification is not possible. In one project involving a target group of highly vulnerable young people in the Out of Home Care system, Melbourne City Mission saw no evidence of stability plans for any of the young people referred to the project, despite the fact that these are mandated under the *Children, Youth and Families Act* of 2005.

- Melbourne City Mission notes that for children and young people with disabilities in the Victorian Out of Home Care system, whilst the *Children, Youth and Families and Disability Services Operating Framework* states that, on entry to the system, there should be a joint plan between Children, Youth and Families and Disability Services, it does not appear to have been consistently practised. Inconsistent, siloed service responses remain and these impact the quality of care that can be provided from the point of entry. This has a cascading effect on the child or young person as they move through the system.

- Melbourne City Mission is aware that in residential services, there is often a lack of longitudinal information on the history of the child provided to residential staff and it is difficult to access all required plans under the *Children, Youth and Families Act 2005*. For example, all previous Child Protection files are archived. Consequently, workers only have access to the current file and do not have a comprehensive record of the child's history.

In our own service provision, two case studies on pages 14 to 16 of this submission provide examples of the gap between legislative and policy intent and actual implementation.

Melbourne City Mission notes that the **reasons for the disconnect between legislative and policy intent and implementation are wide-ranging,** and may include:

- Inadequate systems and processes for timely information exchange and/or lack of organisational relationships.

- Skills, knowledge and confidence of care team members – a past training program developed by Melbourne City Mission highlighted lack of clarity about roles and responsibilities, particularly in relation to *LAC*.

- Complexity of case load – as previously stated, many children and young people are entering the system with complex trauma and require intensive support. In this environment, documentation may not be accorded priority or it may seem too hard to complete.

- Care team culture – another possible reason why documentation may not be considered important or necessary or be seen as too hard.

Additionally, Melbourne City Mission notes resourcing as a significant issue.

A recent media release from the Chief Executive Officer of The Centre for Excellence in Child and Family Welfare noted:

With record levels of reports flowing through the service system, more children are being found at risk of harm and more children are being placed in out of home care.

"I have real doubts that the existing out of home care system has sufficient capacity to meet current demand levels", said Ms Tsorbaris, echoing recent findings by the Victorian Auditor-General.

"It is important to acknowledge there have been good initiatives by the current and past governments in family services, child protection and out of home care, but even the best designed bridge will collapse if its carrying capacity is exceeded."

Case study:
The disconnect between legislative requirements and practice – the 'CIAO' perspective

Melbourne City Mission delivers an Out of Home Care program known as 'Community Integrated Accommodation Options' (CIAO). This is a lead tenant program that is a transition option for young people on statutory orders (for example, young people who have been in secure welfare and young people on Youth Justice orders). Young people are referred and allocated to the program through the Placement and Coordination Unit at DHS. Young people must leave the lead tenant program when, or prior to, turning 18-years-old.

Melbourne City Mission observes a consistent lack of follow up from DHS post young people turning 18 and leaving care, despite the fact that the *Children, Youth and Families Act* obliges the government to assist care leavers with finances, housing, education and training, employment, legal advice, access to health and community services, and counselling and support depending on the assessed level of need, and to consider the specific needs of Aboriginal young people.

In relation to housing, we note that unless exiting CIAO clients can be reunified with family, public housing is the exit option. Melbourne City Mission has significant concerns about the suitability of this exit option, given that, more often than not, this cohort of young people requires ongoing support. Residential care and secure welfare have not adequately prepared them to manage independently. We note particularly low rates of literacy and numeracy for young people who have been in Out of Home Care long-term. Few engage in study or work and few have the capacity to be completely independent by the age of 18.

Without appropriate exit options – coupled with support – young people end up accessing homelessness services, or forced to go back to a family environment that is not suitable.

A CIAO worker's reflections:

"The overall perception of young people when they first enter the CIAO Program is that the Residential Care setting was not a positive environment for them. Common themes amongst young people are that the experience was negative due to rotating workers, overcrowding and lack of consistency when it comes to support.

"Other responses have been that their physical and mental health needs have not been met in a timely manner and that they often feel that it's not worth asking for help because nothing happens anyway.

"Young people often present with a negative attitude towards DHS and the system in general, due to lack of individual attention and support. Young people have also stated they have increased risk-taking behaviour due to peer pressure and negative exposure in Residential Care.

"I take a lot of time to build rapport and find out who the young person is. The main focus is gaining their trust, making the transition as comfortable for them as possible and listening to their individual story, not just the information written on their referral. I also ensure to set boundaries initially to show that my focus on support is to build their independent living skills.

"Most young people in the Out of Home Care space can present as quite system-dependent when they first come to CIAO, with little understanding of their own strengths and capabilities. The main reason for this is that the Residential Care style of support can be more around 'doing for' rather than 'doing with'. This means that young people are often coming to CIAO ill-equipped for independent living with unrealistic expectations. This is where a level of patience and persistence is required, that is perhaps more significant than when working with other groups of young people.

"The level of transience in the Out of Home Care space is appalling. Most people who come to CIAO, depending on the amount of years they have spent in care, have had a minimum of three different placements. This number has been known to stretch out to 15 placements in one case. From my perspective, this transience and constant change creates significant instability and anxiety. It also, unfortunately, means that information gets lost through poor handover of information or completely unsupported transitions. It also means that young people struggle to trust anyone due to always having people leaving them.

"I have seen significant improvement in behaviours and general wellbeing of young people when they have spent a significant amount of time in the CIAO program. The CIAO program's client-centred and strengths-based approach ensures that young people can access support on their terms. It also prepares them to live independently. Case loads are small, to ensure adequate support is provided and that leaving care planning is made a priority from the beginning.

"If I could change anything about the Out of Home Care system it would be that Residential Care workers focus on building independent living skills and support young people based on case load, not shift rotation. It would be great to see an increase in Lead Tenant Programs and for leaving care planning to begin at 16 years of age, as opposed to 17 and six months. I would also like to see partnerships with homelessness access points to allocate a number of foyer[23]/transitional placements to young people leaving care.

"I have also found that the young people doing the right things – i.e. going to school, engaging, etc – are neglected by the system, in that the 'high risk' young people absorb all the attention and funding and the 'low needs' young people have to wait significant periods of time for basic requirements."

[23] Foyer programs provide young people who are homeless or vulnerable to homelessness with accommodation for a period of up to three years, combined with on-site personal support, life skills and mentoring, and a requirement (and support) to participate in education, training and/or employment. More detail about foyers is provided on pages 26 – 27 of this submission.

