

UnitingCare Burnside Submission:

To the Senate Community Affairs Reference Committee

Inquiry into Children in Institutional Care

July 2003

because
children
matter

 **UnitingCare**
Burnside

Executive Summary

UnitingCare Burnside (Burnside) is a child and family social welfare agency of the NSW Uniting Church synod. We aim to work in such a way so as to reduce disadvantage and achieve a more equitable and just society. Although we currently provide a range of early intervention, protection and out-of-home care services, Burnside was established in 1911 to provide innovative institutional care services to disadvantaged children in NSW.

Since Burnside's inception, we have provided a range of alternative types of care for nearly 11,000 children and young people. We currently provide alternative care, referred to as out-of-home care, to 85 children and young people; 67 live in foster care with families and 18 reside in small residential group homes. In addition, Burnside has a successful history of providing 'aftercare' to people who have either once been placed in the care of Burnside or of other agencies providing similar services.

Historically, Burnside has provided institutional care to children of families who were impoverished and suffering financial hardship. This consisted of the children being placed voluntarily by their parents into Burnside's care, due to limited access to inadequate levels of government welfare provision.

It is virtually impossible to estimate the scale of harm that has been meted out to children while they resided in institutions, although it is likely to be significant, since large numbers of Australian children have lived in institutions since Australia was colonised. Additionally, when addressing issues such as these, distinction needs to be made between practice that was in line with the best understanding of child welfare provision of the time and practice that was, and will always remain, harmful. The onus is on governments and agencies with a history of involvement in the area to meet the needs of people who have been harmed, or believe themselves to have been harmed, whilst living in the institutional care environment. This will be different depending on the circumstances under which the harm occurred, so the responses must be flexible.

Detailed examination of the extent and impact of the long-term social and economic consequences of child abuse and neglect shows that, if the abuse and neglect is concerning enough, children and young people are placed in out-of-home care. Additionally, research on children and young people in out-of-home care shows that children and young people growing up in out-of-home care are generally left at a greater disadvantage and more marginalised than children and young people who do not live in out-of-home care. Given these statistics and patterns, current levels of government funding for existing remedies and support mechanisms are nowhere near enough to reduce the incidence of child abuse and neglect in the lives of Australian children and young people, let alone properly heal the damage that has already occurred.

Improvements to practice have occurred through social welfare agencies engaging in research and advocacy, and being prepared to take risks with new practice ideas that have arisen from research evidence. This has included changes in practice that has increased input from children and young people in decisions related to their own care arrangements. Likewise, agencies involved in evidence-based practice, and the innovative intervention approaches that come from it, have lobbied governments to ensure that changes are made to legislation and the administration of that legislation, to ensure that what has been learned is utilised. Ultimately improvements would not have occurred if agencies like Burnside had not been committed to the work and prepared to commit resources significantly above that which governments have generally been prepared to provide.

In summary, the key elements of policies designed to meet the needs of people who have been harmed whilst living in out-of-home care require that:

- justice is done and is seen to be done
- criminal and/or civil proceedings are sought where appropriate
- investigation is independent and thorough (and usually completed within a three-month period)
- all parties are treated with compassion, respect, confidentiality where appropriate, and without prejudice
- the complainant is supported during and after the process
- there are no undertakings imposing an obligation of silence on those bringing the complaint
- Agency practice is informed and improved as a result of the process.

Above all the Federal Government must work to ensure that there is greater flexibility in policies and service provision in all matters related to children and young people in institutional care to ensure that their needs are being met. Burnside intends on continuing the work that we have always done, that is, of making decisions and providing services based on meeting the “needs of the children [and young people] in whatever way they arise” (Keen 1986: 2). We invite the Federal Government to join children and young people in out-of-home care, and us, in this important work. Material for this submission is drawn from Burnside’s research and policy development work as well as the direct experience of workers and service users in Burnside programs. It also includes information and ideas drawn from papers and submissions produced at Burnside over the past few years.

Recommendations

In order to address complaints and allegations of harm that have occurred, Burnside recommends:

1. Governments fund the establishment of quality Aftercare services designed to meet the needs of those who have experienced harm whilst living in institutional care, and to prevent further harm occurring.
 - These must be adequately resourced and flexible enough to meet the needs of the individual. Funding should extend to thorough archiving of the history of institutional care provision in the agencies involved and this information should be made accessible to previous residents, as they require. Provision should also be made for referral to counselling, and other therapeutic services as required, and assistance to enable redress of the disadvantage experienced by the individual, such as improved access to education, health and employment services.
2. Governments legislate to ensure that agencies and institutions that have provided institutional care have established policies to ensure responses and investigation in the event of allegations of harm is provided in the most caring and respectful manner.
3. That the Federal government establishes a National Commissioner for Children and Young People to coordinate a national agenda for children and young people. Part of their role will include collating that which is already known about the focus of this Term of Reference, setting standards for practice, and lobbying Government to ensuring that these standards are maintained. This will include the establishment of greater consistency in legal and administrative procedures throughout Australia.
4. That the Federal Government also address the recommendations related to child poverty outlined in “Because Children matter: Making a case for addressing child poverty in Australia”, the attached *UnitingCare* Burnside background paper on child poverty in Australia.
5. That the Federal government focus particularly on funding services that break the cycle of disadvantage for children and families with complex needs. Special attention needs to be paid to:
 - improving access and equity to quality education
 - expanding quality early childhood education and care services universally, with a particular commitment to increasing access of disadvantaged families to such services
 - targeting intensive assistance to families with entrenched and complex problems based on the needs of individuals.
6. That the Federal Government commit to providing research resources, including money, to organisations seeking to improve practice through evidence-based research and evaluation.
7. That the NSW Civil Liberty Act (2002) be adopted as a model.
8. That the Federal government provide formal acknowledgment and apology to people of Aboriginal and Torres Strait Island heritage who were harmed through inappropriate implementation of government policy.

9. That the Federal government ceases all current policy and practice in relation to children in institutional care that, through research evidence, is known to be causing harm. This includes children in immigration detention centres, aged care facilities and juvenile custodial facilities.
10. That the Federal government establish a policy, along with assorted administrative and practice frameworks, designed to meet the needs of those who have been found to have been harmed while in institutional care. This must be predicated on the fundamental principle that the harm found to have occurred did so when the individual was a child and not responsible for what happened to them at the time.
11. That agencies involved in providing institutional care, who have in the course of a complaint having been made have been found to have acted legally, properly and with regard to safety and in line with the government policies of the day, be resourced to provide quality care and support to individuals harmed. This will require adequate resourcing of agencies to which the individuals be referred, if it is inappropriate for the agency against which the complaint is made to provide the support.
12. That a non-adversarial system for resolution of allegations of harm is established.
13. That, the Federal government fund support services that provide counselling specifically for people who have experienced, or believe that they have experienced, harm whilst living in out-of-home care. This includes various forms of counselling such as face-to-face and telephone counselling.
14. That the United Nations Convention on the Rights of the Child is unambiguously adopted into Australian legislation.
15. Increase funding to the Commonwealth Department of Family and Community Services (FACS) 'Stronger Families and Communities Strategy'.
 - This is so that an increased level of funding can be disseminated throughout community agencies and services, such as prevention and early intervention services and intensive support services to families with complex needs, to prevent children entering out-of-home care.

Introduction

UnitingCare Burnside (Burnside) is a child and family social welfare agency of the NSW Uniting Church Synod. We aim to work in such a way so as to reduce disadvantage and achieve a more equitable and just society. Although we currently provide a range of early intervention, protection and out-of-home care services, Burnside was established in 1911 to provide innovative institutional care to disadvantaged children in NSW. Since Burnside's inception, we have provided a range of alternative types of care for nearly 11,000 children and young people. We currently provide alternative care, referred to as out-of-home care, to 85 children and young people; 67 live in foster care with families and 18 reside in small residential group homes. In addition, Burnside has a successful history of providing 'aftercare' to people who have either once been placed in the care of Burnside or of other agencies providing similar services.

Material for this submission is drawn from Burnside's research and policy development work as well as the direct experience of workers and service users in Burnside programs. It also includes information and ideas drawn from papers and submissions produced at Burnside over the past few years.

History

From the outset, Burnside has been a unique and innovative provider of services to children, young people and families. Historically, Burnside provided institutional care to children of families who were impoverished and suffering financial hardship. This consisted of the children being placed voluntarily by their parents into Burnside's care, due to limited access to inadequate levels of government welfare provision. When the first services, known as "The Cottage Homes", were opened during the twelve years following the 17th June, 1911, Burnside led other agencies providing similar services by reducing the numbers of children housed in each institution to 30. This was a significant reduction in the numbers of children housed in other institutions, that regularly numbered a few hundred, and in one instance up to 800 children (Keen 1986). The change to smaller numbers of children housed in institutional care came about after a number of Royal Commissions, held throughout Australia during the 1870's, made recommendations that no more than 50 children be cared for in any one institution. Government policy was subsequently changed to reflect these recommendations.

Over the twelve-year period, the Board of Directors of Burnside continued adopting and improving upon the new government policies. By 1923, after significant financial investment from private benefactors, Burnside consisted of 14 'Cottage Homes', a school, gymnasium, swimming pool, hall, hospital, playing fields, farm, dairy and vegetable garden, and provided care to more 500 children at any one time (Keen 1986).

