

CHAPTER 10

PROVISION OF SERVICES

Always, I have to pay for the right to access the services and support I am told I need because of my childhood in these institutions, and my wife and her son pay also, both financially and emotionally.¹

10.1 Evidence to the inquiry indicated that the provision of services is vital in addressing the needs of care leavers. While a variety of views and opinions are held by care leavers, the need for services was fundamental.

This is not about persecuting those that were in command of these institutions; it is about healing those that have been persecuted because of the situations. It is having access to persons or places that can assist in sorting out the pain we don't understand. (Sub 314)

10.2 This chapter provides a discussion of the effectiveness of the services currently provided by governments and the Churches and agencies to address the needs of care leavers. In addition to access to records discussed previously, a number of other services required by care leavers were highlighted during the inquiry. These include the need for support and advocacy services; counselling services; health and aged care services; services for the homeless; and adult literacy and numeracy and other education services.

10.3 Assistance and services are required not just for the care leavers but also for their families if the generational effects referred to earlier in the report are to be addressed.

We must continue to be vigilant with our care and attention with all our children, wherever they may be, because they will be bearing the next generation. My mother had no suitable role-models or education to help her in her parenting role. I believe that wards of the state from the vicious earlier years, their children and their children's children should now be helped by the Churches and States who helped to create the traumatized families. (Sub 195)

Services currently provided

10.4 A range of government and non-government services are currently provided for care leavers. The nature and extent of the services varies widely between States, as do the services provided by the Churches and Church-related agencies.

¹ *Submission 260, p.6.*

State Governments

10.5 A number of services are funded in several of the States. In Queensland, the State Government contributes to the funding of four entities which provide specific services for former residents – the Forde Foundation, the Aftercare Resource Centre (ARC), the Esther Centre and the Historical Abuse Network (HAN).²

10.6 The Forde Foundation is a charitable trust established in 1999 by the Queensland Government in response to the Report of the Commission of Inquiry into the Abuse of Children in Queensland Institutions (Forde Inquiry). The Foundation distributes monies to former residents of Queensland institutions and children formerly in foster care in the State. It generally conducts a grants program twice a year and invites former residents to apply for assistance for education, health, family reunion and basic necessities of life. The Foundation was not established to pay compensation to former residents and the grants paid are generally quite low.

10.7 Table 10.1 shows that to date, six grant rounds have been held and approximately \$594 347 has been distributed. Some 945 former residents have been assisted with the average grant being \$692. In Round 5 (2003) there were 94 new applicants to the Foundation and in Round 6 (2004) there were 84 new applicants. The number of applicants for assistance has increased markedly as more former residents find out about the scheme – although the average grant has fallen considerably from \$926 in 2001 to \$556 in 2004.

Table 10.1: Forde Foundation – Applicants and Funding

	Number of applicants	Number assisted	Funds distributed	Average grant
Round 1 (2001)	85	56 (65.8%)	\$51 852	\$926
Round 2 (2001)	185	88 (47.6%)	\$55 880	\$635
Round 3 (2002)	221	185 (83.7%)	\$145 184	\$761
Round 4 (2003)	262	178 (67.8%)	\$99 846	\$560
Round 5 (2003)	315	199 (63.1%)	\$108 558	\$545
Round 6 (2004)	372	239 (64.2%)	\$133 026	\$556
Total	1 440	945 (65.6%)	\$594 347	\$692

Source: Submission 159, Supplementary Information, 5.7.04 (Forde Foundation).

10.8 The Foundation is funded by contributions from the Queensland Government and donations from the Churches and from individuals. In 1999 the Queensland Government provided the Foundation with a seeding fund of \$1 million. In 2001, a

2 *Submission 159*, pp.1-5 (Board of Advice of the Forde Foundation).

further \$1 million was made available to the Foundation by the Government. The \$2 million is invested by the Trust and the *income* from that investment is distributed each year. The Government intended the original money to remain as an investment so that it, and any donations, could continue earning income to assist former residents for many years to come.

10.9 Donations of \$135 000 have also been made to the Trust fund – this includes \$117 000 from the major churches and their agencies (which comprises \$75 000 from central Church bodies and the balance from a special appeal to congregations) and about \$18 000 from individuals.³ The Foundation advised the Committee that although it has received no formal written advice, it was communicated to the Board that the Churches considered this to be a one-off grant, particularly in relation to the Catholic and Anglican Churches.⁴ The Committee believes that, compared with the contribution from the State Government of \$2 million, the contributions from the Churches and agencies have been woefully inadequate and the Committee urges the Churches and agencies to provide substantial additional funding to the Foundation so that it can continue its work.

10.10 The Foundation noted that poor returns on the funds invested in recent years has affected the amount of money that it is able to distribute each year to recipients. The average grant in 2004 was \$556.⁵

10.11 Services are also provided by other agencies. The Aftercare Resource Centre is responsible for provision of direct and brokered counselling services in Queensland and interstate, assistance with educational opportunities, record searches, family reunions and advice on support groups. Relationships Australia (Queensland) provides this service which is funded by the Queensland Department of Families. Since its inception in 1999, the service has seen 423 former residents of institutions and provided brokered services on 6586 occasions.⁶

10.12 The Esther Centre (Centre for Addressing Abuse in Human Services and Faith Communities) provides support for people who have experienced physical, sexual, emotional and spiritual abuse in church institutions, faith communities and human services. The Historical Abuse Network is an informal network of former residents of church and government institutions that was established to support people who had experienced abuse within those institutions. It meets regularly, holds forums and provides resources to support people.

10.13 The Queensland Department of Families employs a Forde Contact Officer who provides a central liaison point of contact for former residents. The Department

3 *Committee Hansard* 12.3.04, pp.99-100 (Forde Foundation).

4 *Submission* 159, Supplementary Information, 10.6.04 (Board of Advice of the Forde Foundation).

5 *Committee Hansard* 12.3.04, p.90; *Submission* 159, Appendix 3 (Forde Foundation).

6 *Submission* 31, p.1 (Relationships Australia – Queensland).

also has a freedom of information service which ex residents and the Foundation can use for the purpose of accessing family links and historical information.

10.14 In Victoria, the Department of Human Services provides funding for services to support former wards. In 1997, VANISH, which is funded by the Department and provides support services to care leavers and other groups such as adoptees, received ongoing funding of \$47 000 to provide search assistance and support services for former wards, regardless of where they live now. A position was also established in the Department's Adoption Information Service to assist former wards to obtain information from their files and to provide counselling, support, search and mediation services. More recently, \$10 000 has been allocated to CLAN – this funding is to be used to provide information, advice and support to Victorian wards living interstate. An additional \$76 660 has recently been made available to VANISH specifically for the purposes of providing individual counselling for former wards and to establish support networks in rural Victoria.⁷

10.15 In NSW, the Department of Community Services (DoCS) funds a telephone Helpline which is operated by Relationships Australia (NSW). In 2003 the Helpline received additional funding to employ an experienced counsellor for two days per week to provide support and telephone or face-to-face counselling, assist care leavers to access information about their care history, and to provide referral to support services. A small amount of brokerage funds is also available to assist clients access specialist counselling. Some 100 former care leavers have been assisted by Relationships Australia Helpline to date.⁸

10.16 In Western Australia, the Department for Community Development provides counselling and personal and family history information. Counselling is provided by department psychologists. In exceptional circumstances the Department may purchase counselling from private providers. Non-government agencies are not funded by the Department to provide services specifically for ex-residents.⁹

Non-government agencies

10.17 Non-government agencies also provide a number of services for ex residents of institutions. While a number of services are available, evidence to the Committee indicated that the nature and extent of services provided is often felt by care leavers to be inadequate; are difficult to access in many instances; or there is a reluctance to provide services by some providers.

7 *Submission 173*, p.20 (Victorian Government).

8 *Submission 158*, p.3; *Committee Hansard* 4.2.04, pp.54-55 (Relationships Australia – NSW).

9 *Submission 55*, Additional Information, 13.8.04. See also *Submission 55*, p.35 (WA Department for Community Development).

10.18 The Catholic Church and individual religious orders provide a range of services.¹⁰ The Christian Brothers in Western Australia funds CBERSS which offers a number of services for ex residents. While the Service is funded by the Congregation it operates independently of the Christian Brothers. CBERSS counselling services are available to all men and their families. Counselling is offered by CBERSS clinical staff but, if the men prefer external counselling, it is funded by CBERSS. Financial assistance is offered via a 'no interest' loan scheme to assist men and their families with specific needs, and men are referred to financial counselling if this is appropriate. A literacy program is also available – CBERSS runs an adult education course to improve literacy skills with the course contracted to a literacy educator.¹¹

10.19 Other Churches and agencies operate a range of aftercare programs. The Wesley Dalmar After Care Program for former residents provides services that include counselling with a counsellor of choice. The counselling provided is, however, time limited – with up to 20 therapy sessions available. Extensions to this are considered on the advice of the treating professional. Other services include the provision of advice regarding solicitors for those seeking compensation; referral to the Aftercare Resource Centre – a DoCS funded service; provision of initial membership of CLAN; and support of the Old Boys and Old Girls network.¹²

10.20 UnitingCare Burnside also operates an aftercare service which provides counselling and other services.¹³ Burnside stated that 'we employ an after-care worker that we fund ourselves. We also have a couple of DOCS funded after-care services. ... We provide counselling, but we also financially support people who choose to have counselling externally and we provide for other costs for people, such as medication and so on, if that is appropriate'.¹⁴

10.21 Barnardos provides aftercare services including counselling with a counsellor of choice; referral to peer support groups, such as CLAN; and reunions and functions of Old Boys and Old Girls.¹⁵

10.22 Services provided by the Salvation Army include the provision of external counselling services; and where appropriate, the reimbursement of past counselling services; the provision of pastoral care; reimbursement of medical expenses and

10 For example, the Catholic Church has initiated the *Towards Healing* protocol to deal with abuse complaints in institutional care and other settings and has published *A Piece of the Story*, which is a national directory of records of Catholic organisations caring for children in out-of-home care situations.