Case study:
The disconnect between policy and practice – the 'Springboard' perspective

Springboard is a pilot program funded by the Victorian State Government and currently nearing the end of its third year. The program delivers intensive education and employment support for young people who are:

- transitioning out of residential care (including lead tenant accommodation)
- are recent residential care leavers.

Melbourne City Mission has been providing case management in the North East metropolitan area, as part of a consortium led by Melbourne Polytechnic (formerly known as the Northern Melbourne Institute of TAFE). More detail about this program is provided on page 22 of this submission, as a best-practice example.

Whilst there is a set of overarching program guidelines for Springboard, each region/consortium chooses how to operationalise those guidelines. At the program's inception, the North East consortium determined that it would require a copy of the 15+ Care and Transition Plan for any young person referred to the program, given that:

- The target group for Springboard is young people aged 16 to 21 who are transitioning out of residential care (and, in some cases, are already out)
- Planning for leaving care should commence two years prior to the young person's planned leaving date
- It is a minimum requirement that a leaving care plan be developed at least six months prior to transition.

The consortium's insistence that a 15+ Care and Transition Plan be evidenced has revealed a significant disconnect between policy and practice. Melbourne City Mission's Springboard Coordinator observed:

"We're getting referrals for 17-and-a-half year olds with no plan in place, or it is outdated by three years.

"We've had workers say to us, 'What is that?'. We've had to physically send that document [the plan template] to DHS workers or case contracted workers from agencies."

As part of this submission to the Senate Inquiry, Melbourne City Mission's Springboard team took a sample of 20 referrals that were not initially accompanied by a 15+ Care and Transition Plan, in spite of the referral guidelines, and examined how long it took for the young person's plan to be received.

As the table below shows, in most instances the delay to receive the necessary plan constituted months (including, in one case, an eight-month delay):

Length of time to obtain 15+ Care & Transition Plan	Number of clients	Percentage of clients
Under 1 week	3	15%
1-2 weeks	1	5%
2-4 weeks	6	30%
1-2 months	4	20%
2-6 months	2	10%
6+ months	4	20%

The table illustrates that only 20 per cent of clients had a current 15+ Care and Transition Plan ready to be transferred to a referring agency within two weeks of request. Melbourne City Mission staff reflect that a range of factors may contribute to these delays – not only a lack of awareness of the 15+ Care and Transition Plan and associated leaving care requirements, but change of workers, case contracting changes and communications gaps.

Case study:
Outcomes for young people in care – Leroy's story

Twenty-year-old Leroy is currently resident at the Western Region Accommodation Program (The WRAP). This is a nine-bed emergency accommodation service for homeless young people, operated by Melbourne City Mission.

The WRAP is designed to provide short-term housing for young people in immediate crisis. Like most youth refuges, length of stay is meant to be capped at six weeks, whilst family reunification is brokered or alternative longer-term housing is found. In Leroy's case, there are few options, and he has been living at The Wrap since August, while intensive work takes place to optimise his chances of being admitted to a specialist mental health psychosocial accommodation program.

Leroy's high needs and lack of housing opportunities are directly associated with exposure to early neglect and lifetime engagement with statutory services.

As a consequence of severe neglect by his biological mother, and suspected trauma, Leroy spent the majority of his first three years of life in kinship care. Between the ages of three and five, Leroy had 12 different foster care placements before being placed on a Permanent Care Order (adoption). By the age of 15, Leroy's behaviour (which included self-harm, use of psychoactive substances and cycles of dependent use, including volatile solvents) had become so problematic for his adoptive parents that he was removed from their care. He became the subject of a DHS Custody Order and was placed by the Department in residential care, which he was required to exit upon turning 18 years of age.

Upon leaving care, Leroy was refused entry to a number of specialist psychosocial high support services. The only available exit option was a Supported Residential Service for complex adults and senior citizens – a completely inappropriate accommodation option for someone of Leroy's age and complex behavioural and mental health issues.

Leroy subsequently ended up homeless on the streets of Melbourne for several months. His substance use worsened as he sought to cope with the chaos and stress of street life.

During his time at The Wrap (which has gone beyond the six week cap), Leroy has been building trust and rapport with Melbourne City Mission staff, ceased his heroin and methamphetamine use, and has had a reduced number of psychiatric admissions. However, it is clear that the lack of stability he experienced in the Out of Home Care system – in particular, continual disruption to forming attachment with a primary care giver at a crucial time in infant and early childhood development – has had devastating consequences that will continue to impact Leroy's health and wellbeing and ability to cope independently.

Leroy has been diagnosed with Reactive Attachment Disorder, the most severe form of attachment disorder, associated with people with significant trauma histories. He is in receipt of a Disability Support Pension in recognition of his complex needs and currently has Justice involvement.

Case study:
Outcomes for young people in care – Brian's story

Brian became involved in the child protection system at the age of 18 months due to significant physical neglect. This neglect included inadequate supervision, food and clothing, poor personal hygiene and parenting capacity. Brian's parents were reluctant to address protective concerns and showed minimal insight into developmental and emotional needs of the children. There was also significant physical abuse of the father towards the mother. An Intervention Order was issued and subsequently a Protection Application was issued for Brian.

Brian was removed from the family home at the age of two, and stayed with a family friend. During this time, access with his parents was irregular. Brian attended childcare three days per week. He enjoyed attending and expressed fewer behavioural concerns (e.g. tantrums).

Concerns were raised after Brian had overnight access with his mother. He was hospitalised on two occasions for significant burns and cuts. The carer reported that he always returned from access visits tired and hungry. Additionally, childcare staff reported that Brian arrived at the centre highly aggressive towards the children, swearing and exhibiting restless sleep after overnight access.

Brian became more distressed with access visits, due to his mother's partner. Brian's carer reported his distressed state when he told her that his mother and her partner had physically hurt him. On one occasion Brian stated: *"My mummy hurts me and he punches me, and my mum smacks me across the face"*, *"He punches me in the stomach and bites my nose"* and *"He has scratched my face and made it bleed"*. He became clingy and distressed saying that his eyes were bleeding and there were brown things in his head. The relationship between the carer and mother soon broke down.

At the age of four, Brian attended childcare full-time. He sought affection from staff constantly. It appeared that the care placement was not going well. After further assessment, a child psychiatrist made recommendations for a placement with a more intensive level of care.

When Brian was five, he presented as a generally happy, animated boy. In relation to development, Brian was progressing satisfactorily, achieving his milestones within the normal range, and continuing to become more confident with his language skills. He had a good level of coordination with his large motor skills and his fine motor skills.

Brian ate well but needed reassurance that food was going to be available. His sleeping pattern had settled and he slept in his own bed, but any disruption – for example, illness or nightmares – led to regression in this area for a longer period than would be usual developmentally. He had age-appropriate self-care skills (for example, dressing himself and assisting with simple household tasks such as setting the table), however, Brian appeared to have developed an anxious attachment to his carer.

