Barnardos Australia

Standing Committee on Community Affairs Reference Committee
Parliament House
CANBERRA

Due date 31 October, 2014

Barnardos Australia believes that there are substantial problems with the performance of out of home care in Australia, but our experience is that children rarely enter care unnecessarily and that quality care is attainable with reform. Substantial leadership is required to develop a better service system, particularly the support of 'open adoption', kin care, Aboriginal managed services and the introduction of robust case management. Based on our experience in New South Wales, the best approach to improving foster and residential services is the development of standards of care within an enforced accreditation structure.

Barnardos Australia is an out of home care and family support agency providing direct service in New South Wales and the Australian Capital Territory. We aim to keep children out of care (working with 6,000 children and young people each year) with a well developed set of secondary prevention services run through Children's Family Centres. Where enter to care cannot be avoided, we have developed out of home care services aimed at meaningful permanency including 'exit' points from care. We are unable to provide adequate numbers of these services to meet demand.

We respond to this inquiry in the knowledge that there have been a substantial number of State and Territory Inquiries conducted over the past thirty years which have not resulted in adequate change. Following Inquires prior to 2004, significant inquiries have also been conducted in New South Wales (Wood 2008), Queensland (Queensland Child Protection Commission of Inquiry 2013) and Victoria (Cummins, Scott et al. 2012). To bring about the necessary reform a more concerted effort will be required from Federal, State and Territory governments than has been possible through State Inquires and the Framework for Protection of Australian Children.

A. **Drivers of the increase of numbers of children placed in out of home care, types of care that are increasing and demographics of children in care.**

The high number of children in care is driven by:

- The failure to provide **adequate levels of 'secondary prevention'** services for both children and young people means that diversion from the care system does not occur. The 'policy trend' towards early intervention by the Federal and State and Territory governments means that there are limited effective ways to prevent entry into long-term care. Our arguments have been published (Tregeagle and L.Voigt 2013) and underpinned by the fact that, whilst early intervention may strengthen families somewhat, there is no evidence that it relates to keeping children out of care.

The factors leading children to experience care so significant as to take them into care are both chronic and profound and include substance abuse, violence and chronic intergenerational poverty. These factors are not adequately addressed by early intervention programs which are often not appropriate for the most concerning families.

We argue that strongly case managed services which include crisis housing, emergency care of children and access to affordable long-day care would mean some families can be kept together. Research conducted by the University of NSW (2007) studied the issues presenting to Barnardos Auburn Children's Family Centres. Families seeking assistance were experiencing:

> *Multiple needs which related to housing, financial constraints, trauma from domestic violence, physical, sexual and psychological abuse, physical and mental health, and disability, social isolation and lack of support networks. Housing (being) a critical issue for many families and appears to be a primary reason for contact...(Fernandez 2007 p. 1379)*

Findings show that the most frequently reported primary problems were 'environmental' including: marginal housing and threats of eviction (37% of families of the primary, and 10% of secondary or tertiary reasons for seeking assistance). Domestic violence was the next most frequent primary problem and affected a total of 27% of families. *Financial problems were rarely the presenting problem but did affect almost one third of families. (p.1381)'*

The use of childcare for children under five years of age is an overlooked means of keeping some children out of out of home care. We fear that difficulties in accessing childcare for the reasons of abuse and neglect will be exacerbated by this year's Productivity Report on Childcare. Barnardos Australia believes that one of the least intrusive ways of keeping young children's care and potentially avoiding the need for damaging foster care is to ensure that children under five are in childcare permanently. This option keeps children safe during the day whilst providing adults who can observe the child's wellbeing and can counteract the impact of neglect.

- The growing number of children in care is primarily driven by the fact that children are staying in care for too long and entering care earlier. **There is a failure to consider ensuring 'exit' from long-term care which leaves too many young people in unstable and damaging foster care**. A proven way of doing so is through open adoption and the Federal Government has an important role in ensuring that non-Indigenous children move into 'open adoption'(Tregeagle, Voigt et al. 2005, Tregeagle, Cox et al. 2012, Tregeagle and Voigt 2014, Tregeagle, Moggach et al. 2014). Barnardos Australia is able to adopt approximately one half of the children referred to Barnardos Australia for life-time care, however open adoption only occurs in New South Wales, and then, only to a limited extent. Open adoption is valued highly by many children and Barnardos Australia has published extensively on our experience and can provide evidence from young people speaking themselves on the importance of this option. Both the USA and UK have a high number of children adopted from care.

- The numbers of children in care are being exacerbated by the **slow progress of children through the children's court processes** leaving children in care for long periods of time whilst the Courts make decisions about 'permanency'. Barnardos has recently undertaken a study of the time taken to make decisions on the movement which confirms this trend and also shows differences between local offices.

  Previous research in Australia confirms this problem:

  In 2005 a South Australian study of children in stable long-term placements showed that where reunification was seen as inappropriate from the outset, or judged to be unviable following a relatively small number of reunion attempts, the average length of time taken to place a child in guardianship to 18 years was 22 months, 25% were placed within 6 months, 43% were placed within 1 year (Delfabbro, Jeffreys et al. 2009) This is 20% less children receiving permanency within the year for long-term orders compared to Fernandez (2013) research where 88% had an outcome within a year if they were restored.

  Studies have illustrated that children who are being restored to the care of their biological parents experience the shortest stay in foster care (Akin 2011, Fernandez 2013)). Fernandez (2013) found that out of the group of children who were restored, 64% were in care for 6 months or less. However, the likelihood of restoration decreases after 6 months in care and continues to decrease as time passes Children who were restored did so quickly by week 13 and then the rate was slower or steadier, whilst reunification with kin was slow at the beginning there was a sudden increase between weeks 10-12, a moderate rate by week 41, following which no reunifications occurred by the end of the study. (From Barnardos internal report Length of time to Permanency)

- Growth in numbers of children in care may be exacerbated by the **failure of legal systems to provide expert and adequate legal aid** for parents to defend their families.

Types of care that are increasing:

- Barnardos believes that **poor standard foster care is increasing**. It is our view that this occurs because of a lack of adequate monitoring of standards. Poor quality of care can lead to damage to children through instability, and, unnecessary exclusion of birth parents from contact with their children.

- **The area of kin care is not expanding at an adequate rate. This is because failure to support and offer adequate support to kin carers**, particularly in Aboriginal communities. Policy must do everything possible to remove barriers to families taking kin and these include failure to provide adequate allowances and respite care. Whilst there are provisions for grandparents to get assistance with childcare, we are unclear how frequently these provisions are used.

- **Barnardos supports the reduction of the use of residential care for all but much older adolescents with severe behaviour problems** (see below). We believe that there should be very few of these units.

B. The outcomes for children in out of home care versus staying at home

There is no way of definitively comparing outcomes of care versus staying at home, however, a number of indicators show that out of home care is essential:

- There are ongoing deaths and injuries of children who remain with families who are clearly struggling to cope with childrearing and it is these children that may have been assisted by entry to out of home care.
- Most children in long-term care are of the view that they should have been removed from care.
- The outcomes for young people, where the State does not provide adequate foster, residential or kin option, are dire. This is most evident in Australia where young adolescents become homeless when they are left without help in their family or any viable living alternative. Barnardos believes that there should be much more 'care' and housing options for young people over fourteen years of age. We have recently lost funding under Going Home Staying Home in NSW to support young homeless people and are unable to get adequate funding in NSW to run such a service, yet we have always had more applications for placements than we can accommodate.