11 *Submission 49*, pp.19-20 (CBERSS).

12 *Submission 178*, p.12; *Committee Hansard 4.2.04*, p.4 (Wesley Mission-Dalmar);

13 *Submission 59*, p.9 (UnitingCare Burnside).

14 *Committee Hansard 4.2.04*, p.10 (UnitingCare Burnside).

15 *Submission 37*, p.4; *Additional Information 17.6.04* (Barnardos).

financial provision of ongoing medical assistance; and contributions to legal costs.¹⁶ Evidence suggested, however, that some ex-residents experience difficulties in accessing these services.

10.23 The United Protestant Association of NSW provides file reviews combined with ongoing counselling, reimbursement of expenses for family reunions or to enable individuals to travel from their home to the former place where they were in care.¹⁷

Support groups

10.24 A number of support and advocacy services also exist and provide a range of services for care leavers. CLAN is a national support and advocacy group, however, a number of other groups also operate in various States.

Support and advocacy services

10.25 Evidence to the Committee pointed to the valuable support and advocacy work provided by CLAN and the other support groups around the country.

Care Leavers of Australia Network (CLAN)

I am very grateful to CLAN as it has helped me to start to speak out without rage about my past...and I am slowly ever so slowly starting to feel as if I am a worthwhile human being. (Sub 352)

In recent years I was introduced to CLAN and Leonie, a tireless worker for our cause with her association...Without their help and encouragement I may not have told my story. Prior to their existence there was nobody to tell and I'd have to take all of that to my grave. (Sub 360)

10.26 CLAN, which was established in 2000, is a national self-help support and advocacy group for people aged over 25 years who grew up or spent time during their childhood in orphanages, children's homes and other institutions, whether as state wards, home children or as foster children.¹⁸ CLAN has approximately 520 members across Australia (it began with only 38 members in 2000). The objectives of the organisation are:

- to provide a national network through which care leavers can communicate with each other and share their experiences;
- to raise public consciousness of past institutional care practices and the effects of institutional care;

16 *Submission 46*, p.1 (Salvation Army).

17 *Submission 30*, p.2 (UPA).

18 The age restriction of 25 years was adopted as in most States there are services for care leavers up to the age of 25 years and an organisation – the CREATE Foundation – has been established as a support group for younger care leavers.

- to lobby governments to provide acknowledgment and support for former state wards and home children; and
- to provide advocacy for care leavers wherever possible.¹⁹

10.27 CLAN was established to fill a 'service gap' in relation to care leavers.

There has been an increasing awareness, over the past two to three decades, of groups of people who as children underwent experiences which have caused ongoing trauma and suffering...Although state wards and children who grew up in Homes and institutions have had childhood experiences which are similar, and in many cases identical, to those suffered by these groups [Stolen Generations/child migrants], they are not recognised or acknowledged as Australian citizens entitled to similar recognition, support and assistance. CLAN was established to change this, and to lobby for support services for older Care Leavers. Much of the effort and work of CLAN over the past three years has been spent in raising awareness of Care Leaver issues, as well as providing what services have been possible, operating as an unresourced, and under-funded body.²⁰

10.28 CLAN assists members to obtain their ward files or information about the institution where they spent their childhood (members can advertise in the CLAN newsletter to locate lost family members or former care residents); publishes a bi-monthly newsletter; holds social gatherings; and is building up an extensive library of books and videos on issues related to institutional care and its effects, and personal histories of the care experience; and engages in lobbying activities to promote greater awareness of care leaver issues.²¹

10.29 CLAN is operated primarily by the two women who established it, Ms Leonie Sheedy and Dr Joanna Penglase. Ms Sheedy is the first point of contact for people contacting CLAN – she listens to people's stories, and advises on possible avenues of help, and contacts agencies and government departments on behalf of members; and engages in lobbying activities. Dr Penglase prepares the CLAN newsletter, writes submissions and articles and deals with financial matters.

10.30 CLAN was asked by the Committee about the relationships it has established with government agencies and with care providers with which it works. Dr Penglase indicated that it has established a good working relationship with these groups:

I think we are generally well regarded...The current [NSW] minister is supportive. It was with a change of minister that we got our funding. CLAN actually has an advisory committee with a few members from agencies. These are the agencies who helped us get the funding – who supported us through ACWA originally...So we are well perceived and we have our

19 *Submission 22*, p.6 (CLAN).

20 *Submission 22*, p.4 (CLAN).

21 *Submission 22*, pp.2-8 (CLAN).

advisory committee. I think there is a willingness to meet with us and to work with us. But of course it varies across agencies.²²

Funding

10.31 In 2002 several member organisations of the Association of Childrens Welfare Agencies, the peak child welfare organisation in NSW, contributed a small seed grant to assist CLAN to operate as it attempted to obtain ongoing funding from government.

10.32 Table 10.2 indicates that total funding currently amounts to approximately \$108 000, which is derived from donations from agencies, members' subscriptions and some funding from the States. CLAN receives no funding from the Commonwealth Government. It has received non-recurrent grants from the NSW, Victorian, ACT and South Australian Governments, except in the case of the ACT Government where the grant of \$9 000 is spread over three years. The other State Governments have not provided funding to CLAN. The WA Department for Community Development indicated that it will provide a small one-off grant to CLAN so that it may provide information and support services for ex-residents in Western Australia.²³

10.33 The Table shows that donations were received from the major agencies that operated homes in NSW, except the Salvation Army. CLAN stated that they approached the Salvation Army in 2002 and again in 2004 but on both occasions they refused their request for donations. As evident in the Table, there are also some agencies in Victoria along with Anglicare in South Australia that have provided donations. CLAN sent approximately 40 letters to past providers in all States other than NSW in March 2004 requesting donations but most did not reply.

10.34 CLAN uses this funding to employ Leonie Sheedy as a full-time worker (since April 2004), and has set up a professional website. Some funds were also earmarked to set up a small office (the rental office space is shared with another national support group), which was recently opened in Bankstown. Other expenses include general running costs such as general administration, printing of newsletters and maintaining a library of over 300 books. Funds were also used to advertise this Inquiry in the media in an effort to reach care leavers who might not otherwise have been aware of the Inquiry.²⁴

22 *Committee Hansard* 4.2.04, p.49 (CLAN).

23 *Submission 55*, Additional Information, 13.8.04 (WA Department for Community Development).

24 *Submission 22*, pp.3-4 (CLAN); Additional Information, 8.7.04 & 9.7.04. See also *Committee Hansard* 4.2.04, p.43 (CLAN).

Table 10.2: CLAN: Sources of Funding 2002-2004

Funding from State Governments	
New South Wales	\$20 000 (\$10 000 in 2002, \$10 000 in 2004)
Victoria	\$10 000 (2003)
Australian Capital Territory	\$9 000 (over 3 years, \$3 000 in 2003)
South Australia	\$5 000 (2003)
Agencies ¹	
<i>New South Wales</i>	
Barnardos Australia	\$10 000
Benevolent Society	\$10 000
Burnside	\$10 000
United Protestant Association	\$10 000
Wesley Dalmar	\$10 000
Anglicare NSW	\$5 000
Centacare	\$5 000
Baptist Community Services	\$500
Boys' Town Engadine	\$400
<i>Victoria</i>	
MacKillop Family Services	\$5 000
Berry Street Victoria	\$2 000
Ballarat Child & Family Services	\$1 000
Menzies Services	\$100
<i>South Australia</i>	
Anglicare SA	\$1 000
Total ²	\$108 000

¹ based on two funding drives in 2002 and 2004.

² includes only funding received to date.

Source: Submission 22, Additional Information, 9.7.04 (CLAN).

10.35 CLAN argued that they could provide more services with additional funding and reach more of their client base. The membership of the organisation has shown an exponential growth over recent years and now numbers over 500 members.

If we spent every dollar we received taking out full-page ads all over Australia we would probably get a lot more members. What could we do for them? We would not have a penny left to do anything at all. As it is, what can we do? Leonie is on the phone day and night – and I mean that: day and night...What can we offer people? We write the newsletter and

send it out. We cannot offer therapy or link-up services for searching. We are two people with a small committee.²⁵

10.36 CLAN argued that the organisation should be funded as a 'national service' for older care leavers. A national service would consist of a small national secretariat, based in Sydney, of which CLAN would provide the nucleus; and a co-ordinator in each State, employed by CLAN. Offices in the States would act as a point of contact for care leavers.

10.37 The services that such an organisation would provide would include:

- information and search services in all States to help locate family members and their personal histories. This would include assistance with accessing files; mediation with the agency where they were raised; support in reading personal files;
- the provision of, or brokerage of, therapeutic services, including counselling services;
- establishment of peer support groups;
- the provision of education services, such as literacy programs;
- outreach work to provide counselling and support services to regional clients; and
- the provision of a 1800 number.²⁶

10.38 Other organisations supported additional funding for CLAN to enable it to expand its advocacy and support role. The United Protestant Association of NSW stated that CLAN was 'well placed', with Commonwealth and the community sector's assistance, to establish an independent advocacy and support organisation for care leavers.²⁷

They are an excellent group. They have a great track record...They, I think are well positioned to take a lead. It is in my view entirely inappropriate...for past providers to be taking on any formal advocacy type role...adequate resources should be made available to CLAN. They are a national group. They are really a fledging group in many ways at this stage but, with the resources behind them, I think they are a group that will do an enormous power of good.²⁸

10.39 Relationships Australia (NSW) also argued that CLAN's advocacy role should be further supported and that they should receive resources to continue raising

25 *Committee Hansard* 4.2.04, p.45 (CLAN).

26 *Submission 22*, pp.29-30; *Committee Hansard* 4.2.04, p.46 (CLAN).