There was a gradual but significant positive change in Brian's behaviour when he had one-on-one care. His carer and workers observed Brian to be much more appropriate in his interactions with others. However, he was still very anxious and needy of his carer, seeking reassurance of her affection and ongoing care.

Monthly access occurred between Brian, his mother and sometimes his siblings. Brian was usually enthusiastic in greeting his mother, but tended to spend his time interacting with his siblings. This was, at times, in a competitive manner, which sometimes becomes conflicted. After access, Brian appeared to be more vulnerable, less compliant with boundaries, and would overreact to situations that would normally not bother him.

On the occasional access that did not involved siblings, there was only limited interaction between his mother, her partner and Brian. Brian tended to engage in solitary play. His mother appeared to have difficulty initiating interaction with Brian. At this point in time, his father contacted Brian's protective worker and indicated that he would like to have access with Brian, but didn't follow up. Access continued to be a bad experience. Brian displayed distress and challenging behaviours afterwards. This impacted on the carer's ability to manage Brian.

Brian's carer was approved as his permanent carer after his mother changed her mind about wanting Brian back in her care. The mother did not appear any more able to place Brian's needs as a priority than she had in the past – for example, Brian requested his mother's partner not attend access as he was uncomfortable around him. She insisted that the partner attend despite Brian's fears. It appeared to provide further trauma to Brian.

Placement with his carer of four-and-a-half years ended. Brian's behaviours had become increasingly difficult for his carer or the school to manage. He became violent towards other students and staff at school, made threats to self-harm (for example, getting a ruler or scissors and holding it at his throat or on his wrists), was verbally abusive and would run away.

Brian was increasingly defiant and threatening towards his carer, as well as her extended family. Brian was subsequently placed in an under-12 residential unit, where his behaviours escalated drastically. He repeatedly packed his bags and refused to believe that he would not return to the carer.

Brian engaged in fortnightly speech therapy, due to speech difficulties associated with trauma and abuse. He continued weekly psychotherapy. This occurred for a few months. After nine months, in the residential until he was reunified with his former carer. Brian disclosed to her that he had been sexually abused by another resident whilst living in the residential unit. Brian also began to display some ambivalence about his sexual identity. Brian expressed the wish to dress as a girl, was known to cut up his trousers to make them into a skirt, and to put on make-up in an effort to `look better'. He engaged in therapy in relation to his sexual abuse and his gender confusion and history of disrupted attachments.

The carer and her husband decided to officially detach from Brian and to no longer have a relationship with him, saying they were moving interstate. Brian said he was angry and "hurt in [his] heart" because carer had let him down again. He stated he could not trust people. Brian returned to residential care.

Brian engaged in high-risk taking behaviours. He stopped attending school and was continually absconding from placement. He travelled interstate. At the age of 15, Brian was sexually assaulted by an older male with an intellectual disability. There is no record of counselling or psychiatric support during this time.

Brian came to Melbourne City Mission's Out of Home Care program, CIAO, when he was 16-and-a-half years of age. He continues to undertake risk-taking behaviours, such as sex work, drug and alcohol misuse, theft, violence and self-harm. However, he maintains regular communication with the lead tenants and his case workers. Given the behaviour and trauma is so significantly entrenched, our work is predominantly to provide harm minimisation strategies to reduce risk for Brian.

The focus for the team is how we keep this young person from falling into the Criminal Justice System. Long-term planning is taking place, however, given the chaotic lifestyle he leads, it is difficult to involve him in this planning.

Leroy and Brian's experiences are not isolated examples of poor post-care outcomes. Tracking studies and data sets from the homelessness and justice systems, some of which have been cited in earlier sections of this submission, show that many care leavers have:

- Poor physical and mental health
- Low levels of education attainment and economic participation
- High rates of housing instability, including homelessness – a 2009 Victorian tracking study found one-in-four care leavers were still homeless up to seven years after leaving care.
- High rates of engagement in Youth Justice, over-representation in the adult prison population and high rates of recidivism.
- Negligible family connection
- Social exclusion.

Melbourne City Mission's perspective on Term of Reference (g):

Best practice in out of home care in Australia and internationally

The Out of Home Care system is not working for many children, young people and families.

One of Melbourne City Mission's recommendations is for increased investment in early intervention for families with risk markers for Child Protection engagement, as part of a strategy to build stronger families and keep more children safe and nurtured at home and out of the care system, where possible. The type of early intervention is important. Melbourne City Mission's perspectives on early intervention – **including three best-practice case studies** – are unpacked on pages 33 – 39 of this submission in our response to Term of Reference (j). However, they are also relevant to Term of Reference (g).

In specific response to Inquiry Term of Reference (g), Melbourne City Mission shares best-practice elements from two programs mentioned earlier in this submission: Springboard and CIAO (see case studies immediately below), both of which work with young people transitioning from the Out of Home Care system.

Melbourne City Mission also shares best-practice elements from our 'foyer' program – an accommodation and support model that has gained traction in the homelessness system. Melbourne City Mission believes the foyer model has potential application in the Out of Home Care system.

Best-practice case study: Springboard

Context for the Springboard re-engagement model

Education participation and attainment have been identified as significant issues for children and young people in the Out of Home Care system and care leavers. In Melbourne City Mission's experience, young people with a care background who engage with our services have low levels of literacy and numeracy as a consequence of:

- Placement instability and disrupted schooling – one Springboard client interviewed for this submission entered care whilst in Year 7. Asked how many schools he'd attended since entering care, his response was *"Not sure. A few. Maybe 6 – 7."*

- Inconsistent attendance – the Springboard client interviewed above explained *"... staying in so many different resi homes meant I had to travel far to go to school"* and *"*[it] *was hard to get to school every day if I had a late night and other clients that were bad meant I was up late."* He noted: *"I never really had support for school. Some workers at [organisation de-identified] tried to get me enrolled at* [de-identified alternative education provider] *but it never happened."*

- Learning difficulties associated with neglect and trauma.

Education disengagement compounds the risk of precarious employment and unemployment, long-term disadvantage and system reliance/welfare dependency. Melbourne City Mission is part of a consortium in Melbourne's North East metropolitan region that delivers Springboard. As detailed earlier in this submission, Springboard is a three-year Victorian pilot program that provides intensive education and employment support for young people who are transitioning out of residential care (including lead tenant accommodation) or who are recent residential care leavers.