All but a few children living in Barnardos care have had judicial review of the decisions to enter and stay in care based on State and Territory legislation. We currently have only 1% which are voluntary admissions. This means that the Inquiry is assured that there are stringent processes in place when a child enters or remains in care. (Despite this extra oversight, Barnardos would like to see the number of voluntary admissions increase because it is important for families to be able to choose to use services without recourse to State welfare policing).

C. Current models of out of home care

Barnardos believes that there should be better models of the out of home care system-developing exit points, expanding kin care, strengthening the system through 'best practice' case management and accreditation processes and taking a better approach to foster care. The following comments are based on our experience over thirty years and the ongoing erosion of our service models. Children and young people's views about types of care which must be considered when assessing the service system(Michail 2013).

- As expanded on in Question 1 we believe that **open adoption** needs to be urgently implemented with all Australian States and Territories having targets for adoptions set. All babies and children who are committed to care to age 18 should be assessed with the view to open adoption. Children's wellbeing is not served well by staying in long-term foster care because of the inherent instability of the system. Barnardos believes that NSW has model legislation which can enable children to find a permanent family as soon as practical.
- The majority of Australian children, particularly Aboriginal children, should have **supported kin care services.** Currently payment to carers and specialist support is haphazard (Yardley, Mason et al. 2009). Barnardos does not believe that kin care placements should be policed in the same way as foster care but that kin carers can

ask for support at critical times in placement. See attachment 'Partnering with Kin Carers.

- Barnardos view is that models of care need to be under pinned by a shared understanding of **case management** and this is not currently the situation. A case management system dictates the type of information which needs to be collected to assist a child and the times that that information is needed, as well as outlining the level of consultation undertaken by children and families. This is an important management tool and, properly designed, can allow for useful systems level data-something which is problematic for current systems. NSW out of home care agencies chose to use the Looking after Children System (LACES) which is being updated after fourteen years to MyStory.

- Barnardos experience is that to stop 'drift of children' through the care system and to undertake permanency planning, **that foster care should be split into two components:** restoration care which undertakes crisis work as well as assessment for the Courts, and long-term care. Barnardos has utilised such a system for the past thirty years and believes that such differentiation acts as a 'gatekeeper' to stopping children entering long-term care. We believe that carers, and workers are either pitched to restoration and helping children move back to their families, or, are geared to children becoming members of new families.

- The Federal Government needs to ensure that States and Territories models of care have strong **accreditation processes** and National Standards for out of home care are implemented. The attempt to develop and implement standards for out of home care in the National Framework for Protection of Australian Children was inadequate. There are a number of practices currently flourishing which need to be reformed: multiple placements of children and failure to allow adequate birth parent contact.

  It is Barnardos view after many years of providing and striving for improved standards in out of home care that a National Accreditation system for out of home care, to the standard of the NSW Children's Guardian, is required. This system requires active monitoring and audit of services as well as requirements to have adequate welfare systems in place. Our experience in NSW is that this process does lead to quality assurance and improvements in standards. One great advantage of this transparent process was the recommendation by Justice Wood in NSW that accredited non-government agencies should provide out of home care because the State Department could not reach adequate standards. Recent attempts to develop National Standards in out of home care have failed because they became 'failed data collection exercises'. What is required is a standing body which undertakes regular audits of individual agencies and has the power to disaccredit agencies if standards are not met.

Accreditation systems need to address the unacceptable practice of placing unrelated children into a foster home as this leads to instability for children. It is our experience, confirmed by research, that taking unrelated children into a foster placement causes instability for children when unrelated children are placed together (Ingley and Earley 2008). However this appears to be the practice for NSW Government and for carers in other States and Territories. No Barnardos crisis carers are ever required to take more than one set of siblings at any time. In our permanent foster and adoption placements it is rare that unrelated children are placed together and only after long period of assessment. (See question 3 for more detail on reform of foster care).

Accreditation systems need to reinforce the rights of children to have contact with their birth parents for either the purpose of maintaining attachment (for restoration placements) or identity and social development (for permanent placements). There are increasing trends, in Australia and across the western world, for a diminution of reasonable contact between birth families and foster carers (Sen and Broadhurst 2011). Increasing preoccupation with 'risk' means that contact visits are increasingly undertaken less frequently, in impersonal settings with 'stranger' supervision. The willingness and capacity of foster carers to develop a relationship with birth parents, which enhances the child's life, appears to be declining. The development of formal 'contact' offices and local anecdotal evidence which indicates that carers are not so frequently welcoming birth parents into their homes, meeting the parents early in the placement and regularly exchanging information about the child and their progress. This is regrettable, as in the past, carers have been able to model parenting, swap information about child management and the child's reaction to the placement and give strong messages that their parents are worthwhile individuals. Carers are more likely to be asked to help assess the parent child relationship, particularly as they experienced first-hand the child's relationship with their parents. Carers involvement has been shown to aid placement stability, lessen the trauma of transporting children and help the restoration. Barnardos internal review of our own services indicates that strong management is required to ensure that positive contact occurs.

- As mooted above, Barnardos would like to see non-government agencies be able to take **voluntary admissions to care** so that families maintained control over their child's wellbeing. A number of years ago in NSW, we lost our ability to take voluntary clients (contracts with government were restricted so that voluntary placements were allowed to a maximum 2% of our grant funding). This means that families with a real fear of co-ersion by State and Territory authorities are unable to use our services.

- Residential care should be severely limited in Australia and no child under the age of twelve should ever be in residential care. As an agency, Barnardos now operates only one residential unit for older adolescents with severely behaviour problems, and we will only run this form of care when it has a stable workforce. Residential care is very difficult to manage and is an expensive drain on the welfare system. Training of therapeutic youth workers in Australia is effectively non-existent and so

it is virtually impossible to run a consistently well-managed service over time. This form of care requires shift workers and this does not give consistency to a group of young people who require consistency of relationship above anything else. Furthermore, residential care is stigmatising and a place where poor behaviour contaminates all the inmates.

D. **Current cost of Australia's approach to out of home care**

Barnardos believes that out of home care is an area which cannot be done on the cheap and that currently there is inadequate funding of some forms of restoration care in Australia. Having said this there is currently enormous waste in the out of home care budgets because of failure to use 'open adoption' and childcare.

Properly funded restoration care requires a caseworker: family ratio of 1: 3. Such work requires intensive relationships and time commitments to move children home quickly. However, we are unable to get funding at this level in NSW and we have to take great care to balance the ratio of this work in the agency. We would want to expand this level of care. We believe that this problem must be replicated in agencies in other States and Territories- to do proper intensive work we require recognition of the real costs of care.

Barnardos has modelled the savings of cost to NSW State Government of having children adopted out which shows that the savings ore of the order of $100 a day per child- sometimes for seventeen years. Whilst Barnardos believes that an adoption system is necessary to enable foster families to afford adequate services for severely damaged young people, there are many families who do not require or want any financial assistance for adoption.

E. **Consistency of approach to out of home care in Australia**

Barnardos provides direct services in two jurisdictions: New South Wales and ACT and are therefore unable to comment from direct experience on consistency except to point out:

- There are no agreed standards for out of home care across Australia
- No case management systems are utilised outside NGO care in NSW
- There are significant variations in use of kin care (particularly with Indigenous families) in different States and Territories
- Almost no other State but NSW utilises open adoption to place children permanently with 'known' carers
- Agencies do not separate short-term restoration care from long-term care

F. **What are the best supports available to relative/kin care, foster carers and residential care?**

Barnardos believes that the NSW Standards for out of home care provide a good basis for assessing the supports required for foster and residential care. These standards address issues of training, level of casework support and placement monitoring. These standards need to be implemented, policed and developed across Australia.