27 *Submission 30*, p.2 (UPA).

28 *Committee Hansard* 4.2.04, p.7 (UPA).

community awareness concerning the difficulties experienced by adults raised in institutional care.²⁹

Other support groups

10.40 While CLAN is the principal support and advocacy group for older care leavers, other support groups also provide a valuable service to care leavers and victims of institutional abuse.³⁰ Their important role was acknowledged and supported during the inquiry.

10.41 A number of groups exist throughout Australia and while the following list is not exhaustive it serves to illustrate the range of groups in existence and the services they provide.

10.42 As noted previously, in Queensland the Esther Centre and Historical Abuse Network operates in that State and provides a number of services for care leavers. The Esther Centre provides support for people who have experienced physical, sexual, emotional and spiritual abuse in church institutions, faith communities and human services. The Historical Abuse Network is an informal network of former residents of church and government institutions that was established to support people who had experienced abuse within those institutions.

10.43 In Victoria, VANISH (Victorian Adoption Network for Information and Self Help) provides search and support services for people who have been separated from their family of origin, including wards of the state and adoptees. It is funded by the Victorian Department of Human Services. It commenced operations in 1989 with the specific focus on adoptees but five years ago the Department provided funding for VANISH to expand its role to provide search and support for former wards of the state. In 2002-03 the organisation was provided with further funds for brokerage counselling for care leavers. VANISH has provided a number of services for care leavers including conducting searches, providing one on one support, facilitating regular support groups. Recently the organisation conducted regional information and discussion groups for care leavers.³¹

10.44 In Western Australia, WINGS, which is a self-funded support group, has been operating for five years. Its aim is to support children and adults who have been sexually, physically and/or emotionally abused whilst in institutional or non-institutional care. It also networks with a number of other local support groups.³²

29 *Submission* 158, pp.11-12 (Relationships Australia – NSW).

30 The Child Migrants Trust is an example of a specialist social work agency that provides professional services for its unique client group and has developed considerable knowledge, skill and expertise in the areas of childhood abuse and its impact on adult life and relationships. See *Lost Innocents*, pp.129-32 and *Submission* 252 (Child Migrants Trust).

31 *Submission* 167, p.3; *Committee Hansard* 11.11.03, pp.48-49 (VANISH).

32 *Submission* 259, p.1; *Committee Hansard* 8.12.03, pp.60-100 (WINGS).

10.45 A number of Catholic religious Orders either provide services to ex-residents or fund those services. MacKillop Family Services was established in 1997 and is managed by its three founding religious congregations – the Sisters of Mercy, the Sisters of St Joseph and the Christian Brothers. It provides a number of support services for adults who grew up in institutional care. Its Heritage and Information Service, which is funded internally through donations and contributions from the founding religious orders, was set up to help former residents, and/or families of former residents to access information from their time in care. The Service provides records to former residents and assists in searching for separated family members. Over 100 000 individual records are now recorded on an electronic data base. In recent years the Service has supported former residents through an oral history project, social history project and reunions.³³

10.46 CBERSS was established in Western Australia in 1995 by the Christian Brothers as an independent organisation to provide for the needs of ex-residents of Christian Brothers institutions. It is funded by the Christian Brothers but the Service operates independently of the Order. The management committee is responsible for the development and monitoring of services, and provides the mechanism for financial accountability to the Christian Brothers. CBERSS provides counselling services, financial advice, literacy services, travel assistance, re-unification support and post reunification services and referral services.³⁴

10.47 Mercy Community Services, which is a non-profit association, provides information and support to past residents of Sisters of Mercy orphanages in Western Australia. The Service provides access to records and has a Heritage Trail and Heritage Centre to assist former residents better remember their former orphanage life. The Service also offers basic counselling for ex residents in accessing their files and returning to the former orphanage sites.³⁵

10.48 A number of organisations serve a more general advocacy role for victims of institutional and other forms of abuse. Broken Rites, which is a national organisation based in Melbourne, is a voluntary organisation that plays an advocacy and advisory role for persons who have experienced physical, psychological or sexual abuse by clergy, religious or church employees. It receives no financial support from any government and relies on voluntary donations to fund its activities. During the past 10 years more than 2 500 people have contacted the organisation, about 1 500 living in Victoria alone.³⁶

10.49 Bravehearts, which is a child protection advocacy group, was founded in 1996 in Queensland by Ms Hetty Johnson. It aims to promote the rights and needs of child

33 *Submission 50*, pp.2-9 (MacKillop Family Services).

34 *Submission 49*, pp.4-6 (CBERSS).

35 *Submission 61*, pp.10-12 (Mercy Community Services).

36 *Submission 79*, pp.1-2, 6 (Broken Rites).

and adult survivors of child sexual assault; provide support services to survivors; and increase public awareness and understanding of child sexual assault on the individual, family unit and society generally. Its work in the community includes promoting self-help groups and personal counselling. Bravehearts is also involved in education, prevention, early intervention and research.³⁷

10.50 The Abused Child Trust also provides an advocacy role for child protection issues. The Trust, which was formed in 1988 by a group of service professionals in Queensland, is an independent community based agency not affiliated with any Church or community group and is based in Brisbane. It also provides specialised services for abused children and their families through individualised therapy programs. The Trust has a governing Board comprising representatives from the corporate, community and medical sectors. Its operating costs amount to approximately \$1 million. Approximately half of this amount is provided by the State Government and the remaining half is sourced from public and corporate donations and sponsorship.³⁸

10.51 The CREATE Foundation is a national advocacy organisation for children and young people in care and for younger care leavers (up to the age of 25 years). CREATE operates programs and services to connect children and young people in care to each other and their communities; and to build skills and resources for children and young people in care.³⁹

Conclusion

10.52 The Committee considers that all advocacy and support groups play an important role in providing assistance to care leavers and others who have suffered various forms of abuse and that they should be supported by additional resources by the Commonwealth and State Governments and the Churches and agencies.

10.53 The Committee considers that CLAN is providing an extremely valuable support and advocacy role for older care leavers. This is despite the very limited funding that is available to the organisation at present. The Committee also notes the very widespread and genuine support expressed for CLAN from many care leavers and organisations during the inquiry.

10.54 The Committee believes that considerable additional resources should also be made available to CLAN and all service providers on a recurrent basis. This would support CLAN and the others providing advocacy and support functions, so that the organisations may continue and extend their important work for care leavers across Australia. The Committee notes that to date CLAN has received only limited funding from the States. In addition, the Commonwealth Government has not provided any

37 *Committee Hansard* 12.3.04, pp.77-78 (Bravehearts); www.bravehearts.org.au

38 *Submission* 305, p.1 (Abused Child Trust); www.abusedchildtrust.com.au

39 *Submission* 69, p.8; *Committee Hansard* 4.2.04, pp.57-58 (CREATE); www.create.org.au

funding for CLAN. The Committee notes that some Churches and agencies in several States have provided funds to CLAN. The Committee believes that all Churches and agencies that operated institutions should provide on-going funding for CLAN.

10.55 The Committee notes that CLAN wishes to extend its role and functions to include the provision of services, such as counselling and other services as well as further develop its role nationally for care leavers. The Committee believes that CLAN could develop along these lines and supports further Commonwealth and State Government and Church and agency assistance for the organisation to broaden its role in the future.

10.56 The Committee notes that while other support and advocacy groups operating primarily on a State basis receive some funding from State Governments, others do not. The Committee believes that State Government funding should be maintained and extended to those groups that do not currently receive recurring funding.

10.57 The Committee believes that there is an urgent need to establish a professional advocacy and support group that will operate nationally and considers that the Commonwealth should fund a national conference of service providers and advocacy and support groups to establish such a body. The Committee envisages that this national body should be funded by the Commonwealth and State Governments and the Churches and agencies.

Recommendation 19

10.58 That the Commonwealth fund a national conference of service providers and advocacy and support groups with the aim being to establish a professional national support and advocacy body for care leavers; and that this body be funded by the Commonwealth and State Governments and the Churches and agencies.

Recommendation 20

10.59 That the Commonwealth and State Governments and Churches and agencies provide on-going funding to CLAN and all advocacy and support groups to enable these groups to maintain and extend their services to victims of institutional abuse, and that the government and non-government sectors widely publicise the availability of services offered by these advocacy and support groups.

Inadequate level of services

10.60 Evidence to the inquiry commented on the lack of services – both government and non-government – available to care leavers. CLAN noted that service provision for care leavers was essentially a 'piecemeal system' – 'where in each instance the services are extremely limited and poorly publicised'.⁴⁰ Evidence from care leavers

40 *Submission 22*, p.5 (CLAN).

indicated that while service providers may in theory say that they provide a range of services, in reality, significant barriers are often placed in their way in accessing these services.

10.61 Evidence also indicated that many social services and programs fail to recognise the particular needs and requirements of care leavers.

...you would expect to see us overrepresented in many of the social services that are supposed to overcome these problems, but we are not; we are apparently invisible...social services refuse to admit that we exist. We make up an overwhelming proportion of the clients across their services, but there has never been an admission that care leavers make up a distinct group within those services requiring special forms of redress.⁴¹

10.62 The Positive Justice Centre even suggested that services should be established by care leavers themselves to ensure that their needs are met.