Springboard's best-practice elements

Best-practice elements of this pilot program include:

- **Choice and control**
  The model of engagement is voluntary. The Melbourne City Mission Coordinator responsible for Springboard notes: *"Young people are not obliged to engage with Springboard if they don't want to. All their other workers are mandated. With us, they have choice and control."*

  Each young person has an education plan that articulates their interests, goals and how they want to achieve them. This process is driven by the young person, not the case manager. The case manager's role is to support the young person to develop their individual plan.

- **Accountability to the young person**
  Many young people in the Out of Home Care system have been let down by family, friends and the system itself. Our refusal to accept Springboard referrals without completed 15+ Care and Transition Plans[24] is testament to our accountability to young people. Legislation and policy requires that young people in the system have effective transition planning well in advance of their exit date. We refuse to be complicit in any 'cutting of the corners'.

  Once young people are engaged in our program and have an education plan in place, we review the plan every three months, to ensure it accurately reflects their interests and goals.

- **A model of engagement that creates opportunities to build trust and rapport**

  - ***A practice approach that acknowledges – and responds appropriately to – trauma***
    The average support/engagement period for Springboard clients is two years (many other programs are time-limited) and the practice model acknowledges that trauma and instability will present initial barriers to engagement, even though engagement is voluntary. As one case manager reflects:

    "Young people's behaviour when they first enter Springboard can be to initially disengage from their appointed worker and most likely test their worker out to see how much the worker can handle.

    "These young people have complex issues and a history that includes a combination of trauma, abuse, violence, substance use, neglect, homelessness. Until rapport is established, the young person may/may not engage. The young people I work with have been let down by people who they should trust – their family – which is the reason why they have ended up in the system in the first place, so why should engaging with a worker be any different if it's going to end up in disappointment?

    "A young person might sabotage their opportunity ... requesting purchases of phone credit and other materials before meeting with a case worker, then not following through with plans – not attending class, or attending for two weeks then disengaging, or turning up late to a job interview. This would result in some [other] programs exiting the young person, [fulfilling the young person's expectation that] it will end in the disappointment the young person is used to."

[24] Springboard operates in 12 Victorian regions. The North East metropolitan pilot is one of two Springboard pilots that does not accept referrals without evidence of a 15+ Care and Transition Plan.

Another case manager reflects:

"… the young people usually ask how long are you going to around for. In speaking with the young people further on into the program, I usually find out that they have had countless workers, carers, residential workers and family members. The young people already have a preconceived notion that you, as a case worker, will leave them like everyone else has in the past. So one of the best aspects of the Springboard program is the flexibility to be able to work with young people for a number of years and, even if they are reluctant to engage initially, we can take engagement very slowly."

- ***Access to brokerage funding***

  Springboard has access to brokerage money that enables case workers to make engagement activities 'fun', allowing the young person to open up in an environment they are comfortable in while they are participating in something they are interested in, e.g. nails, a movie session, driver's licence lessons.

  From one case manager's perspective:

  "Discussing the young person's interests shows the worker is interested in the young person personally and not just about placing them into a course – that's why it is essential to meet in a space the young person is most comfortable in to get the desired outcome and not just 'tick the boxes'. These engagement tools are necessary, providing the pathway, activities and rewards they had missed out on from their parents.

  "To keep the young person engaged when they are enrolled in a course, Springboard funding allows for materials to be purchased – such as a computer, stationary, books, clothes for school – that allow the young person to stay involved [in education or training].

  "[Being able to respond to these needs] shows that their caseworker is committed. [Requests] do not need to undergo the lengthy 'approval for funding' process (which many other programs do and which often puts the young person off and consequently they disengage)."

- **Stability**
  Melbourne City Mission's Springboard team has had minimal staff turnover – in three years, there have been two changes in the six-member team (one staff member has left and another is on maternity leave). Most young people in the program have never experienced this type of stability – in the care setting, most have changed their principal worker anywhere between three and six times. One case manager notes: *"I had one particular young person who told me that they have had over 20 different case workers over a period of only a couple of years. These case workers are from DHS, Youth Justice, Drug and Alcohol worker, mental health worker and residential case workers."*

- **Age eligibility**
  Springboard is not only available to young people in residential care, but also young care leavers up to the age of 21. This is an important recognition of the educational disadvantage that many young people have experienced in residential care and their high support needs as they transition out, particularly in relation to work readiness and employability.

- **Small case load**
  Through Springboard, Melbourne City Mission is involved in providing education support to up to 60 young people in any given year. Each case manager has a maximum of 10 clients.

- **Coordination**
  Throughout the program, Springboard case managers work closely with each young person's care team.

- **An opportunity to experience success**
  Springboard creates opportunities for young people to achieve a Certificate 1 in Informal Learning as an initial stepping stone. For many, this is their first opportunity to experience educational success or achievement.

  Most participants also achieve accredited certificates in areas such as First Aid, Responsible Service of Alcohol or their 'White Card' (general induction training for construction work). Other Springboard participants have gone on to an apprenticeship, a Certificate 3 in Legal Studies, and Year 11 and 12 equivalent studies (Community VCAL).

Best-practice case study: the CIAO program

The Community Integrated Accommodation Options (CIAO) program assists young people to develop skills and to access the services necessary for sustainable and healthy independent living.

Best-practice elements include:

- **Choice and control**
  The CIAO program believes that all young people deserve to be treated with respect and dignity. This fosters mutual respect and acts as a foundation for community integration and inclusion. Consistent with this, CIAO promotes an environment where young people take an active role in their service planning process and where they may make choices regarding their future needs. There is an ethos of client self-determination, autonomy and social independence that enhances self worth by building on individual strengths and abilities. The CIAO program encourages and supports young people to make decisions and choices about their everyday life. Young people acquire skills through example and practical application.

- **A holistic approach to the many facets of adolescent development and wellbeing**
  These include, but are not limited to, the acquisition of secure affordable housing, recreation and leisure experiences, budgeting skills and social and interpersonal skills. Young people are assisted with vocational and educational goals. Case workers work in an integrated and collaborative way with specialist services (e.g. health services and the Springboard education and employment re-engagement program).

- **Person-centred, strengths based approach underpinned by respectful relationships**
  The CIAO program assists young people to define their goals and identify future objectives through contributing to and implementing the young person's *'Looking after Children'* plan. Workers provide advocacy for the young people both personally and systemically. Workers identify and build on the young person's strengths and skills by empowering and encouraging young people to achieve their goals and aspirations.

- **Connection with family**
  The program assists young people to reconnect to their family/carer, if appropriate, and their community. CIAO encourages young people to maintain appropriate relationships with their families of origin and also connect with, and build relationships with, families of destination. More detail about the importance of family connection is outlined in Melbourne City Mission's response to Term of Reference (i) later in this submission.