As noted above, Barnardos believes that the best support for **kin carers are** voluntary access to specialist family workers and financial assistance at the request of kin carers themselves. Agencies should not have greater power to interfere with the lives of children and children can be protected through community wide child protection provisions. Kin care should be normalised as far as possible without welfare workers intervention. However, there is no doubt that many kin carers want support and are not receiving it (Yardley, Mason et al. 2009).

G. **Best practice in out of home care in Australia and internationally best practice in Australia**
Barnardos believes that the following best practice programs need to be 'rolled out' in Australia. You will note that all of these programs have had extensive research often by independent University researchers and information has been published locally and internationally.
- the MyStory case management system (Cheers 2002, Cheers, Kufeldt et al. 2005, Cheers and Morwitzer 2006, Cheers, Kufeldt et al. 2007, Kufeldt, Cheers et al. 2007, Tregeagle 2009, Tregeagle 2010, Cheers, Fernandez et al. 2011)
- The Find a Family program which is a specialised long-term care and adoption program (Tregeagle, Voigt et al. 2005, Fernandez 2006, Fernandez 2006, Cox, Moggach et al. 2007, Fernandez 2008, Fernandez 2009, Forbes, O'Neill et al. 2011, O'Neill, Tregeagle et al. 2011, Tregeagle, Cox et al. 2011, Tregeagle, Moggach et al. 2014)
- The Temporary Family Care, short-term restoration program delivered separately to long-term foster care (Tregeagle and Hamill 2011)

Best practice internationally
We know of no out of home care system internationally which offers ready answers to Australian problems in providing for children who cannot live at home. Whilst Australian out of home care needs to be improved the answers will lie in local innovations and adaptations of programs which are then funded. Innovation locally is important because worker's skill levels are very different here to UK or USA and our service systems and welfare provision are unique (McDonald, Harris et al. 2003).

We would point out that there is already considerable interchange with overseas out of home care. Conferences such as the Association of Children's Welfare Conference which brings in United Kingdom and US academics and administrators. Non-government agencies regularly review Journals and there are frequently organisational links with overseas academics and services. In the past this has resulted in excellent overseas programs being adapted to Australian conditions such as Find a Family program (for long-term foster care and adoption), Uniting Care Burnside's Newpin program and Barnardos adaptation of Looking After Children case management. However, it is rare for successful programs being replicated by other organisations as funding is rarely available for such innovation.

We would point out that there have been innovative local developments such as the 'split' foster care model used by Barnardos which are similarly not taken up by many other agencies due to the funding and skill levels in agencies.

The area where we need greatest assistance in developing out of home care is provision for Aboriginal children. Although groups such as SNAICC have regular contact with Canadian and American Indigenous people, local solutions must address individual cultural requirements. We are increasingly concerned at the slow response to the problems facing Aboriginal children who cannot live with their parents and kin are not available.

H. Consultation with individual, families and communities affected by removal of children from the home

Barnardos consults with parents in both research, routinely through audits in each of our out of home care programs and daily through the use of our case management system which requires periodic specified signatures of parents as to their views about current care plans. We would be grateful for further advice about levels of consultation required.

We are very interested to see the findings of this committee in relation to how to keep Aboriginal children out of care, how best to support Indigenous kin carers and how to develop the number of agencies providing care for Indigenous children. Barnardos is a signatory to the SNAICC Memorandum (SNAICC 2008) but we are finding that there are significant practical difficulties in meeting the goals of the Memorandum. It is our experience that there are insufficient numbers of Aboriginal agencies able to undertake support of kin carers and foster carers. Barnardos has undertaken a successful partnership with one agency in NSW (Narang Bir-rong) which was able to develop strongly and is returning to Aboriginal management. We have expressed our willingness to work in this area further but find that there are significant impediments to this model of work.

I. Extent to which children in out of home care remain connected to their family of origin

Barnardos short-term care, long-term foster care and adoption services all maintain active involvement of birth parents and extended family and siblings in the lives of children. See Practice Papers on contact. As noted above we believe that there is increasing difficulties in ensuring comfortable, face to face contact but we believe that this connection is essential and should be reinforced through accreditation.

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

See our response to term of reference A. In order to keep children out of care, Barnardos has developed Children's Family centres and these are based on thirty-five years of development of intensive, secondary prevention services which target children we know will otherwise enter the care system. We have found that the most important of these services are crisis care and supported, medium-term housing backed up with childcare and home visiting which continues over the entire period of childhood.

Barnardos believes that reliance only on early intervention programs is an inadequate approach to prevent children entering care yet this is the major direction of policy in Australia. Our arguments are outlined in a paper calling for high intensity of services (Tregeagle and L.Voigt 2013). Families at greatest risk of having children enter care rarely

use early intervention programs because of their design and difficulties in parents being transported to services or fears about detection. There are significant problems in targeting services because the numbers of families potentially requiring intensive assistance are very great compared to what the service sector can provide. Furthermore, the families of children who enter care have deeply entrenched, chronic problems that require a high level of assistance, these problems occur early in the life of children and the development of a problem, not allowing time for services to intervene.

Attachments

Permanency Planning Practice Paper - Step 3. Promoting restoration of children to their families

Permanency Planning Practice Paper - Step 4. Planning concurrently for children whose future is uncertain - Restoration or Adoption

Permanency Planning Practice Paper - Step 5. Promoting stability in foster care.

Permanency Planning Practice Paper - Step 7. Partnering with Kin Carers.

Permanency Planning Practice Paper - Step 8. Working strongly with adolescents.

Permanency Planning Practice Paper - Step 9. Promoting open adoption.

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Permanency Planning Practice Paper - Step 3

Promoting restoration of children to their families

For children whose families are dangerous for their development, child welfare services can also worsen their life chances - planning can be haphazard, health and education outcomes below community standards and children can suffer lifelong scars caused by broken attachments, grief and loss. Whenever it is safe, Barnardos keeps children at home or, if a crisis placement is needed, quickly restores children to their family.

Work to restore children from foster care must be done in the critical window of time between a crisis splitting a family and children beginning to attach to a new living situation. Frequently, child welfare services work too slowly and steps are not taken in the first weeks and months of placement and children begin to 'drift' in care. To this end, Barnardos has developed a specially designed foster care program called *Temporary Family Care (TFC)*. Such programs are 'gate keepers' which ensure that children are returned to their parents whenever it is safe to do so.

TFC programs identify, and then alter, the circumstances which have brought a child into care and work actively to minimise anything that could damage the child's ongoing attachment to their family of birth. TFCs help families with children predominantly under twelve years of age. If a child enters care, they move into specially trained restoration foster care and workers are on call 24 hours, seven days a week.

TFC programs work intensively - usually during a crisis. They plan for the best outcome and minimum disruption for the child, support parents, and use their knowledge for active decision-making. When a child returns home, three months of aftercare are offered.

Intensive, crisis casework

TFCs work with families in crisis to solve the problems which stop parents from caring for their children. Programs gather information on family problems and organise practical assistance to keep the child at home or, if a placement is needed, to get children back home. This help includes work with families to negotiate the often confusing welfare and legal systems. Assistance is most often needed with housing, detoxification care, managing violence and getting help for psychiatric illnesses. TFCs do not supply these services but find them in the community and advocate for priority access for parents.

Proactive planning - in the child's timeframe

Children are stressed and anxious if they have to enter care and decisions about their life must be undertaken quickly to ensure that attachments to the child's permanent family are not destroyed. Delays in decision-making are psychologically damaging. For example, babies may experience confused attachment and older children may feel rejected and lose their sense of family identity.