...we have been further abused by having to access services that refuse to recognise our plight...these services should have no role in continuing to administer us...we should no longer have to suffer at the hands of rank amateurs. There is absolutely no reason why care leavers could not be assisted to set up services to help themselves.⁴²

10.63 The level of assistance provided by State Governments and the Churches was criticised during the inquiry. In relation to the State-funded services, Catholic Welfare Australia argued that State Governments need to provide more adequate funding so that the present needs of care leavers can be addressed – 'we may ask what are the State and Territory Governments doing to address the trauma and hurt experienced by adults who were former children in institutional care given that this care was the ultimate responsibility of these governments'.⁴³

10.64 In Queensland a number of criticisms of the Forde Foundation were made during the inquiry, including:

- Concerns about the small amounts of funds available for dispersal – '...if the Beattie Government was genuine they would have put in at least \$10 million into the Foundation. This would have been then able to be of real assistance to the victims'. (Sub 78)
- The process of making applications which reinforces the feelings of powerless and dependency of their childhood – 'I don't feel it is worth losing my mental health any further since the process of applying, waiting etc. is disempowering and soul destroying'. (Sub 242)

41 *Committee Hansard* 4.2.04, p.30 (Positive Justice Centre).

42 *Committee Hansard* 4.2.04, p.31 (Positive Justice Centre).

43 *Submission* 71, p.24 (CWA).

- In the absence of any other form of redress there is a perception that the Foundation is providing a form of compensation, and consequently, a very inadequate amount of compensation – 'The Queensland Government has let us (the victims) and society down in the past. During the Forde Enquiry, they promised the earth and said they would deliver justice, but there was no justice awarded and our pain did not subside or simply go away'. (Sub 219)

10.65 The Forde Foundation, while noting that the Queensland Government has gone much further than other State Governments in redressing the harm done to former residents in institutions, conceded that 'significant gaps' in services persist for former children in care. A principal limitation is that the agencies providing services are all Brisbane-based while many former residents are located throughout the State and live interstate – 'the agencies are insufficiently funded to overcome the inequities in access that result'.⁴⁴ A report by the Forde Implementation Monitoring Committee in 2001 stated that the Forde Foundation is 'insufficiently funded' to meet the enormous level of need experienced by ex residents.⁴⁵

10.66 Services provided by the Aftercare Resource Centre are only available to former care leavers of Queensland institutions, so that care leavers living in that State but raised elsewhere are ineligible. People raised in care in Queensland but living elsewhere are unlikely to access its services, since the services are located in Queensland.⁴⁶ The Forde Foundation indicated, however, that grants are available to ex-residents living interstate which they can use to access services in their state of residence.

10.67 This is also a problem in other States that fund services for care leavers, namely NSW and Victoria. Services provided in those States are limited to care leavers who were ex-residents of the particular institutions in those States. Many care leavers have moved interstate because of the very negative associations that a particular institution in a particular State has for them. When this occurs they find themselves ineligible for services in their current state of residence (if services are provided).

10.68 Submissions noted that there is a need for the Commonwealth to be involved in funding services to address the gaps in service provision in the States. The Esther Centre stated that:

People who have experienced abuse in church, state and foster care do not necessarily live as adults in the state which they resided as a child...The Commonwealth has responsibility for Australian citizens and as such

44 *Submission 159*, p.5 (Board of Advice of the Forde Foundation). See also *Committee Hansard* 12.3.04, pp.88-91 (Forde Foundation).

45 Cited in *Submission 159*, p.6 (Board of Advice of the Forde Foundation).

46 *Submission 22*, p.5 (CLAN).

should contribute to developing a National Service System, which will respond to adults today regardless of the state in which they were in care.⁴⁷

10.69 CLAN also considered that services in NSW and Victoria are inadequate. With regard to NSW, CLAN noted that care leavers who contact the telephone Helpline 'if they are able to demonstrate that they feel they were abused by their care experiences in the past, may eventually get a few counselling sessions, paid for by DOCS. This has to be negotiated with DOCS by Helpline staff, hence the delay. This service is staffed for two days a week only, and is tacked on to the existing service for younger state wards'. CLAN noted that in Victoria, VANISH 'has only recently begun to provide a limited service' to care leavers. CLAN stated that it was not aware of State-funded services in States other than Queensland, NSW and Victoria.⁴⁸

10.70 In relation to the situation in Western Australia, the Christian Brothers voiced their concerns that the State Government has, over the last 10 years, offered only a 'minimal level of support' to former residents of institutions.⁴⁹

10.71 The nature and extent of services provided by Churches and church-run agencies also varies. As illustrated above, while some Churches and agencies offer a fairly comprehensive range of services to former residents, others provide fairly minimal assistance. Assistance offered by Churches is also *necessarily limited* to those former residents that were in particular institutions operated by the particular Church or religious order. While the Churches may indeed offer services, many former residents may not know that the services exist or will not use the services because of past negative experiences as children in the various institutions. CLAN stated that:

Non-government agencies who were past providers (i.e. ran the Homes) when appealed to will in some cases provide assistance to former inmates in obtaining their records and paying for some counselling. However this is dependant on the goodwill, and the resources of the agency involved. Many Care Leavers would, in any case, never turn for help to the agency which ran the institution, just as many would not attempt to deal with the government department which took them from their parents initially and through which they have often had abusive experiences.⁵⁰

10.72 Evidence indicated that there is significant unmet need for services for care leavers. VANISH noted that in the last financial year that organisation had a 650 per cent increase in the number of contacts with care leavers – 'the demand continues to grow. We know we are only scratching the surface and our limited resources cannot provide the services that are required'.⁵¹ CLAN also stated that the

47 Esther Centre, Supplementary Information, 12.3.04.

48 *Submission 22*, p.5 (CLAN).

49 *Submission 65*, p.6 (Christian Brothers).

50 *Submission 22*, p.5 (CLAN).

51 *Committee Hansard* 11.11.03, p.49 (VANISH).

needs of care leavers are less recognised than other groups because care leavers as a group lack a high public profile and many individual care leavers lack the necessary skills required to advance their profile in the community.

A lot of us [care leavers] are dead, in jail, alcoholics or having difficulty just getting through life. There is stigma, shame, and lack of education...When you talk about other groups who jump up and down and have high visibility, they are educated people and they have people to speak on their behalf.⁵²

10.73 Evidence to the inquiry also suggested that there is a need for assistance and services for the families of care leavers in a range of areas including counselling, support services, financial assistance and assistance with legal costs.

The Government also needs to recognise that this assistance should be made available to the children and grandchildren of Wards. I know my daughters have suffered as a result of my lack of nurturing, in that I am incapable of affording to them what I have little or no experience of. It is also possible that their children will also suffer as a result of the deficient parenting that I have taught to my children. (Sub 28)

To say that this trauma has severely affected each and every sibling in my family is an under-statement. (Sub 203)

Conclusion

10.74 Evidence to the inquiry indicates that there is a serious lack of services available to address the needs of care leavers. Governments at all levels – and the non-government sector – need to address this matter urgently. To date only four States – Queensland, NSW, Victoria and Western Australia – provide services for care leavers and these services are limited. In the States that fund services for care leavers – namely Queensland, NSW and Victoria – services provided are limited to those who were ex-residents of the particular institutions in those States. This poses problems for many care leavers who have moved interstate and are therefore not eligible for services in their present state of residence. The Committee believes that State Government funded services should be provided to care leavers in the particular State irrespective of where the care leaver was institutionalised. The Committee believes that the funding arrangements for this could be arranged through the Community and Disability Services Ministerial Council with a form of reciprocal agreement between the States.

10.75 Services provided by the Churches and agencies vary widely with some providing a more comprehensive range of services than others. While the States provide information on the amount of funding for various services the funding allocated by the Churches and agencies to services is more difficult to establish. Access to these services is also limited to ex-residents of the particular institutions operated by the Churches and many care leavers are reluctant to utilise these services

52 *Committee Hansard* 4.2.04, p.44 (CLAN).

even where they are available because of past negative experiences in these institutions.

10.76 The Committee believes that the Churches need to provide a comprehensive range of services to care leavers. It should not be left up to the States to provide services that the Churches and agencies could fund from their own resources. The Committee also considers that the services provided to ex-residents need to be available throughout Australia. The Committee notes that CBERSS provides services to ex-residents irrespective of where they now reside in Australia. In addition, the Committee believes that services and assistance should not only be provided to care leavers, but also should be extended to their families.

Recommendation 21

10.77 That all State Governments, Churches and agencies provide a comprehensive range of support services and assistance to care leavers and their families.

Recommendation 22

10.78 That all State Government funded services for care leavers be available to all care leavers in the respective State, irrespective of where the care leaver was institutionalised; and that funding provisions for this arrangement be arranged through the Community and Disability Services Ministerial Council.

10.79 During the inquiry the need for improvements in the provision of a number of services, including counselling, health and aged care; services for the homeless; and adult literacy and numeracy and further education were highlighted. These issues are discussed below.

Counselling

10.80 The need for counselling and other therapeutic services for care leavers was emphasised during the inquiry. In particular, a need was identified for specialist counselling to deal with the trauma of past institutional care experiences; to deal with the acute difficulties in forming and maintaining relationships; difficulties associated with the process of information disclosure when personal records are released; and pre and post family reunion.

10.81 The benefits of counselling are wide-ranging. Counselling promotes good physical and mental health; offers a supportive relationship in times of crisis; provides a safe place to express suppressed emotions; helps build self esteem; aids the development of a positive outlook; helps overcome depression; offers a more effective way to handle stressful situations; and assists in developing meaningful relationships.

10.82 Demand for counselling services is increasing. Relationships Australia (NSW) reported that nine new clients contacted the Aftercare Helpline in August 2003,

compared to an average of 2 or 3 per month over 2003. In 2003-04, 50 new clients contacted the service.⁵³

10.83 As noted previously, counselling services are currently provided to care leavers from a number of sources, both government and non-government. A number of State Governments – Queensland, NSW and Victoria – fund counselling services. Counselling services are also provided by non-government agencies. The Catholic Church offers counselling and other services through functionally independent agencies, such as CBERSS, through the Church's Centacare network or via referral to other counsellors acceptable to the care leaver. Other groups, such as the Salvation Army, Barnardos, UnitingCare Burnside, Wesley Dalmar and the United Protestant Association provide counselling as part of their aftercare services. Most provide counselling on an ongoing basis, however, Wesley Dalmar does not provide counselling on a long term basis. Eight to twenty sessions of therapy are available with additional sessions only provided on the advice of the treating professional.⁵⁴ In the case of Barnardos, while counselling provided by the organisation is available on an ongoing basis, external counselling is usually limited to up to 10 sessions, although this may be extended in certain circumstances.⁵⁵ A number of organisations provide for external counselling if clients prefer this, including the Salvation Army, Barnardos, CBERSS, UnitingCare Burnside and Wesley Dalmar.⁵⁶ Evidence to the Committee from care leavers indicated a great deal of frustration when attempting to access counselling services supposedly available from past providers. These barriers constitute a form of secondary abuse.