- **Provision of a welcoming, homely, friendly and equitable environment**
  The importance of a clean and warm home is imperative in young people engaging and being involved in the daily running of the household. Lead tenants and case workers encourage young people to get involved as much as possible in taking ownership of the home and making it theirs. The program encourages respect through the provision an environment that is clean and comfortable and a place they can feel proud of.

- **Lead Tenant volunteers**
  Our model uses Lead Tenant volunteers whose primary role is to monitor the safety and wellbeing of young people and report to program staff members and other stakeholders. Importantly, the Lead Tenant volunteers provide a positive role model and practical supports to the young people in the program.

- **Exit planning**
  Exit planning commences almost as soon as a young person comes into the program. Workers act as a resource for accessing other relevant supports, information and existing community services. Workers advocate for – and alongside young people – in order to find the most suitable accommodation options.

Best-practice case study: Foyer Plus

Melbourne City Mission is a leader in the development and delivery of 'foyer' models, in which young people aged 16-25 years, who are at risk of homelessness or are dislocated from mainstream supports, are provided with long-term supported housing, intensive casework support, and assistance to re-engage with education, employment and/or vocational training, as part of a pathway to independence.

Melbourne City Mission currently operates three foyer models: the Precinct model located in North Fitzroy, the High Density model (Lion Garden located in the CBD and Ladder Hoddle Street located in Collingwood), and the Neighbourhood model (dispersed transitional properties located in Melbourne's inner south and north).

The combination of housing and support, and links to education, employment and training has been shown to be a highly effective 'circuit breaker' for vulnerable young people.

No young person who has completed Melbourne City Mission's Foyer-Plus programs has relapsed into homelessness.

Melbourne City Mission believes that this model has potential application for young people transitioning from the Out of Home Care system.

Core practice principles

Foyer Plus recognises that each young person requires stability, empowerment, and individualised, flexible and timely support to make the transition from dependence to independence.

These key principles inform caseworkers' thinking around how they work, and play an integral role in creating positive outcomes for each young person:

- ***Stability***
  Foyer Plus recognises first and foremost the importance of an affordable, stable and secure home. There is an emphasis on fostering stable and positive relationships to enable young people to feel valued and connected. This occurs through the provision of long-term caseworker support. Case practice focuses on stabilising relationships where appropriate, including family, friends and services in the young person's local community. Once these core areas of the young person's life are stabilised, casework focuses on life skills development and exploring education, employment and training pathways, to assist in their transition to long-term stability and independence.

- ***Empowerment***
  We have an unwavering commitment to each young person and a continuous focus on motivating and encouraging them to be the best they can be. Caseworkers work in partnership with the young person and in a strengths-based way. Workers assist young people to explore their interests, goals, abilities and needs. Young people need to feel in control of their life through decision-making and having ownership over their chosen pathway.

- ***Individualised and tailored support***
  Foyer Plus addresses young peoples' needs in a multi-faceted client-focused framework. Support is tailored to each young person's interests, abilities, needs and life transition stage. Workers recognise that all young people are different and there is no 'one size fits all' way of working. Central to this is the recognition of the importance of each young person's individual life story.

- ***Flexible and timely support***
  We recognise that although a young person may be working towards their goals, they are on a journey to independence and flexibility will be needed. Plans and short-term goals will often change, depending on what is happening in the young person's life. Being flexible in responding according to the needs of young people encourages trust.

Melbourne City Mission's perspective on Term of Reference (i):

Extent of children in out of home care remaining connected to their family of origin

Lack of connection and facilitated contact with family of origin is a significant issue for the young people Melbourne City Mission works with. In our lead tenant program, CIAO, for example, we find that:

- Young people coming from residential care have had limited contact with family whilst in care, including no support to communicate with or have access to siblings and other family members who have not been responsible for the abuse and trauma they have endured.

- Regardless of what the relationship has been with their family, young people almost always want to go back and maintain some form of contact.

Young people need a connection to at least one adult who genuinely cares about them. This does not necessarily mean that they need to live with them[25] – just knowing they can pick up the phone to someone who is not paid to support them is crucial in feeling they belong to someone.

From homelessness early intervention research, we know that young people who are homeless (or vulnerable to homelessness) **and** who are able to regain family **connection**, have better short-term and long-term outcomes across housing, physical and mental health, education and employment than those who remain estranged from family.

Case study: Aimee's story

Aimee is a 24-year-old indigenous woman from Melbourne's west. Aimee has two children: Hayden (almost five-years-old) and Summer (two-years-old).

"I love watching my kids grow up – I don't have to hand them back.

"My childhood was in and out of DHS care for a good nine years. We'd be handed back, then they'd be straight in ... walk in, take us away again. We had no routine, nothing. The first time I can remember, it could have happened at the age of four. It was scary.

"I can remember 13 cop cars out the front of the house once. They walked in with DHS and took us to the police station. My brother and I were going mental because we wanted Mum. We didn't get told exactly why we were being taken away. They took me and two older brothers, but they left the oldest brother with Mum. I still don't know to this day why. They wouldn't ever tell us what was going on, it's just 'We're splitting you up'. You all get split up.

"The only thing I know why DHS took us off Mum is she picked us all up from school once and threatened to drive the car off the Great Ocean Road. After that, she was put in a mental hospital. But I'm not sure any other time, because no one ever explained anything to us.

[25] Though, given the lack of accommodation options post-care, most young people want to go back home or feel this is the only option. The chances of this breaking down are significant; however, given the alternatives, young people take this chance. In Melbourne City Mission's homelessness programs, we find that within six to 12 months young people access crisis services, having been sleeping rough, couch surfing or living in a violent situation.

"The first couple of times, they put me with complete strangers. [The next time] my oldest brother's mate's mum stood up and took me, but the other two were put with I don't know who.

"I got to stay at the same primary school, but my brothers got shipped to whichever school was closest to them. One brother was at Bayside, one was at Altona Primary ... I was mainly in Werribee.

"I started at The Grange in Year 7 and started Year 8 there, but then I became a pain in the butt. I went to another two schools, then Mum got us back. We moved to Bendigo because she had a boyfriend in Loddon Prison, so then I went to Castlemaine Secondary College. I ended up doing Year 11.

"It's mainly foster care that I can remember. The ones that I can remember were good, but some of them weren't the best idea to have fostered kids, because they [the carers] were more into late night partying, drinking, leaving alcohol cans everywhere.