In all TFCs, *standardised case management systems* are used. These are systems developed by expert social workers to ensure rigid timeframes for decision-making and the collection of information. Part of proactive planning is the identification of a child's kin network, either to support the family or to assess them as a future place for the child to live. Kinship care is generally preferable to foster care as it provides children with less stigmatising care, and with the opportunity to develop a strong sense of identity.

Children's Court involvement should only occur when essential for a child's ongoing welfare and every effort must be made to ensure court processes are undertaken as quickly as possible. During the uncertain period between placement and the final determination by the Court of where they will live, children are in emotional and social 'limbo'. Their lack of information and control at this time can be very disruptive for child, family and workers -

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leading to further pain and behaviour problems.

Including birth parents

TFC programs aim to create supportive and inclusive environments for parents, who are often traumatised by family crises and separation from their children. Parents may feel shame and anger, so every element of TFC is designed to reinforce the message that parents have ongoing importance to their children's lives.

Unless it is immediately clear that permanent separation is critical for a child, contact between children and their parents is as frequent as possible to maintain children's attachment, but balanced with parents' need for time to resolve the family's difficulties. Wherever possible, contact should take place with the carers, to support the children, and in the carers' home, to give the child strong messages about their parents' importance and to establish a strong relationship with parents. Financial support may be necessary to ensure effective contact.

Parents are included as much as possible in decision-making about the child's care to encourage them to be strong parents, both now and in the future. Trust between parents and carers (who soon know the child intimately) can assist all of the adults to better support the child. Parents can learn skills from experienced carers, who can become important role models.

Minimising disruption for children

The aim of TFC is to keep the child reassured, stable and loved. TFCs have only 2% unplanned placement breakdown (usually the result of a carer having an accident or becoming very ill). Any planned changes are made with the goal of stabilising the child (for example, to move them in with their siblings) (Tregeagle and Hamill 2011).

TFC practices have been designed to create stability in the placement (these factors are described in Practice Paper 5 *Promoting stability in foster care)*. These practices include: keeping brothers and sisters together, placing only one child or sibling group with a carer at any one time, and calculating contact with parents to provide maximum attachment and reassurance for the child. Stability is encouraged by acknowledging carers' work. Carers are trained and selected specifically for the task of crisis support and they are paid at a higher rate. By developing clear plans and protocols for decision-making through the use of case management

systems, a strong basis for continuity and stability is achieved (see Management Practice Paper 2 *Promoting standardised case management*).

TFCs are located in local areas, allowing children to stay at their normal school or childcare. Being close to home makes it easier for parents, extended family and friends to stay in touch. It also means that workers get to know the local office of the statutory authority and the neighbourhood services which will be important when the child goes home.

Drawing on knowledge from carers

Decisions for children in care are too often made by busy professionals who have limited personal knowledge of the child. TFC programs encourage carers to be part of decision-making. They bring intimate knowledge of a child and parent-child interactions during and after contact visits. In TFC, carers are paid at "higher than volunteerism foster care rates" to acknowledge their expertise, the disruption to their lives and the heavy responsibility they assume. They are recruited to become specialist restoration carers and training and support are geared to this end.

Aftercare to consolidate restoration

Families are supported for a minimum of three months after the child leaves a placement. Families have suffered trauma and can often still be experiencing difficulties in their social situations - aftercare support helps to stabilise the restoration. It can also keep a weather-eye on the child's wellbeing.

Reading and Resources

Intraweb Worker and Carer Handbooks

Restoration Study on Barnardos' Intraweb (Fernandez 2010). This study showed that children were reunified with their parents or kin at a higher rate until about 13 weeks. As children experienced extended tenure in care, reunification occurred at a slower rate. The ability to address deficits in the environmental domain (housing, finances, and nutrition) was associated with rapid return. Responding to the structural dimensions of neglectful parenting and addressing the wider context of welfare arrangements of income support, housing, child care and health care were crucial to reducing the structural risk factors impacting on families and children.

Tregeagle, S. and Hamill, R. (2011). "Can stability in out of home care be improved? An analysis of unplanned and planned placement changes in foster care." Children Australia **36**(2): 74-80.

Management Practice Paper 4

Partnering with Aboriginal and Torres St Islander families, communities and agencies

Barnardos acknowledges that we meet and work on Aboriginal land. We acknowledge the traditional landowners, both past and present, of all the Indigenous peoples of Australia.

Barnardos Australia aims to work in partnership with Indigenous families, communities and agencies, who are amongst the most disadvantaged in the community. We recognise the devastating impact of colonisation and ongoing social policies affecting Aboriginal and Torres Strait Islander children and young people. This paper outlines Barnardos' approach, which is regularly reviewed on the advice of Indigenous people, both within and external to the agency, and after reflection on our learning.

Background

Barnardos Australia was not involved in the *Stolen Generations* which, by forcibly removing children from their families, inflicted pain, trauma, loss and grief. Until the 1990s, Barnardos took the advice of Indigenous advisors that, given this terrible history, we should not take Aboriginal and Torres St Islander children into care. The only exceptions were rare (for example: to keep Aboriginal and non-Aboriginal siblings together, to maintain continuity for children whose Aboriginal heritage was not discovered until attachments had been made with carers, or to respond to older adolescents' requests for care).

During the *Bringing them Home* Inquiry (Human Rights and Equal Opportunity Commission 1997), Barnardos was challenged to use our resources to assist Indigenous families. We responded by increasing our family support work and by trying to improve our cultural understanding. We aimed to recruit 10% of our staff from Indigenous communities (Corporate Plan 2005-8), and subsequently increased our goal to 20% of staff (Corporate Plan 2008-11). These workers formed an advisory and support group in 2006, known as

Barnardos Indigenous Group (BIG).

Barnardos wished to implement the *Aboriginal Placement Principle*, enshrined in State laws, and consulted with Aboriginal organisations about how best to proceed. We subsequently became an inaugural signatory to the *Secretariat of National Aboriginal and Islander Child Care* (SNAICC) *Service Development, Cultural Respect and Service Access Policy*. This entailed a commitment to work with the Indigenous communities' wishes for services to their children. Firstly, we work only in partnership with Aboriginal and Torres Strait Islander agencies. We acknowledge that children who cannot live with their own family and are in *out-of-home care* should be cared for by Aboriginal agencies and, until social equality is achieved, we will partner with Aboriginal agencies to assist them when requested. Secondly, we use our resources to support Aboriginal and Torres St Islander families and communities. If any Aboriginal child enters our care, placement will be, wherever possible, with Aboriginal family or community, and we will aim for long-term connection with the child or young person's culture. Thirdly, we are committed to learning more about Aboriginal and Torres St Islander cultural views on the rearing of children, particularly different approaches to permanency.

Work in partnership with Aboriginal agencies and communities

Barnardos will accept invitations by Indigenous agencies to partner with us whenever possible. This approach reflects the large number of Indigenous children needing assistance and the

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limited resources sometimes available in their communities.

Barnardos' case management systems are made available at no cost to Indigenous agencies, with a qualified Indigenous trainer to assist. When requested, Barnardos' experience and facilities will be made available to help strengthen agencies and communities.

Support for Indigenous Families

The focus of Barnardos' work is to support Indigenous children and young people within their families and communities. We recognise the continued impact of poverty, family dislocation and racism on the ability of families to care for their children and young people. We understand that cultural safety is an essential requirement for upbringing and that all children and young people have a right to determine their own identity.

All Barnardos staff must find ways to get effective help to Aboriginal children and young people, both in existing and new, specifically developed programs. Our services need to reflect the particular needs of Aboriginal and Torres St Islander children and young people - particularly given the large number of Aboriginal children in kinship care. We will also design programs which counter the most common problems affecting Aboriginal children, such as educational disadvantage, homelessness and the impact of imprisonment. We are particularly focused on trying to find ways of strengthening rural communities.