10.84 Many submissions from care leavers commented on the personal benefits of counselling in improving their lives and addressing issues arising from their experiences in care.

Having counselling was a blessing for me and so was my counsellor, Cathy. She helped me to realise that the feelings I was having were normal responses to the abuse I endured. Through her I realised that I have nothing to feel ashamed or guilty about. (Sub 94)

I have attended life enrichment classes and a decade of counselling to improve my life. I made some interesting discoveries about myself and became more assertive so I would thoroughly recommend that to anyone. (Sub 360)

I feel I have emerged from a fog. I do feel a different person now with a truer sense of myself. I now have a voice. I now know I have a choice. I have found my own inner support...What I have gained through my courage to seek some meaning has been so liberating. It's what we all, from

53 *Submission* 158, p.9; Additional Information, 22.7.04 (Relationships Australia – NSW).

54 *Submission* 178, Additional Information, 5.8.04 (Wesley Mission-Dalmar). See also *Committee Hansard* 4.2.04, pp.11-12 (Wesley Mission-Dalmar).

55 Barnardos, personal communication, 29.7.04.

56 *Committee Hansard* 4.2.04, pp.10-12.

damage institutional care need, KNOWLEDGE with UNDERSTANDING and SUPPORT to find our true self. (Sub 192)

10.85 For some care leavers, however, counselling has not assisted in improving their lives or ability to cope. One submission noted that 'counselling has never really helped. Since I left the orphanage, I have been in and out of psychiatric wards as I had no family, no one to turn to for help'.⁵⁷ One submission also noted that the offer of counselling can be used by the Churches to 'blame the victim' and deflect responsibility from the need to provide other forms of redress, particularly monetary compensation. Counselling in these instances can be 'simply used by these organisations to minimise their liability and an endeavour to persuade the victim that it was really he/she who was at fault, and not the organisation and the offender'.⁵⁸

10.86 As noted above, counselling is often needed during the process of the release of personal records so as to help ex-residents come to term with this information. One submission noted that 'a person may seek counselling initially on reading the file, then at different times throughout the process of discovery. It can be time consuming and long term'.⁵⁹ MacKillop Family Services noted that in interpreting the records, it is also important to be able to place a person's time in care in an historical context. People searching for their records usually have many questions that need to be answered. They need to understand and clarify why some children were adopted, some placed in institutional care and others placed in foster care. They will also need help with the language they encounter in the records, as many of the client records are written in a manner which may appear harsh or judgmental by today's standards. Former residents are also often keen to try and reconstruct the daily routines of their life in care, to match their memories with recorded information, and to question particular procedures and practices.⁶⁰

10.87 Counselling is also needed to deal with the complex psychological and psychiatric problems facing many care leavers. CBERSS, drawing on their experience, noted that 'the long term consequences of the early separation of these men from their families...are very evident. Very often they have failed to create satisfactory relationships later in life. Many experience ongoing trauma and significant psychological difficulties'.⁶¹

10.88 While some care leavers use Church agencies, evidence indicated that independent agencies also need to be funded to provide, or to broker, counselling services, including specialist counselling services.⁶² Some submissions argued that

57 *Submission 172*, p.6.

58 *Submission 282*, p.26.

59 *Submission 68*, p.12 (ACWA).

60 *Submission 50*, pp.10-11 (MacKillop Family Services).

61 *Submission 49*, p.20 (CBERSS).

62 *Submissions 22*, p.30 (CLAN); 167, p.5 (VANISH).

many care leavers will not use the current services offered by Churches or Church-related agencies because of past negative experiences whilst in institutions operated by these groups. One former care leaver from a Catholic institution emphasised the importance of allowing 'choice' of counselling practitioners:

I believe survivors of sexual abuse should be given a choice as to who they see for ongoing treatment. In my case the real healing began when I saw an independent psychiatrist completely outside of the Catholic Institution. If you put survivors with psychiatrists and psychologists of the Catholic Church, as Towards Healing recommends, you are putting clients into the hands of people representing an institution that has gravely violated their trust. It would be far healthier and quite within their rights to allow survivors to choose practitioners of their own choice. This would need be subsidized by the church or the government as many independent practitioners are in private practice. (Sub 114)

Specialist counselling services

10.89 Evidence from organisations and individual care leavers argued that specialist counselling services are required to address the particular needs of care leavers.⁶³

Many care leavers would benefit from counselling – but the counsellors need to have an understanding of what our lives were like – not just an "intellectual" model of how we should be "treated". (Sub 258)

Counsellors [need] to have child development knowledge with particular understanding of ward needs and issues, as distinct from government workers within agencies, who do not have this professional training, as in support workers who are often utilised in these roles without any training or much awareness. These people can often create more problems due to their lack of ability. (Sub 369)

10.90 Relationships Australia (NSW) also noted that many care leavers express dissatisfaction with generalist services where there is a lack of understanding of the circumstances of being in care – 'they have expressed a need for specialist services that have an understanding of issues specific to this group'.⁶⁴ The organisation noted that clients expressed the need for professionals who can work across a range of issues including separation, grief and loss, relationships, depression and sexual assault rather than have to attend discrete services where they have to retell their life story to a variety of professionals.⁶⁵ Many care leavers assert that retelling their story is particularly distressing and counter productive to the healing process.

10.91 Submissions noted that the Vietnam Veterans Counselling Service (VVCS) provides an excellent model of how such a specialist counselling service could

63 *Committee Hansard* 4.2.04, pp.56-57 (Relationships Australia – NSW); *Submission* 22, p.30 (CLAN).

64 *Submission* 158, p.9 (Relationships Australia – NSW).

65 *Submission* 158, p.9 (Relationships Australia – NSW).

operate.⁶⁶ Many of the health problems of veterans, such as anxiety disorders and depression are similar to those experienced by care leavers. The services provided under the VVCS, which are free, include counselling; therapeutic and educational group programs; community development and health promotion. There are also specialist projects such as one that is directed at sons and daughters of veterans to combat suicide. Services are available to partners of Vietnam veterans and the children of veterans. CLAN noted that, as recognised by the VVCS, it is important to provide services to the families, including the children, of care leavers.⁶⁷

10.92 Some organisations are building up expertise in the area of specialist counselling. Centacare noted that many staff have been with that organisation for over 20 years and 'have developed quite extensive experience in certain areas. There is a high focus given to a supervision model that supports both the worker and their professional development. It is my experience that there is a suite of staff within the organisation who have select skills that are drawn upon for special occurrences within each of the branches. There is a collective wisdom that seems to have evolved from the work that is done'.⁶⁸ Again however, the Committee received evidence of care leavers seeking specialist counselling but barriers being put in their way in accessing these services.

10.93 Submissions also argued that funding should be allocated to a wide range of professionals and not limited to a particular specialty, so that recovering survivors can have access to a range of 'healing modalities' – 'every individual needs the recovery plan to follow their personal requirements and must not be expected to somehow make themselves fit one model designed to "fit all"'.⁶⁹

10.94 Evidence also pointed to the benefits of counsellors coming from an institutional care background. The Committee received evidence from a person who had experienced institutional care and had become a professionally trained counsellor. He indicated that he felt he was able to do far more for victims of institutional abuse than counsellors without this background because he had been through the system himself and had a deeper understanding of the issues involved and his clients' needs. One submission also noted that specially trained counsellors may indeed need to come from a consumer based environment where ex-care people operate their own service.⁷⁰

10.95 Evidence indicated that there was a need for specialist university training for health care professionals so that they can address the multifaceted and complex

66 *Submission 395*, p.7.

67 AIHW, *Australia's Health 2004*, p.312. See also *Submission 22*, Supplementary Information, 24.5.04 (CLAN).

68 *Committee Hansard 12.11.03*, p.59 (Centacare). See also *Submission 158*, p.9 (Relationships Australia – NSW).

69 *Submission 118*, p.2 (Broadening Horizons).

70 *Submission 68*, p.12 (ACWA).

psychological and emotional needs of victims of institutional abuse.⁷¹ One care leaver noted current inadequacies in this area:

I met with three psychiatrists as a double-check. You go to one and they say, "I think I will refer you to somebody else", who then asks you to go and check with someone else, just to make sure they are going down the right track. I have gone to three of those. They all come up with, "This is new". A visiting Sydney psychiatrist came up and had a chat with me for two hours and thought: "Okay. I have not heard any of this before. This is new".⁷²

10.96 Broken Rites believes that the training of psychologists and counsellors in this area needs to encompass a high degree of clinical training.

It should not just be the barefoot psychologist who comes out with a three-year degree. These are highly traumatised people with major psychiatric disabilities and major psychological problems. The best outcome, I believe, will be where these two types of professionals are treating in tandem.⁷³

Accessibility of counselling services

10.97 Evidence indicated that access to counselling services is limited by lack of funding. CLAN cited as an example the funding (of \$77 000) provided by the Victorian Government for counselling services for wards in that State. The services, provided by VANISH, are limited to \$450 per client – 'a lousy \$450...will only get you five sessions of psychotherapy'.⁷⁴

10.98 Relationships Australia (NSW) stated that clients of their service report that community health and sexual assault counselling services have policies that limit the number of sessions offered to clients. This often works against the best interests of clients who need to have the opportunity, often over an extended period of time, to examine and deal with many issues that they have been carrying for many years.⁷⁵ Some particular client groups are denied access to services. In Queensland, the Aftercare Resource Centre is unable to guarantee counselling to former residents who are in prison due to inadequacy of funding and difficulty of access. Many prisoners have specific counselling needs that cannot be met within the prison system.⁷⁶

10.99 Evidence highlighted the problem of providing services to care leavers in regional areas. One submission noted that many former ex-residents who have been in care in NSW do not live in the Sydney metropolitan area where they can access

71 *Committee Hansard* 12.3.04, pp.95-96 (Forde Foundation).