"I can remember one time running away and walking to one of my brother's mate's places ... I know Werribee too well! They may have had to ring DHS. Then DHS did a random home visit. ***Then*** *they believed I was telling the truth. [Until then] they kept telling me I was lying because the house was spic and span when they visited other times. I'd say, 'Well, go check it now!'*

"In my eyes, if you take kids away from their parent, keep them together. Now, I talk to my oldest brother, but not the other two. [Being separated on and off throughout childhood] is probably a reason ... most likely, that's why. I don't talk to my Mum.

"[My oldest brother and I] don't talk about it [our childhood]. It's too painful. We've got other things. We've got kids. We're more worried about our kids.

"When I was pregnant, I was worried DHS would open a case – put me just like my mother. I've had DHS open a case three to four times now ... keep putting me down like my mother. I've stood my ground. They've left me alone for a while now.

"I've been with Cradle to Kinder since I had Summer. First, I got referred by my Maternal and Child Health Nurse for my son to Noah's Ark. Then I got referred to Cradle to Kinder.

"I love my worker to bits! She helps me with absolutely everything ... Hayden's behaviour ... getting him to eat, to sleep all night ... all of Summer's Maternal and Child Health appointments.

"When I first came from hospital, Summer, my newborn, slept all night, but my three-year-old kept me up all night! My friends said 'You're tired, your baby's keeping you up", but it was my son!

"I'm feeling really good. I'm moving house. I'm all packed up. I've got a Commission house. At least I'll know I've got a roof over my head. At least I know real estate agents aren't going to walk in and kick me out.

"I'm doing a Year 11 and 12 equivalent – Community VCAL – at The Melbourne Academy. I love it! Why? Well, I just love it. Because I'm so used to the kids being at daycare and being bored shitless. Now I have something on a Monday and Thursday to look forward to. I started at the end of Term 2 and I will be there again next year.

"If I could say anything to the Prime Minister, it would be to keep siblings together and do more random home checks [of foster carers] without giving people enough time to clean the house."

Case study – Christine and Holly's story

In 2010, Christine sustained a brain injury from a stroke. Prior to the stroke, Christine was working and caring for her 12-year-old daughter, Holly.

After incurring the Acquired Brain Injury (ABI), Christine became unemployed. She was unable to self-care or parent effectively, and her daughter took on the caring role.

In 2012, an assessment of the mother-daughter relationship was undertaken through the *Families First* program. Holly had been presenting to school with poor hygiene, and showed significant behavioral and emotional problems. The assessment identified that Holly had self-harming thoughts, as a consequence of the pressure of being her mother's carer. Holly was subsequently removed from the family home and placed with her elderly grandparents.

Two years on, a lack of resources means that the family has not been able to access services to support the relationship between mother and daughter.

The limited one-off funding packages for people with an ABI are not sufficient, with demand for packages consistently exceeding supply. Access to appropriate levels of attendant care is a major gap. Christine requires significant attendant care hours to remain in her home and to enable her to have a relationship with her daughter.

The whole family would benefit from ongoing counseling and parenting/care supports, including respite for both Holly and her care-giving grandparents. Counseling and parenting support workers able to visit families in their own home are critical. Christine isn't able to drive and cannot afford taxis. Council transport is only available for journeys that begin and terminate within the same council area. Community Link services have specific criteria which don't meet the transport needs of this family.

Melbourne City Mission's perspective on Term of Reference (j):

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

Early intervention is not a contested area of public policy – there is an extensive evidence base that demonstrates the value, impact and return on investment. The key issue from Melbourne City Mission's perspective is a commitment to making this policy 'real'. Local, State and Commonwealth policies are littered with references to early intervention and whilst early intervention approaches **are** funded, on balance funding is highly targeted to 'squeaky wheels' (the crisis end of the service continuum) and quick fixes.

The need for quick wins is not analogous to early intervention, particularly in complex cases where longer-term wrap-around support may be necessary.

Effective early intervention for people and families with multiple and complex needs takes time and requires a long-term investment – longer than governments are typically used to funding. This is a more expensive way of working in terms of upfront costs, though, as the recent Interim Report of the Reference Group on Welfare Reform, submitted to the Commonwealth Minister for Social Services, noted:

- this *"needs to be weighed up against the long-term costs of not acting"*
- *"investing funds early and targeting the greatest need ... maximises the return on investment of taxpayer funds".*[26]

One best-practice example in which Melbourne City Mission is involved with sector and intersectoral partners is Cradle to Kinder. This is an integrated and co-ordinated, child-focused, family-centred service system response to vulnerable families and their children. It is a Victorian State Government-funded initiative that promotes the health, safety and wellbeing of children and assists parents to make positive changes to their lives.

Cradle to Kinder is different to other programs working with families 'at risk' – it is a longer-term intervention that offers tailored support to young women and their families **from pregnancy until the child commences pre-school.**

The service design shifts the focus from crisis responses to capacity building and prevention: support is able to commence during the ante-natal period and child/family focused wrap-around supports continue, as needed, for the first four years of the child's life, in collaboration with early childhood services. This kind of dynamic, longer-term intervention represents a real investment in vulnerable families and sets the scene for sustainable, long-term outcomes.

More detailed information about Cradle to Kinder is provided in the case study on page 33 of this submission.

A misnomer about early intervention is that it is only staged in early childhood. In fact, early intervention strategies can be successfully applied to other life stages/life transitions also. One best-practice example of early intervention for young people is the Finding Solutions Plus program.

[26] Department of Social Services (2014), 'A New System for Better Employment and Social Outcomes - Interim Report of the Reference Group on Welfare Reform to the Minister for Social Services'

Finding Solutions Plus acknowledges that families raising adolescents can face challenges in the transition from child to adult. The program is funded by the Victorian State Government and aims to prevent families becoming engaged (or re-engaged) with the Child Protection system. It is an integrated, family-focused and strengths-based program which engages the family as a whole in the resolution of issues and in the development of tailored strategies to promote family wellbeing.

The best practice elements of Finding Solutions Plus are described on page 35 of this submission, together with a client case study.

In terms of vulnerable families and early intervention, Melbourne City Mission <u>also</u> wishes to draw attention to the vulnerability of families where family members have disabilities:

- ***Children and young people with disabilities.***
  Children and young people who exhibit challenging behaviours associated with their disability – and their families – often lack access to appropriate support services. Without support, these families become isolated and more vulnerable to breakdown:

  - The increasing stress can sometimes lead to the relinquishment of the child or young person. In Victoria, it is estimated that 50 or more families surrender the day-to-day care of their child with a disability to the State each year.

  - In 2010, the Victorian Ombudsman noted that children and young people with a disability are over-represented in the Out of Home Care system. In particular, children and young people with a disability were noted to account for a significant proportion of residential care placements[27].

  Two Melbourne City Mission programs designed to support children and young people with disabilities and their families are featured as case studies on pages 37 – 39 of this submission.