Barnardos aims to be welcoming and respectful of all families seeking assistance. We particularly want to make our offices and information welcoming to Aboriginal and Torres St Islander families. These families should have the choice of having an Aboriginal/ Torres St Islander worker.

Learn from and support our Aboriginal and Torres St Islander workers and managers

Barnardos must improve our knowledge and understanding of different approaches to childrearing and the cultural blinkers that may affect our ability to assist Indigenous families. We actively seek to inform ourselves on the opinions of - and the research about - Australian Aboriginal

and Torres St Islander communities and we respect local and national leadership. To this end, the agency tries to incorporate Aboriginal values and ways of working when possible. Aboriginal people bring wisdom and holistic approaches to assisting all disadvantaged children.

All members of the agency are encouraged to seek opportunities to celebrate the resilience and diversity of Aboriginal and Torres Strait Islander people and their strong connection with family, community and country. All Barnardos workers are given the opportunity to celebrate NAIDOC Week and are encouraged to participate in community activities, such as Reconciliation Week and National Aboriginal and Torres Strait Islander Children's Day celebrations. We promote knowledge about effective policies and programs for Aboriginal and Torres St Islander children and young people, and contribute to building community knowledge about family needs.

Take advice from BIG

Barnardos Indigenous Group advises Barnardos about its welfare and employment practices, and how to support Indigenous workers to bring about change. BIG meets a number of times a year (since its inauguration in 2006). It has direct access to the Senior Staff group and the Chief Executive, and has its own budget for meetings. The group works alongside existing Barnardos committees, such as the Staff Advisory and Centre Management Groups.

BIG has initiated important changes in practice, such as the agency holiday to celebrate NAIDOC Week, greater bereavement leave, the introduction of Aboriginal traineeships and cultural awareness training for the whole organisation (including the Board). The Group has ensured that acknowledgment of Indigenous ownership is undertaken at all formal meetings and promotes the use of Aboriginal names for programs. BIG also checks public material to make sure it is suitable for Aboriginal people and reflects appropriate messages.

BIG supports its members in their workplace and in representing Barnardos. Issues managed in the past include racism encountered in the workplace, training for managers and potential managers, and supporting young Aboriginal staff members. BIG members maintain a dedicated area on the Intraweb with resources for Indigenous staff and the whole agency.

Indigenous workers assist to bring knowledge of Aboriginal and Torres St Islander people and communities to the agency. Aboriginal and Torres St Islander managers have a special role in this because they work to support both Aboriginal and Torres St Islander and non-Indigenous staff bridge cultural differences. Aboriginal workers also have an important role supporting their fellow Aboriginal and Torres St Islander workers in the evolution of the agency.

Barnardos understands that many workers, as individuals, are deeply affected by the problems of their communities and that many carry external community responsibility which, at times, may pose issues for their work as Barnardos employees. Other workers may be working far from their own community and lack familiarity with local people.

BIG members are important resources for non-Indigenous workers and are often consulted on casework matters, management practices and changing the culture of the agency. BIG is consulted on attempts at forming partnerships with other Aboriginal agencies. It is also consulted on all research proposals related to Indigenous families. BIG is keen to seek Aboriginal leaders for nomination to the Board. BIG has completed a Reconciliation Statement, which was sent to the Board in 2012.

Conclusion

Barnardos cannot fulfil its mission of assisting the most disadvantaged children in Australia unless it assists Indigenous children and young people. We can only do so by being guided by Indigenous people and agencies. We must be informed by lessons from the past and the damage caused by welfare and government policies (Northern Territory Inquiry 2007). We are at an early stage of learning how to bring true reconciliation and must be prepared to challenge our past approaches.

Readings and Resources

SNAICC- www.snaicc.org.au

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Northern Territory Inquiry (2007). "Ampe Akelyernemane Meke Mekarle" "Little Children are Sacred"." from http://www.inquirysaac.nt.gov.au/pdf/bipacsa_final_report.pdf.

Permanency Planning Practice Paper – Step 5

Promoting stability in foster care

Children in Barnardos' foster care programs can ill-afford any further disruption; they have already suffered trauma and grief related to leaving their families.

Every element of Barnardos' foster care, *Temporary Family Care (TFC) (see Practice Paper 3)*, and *Find-a-Family* is designed to create the most stable placement possible – that is, children stay living with the same carers. We have been highly successful with TFCs, having only 2% unplanned breakdowns (frequently the result of accidents or illness) and 4.5% planned changes (such as a move to reunite siblings (Tregeagle and Hamill 2011). In FAF, 75% of permanent placements are stable and almost all children settled by their second placement. (A remarkable statistic given that these children are frequently very disturbed).

Many factors contribute to stability and this paper discusses six key elements: siblings, choice of placement, contact with birth families, reimbursement of carers and safe care environment. Other factors are described in key Practice Papers and Barnardos writings. These include: separation of restoration and long-term programs to give strong messages to children and carers about the care plan (see Practice Paper **4),** intensive support of carers (Tregeagle, Cox et al. 2011), work to stop children 's behaviour threatening the placement (Practice Paper 6) and Support of workers for continuity for children and young people (Practice Paper Management 1 and 5) and the use of case management (Practice Paper Management 2).

Place one child or sibling group in a carer's household at a time

Research shows that placements become unstable when foster parents look after more than one 'family' of children at a time. The risk of placement disruption in one study about adding children to placements, has been shown to increase by 5% for an extra child, 12% for two extra, 20% for three extra , 28% for 4 and 36% for 5 extra children (Chamberlain and Lewis 2010). This effect is because each new sibling group represents a new set of birth parents and arrangements for a carer. The greatest danger of instability is to the child or children already in the placement (Ingley and Earley 2008).The only circumstances in which

Barnardos places a new child or sibling group is added to a foster family is when a placement is long-term and very stable.

Keep siblings together

Keeping brothers and sisters together provides emotional support and reassurance in a placement, as well as, strengthening bonds which may be important for the future. Keeping children together is associated not only with greater stability in care, but shorter duration in care, better behaviour and more secure restorations. Children have difficulty re-establishing intimacy with one another if separated. Placement together can be tremendous support to children and stops anxiety about what is happening to their brothers and sisters. In Australia, up to one third of children in care are separated from their other siblings in care (O'Neill, 2002) but this can generally be avoided - even for a large sibling group. If not, large families of children should be placed either with extended members of a foster family or in placements geographically close to foster family contact.

Choose placements carefully

The quality of placement is important to stability. In Barnardos, long-term placements are chosen specifically for the individual's needs of children and young people, and, usually based on their participation. In contrast, restoration placements generally offer little choice because of the small number of carers however those carers available have specialist skills in relating to families in crisis. In all programs, children of a similar age are not placed together in a household. This practice reflects research which indicates that placements are more stable when children are not in 'competition' (Jackson and Thomas 1999).

Ensure appropriate contact with parents and extended family

Unrealistic contact regimes can jeopardise children's chance for a stable placement. What is best for a child, however, depends on their care plan and

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individual circumstances. In Temporary Family Care, attachment may break down without adequate contact. In Find-a-Family, too much visiting can interfere with attachment for a child or make it difficult to recruit and maintain carers. Each contact plan must be determined with the child's long-term development needs or short-term impact in mind.

Contact with birth parents and families is always important, however, the purpose and nature of contact is different depending on the plan for the child's future. In restoration foster care (TFC), contact is directed at maintaining attachments between the child and their birth parents to maximise concurrent planning options. The level of contact must be frequent but balanced with the parents' needs to fix their problems. In contrast, when a plan for permanent removal is made, contact with the birth family is directed at the child coming to understand their origins and how they came to be in care. Contact also allows the possibility of supportive relationships after a young person reaches independence. Such contact must be designed so that it does not interfere with the child developing attachments to their new family.