According to Keen (1986: 2), Burnside was established "to meet the needs of children in whatever way they arise". This philosophy has not changed, and has been evidenced by ongoing changes to the way in which Burnside has continued to provide care, protection and support to children, young people and families. In the time since the Cottage Homes housed 30 children, the buildings have been redeveloped (during the 1960's) to house 12-15 children and later gradually phased out and replaced by smaller residential houses in suburbs throughout Sydney (caring for up to 6 children). When a foster-care model began to replace this type of care provision, Burnside established and maintained a well-known foster care program. At the same time we have continued to provide a specialist program of limited residential facilities for young people and professional carers for children who require a greater level of support than most. Such an approach is based on the continuing philosophy that children's needs must be met as they arise and an understanding that this does not always exactly align with Government policy or funding criteria.

Burnside continues to be innovative with alternative models of out-of-home care despite having to fund these ourselves. For example, Burnside “tops up” foster care allowances where additional care is required. The idea of this service was to provide out-of-home care services for children with high needs and challenging behaviour, which often meant that they could not be placed for any period of time on the one placement or places could not be found for them at all. Additionally Burnside totally funds an aftercare service in Western Sydney which provides a service for people who were previously in Burnside’s care.

The history of researching and pioneering alternatives to out-of-home care (Keen 1986), and providing support following care, continues to this day. For example, a significant focus currently is on the provision of supportive and preventative services to reduce the need for children and young people to enter out-of-home care at all. In recent years Burnside has expanded its provision of preventative, therapeutic and supportive programs to reduce the likelihood of children and young people entering out-of-home care. Currently we provide such services to over 5000 children and young people and their families. Services are located in areas of high need including Dubbo, Port Macquarie, Coffs Harbor, the Central Coast region of NSW, and selected suburbs in Southwest and Western Sydney.

For a more detailed examination of the history of Burnside we invite the members of the Committee to visit the Burnside Heritage Centre, located at our Head Office at North Parramatta.

Burnside began life as an innovative service provider and, as such, continues to assist many people throughout NSW. Beginning as a provider of institutional care exclusively, Burnside service provision has expanded to include different models of out-of-home care as well as an increased focus on preventative, supportive and therapeutic models of care within the family. This approach has always been based on the fundamental principle; that we provide services – because children matter.

Terms of Reference

The extent of abusive practices

Term of Reference (a) - In relation to any government or non-government institutions, and fostering practices, established or licensed under relevant legislation to provide care and/or education for children:

- *whether any unsafe, improper or unlawful care or treatment of children occurred in these institutions or places,*
- *whether any serious breach of any relevant statutory obligation occurred at any time when children were in care or under protection, and*
- *an estimate of the scale of any unsafe, improper or unlawful care or treatment of children in such institutions or places.*

When looking at this issue, and deciding on the appropriateness of practice related to the welfare of children while they were in institutional care, one must begin from certain assumptions. For example, based what is known about what constituted harm at the time, it must be assumed that no government or child welfare institution would deliberately act in a manner, or comprise policy, that results in harm. Unfortunately many instances have been shown, with the benefit of hindsight, where children who were supposed to have been provided with care outside of the family have been subjected to a range of abusive and neglectful manifestations of care.

This is a complex issue and it is also important to understand that some events and situations we might consider abusive and neglectful now, thanks to increased knowledge of human development were not considered so then, based on the best information available at the time. That being recognised it must also be acknowledged that some behaviour has always been abusive and neglectful, and will always remain so.

The following example of such practice came from young people who are currently involved in one of Burnside's 'Aftercare' programs. The incidents spoken about in the excerpt are alleged to have happened when they were under the care of the NSW Department of Community Services (DoCS).

When I was living at M (an out-of-home care institution that no longer operates), I was only 11, I had my nose broken by a worker. That was what it was like there.

The workers, when you'd tell them something, one would throw you to the floor and another worker would put their knee in your back and pull your arm up behind your neck and a third one would rub your face on the floor. They used really, really strong force. They treated you like a criminal and used really strong force. I have never been in trouble with the law in my life but they treated me like a criminal in there.

You had to have group showers. All the girls shared the same shower block. There were no doors and any of the residents could just walk through. And you had to take showers together. It was so that the workers could walk in. They said it was in case you were doing things you should not have been doing.

When you went to the school they used to lock the doors. They used to walk us over there, put us in our classrooms and lock the door so we couldn't get out of the classroom. I feel like I have had no kind of education. I feel ripped off about that. All I ever wanted to do was to join the army or become a copper.

In the cottage the windows were pop riveted and we had this one cook, we never used to eat because his hair used to get into the food.

My sister was already in there. She had no one to go to. My mum gave us all up we were teenagers (I was about eleven or 12) I had not even started high school.

There was one time when I had tried to escape and took off for three days. They would confiscate your stuff you were not allowed to go anywhere without the workers. They treated you like you were criminals. Being spat on...one worker went at us with a vacuum cleaner hose.