  Melbourne City Mission notes that for young people with multiple and complex needs, there is a lack of suitable accommodation options post-18 years of age.

- ***Parents with disabilities***
  Australians with a disability are more likely than their peers to experience multiple disadvantage, for example, not attaining a Year 12 qualification, being unemployed, having limited economic resources and having insecure housing or housing that does not meet their needs.[28] For families where one or more parents has a disability, socio-economic disadvantage associated with their disability may heighten the family's risk of engagement with the Child Protection system.

  Additionally, without the right support, some parents with disabilities may encounter challenges providing day-to-day care for their children. Our Disability Services team notes: *"These families need significant resources that stay for the long haul. There is a lack of ongoing, long-term support."*

As previously stated in this submission, Melbourne City Mission advocates for longer-term investments in vulnerable families, to promote the wellbeing of children and young people and to prevent intergenerational disadvantage.

[27] Ombudsman Victoria, *Own motion investigation into Child Protection – out of home care*, May 2010
[28] VicHealth (2012), *Disability and health inequalities in Australia, research summary*

Case study:
Cradle to Kinder – early intervention to improve individual and family functioning

Cradle to Kinder provides intensive ante and post-natal support for vulnerable families. The target population is:

- young women under the age of 25 who are pregnant (eligible from 26 weeks of pregnancy) or new mothers (eligible up to six weeks after the birth of their baby)
- living within the identified Child FIRST catchment
- where a report to Child Protection has been received for their unborn child, where the referrer has significant concerns about the wellbeing of the unborn child, or
- where there are a number of indicators of vulnerability/concerns about the wellbeing of the unborn child and the woman is not involved with the Child Protection system.

Priority of access is given to:

- young women who are, or have been, in Out of Home Care
- Aboriginal women
- women who have a learning difficulty
- young women and their families who have previously been receiving Cradle to Kinder services but who have moved to a new Cradle to Kinder catchment.

The program also accepts referrals for young women who are, or have been, in out-of-home care and are living in unstable housing/short term tenancy arrangements outside the catchment but within the Department of Human Services region, and exercises flexibility in accepting referrals for pregnant women with an intellectual disability who are older than 25 years of age.

Engagement with the program is on a voluntary basis. Emphasis of supports is placed on the key transition periods in a child/family's life.

The model of family/individualised support uses a strengths-based approach that focuses on building the capacity and confidence of the young parent. Our youth-focused services are linked to child-focused services, so that regardless of entry point, families and children are able to be assisted. Families are linked to relevant services with seamless referral pathways. Engagement with families using a universal platform is considered to be a safe environment by both parents and children and non-stigmatising.

How Cradle to Kinder is supporting people to build their capabilities – key elements of our service model:

- **Whole of Family service response –** identifies and considers family circumstances, in particular the existence and experience of the child.

- **Culturally responsive –** service provision underpinned by the Aboriginal Cultural Competence Framework to ensure cultural competence and cultural safety. An understanding of cultural identity and cultural differences in parenting practices also underpins service provision for families who are culturally and linguistically diverse.

- **Early Engagement and Relationship Practice Approach** – assertive outreach to establish critical relationships and enduring partnerships with participants that are child-focused, family-centred, responsive to family needs, and utilise a strength-based approach.

- **Longer-term intervention** – provision of ante and post natal-supports, early childhood parenting, assistance with day-to-day building of life skills, practical support and assistance, and future planning. Strategies are developed in conjunction with the participant and significant others to maintain the engagement of the family in the longer term, until the child turns four, through identification and flexible responses to the changing support needs of the family.

- **Holistic Assessment** – multi-dimensional approach based on key indicators and desired outcomes. A dynamic, informed risk and needs assessment underpinned by ongoing analysis and planning, and evidence based judgement. Identifies and addresses the 'root cause' of risks for each participant and their family while assisting to plan for the future identifying longer term goals and aspirations of the mother and her family.

- ***Best Interests*** **Case Practice model** –through a co-ordinated key worker approach, meets the health, safety and developmental needs of infants and young children as well as the needs of the family while also developing the young parent's assets, strengths and ability to resolve challenges and achieve their desired outcomes.

- **A multi-disciplinary team –** comprising skilled and experienced staff from a range of professional backgrounds who demonstrate a "can do" approach in partnering with the young mother, her family, and those involved in the circle of support created for the family. Easily accessible, located where young people are.

- **Family and Community Reconnection Focus** – connecting the young mother and child to their family and the mainstream and specialist services they need, building self-determination and resilience for sustainable positive outcomes for the future.

- **Child and Family Action Plan** – developed in consultation with all key stakeholders, self-directed, person-centred and family-inclusive, creates goals and actions to achieve positive outcomes both short and long term.

- **Streamed Pathways and Flexible Support Family Support Packages, Time-limited Care Packages and Post-program Support –** defined, individualised, tailored programs to build a sustainable path for the future of the young mother and her family; provides opportunities for long-term, sustainable relationships, social networks; and assist parents to make positive changes in their lives and improve the family's capacity to be self-supporting.

Case study:
Finding Solutions Plus – early intervention for young people and their and families

Finding Solutions Plus is a mediation service for those aged 10 to 15 years, which aims to divert young people away from the Child Protection and statutory systems. We provide the young person and/or family with timely and intensive support to contain the family conflict issues being experienced, and to reduce the likelihood of placement in Out of Home Care.

The target population is:

- aged from 10 to 15
- housing situation: likely to have had one Out of Home Care placement
- residing in the north or west of Melbourne.

The program exclusively accepts referrals from the Department of Human Services Child Protection Unit. In general, a referral is made when a family with a young adult child exhibits signs of escalating dysfunction and crisis. At the time of notification, the risk factors of the issues may not warrant involvement by the Child Protection Officer, but it is reasonable to assume that the issues will not be resolved without support.

Engagement with the Finding Solutions Plus program is on a voluntary basis. Emphasis of supports is placed on the key transition periods in a young person's life.

Key elements of our service model:

- **Family Support**: Intensive family-focused support for up to 12 months for young people and their families to nurture, strengthen and promote family relationships; strengthen broader community connections; and link with education or training opportunities

- **Individual Support**: For young people to help meet their safety, stability and developmental needs through identifying/resolving underlying issues and behaviours impacting on their relationship with their parents and other family members

- **Family Mediation**: Providing mediation to address underlying issues and provide strategies for resolution of conflict

- **Parental support**: Working with parents to assist them to identify and explore underlying issues and behaviours that are impacting on their parenting and relationship with their child.

Finding Solutions Plus – Foster's story

Foster is the eldest of six children. The family reside with mum and dad.