72 *Committee Hansard* 12.3.04, p.96 (Forde Foundation).

73 *Committee Hansard* 12.11.03, p.41 (Broken Rites).

74 *Committee Hansard* 4.2.04, p.50 (CLAN).

75 *Submission* 158, p.9 (Relationships Australia – NSW).

76 *Submission* 159, p.5; *Committee Hansard* 12.3.04, pp.97-98 (Forde Foundation).

services – some live in regional areas and others have moved interstate.⁷⁷ A similar situation exists in other States. One care leaver who lives in regional Victoria noted '...I'm required to travel 2 hrs each way to Melbourne to access the services and support I require. I receive no financial support to do this, and my family and I go without'.⁷⁸ Submissions emphasised the need for outreach services to offer counselling and support services to clients living in regional areas.⁷⁹

Peer support groups

10.100 Submissions argued that self-help and peer support groups should be supported and encouraged. Care leavers indicated that they receive great benefit from these groups, especially from the support and encouragement of other ex-residents.

I have started attending a peer support group where other care leavers are sharing their experience. We need this. This is our history – I don't have a family history of parents and siblings – and this group of people have an understanding of my life. We can talk, we can share and I know there is little judgement – not like the shame and embarrassment I feel if I talk with others who do not have this life experience. (Sub 258)

10.101 Evidence indicates that people from abusive backgrounds benefit from peer support. CLAN suggested that drop-in centres should be established in every State. These centres would be useful for care leavers as they would then have access to a network of fellow ex-residents that could support each other. Informal forums on a range of matters, such as anger management, could also be held in these centres – '...you could help in these more informal ways people who do not want intensive therapy or any sort of therapy or counselling. It is offering a range of services like that that will draw people in, and peer support. Meeting other homies and wardies is the best thing of all'.⁸⁰ CLAN suggested that self-help groups could be facilitated by specially trained therapists.

Conclusion

10.102 The Committee believes that there is a significant need for on-going counselling services to be provided for care leavers. The Committee considers that the services currently provided by the States and non-government sector need to be maintained and extended where possible. The Committee believes that all States should fund services and that non-government agencies should extend their services, wherever possible, and publicise the availability of these services. In addition, all counselling services should be provided on a long-term basis to clients and external counselling should be funded if ex-residents prefer this option. Services should also be

77 *Submission 158*, p.9 (Relationships Australia – NSW). See also *Committee Hansard 12.3.04*, p.97 (Forde Foundation).

78 *Submission 260*, p.5.

79 *Submission 22*, p.30 (CLAN).

80 *Committee Hansard 4.2.04*, p.52; *Submission 22*, p.30 (CLAN).

provided in regional areas to meet the needs of care leavers living outside metropolitan areas.

10.103 The Committee believes that it is vitally important to allow care leavers choice in the selection of counsellors. The Committee understands that for many care leavers the provision of counselling services through Church-related auspices are unacceptable because they are perceived to lack sufficient independence from the institution that has gravely violated their trust in the past.

10.104 The inquiry highlighted the importance of specialist counselling services. The traumas suffered by care leavers are often complex and multifaceted and, as a consequence, need to be delivered by specialist providers with an in-depth knowledge of care leaver issues. The Committee strongly supports the provision of specialist services, noting that a number of agencies, such as CBERSS, Centacare and Relationships Australia have built up an extensive knowledge and expertise of issues facing care leavers and that this knowledge base should be utilised wherever possible.

10.105 The Committee believes that specialist training of counsellors is required. Specialist higher education courses should be available for the training of health professionals in areas related to the psychological and psychiatric effects of institutional abuse. The Committee notes the recent initiative to establish a new Chair in Child Protection at the University of South Australia which will provide a special interdisciplinary focus on child protection issues. This issue is discussed further in chapter 11. The Committee also considers that former care leavers should be encouraged to undertake training to become professional counsellors to support their fellow care leavers.

Recommendation 23

10.106 That all State Governments, Churches and agencies fund counselling services for care leavers and their families, and that those currently providing counselling services maintain and, where possible, expand their services including to regional areas. The counselling services should include:

- **the extension of specialist counselling services that address the particular needs of care leavers;**
- **their provision to clients on a long-term or as required basis; and**
- **the provision of external counselling as an option.**

Recommendation 24

10.107 That specialist higher education courses be available for the training of health professionals in areas related to the particular psychological and psychiatric effects of institutional abuse.

Health and aged care

10.108 The health and aged care needs of care leavers were raised during the inquiry. One care leaver noted that:

Health care is inadequate for those abused in the past who because of abuses have poor health and health needs that are not being met. Many of those abused in the past die early...As well as early deaths there are suicides. These factors indicate that existing remedies and support mechanisms are not meeting all needs. (Sub 87)

10.109 Submissions also commented on the lack of research into the health needs of care leavers in Australia.⁸¹

10.110 As discussed earlier in the report care leavers were not only subjected to emotional, physical and sexual abuse as children within institutions but their basic health needs were neglected. Care leavers suggested that many of their subsequent health problems were directly related to past neglect and/or abuse. The major health problems they report include depression, anxiety, post-traumatic stress disorders, drug and alcohol problems; and poor physical, dental and mental health.

My life has been extremely hard, due I believe, to the treatment meted out to me whilst I was in the care of the Salvation Army. I am still trying to come to terms with it. I am now on a disability pension, my health is deteriorating, I have had bypass surgery, suffer with anxiety, depression and obsessive-compulsive disorder. (Sub 231)

I am in contact with others who were in Catholic institutions...[many] are now over fifty and suffering poor mental and physical health, unemployment, insecure housing and social isolation etc. (Sub 383)

10.111 The fact that many care leavers come from socioeconomic disadvantaged backgrounds (lack of educational opportunities often meant that job prospects were poor for many ex-residents) has further health implications. Studies have shown that socioeconomic disadvantage as a risk factor for ill health interacts with other risk factors that affect health outcomes.⁸²

10.112 Many care leavers suffer from forms of 'multiple disadvantage'. This was graphically illustrated in the experiences care leavers related to the inquiry. One carer leaver stated that he lives in public housing in a regional area of Victoria because it's the only way he can 'afford a decent standard of living' but has to travel long distances to Melbourne to access a range of services that he requires because they are not available in regional centres. This puts further strain on family finances often leading to a reliance on charities for basic living expenses.⁸³ Evidence to the Committee indicated that instances such as these are not uncommon.

81 *Submission 122*, p.40 (Positive Justice Centre).

82 AIHW, *Australia's Health 2002*, pp.212-13. See also *Submission 159*, pp.3-4 (Board of Advice of the Forde Foundation).

83 *Submission 260*, pp.1-6.

Mental health

10.113 Child abuse and maltreatment potentially has long term impacts on a victim's mental health. The Committee received many distressing examples of mental health problems experienced by care leavers which are described in more detail in chapter 6.

I'm stressed out totally all of the time, I have over-anxiety, scared of people; don't trust any people any of the time...I don't fit in anywhere in life. (Sub 290)

I am forty-four years of age and I pray to God I could just bury my past but no matter how hard I try it just comes back to me and I feel a deep depression and great sadness for my family. (Sub 271)

10.114 For some care leavers their lifelong experiences have resulted in a loss of trust in health providers.

Right throughout my life I've been on and off medication and each time I become suicidal...For me, it seems as if every-time I go to a doctor or psychiatrist to try and work out what is going on with me, they just want to put you on medication. If you don't have the dollars, they don't have the time and medication is a quick fix to get rid of you. This also applies to psychologists and counsellors. I trust none of these so called professionals any more, I haven't really for many years. (Sub 291)

10.115 Studies have shown that the emotional, mental health and behavioural problems that may result from child maltreatment include, among other things, an increased risk of becoming involved in violent relationships with peers as an adult. The intergenerational transmission of violent behaviour is a disturbing potential consequence of child maltreatment. While the phenomenon is complex and not completely understood, it appears that the majority of maltreated children will not perpetrate violence as adults. One study has produced a 'best estimate' rate of 30 per cent. Further, intergenerational transmission of violence can occur when the perpetrator has only witnessed (as a child) violence directed towards others. It is also apparent that adults, particularly males, who have suffered physical violence during adolescence, or who have witnessed domestic violence, are more likely to be involved in marital aggression themselves.⁸⁴

10.116 Studies have also shown that other mental health and behavioural problems that may result from child maltreatment include an increased risk of a range of serious emotional and behavioural problems, including depression, anxiety disorders, psychophysiological (somatic) complaints, peer conflicts, social isolation; and conflicts with adults and other forms of authority.⁸⁵ Evidence received by the Committee support these findings.

84 *Submission 67*, pp.7-8 (AIFS). See also *Committee Hansard 12.3.04*, pp.89-90, 100-01.

85 *Submission 67*, p.7 (AIFS). See also *Submission 68*, pp.6-7 (ACWA).