My sister was there when three of them ran away. One of them got hit by a train. He died. And another person broke both of his legs when he jumped out of the way. They were on a bridge and they jumped the first fence and were running along the fence when the train came.

The workers did not care. As long as you did everything they said you were ok. If you had an opinion or were sick and wanted to go to bed or not do what they said. The guy who broke both his legs ended up back in M.

(Young person, UnitingCare Burnside Aftercare service, 2003)

I got bashed more in foster care than I did at home. I was made to wear second hand clothing, including underwear. They packed our lunch and that was all I was allowed to eat. The foster sisters used to put their hands behind my neck and force my neck. They made me do the digging to fill in the septic tanks. My foster father even pulled my pants down and smacked me on my ass.

...They made me sit for three hours. I was eight. I started crying, my legs froze on me. My sister said that she did it. A piece of cheese went missing for God's sake. After that I found out I had rheumatoid arthritis...that's was why my legs hurt so much and froze when I had to sit cross legged in the cold.

(Young person, UnitingCare Burnside Aftercare service, 2003)

Essentially, in addressing a topic such as this, distinction must be made between practice that was considered acceptable practice at the time but has since been shown to be otherwise, and practice that has always and will always be inappropriate and harmful.

With the benefit of hindsight we now know that both types of practice have occurred in relation to children in institutional care. Since this is the case, the Committee members must, as part of their deliberations, consider what this means as far as the provision of redress is concerned in relation to both types of practice. Responses to situations where government institutional care policy was carried out properly, but where the policy has since been discovered to have been harmful, must be different to responses offered where harm occurred as a result of harmful practice that was not grounded in policy.

Burnside recognises that children in institutional care sometimes were, and indeed still are, treated in unsafe, improper and unlawful ways. We have always endeavored to provide the highest quality care and, as far as we are aware, have generally achieved this. As part of our innovative approach we have always attempted to change our practice and policies to reflect the most contemporary research findings. Evidence during the last 10 years of Burnside's attempts to make sure children in our care have always been helped, and not harmed, include:

- receipt of five formal complaints about the care experienced
- 10-15 requests for counselling as a direct result of people's experiences of care
- one request for an investigation to be initiated in relation to allegations of harm that occurred
- establishment of a paid position committed to assist people previously in Burnside's care to access their case file notes and the history of their time in care. This Aftercare service for Ex-Burnsiders is currently 100% funded by Burnside and when it was established, in 1993, was the first of its kind in NSW. Prior to this formal approach, Ex-Burnsiders have always have a support network
- formulation of the Ex-Burnsiders policy to address allegations of harm that are alleged to have occurred whilst in care in the most caring and respectful way possible
- a long history of practice policies that draw on the most contemporary research in relation to what constitutes harm. These are updated in line with improvements in knowledge.

Additionally, the long history of an established heritage program includes a museum that honours the experience of Ex-Burnsiders, historical displays and extensive historical archives, that has tracked changes in Burnside's practice since its inception. Such information assists ongoing improvements in practice. This service, in conjunction with the Aftercare service, provides assistance to Ex-Burnsiders through, amongst other things, a quarterly newsletter and an annual "Back to Burnside" event, where people of all ages can come to revisit the place where they experienced some of their life. During this event volunteers guide people through the houses they used to live in Burnside believes that this program provides a powerful and significant source of healing for people and is committed to providing for it through Burnside's own resources.

It is virtually impossible to estimate the scale of harm that has been meted out to children while they resided in institutions, although it is likely to be significant since large numbers of Australian children have lived in institutions since Australia was colonised.

Distinction needs to be made between practice that was in line with the best understanding of child welfare provision of the time and practice that was, and will always remain, harmful. The onus is on governments and agencies with a history of involvement in the area to meet the needs of people who have been harmed, or believe themselves to have been harmed, whilst living in the institutional care environment. This will be different depending on the circumstances under which the harm occurred, so the responses must be flexible.

Recommendations

In order to address complaints and allegations of harm that have occurred, Burnside recommends:

1. Governments fund the establishment of quality Aftercare services designed to meet the needs of those who have experienced harm whilst living in institutional care, and to prevent further harm occurring.
 - These must be adequately resourced and flexible enough to meet the needs of the individual. Funding should extend to thorough archiving of the history of institutional care provision in the agencies involved and this information should be made accessible to previous residents, as they require. Provision should also be made for referral to counselling, and other therapeutic services as required, and assistance to enable redress of the disadvantage experienced by the individual, such as improved access to education, health and employment services.
2. Governments legislate to ensure that agencies and institutions that have provided institutional care have established policies to ensure responses and investigation in the event of allegations of harm is provided in the most caring and respectful manner.

The effects of child abuse and neglect

Term of Reference (b) - The extent and impact of the long-term social and economic consequences of child abuse and neglect on individuals, families and Australian society as a whole, and the adequacy of existing remedies and support mechanisms.