The age of the child is critical in tailoring contact to an individual child. Younger children in restoration care need frequent contact to maintain attachments to parents and siblings (for babies, daily contact may be required). However, in long-term care, the younger the child entering care, the less requirement there is for contact because they do not have such strong attachment to their birth family. In general, minimum contact in long-term care should range from contact via letters and gifts for tiny infants who have never lived at home, to two visits per year for pre-schoolers; to four visits per year for those children of school age. Adolescents moving towards independence should be supported to manage their own contact plans.

Contact should be considered in the initial plan for a child but needs to be reviewed as further information becomes available and child's needs change. For this reason, it is best if courts only recommend minimum levels of visitations.

A wide range of people need to be included in the contact plan: siblings not in placement are amongst the most important, but so are grandparents and other extended family. All significant people in a child's life need to be considered. Ongoing consultation and good professional support needs to be provided in order to facilitate positive contact. Contact does not have to be face to face, but can be maintained in a number of ways, including social media, letters and phone calls.

Reimburse carers

Payment directly affects the number of people coming forward to care and also affects the incentive to keep caring and keep placements stable (Simon 1975; Bebbington and Miles 1990; Duncan and Argys 2007) Whilst government could never hope to reimburse carers for the 24 hour involvement with children, money is important to carers, complementing their strong altruistic motivation (Kirkton 2001; Kirkton, Beecham et al. 2007). Increasingly, foster care programs are competing for women who are in the paid work force (McHugh, 2007) and the role is becoming increasingly complex, responsible and accountable.

Government foster payments rarely come close to the actual costs of caring for a child (McHugh 2007) and do not recompense families for loss of opportunity to make a living or give social recognition to the importance of carers' work. The cost of fostering a child is 52% higher than the cost of children living with their birth families. Fostering is more expensive due to wear and tear on housing and damage to household goods; water expenses; additional energy costs related to laundry and lighting; added food, clothing and footwear costs; health expenses, especially pharmaceutical and specialists' costs; personal care items, such as disposable nappies; leisure costs; and transport costs, which are also inflated due to access visits. The most recent estimates showed fostering allowances met only 40% of the costs of fostering a child (McHugh, 2007).

Payment should be based on fair reimbursement of the costs outlined above as well as an additional 'capacity building' payments in specific geographic areas and for particular children or young people. This may mean that rates vary between carers, regions and types of children. Payments should be age-related due to the wide variations in the costs of children at different ages. Rural and remote carers require extra compensation because of higher living costs. In addition to these standard payments, reimbursement is required for one-off expenses such as: establishment expenses, presents, counselling and tutoring, childcare, private health cover, over the counter medication, education, respite care, mileage, insurance needs of carers and larger vehicles (Association of Child Welfare Agencies 2002)

Prevent abuse in care

Stable placements are safe placements. Children are vulnerable in care: they do not have the protective relationship that parents give and can be the targets of potential abusers attracted to a welfare agency. They live in proximity to other children who may have been abused, and are in proximity to workers and carers who may be stressed.

Welfare agencies bear a heavy responsibility for protecting children and young people, in addition to strong regulatory controls, for example, in NSW, through requirements to report allegations and to have background employment checks.

Agency policies and practices can assist in preventing abuse. Careful recruitment and training of workers and carers is critical for children's safety. During recruitment, issues of past history and awareness of appropriate behaviour should be checked, policies explained and references checked (with careful exploratory questions). Supervision and monitoring of caseloads are also important strategies to avoid or detect abuse. Evaluation of workers should involve children and young people themselves. This evaluation should include the assessment of the appropriateness of contact with children for example, touching should be a response to the child's need rather than the adult; it should be 'open' not secretive behaviour, the child's permission is needed and should be age-appropriate, and sleeping, toileting and bathing arrangements in homes should be considered carefully.

All Barnardos workers have a duty to report behaviour that may concern them. Children should always have the opportunity to speak alone with their workers and should be aware of how to make a complaint about behaviour. They should receive education in 'protective behaviours', including education on safe use of the Internet.

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Permanency Planning Practice Paper – Step 7

Partnering with Kin Carers

Families and communities have always played an important role in raising children. Nurturing and caring for children is an essential element of the extended family life and taken for granted in most cultures.

What is KinCare?

In recent times there has been a shift to formalise the care given to children by relatives and other supportive adults when birth parents are unable to cope, or have shown that they cannot care appropriately for their children.

The term *KinCare* refers to a range of more or less formal arrangements whereby children reside with, and are cared for by, relatives, family friends or community members with the same cultural ties. Where children are placed in such arrangements as a result of a court order, with parental responsibility transferred to the Minister or designated agency, they are deemed to be in statutory care within the Out-of-Home Care (OOHC) Program. In this context, carers are funded to care for the child and agencies are funded to work with families to support both the child and the carer. Where KinCare arrangements arise without State or legal intervention – usually by agreement within the family – they are deemed to be supported or voluntary kin carers. While there may be some funding directed to carers to support the child, there are few formal programs in place to assist these carers to access the resources they may need.

Increasingly, KinCare placements are being seen as preferable to foster care for children removed from their parents by the State. The benefits of being with family members who have an emotional investment in their progress, the stability of the placements, the increased likelihood of being able to place siblings together, and the importance of maintaining continuity in children's lives – both personal and cultural – mean that KinCare provides an environment that is beneficial for children. Of course, there is also a down side – kin carers tend to be older (often grandparents), may be financially disadvantaged, often have health problems of their own and may be dealing with the family grief of children having to be removed in the first place. Kin

carers can be placed in conflict with other family members – often their own children – and have to face a lifestyle they were not expecting to have at this stage of their lives.

Whatever the status of the KinCare placement – voluntary, supported or statutory – there is usually a need, at least in the initial stages, for some sort of external support, whether it be from a peer support group, a community support service (family support or neighbourhood centre, for example), or an out-of-home care agency.

Barnardos' KinCare Program (for Statutory KinCare)

In NSW, around 46% of general foster care placements are in KinCare. Barnardos has developed a family-based program that meets the unique needs of care, a fundamentally different experience for children to living in foster care with non-family members.

The Barnardos KinCare program recognises this difference for both children and carers by emphasising support rather than monitoring, and services rather than supervision, while still meeting accreditation standards set by the Children's Guardian and ensuring the safety, stability and opportunity to develop, of children in KinCare placements.

The goals of the KinCare program are:
1
Unobtrusive support for family care

To provide safe care to children who have been removed from their birth parents, in a normal, family environment with people to whom they are connected.

Family members have a different relationship to the children in their care from that of foster carers,

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and this special relationship should be acknowledged and respected. Kin carers may request support at different times, and services and support may be better delivered informally in groups. More intensive help may be required to establish the placement and meet immediate needs, tapering off once these needs have been taken care of. However, kin carers may also face problems and crises during the normal course of a child's development, depending on the broader family situation, their own health, and other external factors. Self-help and mutual support are encouraged.

Reinforce Identity and continuity

Children maintain a sense of who they are and where they belong in their families and communities. Contact with parents and a range of other family members is facilitated and, wherever possible, continuity of schooling and other community activities is maintained.

Keep siblings together

KinCare placements often mean a greater capacity to keep children together in the one placement. While this can be a strain on often elderly kin carers, there is generally a desire to keep siblings together within a family environment, where extra support may be needed.

Services for voluntary kin carers

While the KinCare program focuses on children in statutory out-of-home care, Barnardos runs a range of programs for children and families through which other KinCare families can access advice and support.