10.117 The emotional and psychological cost to the individual who has been abused is significant. They are less likely to fulfil their full potential to become productive citizens. For many, the nature of their mental ill-health means that they are unlikely to hold down fulltime employment. This leads to long term dependency on welfare. For others there a descent into homelessness. Anecdotal evidence received by the Committee also indicates a high incidence of suicide among care leavers. For society, the monetary costs in a range of areas are also significant. These costs include frequent hospitalisations; use of psychiatrists and other health professionals; frequent, and often protracted incarceration; reliance on government income support such as the Disability Support Pension or other payments; and the cost of pharmaceutical benefits.⁸⁶

10.118 Mental health issues are addressed in the National Mental Health Strategy, which is an agreement between the Commonwealth and State Governments. The strategy provides an overarching policy framework, while the States deliver mental health services. This strategy recognises that all Australian governments need to improve services and mental health policy to ensure those with a mental illness, wherever possible, enjoy the same opportunities as other Australians. The Strategy recognises that for community-based treatment to be effective people with an ongoing illness may need access to a range of different services such as specialised mental health services; general medical services, accommodation support, community and domiciliary care; and income support, employment and training services.⁸⁷ While, as noted above, former residents who were in institutional care settings often have severe mental health problems they are not identified as a specific sub-group under the strategy.

10.119 There has been a general trend towards providing mental health services in community settings and the Committee supports these moves as they may better address the particular needs of care leavers who are invariably suspicious of 'institutional-type' settings. Public community mental health services include community based services such as mobile treatment teams and community residential services staffed either on a full-time or part time basis.⁸⁸

10.120 Depression and suicide were also identified as key problems facing many care leavers. Some government initiatives have been implemented in this area. Under the National Mental Health Strategy a National Action Plan for Depression has been developed jointly between the Commonwealth and State Governments and community representatives. The Plan provides a framework to address depression across the health care continuum and covers a number of interventions including

86 *Submission 62*, p.1 (Child Abuse & Adult Mental Health Action Group). See also *Submission 122*, pp.42-48 (Positive Justice Centre).

87 www.mentalhealth.gov.au

88 AIHW, pp.298-99.

prevention and early intervention; assessment and treatment of depressive disorders; and research needs.

10.121 In 2000 the Commonwealth Government launched the National Depression Initiative, which is being implemented through *beyondblue*, an independent public company. *Beyondblue*, which is funded by the Commonwealth and most States, launched the *maturityblues* initiative in June 2004, which will address depression in the elderly and those in aged care. *Maturityblues* aims to raise awareness of depression in older people and its impact on family members and carers; inform policies regarding depression in the areas of aged, health and community care; primary care; acute care and residential care; and improve diagnosis and treatment.⁸⁹

10.122 The Commonwealth also has in place a National Suicide Prevention Strategy. The Strategy aims to support national suicide prevention strategies across the life span; and implement a strategic framework for a whole of government and whole of community approach to suicide prevention. The Strategy, while it has a particular focus on youth suicide, also focuses on groups identified as being at high risk, including the elderly, people with mental illnesses, people with substance abuse problems, rural residents and prisoners.⁹⁰ Many of these high risk groups would include care leavers although ex-residents of institutions are not a specific target group under the strategy.

10.123 The Committee considers it beneficial that these initiatives focus on a whole of government and whole of community approach. However, the Committee believes that it is important that these various initiatives recognise the particular needs of care leavers. As many individual care leavers are most unlikely to know that these programs are in operation, the Committee also considers that information about these programs should be widely disseminated to care leaver support and advocacy groups.

Aged care

10.124 Evidence to the Committee emphasised that it was important to recognise the aged care needs of care leavers, especially as they represent an ageing group in the population. CLAN indicated that most of its membership is in the 40 to 60 years old age ranges – thus for older care leavers aged care issues are important.⁹¹

10.125 An academic researcher in the area of ageing reinforced this point noting that many care leavers who are now in their middle and older years:

...will have particular issues as they age and service providers are currently unaware of these issues...Additionally the broader population needs to be

89 *Beyondblue*, Supplementary Information, 21.6.04.

90 www.mentalhealth.gov.au

91 *Submission 22*, p.7.

aware of these issues so that services now and into the future can be better able to respond to this group in our community.⁹²

10.126 Concerns were raised during the inquiry especially in relation to the appropriateness of current residential care arrangements. Evidence to the inquiry indicates that there needs to be a careful assessment of the type of residential aged care facility provided as many former care leavers are suspicious of 'institutional-type' facilities. Ms Sheedy of CLAN noted:

I personally have told my kids, "You're not putting me in a home when I get old; I've already been in one and I'm not going back to one"...The people who make their living from looking after the aged need to be aware of our category of people because some of us are going to end up in nursing homes...How are the staff going to be able to meet our needs if they are not aware of us?⁹³

10.127 The Department of Health and Ageing (DoHA) is currently undertaking a number of trials focusing on innovative residential care models. The Aged Care Innovative Pool tests innovative models of aged care services for specific target groups. The projects to date have included the acute care/aged care interface – these projects combine rehabilitation services with aged care support for older people after a hospital stay; the disability/aged care interface – projects combine aged care with disability support to enable people with a disability who are ageing to remain in their current living environment; and new service models for people with dementia.⁹⁴ The Committee believes that models such as these could be trialled addressing the particular needs of care leavers. The Committee notes that the Commonwealth currently funds programs for special needs groups. For example, funding is provided to improve access by culturally and linguistically diverse communities to culturally appropriate aged care services and for flexible aged care services for the indigenous aged.

10.128 As noted above, older care leavers – along with most older people needing care – would prefer to receive this care in their own homes whenever possible. The Committee notes that a number of programs are in place to assist people live independently in their own homes, and in their own communities, with access to community care when needed. The Home and Community Care (HACC) program provides care, including assistance with daily living activities, in people's homes. HACC services include nursing, personal care, domestic assistance, delivered meals, day care, transport and home modification and maintenance. This care helps delay or prevent the need for residential care. The HACC program provided care services to 700 000 clients in 2002-03. Community Aged Care Packages support frail aged older people with complex conditions in their own homes and give increased choice to

92 *Submission 403*, p.1 (Ms Heycox).

93 *Committee Hansard 4.2.04*, p.53 (CLAN).

94 DoHA, *Annual Report 2002-03*, p.118.

remain at home rather than use residential care. The Extended Aged Care at Home program also provides high-level aged care to people in their own homes.⁹⁵

10.129 The Committee supports these programs and believes that they should be promoted and extended where possible as a means of assisting care leavers – and older people generally – to remain in their own homes. Information about the programs should also be widely disseminated to care leaver support and advocacy groups.

Conclusion

10.130 The Committee believes that the health care and aged care needs of care leavers need to be addressed urgently. Many care leavers are highly traumatised people with major psychiatric disabilities and major psychological problems. The Committee notes that there are a number of initiatives at the Commonwealth and State level that address issues related to mental health, depression and suicide prevention. The Committee is pleased that many of these approaches take a whole of government approach recognising the complex needs of people facing these problems and the need for an integrated approach in addressing these problems. The Committee also believes that all these programs should focus on the particular needs of care leavers.

10.131 The Committee also considers that the aged care needs of care leavers need to be addressed and supports the trialling, under the Aged Care Innovative Pool funding, of innovative models of aged care for this target group. The Committee also believes that programs to assist people remain in their own homes, with access to community care when needed, should be promoted and adequately funded.

10.132 The Committee further considers that because so many care leavers who could benefit from these programs are marginalised in society and would be unaware of these services and how to access them, it is imperative that the government is proactive in disseminating information about them. Information about the programs should be widely available to care leaver support and advocacy groups.

Recommendation 25

10.133 That the Commonwealth and State Governments in providing funding for health care and in the development of health prevention programs, especially mental health, depression, suicide prevention and drug and alcohol prevention programs, recognise and cater for the health needs and requirements of care leavers.

Recommendation 26

10.134 That the Department of Health and Ageing fund a pilot program under the Aged Care Innovative Pool to test innovative models of aged care services focussing on the specific needs of care leavers.

95 DoHA, *Annual Report 2002-03*, pp.115-16.

Recommendation 27

10.135 That the Home and Community Care program recognise the particular needs of care leavers; and that information about the program be widely disseminated to care leaver support and advocacy groups in all States.

Housing and homelessness

10.136 Evidence to the inquiry indicated that care leavers often experience problems in accessing affordable housing. Many are in low paying jobs that means that public housing or rental accommodation is often the only housing option. The Committee also received evidence that many care leavers are homeless or at risk of homelessness.⁹⁶ One witness commented that:

I was involved in the Burdekin inquiry into homeless children and young people in the late 1980s...One of the conclusions that we came to there, which I could back up from my own anecdotal experience, was that one of the best ways of becoming homeless was to be placed in the care of the state'.⁹⁷

10.137 The Positive Justice Centre noted that care leavers make up a high proportion of the users of the Supported Accommodation Assistance Program (SAAP) services but 'there has never been an admission that care leavers make up a distinct group within those services requiring special forms of redress'.⁹⁸ SAAP, which is jointly funded by the Commonwealth and the States, provides transitional supported accommodation and other services to people who are homeless or at risk of homelessness.

10.138 One witness pointed to the lack of specific data and information on homeless care leavers in the SAAP program. The witness, referring to the Burdekin report into homelessness, stated that:

...[the report] found that 50 per cent of homeless children had been in the care of the state but, barring some miraculous transformation for care leavers, you would not know this from the homelessness and SAAP services. Apart from a few inquiries, you will find absolutely no reference to care leavers in the literature generated by the service providers.⁹⁹

10.139 The Committee believes that the needs of homeless care leavers should be addressed and that the SAAP program needs to recognise and respond to their particular needs and the requirements of this particularly vulnerable group. Information about the program also should be made widely available to care leaver support groups.

96 *Submission 167*, p.4 (VANISH).

97 *Committee Hansard 12.3.04*, pp.45-46 (Fr Dethlefs).

98 *Committee Hansard 4.2.04*, p.30 (Positive Justice Centre).

99 *Committee Hansard 4.2.04*, p.30 (Positive Justice Centre).