An incredible amount of knowledge has been collected and disseminated on the extent and impact of the long-term social and economic consequences of child abuse and neglect on individuals, families and the Australian society, and of the inadequacy of existing remedies and support mechanisms. The problems are not new, nor are they going away.

Although the exact extent of the abuse and neglect of children is unclear it is well established that reporting and substantiation of allegations of child abuse and neglect is rising throughout Australia (Australian Institute of Health and Welfare 2003). The trends in NSW alone show that incidences of child abuse and neglect are increasing. For example:

- Between July 2001 – June 2002, DoCS received 159 643 child protection 'Contact Reports'. This was an increase of 49% from the 107,394 'Contact Reports' received in the previous financial year, which in turn, had seen an increase by 48% in 'Contact Reports' from the 1998/1999 financial year¹ (Figures derived from DoCS 2001, 2002, 2003)
- December 2002, there were 9 919 children in out-of-home care in NSW, this increase of 7.9% from 2001 figures (9 190) reflected the continuing increasing trend of the numbers of children in out-of-home care (DoCS Child Protection Quarterly Data October 2001-December 2002)
- Children in out-of-home care in NSW are remaining in care for longer periods (DoCS 2002b)
- Over 75% of young people leaving care have no educational qualifications at all, which in turn has a strong effect on their employment opportunities (Jackson and Martin 1998).

¹ ('Contact Reports' are defined as all contacts received at the DoCS Helpline or a Community Service Centre that report a concern about a child or young person.

Burnside has worked for almost 100 years to ameliorate the negative effects of child abuse and neglect in the lives of children, young people and families, and most importantly, to prevent it. Over the years we have generated an enviable collection of material about research reports, program evaluations, submissions to government inquiries, submissions to independent inquiries, discussion papers, background papers, responses to government papers, campaign papers - the list goes on. Generally speaking this has all related in some way to the extent and impact of the long-term social and economic consequences of child abuse and neglect on individuals, families and the Australian society. A selection of our recent work, all of which are available for members of the Committee to read on request, includes:

- *Inquiry into Education of Children in Out of Home Care* - Burnside Submission to the Parliamentary Committee on Children and Young People (May 2002)
- *Inquiry into Children in Detention* - Burnside Submission to the Human Rights and Equal Opportunity Commission (May 2002)
- *Inquiry into Child Protection Services* - Burnside Submission to the NSW Standing Committee on Social Issues (June 2002)
- *'Investing in Services for Families in NSW'* – Position Paper prepared for the Association of Children's Welfare Agencies (ACWA) and the Family Support Services Association of NSW (FSSA) (2002)
- *Response to the Consultation Paper: Towards the Development of a National Agenda for Early Childhood* - Burnside Response to the Federal Department of Family and Community Services (April 2003)
- *Response to the Labor Party Discussion Paper: 'Growing Up: Investing in the early years'* - Burnside Response to the Shadow Minister for Children and Youth (April 2003)
- *Because Children Matter: Making a case for addressing child poverty in Australia* - Discussion Paper for UnitingCare Australia submission to the Federal Senate Community Affairs References Committee Inquiry into poverty and financial hardship in Australia (June 2003).

Poverty

A common theme running through much of the literature on child abuse and neglect is poverty. Research has identified connections between poverty and a range of adverse outcomes for children and families, some of which can eventually lead to children and young people being placed in out-of-home care.

Poverty affects the capacity of families to care for their children. Although incidences of child abuse and neglect occur in all social groups there is substantial evidence that children living in poverty are at much greater risk of abuse and neglect. Poorer parents get less relief from the constancy of child rearing. They are less able to afford baby-sitting, quality childcare, entertainment, social or sporting activities or go on stress-relieving holidays. They tend to experience higher levels of conflict and family disruption. They are more likely to live in substandard and crowded housing where it is difficult to get a break from other family members. Parents in poverty are more likely to experience ill health themselves and for their children to be ill. They are less likely to be well educated and to be comfortable with a range of parenting resources, whether in the form of books, videos or courses in community, welfare and health settings. Under these circumstances it is understandable that some parents have a less informed or unrealistic understanding of parenting and children's behaviour. All of these can in turn lead to child abuse and neglect.

The impact of poverty on the lives of children is complex and this material is only a small selection of a much more in-depth study of the impacts of poverty. This material was gleaned from, "Because Children Matter: Making a case for addressing child poverty in Australia" (June 2003), a Discussion Paper that was written to accompany the UnitingCare Australia submission to the Federal Senate Community Affairs References Committee Inquiry into poverty and financial

hardship in Australia. To enable further exploration of such issues the Discussion Paper is attached to this submission.