Foster was referred to the Finding Solutions Plus program because his accommodation with his parents was at risk of breaking down due to conflict and neglect.

The Finding Solutions Plus program, importantly, took a family inclusive approach with a focus on engagement, intervention and support to Foster.

The program identified the importance of his relationship with his siblings, especially his role as eldest within a chaotic family environment. In this case, there was a need for his voice to be heard within the care team, given his informal parenting role to his younger siblings.

Foster wanted to engage in a school or day program, as his enrolment at several schools had ended poorly, and he had not attended any structured education for the past six months. His parents' preference was for Foster to remain at home rather than attend school, to assist them in maintaining the household.

Key components of the work initially focused on parenting and plans to ensure all the children's wellbeing and developmental needs. Child Protection provided input relating to the impacts of chronic neglectful parenting on children. A care team was formed to provide an integrated response to the family with an agreed to adherence to 'Best Interest'[29] principles.

Work was then able to focus on Foster. Mediation was undertaken with Foster and his parents to reach agreement on curfew, chores and behaviours. The Finding Solutions Plus program worked with Foster and school to begin a return-to-school plan. He initially began attending three mornings a week, before increasing to a modified program five mornings a week.

Foster and his family now have a stable relationship, and Child Protection is implementing an exit strategy for the family's care plan.

[29] 'Best Interests' principles of the *Children, Youth and Families Act 2005*

Case study – Clyde Street 'shared care' model

'Shared care' provides both facility and home-based support to families with children and young people aged 6 to 18 years, who have high and complex needs associated with their disability. The model was developed to help address concerns about relinquishment.

Shared care is intended to vary from mainstream residential respite through the addition of an early intervention, intensive therapeutic and behavioural management component, which supports children and their families so the children can return to their home permanently (thus avoiding dependency on supported accommodation).

Specifically, Melbourne City Mission's model is designed to:

- Strengthen the care giving relationship
- Enable children and young people to develop positive identities, self-esteem, autonomy, personal relationships and to participate in the community, whilst supporting the birth families to maintain full-time care
- Avoid or reduce dependency on accommodation supports.

Families are usually engaged for a minimum of two years, though in some cases families remain engaged until the young person turns 18. The length of time a child or young person remains in the program is determined by the success in addressing the problems families have raised as concerns.

The facility-based component of the 'shared care' model is provided at a four-bedroom house in Melbourne's northern suburbs.

Home-based support is typically provided through Melbourne City Mission's Affirming Families program, which is documented immediately below.

In terms of best-practice elements, the combination of respite and behaviour support, together with personal skill development, has proven to significantly impact on young people and their families.

An evaluation of the model showed:

- A reported reduction in problem behaviours across the majority of children and young people. The degree of change was judged by most parents to be significant.

- Children and young people generally had reduced levels of anxiety due to the regular opportunities to participate in social and community settings. These opportunities enable them to participate in activities which are both enjoyable and meaningful to them. Many families reported children and young people to be calmer, less angry and boisterous, and to have an improved capacity to access the community with their family, as well as improved communication skills to convey their needs and wants.

- Children and young people experienced substantial growth in their independence and life skills, including cooking, shopping, cleaning, washing and hygiene skills, as well as being able to sit down at a table and enjoy a meal with the family, or calmly wait for a turn while playing with a sibling. Many of these were seen as a major breakthrough and had enormous impact on the entire family and their quality of life.

- Families believed the service offered a secure, safe environment as well as stability and consistency in rules. Children were found to exhibit more consistent behaviours and this was associated with the routines provided at the service.

- Families are provided with a necessary break from their caring role as a direct result of their child attending the service. Families reported that this break offers not only a time to rest and recover but also an important and much needed opportunity to spend quality time with each other, especially with any other siblings of the disabled child.

- Most family members consulted were re-energised as a result of their use of the service, and reported outcomes in their families and in their family member that, by any measure, are substantial, valuable and important.

- The most compelling feedback made by carers around program effectiveness was that the children are being provided with an opportunity that supports and encourages them to be the best person they can be in life.

Case study – the 'Affirming Families' program

Affirming Families is an in-home behaviour support program that helps families to develop skills, knowledge and confidence to deal with issues that may otherwise isolate a child within their family, and isolate families from the participation and inclusion in the broader community.

This Affirming Families case study describes the supports that Melbourne City Mission put in place for a family with a 10 year-old child, to address significant behaviours of concern identified by the family. These behaviours – which included property damage, restricted eating, urinating in the lounge room, and hitting a parent, siblings and other children – presented a barrier to social inclusion and participation for the child, parent and siblings.

The entire family were disengaged from their extended family, schools, support services and refused assistance. There were significant mental health issues for the child with the disability, the parent and siblings.

Through the supports that were put in place:

- behaviours of concern were reduced
- the parent became skilled in understanding and implementing behaviour strategies
- the child started using and being included in school, the bus, holiday programs and respite support
- siblings were linked to services including health, TAFE and counselling, and the relationships improved between all children
- the family reconnected with the extended family after many years of being disconnected.

The best practice elements utilised in this case included:

- Listening and understanding the current family situation and the background, including grief/loss from marriage breakdown, guilt believing autism was caused by the parent, and the impact of autism on behaviours occurring.

- Education to the siblings and parent about autism, disability, positive behaviour support, and how to write social stories and communicate more effectively with the child with the disability.

- Role-modelling, coaching, problem-solving and working in partnership with the parent at all times.

- Multi-tasking – understanding, educating, role-modelling, linking to supports, and going at the parent and child's pace.

- Advocacy by standing in-front, then beside, then behind, so the parent could advocate and be heard when informing others of her son's needs to the school and other services.

- The parent holding the decision-making around goals, times of visits, and intensity of the program at any given time (intensity changed over the time of service engagement).

Conclusion

Melbourne City Mission commends the Senate for referring this Inquiry to the Community Affairs References Committee, and thanks the Committee for the opportunity to share our practice wisdom and recommendations.

Our submission makes the case that the Out of Home Care system is not working for most children and young people. Melbourne City Mission advocates for:

- The promotion and expansion of the range of early intervention programs that prevent and divert families from entering (or further entering) the Child Protection and Out of Home Care systems.

- The strengthening and encouragement of best practice responses to children and young people (and their families) placed in Out of Home Care, with a particular focus on transition programs, treatment programs to address trauma, and remuneration for carers.

- The establishment of a Five-Year Leaving Care Guarantee to ensure that young people who have exited State care are not at risk of homelessness.

These areas are articulated in full in Melbourne City Mission's recommendations to the Senate Inquiry into Out of Home Care on page 6 of this submission.