Recommendation 28

10.140 That the Supported Accommodation Assistance Program recognise the particular needs of care leavers; and that:

- **data on the usage of the Program by care leavers be collected; and**
- **information about the Program be widely disseminated to care leaver support and advocacy groups in all States.**

Adult literacy and numeracy and other education services

10.141 As noted in earlier chapters, due to the lack of education received in many institutions, many care leavers left the institutions with a serious lack of literacy and numeracy skills – which have remained with them throughout life. There remains a substantial need for adult literacy and numeracy and other education services to be provided to care leavers.

10.142 A range of services are currently provided. The States fund courses in adult literacy and numeracy through TAFE institutions – most of these courses are free or a small fee is charged. The Commonwealth, under the Language, Literacy and Numeracy Programme, provides literacy and numeracy training to eligible job seekers whose skills are below the level considered necessary to secure sustainable employment or pursue further education and training. These courses are provided free of charge. Private training providers also offer courses on a fee for service basis. Community-based groups also provide literacy programs. In Western Australia *Read Write Now!*, a community-based volunteer group that has provided adult literacy tutoring since 1977, offers professional one-on-one assistance to adults wanting to improve their literacy skills.¹⁰⁰

10.143 In Queensland assistance for educational expenses is one of a number of items provided through the Forde Foundation for ex-residents. CBERSS runs an adult education course to improve the literacy skills of ex-residents of Christian Brothers institutions in Western Australia.

10.144 During the inquiry some care leavers also indicated that they would have liked to further their education in later life – some have succeeded in pursuing further studies, although others indicated that they found further education too difficult for a variety of reasons. Some care leavers indicated a degree of embarrassment in adult education classes – which emphasises the importance for many of one-on-one tutoring assistance.

It was not until my late forties that I obtained an education, even though I made many attempts prior to this. I paid a friend to teach me how to write...I'm currently attending Melbourne University and am halfway through a Bachelor of Arts degree, receiving very high marks for my work in all subjects so far. (Sub 166)

The Committee was heartened to hear stories such as these from care leavers who have pursued further education often under difficult circumstances.

10.145 Submissions argued that educational opportunities should be extended for care leavers. One submission argued that state wards should have access to HECS-exempt tertiary courses as the cost of courses provides a disincentive for many care leavers who would like to undertake these courses.¹⁰¹

10.146 The Committee notes that the Queensland University of Technology (QUT) in Brisbane has an initiative that assists ex residents of State or Church institutions, and those whose parents were in these institutions, to access courses at the University. The proposal entails an alternative entry pathway involving lower entry scores to courses for ex residents and includes an orientation program to help with transition into university. The proposal is part of the QUT's Q-Step program – an alternative entry program targeting students from low income backgrounds.¹⁰²

Conclusion

10.147 The Committee believes that literacy and numeracy courses and associated adult education courses should be made available to care leavers where they feel that they would benefit from such courses. The Committee notes that the States currently provide such courses through TAFE institutions and the Commonwealth also provides some assistance in this area.

10.148 The Committee believes that Church groups and agencies should provide information on adult literacy and numeracy courses to ex residents and fund these courses as part of the package of measures offered to former residents where care leavers indicate a preference for one-on-one private tutoring. The Committee further considers that the Commonwealth and the States should widely publicise the availability of adult literacy and numeracy education courses to care leavers and care leaver support groups.

10.149 The Committee also believes that opportunities for further education for care leavers should be encouraged. It notes the initiative of the Queensland University of Technology in developing alternative entry pathways for ex-residents and their children to access its courses and encourages other States to initiate similar developments.

Recommendation 29

10.150 That the Commonwealth and State Governments widely publicise the availability of adult literacy and numeracy services and associated adult education courses to care leavers and care leaver support groups.

101 *Submission* 138, p.7.

102 www.qstep.qut.edu.au and *Submission* 22, Additional information 21.6.04, 29.7.04 (CLAN)

Recommendation 30

10.151 That State Governments investigate options for alternative entry pathways to higher education courses for ex-residents of institutions and their children.

Data collection

10.152 Evidence pointed to the need for data to be collected on the particular needs of care leavers, especially the need for services and other supports. Despite the fact that care leavers feature prominently in prison populations, have high unemployment levels, and have high rates of suicide, drug and alcohol addiction and mental health problems, policy makers or governments do not seem to be making the link between being in care and later problems in life:

...while one in five adult prisoners and one in three juvenile prisoners have been in care, no acknowledgement of this exists in the criminal justice system. The failure of organisations such as the courts...and all the various schools of criminology in universities across this country to even recognise that this representation exists shows how effective the total exclusion of care leavers is. It also represents a major missed opportunity to develop crime prevention policies and programs that actually work. What is needed is an acknowledgement that care leavers exist in disproportionate numbers across myriad social services.¹⁰³

10.153 A care leaver suggested that state child protection departments examine child registers to track people through the services:

...you can run it through a survey...and then look at the outcomes. You can look at mental health, imprisonment, court records and drug and alcohol issues. You can look at coronial records and see how many people died at young ages, and at Centrelink records – all those sorts of things.¹⁰⁴

10.154 Some care leavers consider that agencies such as Centrelink do not know how to deal with people who have been in institutions.¹⁰⁵ *'Have you been in care'* type questions on such forms would inform staff of a care leaver's background – and the likelihood of a traumatic childhood:

Yes, so it is: "That is who I am; that is where I belong." If only the day could come when we could say, "I grew up in care", and people would say: "That would have been terrible".¹⁰⁶

...when I look at intake forms for penitentiaries, there is nothing there about what your background is, whether you were brought up in care, whether you were an adopted person or whether you were a foster care

103 *Committee Hansard* 4.2.04, p.31 (Positive Justice Centre).

104 *Committee Hansard* 4.2.04, p.34 (Positive Justice Centre).

105 *Committee Hansard* 8.12.03, p.30.

106 *Committee Hansard* 4.2.04, p.47 (CLAN).

person. There is no reason why these simple, basic questions cannot be put into admittance forms in a whole range of places, including mental health organisations.¹⁰⁷

10.155 Broken Rites also argued that data needs to be collected about care leavers:

Perhaps we can start to capture data from simple questions on Centrelink forms, Medicare, court and prison documents, such as: were you raised in institutional care? Tick. Over time, you will download a huge amount of information that can then be interrelated to the use of health services, housing services et cetera...they are very simple things.¹⁰⁸

10.156 A view was strongly put that if people are identified as care leavers this could 'stigmatise them'. Many care leavers expressed the view that they already feel stigmatised.¹⁰⁹ However, Broken Rites made the point that such an initiative would have to be done on a voluntary basis.¹¹⁰

10.157 The collection of data across a range of areas has obvious worth in assisting policymakers develop an understanding as to what services and assistance are required for care leavers and the Commonwealth is well placed to take a lead in collecting such data.

10.158 Evidence also suggested that the Commonwealth and the States, in preparing publications and other material on services and programs need to include reference to specific initiatives for care leavers. Evidence suggests that care leavers are disproportionately high users of a range of social services but little reference is ever made to them in the literature about these programs and services.¹¹¹

Recommendation 31

10.159 That the Commonwealth, in conjunction with the States, develop procedures for the collection of data on people who have been in care on forms that are already used to elicit client information such as Medicare and Centrelink forms and admission forms to prisons, mental health care facilities and aged care facilities.

Recommendation 32

10.160 That Commonwealth and State programs across a range of social policy areas, including health and aged care and social welfare services generally, explicitly recognise care leavers as a sub-group with specific requirements in the publications and other material disseminated about programs.

107 *Committee Hansard* 11.11.03, p.69 (VANISH).

108 *Committee Hansard* 12.11.03, p.36 (Broken Rites).

109 *Committee Hansard* 4.2.04, p.68 (Relationships Australia (NSW)).

110 *Committee Hansard* 12.11.03, p.40 (Broken Rites).

111 *Committee Hansard* 4.2.04, pp.30-31 (Positive Justice Centre).

Conclusion – improving service provision

10.161 Evidence to the Committee indicates that the level and range of services provided by State Governments and the Churches and agencies for care leavers is inadequate. The services that are available vary between States and between agencies and services that are available are generally limited and poorly coordinated. Available services are largely a 'lottery' dependent on the State in which the care leaver resides or the type and range of services provided by the Church or agency. Use of these services is further dependent on whether or not the care leaver feels able to access the particular service given the past negative experiences many have had whilst in institutions operated by these agencies.

10.162 Evidence called for more services to be provided and that there be greater coordination in the delivery of services between State funded services and those provided by the Churches and agencies. CBERSS commented that:

...[a problem] is the number of organizations now providing assistance in diverse ways and to different groups of children formerly in institutional care. Different funding sources and organizational mandates have meant that it is often confusing for people to know how to access services. Lengthy and unresolved legal issues, limited channels for support and assistance; fragmentation of services and hostility between some services have added to their distress.¹¹²

10.163 As the needs of care leavers encompass a broad range of areas including health, housing, education, advocacy and support services and welfare services, evidence called for a greater whole of government approach in the delivery of these services, recognising that care leavers have particular needs and requirements.¹¹³ The Committee believes that a national strategy needs to be developed involving all levels of government – and involving the Churches and agencies – to ensure that programs and services are delivered to care leavers in a coordinated and systematic manner. Such an approach would provide for the development of a set of integrated policies covering a range of areas including income support, health, housing, aged care services and support services. As these policy areas cross a number of jurisdictional responsibilities the Committee considers that the Council of Australian Governments is the appropriate forum to advance these strategies.

Recommendation 33

10.164 That the Commonwealth and the States commit, through the Council of Australian Governments, to implementing a whole of government approach to the provision of programs and services for care leavers across policy areas such as health, housing and welfare and community services and other relevant policy areas.

112 *Submission 49*, p.19 (CBERSS).

113 *Submissions 175*, pp.3-5 (Families Australia); 31, p.4 (Relationships Australia – Queensland).