Children and young people in care are a very disadvantaged group. There is a crisis in out-of-home care provision that is echoing throughout Australia. There has been media debate recently about the under resourcing of out-of-home care and inability of State and Territory governments to find adequate numbers of carers. The situation is such that the patterns of child abuse and neglect experienced by many of the children in out-of-home care, for which they were removed from their natural parents, are being repeated by through lack of resources. These children, who have already experienced great disadvantage, are being further disadvantaged by the seeming lack of political will to put a stop to it. They are disadvantaged through the barriers they face, poor outcomes they experience, such as homelessness, unemployment, juvenile and later offending, the lack of information we have about them and the absence of attention and resources to address their needs.

According to a study by Cashmore & Paxman (1996), and in relation to only one area of concern, that is, educational disadvantage:

- 80% of young people living at home with their families completed the HSC compared with only 35.6% of young people in out-of-home care
- the average number of schools attended by young people living at home with their families was 2.3 compared with 5.4 schools for young people in out-of-home care
- The more schools attended by young people in out-of-home care, the fewer years of high school they completed.

Obviously, a focus on educational outcomes for children and young people in out of home care, guided by a commitment at the highest levels of all relevant government departments, is required to break the cycle of disadvantage for children and young people in out-of-home care.

In addition, recent research (McHugh 2002), estimates the weekly cost of caring for foster children is, on average, 52% higher than the cost of raising children who do not live in out-of-home care. This is because foster children are more likely to have health and behavioural problems. The report, the first of its kind to analyse the cost of foster care, found that many carers had difficulty being reimbursed by government departments for extra specialist services needed for their foster children. Many extra payments were discretionary and access to them depended on the assertiveness of the foster parent.

Detailed examination of the extent and impact of the long-term social and economic consequences of child abuse and neglect shows that, if the abuse and neglect is concerning enough, children and young people are placed in out-of-home care.

Detailed examination of research on children and young people in out-of-home care shows that they are generally left at a greater disadvantage and more marginalised than children and young people who do not live in out-of-home care.

Given these statistics and patterns, current levels of government funding for existing remedies and support mechanisms are obviously nowhere near enough to reduce the incidence of child abuse and neglect in the lives of Australian children and young people, let alone properly heal the damage that has already occurred.

Recommendations

3. That the Federal government establishes a National Commissioner for Children and Young People to coordinate a national agenda for children and young people. Part of their role will include collating that which is already known about the focus of this Term of Reference, setting standards for practice, and lobbying Government to ensuring that these standards are maintained. This will include the establishment of greater consistency in legal and administrative procedures throughout Australia.
4. That the Federal Government also address the recommendations related to child poverty outlined in “Because Children matter: Making a case for addressing child poverty in Australia’, the attached UnitingCare Burnside background paper on child poverty in Australia.
5. That the Federal government focus particularly on funding services that break the cycle of disadvantage for children and families with complex needs. Special attention needs to be paid to:
 - improving access and equity to quality education
 - expanding quality early childhood education and care services universally, with a particular commitment to increasing access of disadvantaged families to such services
 - targeting intensive assistance to families with entrenched and complex problems based on the needs of individuals.

Changes in practice

Term of Reference (c) - The nature and cause of major changes to professional practices employed in the administration and delivery of care compared with past practice.

The history of the provision of out-of-home care in NSW is synonymous with the birth of the Australian colony. From the outset a significant number of those transported to Australia were children destitute of, amongst other things, parental care. Subsequently Australia has a very long history of government and non-government intervention in the administration and delivery of care. There have also been many changes over time to the ways in which provision occurs.

Important drivers of improvements of practice has been increased adoption of research-based practice, increased engagement in decision-making from the people receiving care, and changes to legislation and administrative practice designed to recognise the needs of, and to assist and support children and young people. These include, but are not limited to, their entitlements and access to safety and quality education, health and housing.

Research-based practice

Using a research-based approach is about informing and improving practice by looking at, and making critical judgements about, the research evidence available and then using this to inform future practice.

In recent times there have been increased expectations placed on practitioners in social work and welfare to provide reasons explaining why they intervene in the ways that they do (eg Tomison, A (2002) and Pecora, P (2002)). Workers have been increasingly required to demonstrate their capacity to care, identify the theoretical foundations of their practice and support the interventions they choose to apply with evidence. This is in order to show it is the best use of resources and will provide the most optimal outcomes for individuals and members of the society. There have also been increased expectations that intervention will result in actual and beneficial change in people's lives. Consequently practitioners are increasingly required to give evidence for this change, what interventions to apply, the purpose of applying these and measurements of rates of success and beneficial change for people.

Prior to working from research-based practice, approaches to intervention were broadly taken on the basis of notions of deserving and undeserving. Additionally, there were mixed ideas on what should be the results of the intervention and lack of clarity about the most optimal use of resources and least intrusive intervention approaches. Through the use of research such issues have become clearer and it has become more obvious when intervention approaches have caused more harm than good.