Barnardos' Child and Family Centres offer child care to disadvantaged families (long day care, family day care), family support programs that can assist carers with advice (e.g. about their financial entitlements, child rearing issues), advocacy, and referral to appropriate services (other child care options, such as preschools, housing services, legal advice).

In sum

Supporting kin carers represents a change in thinking about the relationship between the agency, the child and the family. The work may prove challenging for workers more used to formal casework approaches. It will involve allowing families to own planning for the child, sharing responsibility for the way children progress and stepping back to let families help themselves rather than telling them what to do.

Support of kin carers is premised on worker caseloads of 1:20, with the expectation that support will be delivered to families on a needs basis, and that it will fluctuate over time. It will be a family-centred, child-focused service that operates in a unique way – similar to family support but not the same. These are not families seeking help with problems, but rather families taking on a new role for which they may need additional support.

Programs for kin carers should create a culture that recognises and supports the importance of family and community in children's lives, and promote this in the wider community. They recognise the importance to children of continuity with the past and the resilience this promotes in children who cannot live with their birth parents.

The hallmarks of a good working culture in KinCare will include:

- Knowing children are progressing developmentally

- Forming trusting relationships and providing non-intrusive support

- Creativity and flexibility in response to need

- Offering information to assist child-rearing and encouraging carers to self-help and to request help as needed.

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Reading and Resources

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COTANSW, 2003

*Second Time Around – Grandparents raising
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Grandparent Kinship Care in NSW
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Barnardos KinCare Program Guide.
Barnardos Australia 2012

Permanency Planning Practice Paper – Step 8

Working strongly with adolescents

Dave is so lonely and angry - his mother is deeply depressed and all she does is scream at him. Life sucks in the wasteland where they have been 'rehoused'. School gives him a hard time and he is hardly allowed to go to most classes. When his mother throws a knife at him, Dave clears out and stays at his mates'; they don't seem to mind what he does there and are all pretty laid back on drugs.

Adolescents who do not have family support are frequently in danger, at risk of lifelong disadvantage and vulnerable to problems when they become parents themselves. Barnardos works at three points to stop adolescents getting into difficulties:

- We aim to prevent young people becoming detached from their families. We work with the many reasons why adolescents do not have support from their families. For example, when parents have begun to 'fail' as their children become older and more difficult to manage; or, when have grown up in out-of-home care with no contact with their families; or when young people arrive unaccompanied in Australia.

- We try to engage with young people who are living on the streets or at risk of homelessness. We aim to re-engage them with services and support. It is essential that problems with health, welfare, identity and self-care do not lead to life-long trouble and unemployment.

- When there is nowhere else, we find housing for young people, to keep them safe.

Working with adolescents requires extensive skills (Ernslie 2012). It frequently feels like 'two steps forward and one step backwards' because many young people have been significantly damaged by their earlier experiences. Their behaviour can be challenging but Barnardos provides unconditional care - fitting programs to the young person's needs and staying with them over the long term. Our goals are to minimise harm, work towards independence and encourage behavioural control. The path to independence may not be straightforward and we understand that young people may need to return to greater levels of support and re-negotiate their independence.

What do we mean by adolescence?

Adolescence is a period of transition with significant social, physical and emotional changes for the individual. Adolescence involves both dependence and a shift to increasing self-sufficiency and, in our community, this may mean very mixed messages about how the balance should be achieved.

Amongst the biggest physical changes during adolescence are changes in brain development (Blakemore and Choudhury 2006). Science is rapidly developing new knowledge but there is still much to understand. Current thinking is that the brain continues to develop into the mid-twenties and that the greatest changes in adolescence are to parts of the brain that are responsible for self-control, judgement, emotions and organisation. Individuals will vary enormously in the pace that they move towards independence. Adolescence is also the time that problems with mental illnesses may emerge and workers should also be vigilant about mental health issues arising.

Preventing young people becoming disconnected

Despite their many failings, families generally remain the best place to rear young people. There are few viable alternatives and there are potentially dire consequences if young people become disconnected from families too early.

When difficulties emerge with parents, young people tend to move out of home and crisis support will be needed. As with families who neglect or abuse younger children, the families of 'at risk' adolescents are most likely significantly affected by chronic poverty, substance abuse,

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violence, mental illness and racism. These families may have low levels of engagement and exercise little supervision over their young people. Many will live in areas with few opportunities, little transport or entertainment, and may be socially isolated from family and friendships. There are a wide range of issues to be addressed to get the family to continue to support their young people (Australian Government 2003).

Reaching out to those on the street

Young people who are neglected or are separating from their family can be vulnerable to violence, poor health and exploitation. They may not be connected to services which are essential for maintaining their wellbeing, education and training. Barnardos works to re-engage these young people with essential support and to address their social and developmental needs by establishing relationships in the places they frequent.

Providing alternate housing through community placements

Where young people have no family who can care for them, Barnardos may provide community placements. These are accommodation options designed for the individual. There is no 'one size fits all' as individual needs vary so dramatically. Placements may include options such as supporting 'informal' relationships (for example, helping extended family or friends to take in a young person), or specially recruited carers, or boarding arrangements with a carer or living in a flat supported by a worker. These options reflect the fact that very damaged young people are frequently disenchanted with the idea of family and find relationships very difficult.

Community placements are supported by:

- Twenty-four hour access to workers

- Workers to provide support to carers or in independent situations

- Crisis accommodation back-up - to stop immediate homelessness and re-assess the young person's situation if their accommodation options fail

- Respite care to avoid, or deal with, crises

- Supervision for carers and workers to allow debriefing and monitoring

- Aftercare - there may be a need for ongoing support to maintain stable housing.

Community placements are located as close as possible to the young person's own community to increase any possibility of contact with adults significant to them. Community placements are not located in close proximity to one another because of the difficulties that may occur if young people are affected by the behavioural difficulties of others, or when vulnerable young people are targeted by people who may exploit them.

Community placements are frequently located in private rental properties where young people can experience a 'normal' environment, where the community goes off to work, school or business each day. Often young people have lived in disadvantaged and overcrowded accommodation, where unemployment is entrenched and social isolation is rife.

Residential alternatives

Barnardos works with community placements because residential units are often unable to meet young people's needs. Barnados does not usually provide residential care as it is generally difficult to keep stable. There are usually a large number of people caring for the residents and such rostered staff do not offer good continuity or strong relationships for young people. In a residential unit staffed by rostered youth workers, there may be up to 30 different adults working over a year. These are young people who typically find close relationships difficult, but residential care means they must form relationships with many staff and up to 15 'sibling' type relationships, frequently with children with disturbed behaviour.

Residential care is sometimes seen as a 'therapeutic environment', however, the reality is that often funding is too low and trained staff almost impossible to recruit. In the United Kingdom, there is a career path for youth workers, with training and supervision. In Australia, however, there is little specific training and professional support, to ensure a good experience.

Residential care can also work against constructive behaviour. Poor behaviour can easily spread as young people and workers are stressed by the actions of others. The situation too easily escalates. Residential care can exacerbate a young person's sense of being different. They may

experience an increasing sense of rejection and stigma.

Residential care can not only be bad for young people, but may also have a negative impact on the welfare system as a whole. Residential care is very expensive and sucks resources from other more 'normal' forms of care. Staffing costs can be high for shift work, and damage to buildings and equipment can be extensive. Damage to workers is common as pressure on staff can lead to burn-out, worker's compensation claims and decline in quality of care.