Research-based practice in relation to out-of-home care at Burnside

In 1997, Burnside was one of the first non-government agencies in NSW to establish an in-house research and development capacity. Since adding social research to our advocacy work, Burnside has established research partnerships with the University of Sydney, the University of NSW, the University of Western Sydney, the University of Wollongong and Macquarie University. We have successfully sought nationally competitive (Australian Research Council (ARC) research funding and published a highly regarded Research Code of Ethics. Some of our current projects are:

Developing a Model of Substitute Care to Meet the Needs of Individual Children Through Participatory Research Which Includes Children

This qualitative research project will develop within an action research context, a holistic model of substitute care to meet needs of individual children. In collaboration with major stakeholders, a framework identifying elements for best practice will be developed from examining existing knowledge, ideologies, assumptions and stakeholder input. Crucial to the project will be the establishment of a process for children's participation in research and thereby decision making, about substitute care. Collaboration between academics and a major child welfare agency in this research has potential to contribute substitute care services, locally and internationally.

Foster Carers' Understanding of Their Role and Responsibilities in Changing Environments

With the progressive closure and sale of many group homes access to residential care has declined and foster care has emerged as a major form of substitute care for young people. However, the foster care system is under considerable strain as to improved delivery of the number of young people requiring care vastly outweighs the number of available carers. Foster carers are front-line workers. More and more they are caring for young people coming from complex backgrounds and who have challenging and difficult behaviours. It is not surprising then that taking on this role has been described as 'a big ask'. Recognising the growing demands being placed on foster carers, the project will consult with carers from a number of locations in NSW to document the 'lived experience' of being a foster carer. The project will examine carers' understanding of the caring role, their motivations and their needs as carers and identify those elements, which contribute to shaping the role of the carer.

Participation

There was one judge that asked my opinion. He said that I see that you've been here for 8 months. He asked me what I thought I had done to deserve to be in there and I told him I had not done anything. He looked at my file for himself. I told him I had not done anything to be there. I was a kid I did not have a criminal record. He said, "You don't have a criminal record. What are you doing in a place like this?" I said "thankyou" when he said I wouldn't be going back there.

(Young person, UnitingCare Burnside Aftercare service, 2003)

Over recent years in Australia much evidence has been collected on the benefits of actively engaging children and young people in many aspects of out-of-home care practice. Although it is a commonsense notion that people are happier with outcomes of events when they have been consulted, knowledge of what is and is not commonsense is no longer enough when deciding how to provide social welfare interventions.

Throughout the 1990's a number of significant research reports were completed and a number of agencies designed to monitor the situation of children and young people and advocate on their behalf were established in NSW. There were three studies in NSW of major significance to children and young people's participation in decision making in matters relating to their situation in out-of-home-care (Cashmore & O'Brien 2001). The main focus of these studies was to "seek the views of children and young people in decisions and processes affecting their lives" as well as to "identify barriers to participation as well as ways to enhance participation" (Spall, Testro & Matchett 1998: 5).

The studies highlighted that although some children and young people in out-of-home care know they have the right to be informed of decisions (Community Services Commission 2000; Cashmore & O'Brien 2001), many of the participants in the research did not know or understand they had the right to be involved in decision making (CSC 2000). For those who were aware, there was a general feeling that they wanted to know and be involved (Cashmore & O'Brien 2001), but that they were generally not allowed to participate, particularly in important life decisions (CSC 2000).

There was also a view amongst children and young people in out-of-home-care that adults do not value their opinions and that if they are allowed to participate then it is either ignored, deemed to be tokenistic or felt that it will not actually change anything (CSC 2000; Cashmore & O'Brien 2001; Mason & Urquhart 2001; Bunce 2002). Additionally, children and young people's feelings range from cynicism and lack of faith in the process and adult concern for their opinion, to feelings of appreciating the process and adult efforts to listen and try to take them seriously (CSC 2000; Cashmore & O'Brien 2001; Bunce 2002).

Some literature also revealed that some children and young people consider that they would have been less traumatised growing up and less reliant on welfare support as adults if they had been involved in the decision making process whilst in care (Cashmore & Paxman 1996; O'Brien 1997; Mason 1999). Additionally it has been noted that some children and young people believe that they would be more likely to accept decisions, they would have been less resentful, and the outcomes would have been of more benefit to them if they had have been supported to participate (Spall, Testro & Matchett 1998; Cashmore & O'Brien 2001).

Another reason for engaging children and young people who have experienced out-of-home care is that they can draw on their experiences to come up with suggestions for changes to practice that adults, who had not actually had such experiences, could. For example, in response to the question, "What changes would make the system better for children and young people in out-of-home care?", one young people involved in one of Burnside's Aftercare services said:

Firstly, if every foster care child could have a card [a special assistance card] they could ring a number to get help – like a 1800 number so they would not have to use the home phone - kids would be helped. I have noticed that a lot of foster children run away from foster homes. There's got to be more going on – and when they are dead who's going to get to the truth.