Barnardos' concern about residential care is magnified when residential care is secure or closed. There is no evidence that secure units are therapeutic environments. In fact, they may have a very destructive impact on young people. It is very difficult to reintegrate young people from such units into the community because of the impact of institutionalisation. Furthermore, secure units are violations of human rights that are not tolerated in other areas of social policy, such as psychiatric institutions. Significantly, the availability of beds in secure units may mean that inappropriate young people are referred to them (for example, in the United Kingdom, there are huge variations in use of secure beds according to the policies of local authorities).

While there are many problems with residential care, it does offer opportunities if staff work constantly to create a stable environment and to meet the individual needs of the young people in care. If significant external partnerships with education and health facilities can be established, residential care can meet the needs of some young people.

Conclusion

Work with adolescents can be slow and difficult, but also challenging, rewarding and very important. Outcomes need to be judged in terms of improvements in life chances, rather than immediate change. Core work will involve keeping a young person alive, stabilising the living situation, managing behaviour and supporting housing options; as we address survival and dangers. Workers need to engage the young person either with education or training to ensure future employment and economic independence. Workers also need to address the development of self-care skills and identity. This includes the development of networks of support for the young

person, including the possibility of the young person's reattachment to their own family.

Stability of staffing is very important to adolescent services. As adolescents are able to choose who they work with, there is a role for champions and mentors.

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Permanency Planning Practice Paper – Step 9

Promoting open adoption: Achieving permanent solutions for children who can never return 'home'

Consider an eight-month-old baby, child of substance- abusing parents, neglected in the first months of life and subject of an Order by the Children's Court to live in foster care until age 18. He is well behind his developmental milestones and has already experienced a series of foster families. What path should you choose for him now?

Life in foster care, with the probability of continuing changes in homes and workers and limited ability to form attachments - or the chance of a new start with a family he can call his own?

Adoption for greatest permanency

Many children who are subject to long-term Orders until age 18 by the Children's Court will never have the opportunity to 'belong' to a real family. Their lives are likely to be chaotic and they are likely to have very poor social, educational and health outcomes (Cashmore and Paxman 2006). An adoption is a child's best chance of finding permanency when they will never return to their parents' care (Triseliotis 2002). Adoption is a legally irreversible Order where the adoptive parents are formally recognised as the child's parents.

Until recently, adoptions were closed, i.e. the child and biological family of origin were prevented from any contact with each other. In Australia, forced adoptions of children in past decades, as well as the history of the Stolen Generation, have shown how adoptions can be misused and result in tragedy.

Open adoption

Barnardos believes 'open' adoption is the most appropriate and stable form of adoption of children from the statutory care of the State. It has all the benefits of closed adoption while also, in NSW legislation, allowing for face-to-face contact with parents and other members of the child's birth family two or three times per year. Contact can also be maintained in other ways, such as through letters, social media or exchange of gifts. In open adoption, the child or young person can develop a better sense of identity through an understanding of their history, particularly the circumstances that brought them into care. Children grow up understanding who their birth family members are and there is no secrecy surrounding their adoption status. The

benefit for birth parents is that they do not suffer the pain of total loss of their child and can see the child's growth and development over time. Open adoption also has benefits for the adoptive parents. They are recognised by society as parents of the child and are able to meet the child's needs for information about their origins.

Adoption is more secure than foster care

Life in care can leave children and young people feeling anxious, alienated and stigmatised (Triseliotis 2002). Children develop better in adoptive families they idealise; they feel 'normal' (Cox Moggach et all. 2007). Nothing compares with feeling wanted and loved and part of a 'family'. Adoptive parents believe that they are better able to become a family than when their children were foster children. Barnardos has adopted 94 children in the past 10 years. They range in age from 1 year to 17 years. The younger the child, the higher the probability of adoption, with 85% of children being adopted if they are 1 year or less on entry; 80% of children if less than 4 years on entry; and 50% of those 7 years on entry to a Barnardos program.

Adoption can offer babies, toddlers and children a place to truly call home. The likelihood of long-term stable foster homes is very low, with young people growing up in care likely to experience eight placement changes (Cashmore and Paxman 1996) and four changes in caseworker (Victorian Government 2003). In contrast, the stability of adoptive families can be very high: amongst young children less than 1% may have problems (Allphin, Simmons et al. 2001). Children and young people are freed from the stigma of being in foster care and

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having to see social workers and agencies which make them feel different.

Adoption is the only real way for children whose lives have been significantly disrupted and who cannot return home, to develop a sense of belonging and identity. Legal identity is critical to the way these individuals see themselves because *who the State says we are is important to the way the community see us* (NSW Supreme Court Justice Palmer, October 2006). *Children wish to have their own families: they wish their identities as members of their families to be unquestioned and unquestionable* (NSW Supreme Court Justice Palmer, December 2010).

Adoption is more permanent than third party Orders

Long-term Orders, such as Sole Parental Responsibility Orders (NSW) and Enduring Parental Responsibility (ACT), can be overturned by the Courts and, in NSW, need parental consent.

The threat of a challenge to a legal Order can be very destabilising for a placement and upsetting for a child. Adoption is the only Order that is truly permanent. A further problem with third party Orders is that these alternatives end when the child turns 18, leaving the young adult with no sense of belonging. These young people often have a limited relationship with their birth parents because they have not lived with them and, post 18, they have no ties to their foster family. Young people approaching age 18 often feel fear and anxiety about what is going to happen to them, along with a strong sense of isolation.

Is open adoption recommended for all children?

Adoption, including sibling groups, should be considered for most babies, toddlers and children who have long-term Court Orders to 18 years old. Adoption may be suitable for many more children in care than is currently the case in Australia: for example, in the United Kingdom, 6% of children in care for more than two months are adopted (Selwyn, Frazer et al. 2006). In 2011, this figure was closer to 8% and 30% of children under one year of age when they enter care are adopted by age 4 (Thorburn, private correspondence). However, adoption is a very serious step and needs to be considered carefully for each individual. Some children may want to maintain their legal 'belonging' to their birth families when they enter care at an older age. Some foster families may not want to make the step to adoption due to fear around losing agency support (Tregeagle, Cox et al. 2012).

Barnardos acknowledges that the concept of adoption is alien to Aboriginal philosophies and recognises that this community does not consider adoption as an appropriate plan.

Do parents need to consent to adoption?

Legislation varies from State to State and the basis of adoption can be different in each jurisdiction. In NSW, the Supreme Court can dispense with parental consent on a number of grounds, including that the child has established a relationship with their authorised foster carer. Furthermore, for a child aged over 12 who has been in a placement for two years, theirs is the only consent required.

Although the Courts may dispense with parental consent, it is imperative to work with parents to make sure that they understand the implications of adoption and its importance for the child's future, and to relate positively with them in order to develop a contact plan to be ordered by the NSW Supreme Court.

It is Barnardo's experience in the majority of cases that biological parents are often unwilling or unable to sign adoption consents but, if they are aware of the progress of the child and have met the carers, few actively contest the Adoption Order and most agree to sign Adoption Contact Orders at the time of adoption.

What is the best age for adoption?

Adoption can occur at any age; however, adoption at an early age is most desirable. Early adoption will mean less disrupted attachments for a child, who may otherwise experience many broken placements and periods of homelessness. It is much easier to find adoptive parents for young children who have not had the experience of remaining in an unsatisfactory home situation for many years and are less traumatised. Research shows that the younger the child when adoption occurs, the more stable the placements are, the better the child's outcomes and the happier they are over their lifetime (Howe, Shemmings et al. 2001).

Why adoption is good for child welfare generally?

Removing children from welfare care can not only be positive for the child, but it can also relieve pressure on the child welfare system, freeing money and worker time to assist other children.

Barnardos believes open adoption should be considered in the care plan of all non-Indigenous children who are likely to live in care until independence.

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