Another idea is that you should link a foster child up to another foster child in the area...There has to be others. Ask them if they would like to participate and they could compare how things are going and talk about how hard it is to be a foster child away from your family, particularly when you have siblings in other places.

(Young person, UnitingCare Burnside Aftercare service, 2003)

Legislation and participation

In NSW a number of pieces of legislation have been written, and mostly proclaimed, in recent years that have assisted in improvements in practice. Most notable of these has been the Children and Young Person (Care and Protection) Act 1998. This Act encompasses the Office of the Children's Guardian, the Child Death Review Team, and provides significant improvements in standards for child protection, out-of-home care, people from Aboriginal and Torres Strait Island heritage and the participation of children and young people.

There has been increasing awareness in legislative reform and development of children's and young people's rights, in particular their right to participate in decision making that relates to them (Rayner 1992; Nyland 1999). Changes to improve children and young people's participation has occurred in the Children and Young People (Care and Protection) Act 1998 (NSW), the Family Law Reform Act 1997 (Commonwealth) as well as the Commission for Children and Young People Act 1998 (NSW), and the Young Offenders Act 1997.

The Children and Young People (Care and Protection) Act 1998 outlines a number of points to guide how practitioners are to improve conditions to make sure that participation occurs, although these are not enforceable at law. Since the Children's Guardian, Children's Court, Child Death Review Team and out-of-home-care arrangements also fall under the jurisdiction of this Act, the principle of participation relates to these also.

Improvements to practice have occurred through social welfare agencies engaging in research and advocacy, and being prepared to take risks with new practice ideas that have arisen from research evidence. This has included changes in practice that has increased input from children and young people in decisions related to their own care arrangements.

Likewise, agencies involved in evidence-based practice and the innovative intervention approaches that come from it, have lobbied governments to ensure that changes are made to legislation and the administration of that legislation, to ensure that what has been learned is utilised.

Ultimately improvements would not have occurred if agencies like Burnside had not been committed to the work and prepared to commit resources significantly above that which governments have generally been prepared to provide. For example, over time Burnside has continued to make up insufficient government provision by raising funds and supporting its work through such funds. This has meant that Burnside has been limited in the extent to which it has been able to experiment with new and innovative ways of working, or to evaluate and conduct research into them.

Recommendation

6. That the Federal Government commit to providing research resources, including money, to organisations seeking to improve practice through evidence-based research and evaluation.

Apology

Term of Reference (d) - Whether there is a need for a formal acknowledgment by Australian governments of the human anguish arising from any abuse and neglect suffered by children while in care.

There are a number of factors associated with formal acknowledgment or apology in relation to anguish suffered whilst in care. The issue of apology is not always clear cut and it must be acknowledged that sometimes it will be difficult for agencies and individuals to determine whether the alleged harm occurred while the individual was in the care of the Agency or in fact, before or after such a time.

Additionally, many Agencies are concerned that an apology equals an admission of liability on the part of the Agency, and that this will negatively affect the Agency's ability to, amongst other things, acquire affordable insurance. Such a situation has recently been lessened in NSW with the introduction of the Civil Liability Act (2002). According to the NSW Ombudsman (2003), recent amendments to this Act, "mean that an apology does not constitute an admission of liability, and will not be relevant to the determination of fault or liability, in connection with civil liability of any kind. Obviously any matter of this kind should be referred to legal counsel.

Burnside recently dealt with such concerns while drafting a policy to guide practice in relation to how to respond to allegations of harm that occurred while the complainant was living in out-of-home care. This policy reflects a belief that where any agency has been found to have acted in contrary to what was considered best practice at the time, and through this someone has been harmed, formal acknowledgment should be made. Such a stance has come about through striving to meet the core values of the Agency. These five core values are respect, integrity, innovation, care and equity. The expectation of the Agency is that all of our work be guided by and reflect these values. This means that where wrongdoing has been discovered to have occurred, those involved be treated in accordance with these values.

That being said, formal acknowledgment should not only be imparted upon children who have experienced harm while living in institutional care. The principle of acknowledgment should be extended to any person who has experienced harm through improper implementation of policy that was considered best practice at the time.

Recommendations

7. That the NSW Civil Liberty Act (2000) be adopted as a model.
8. That the Federal government provide formal acknowledgment and apology to people of Aboriginal and Torres Strait Island heritage who were harmed through inappropriate implementation of government policy.
9. That the Federal government ceases all current policy and practice in relation to children in institutional care that, through research evidence, is known to be causing harm. This includes children in immigration detention centres, aged care facilities and juvenile custodial facilities.

Reparation

Term of Reference (e) - In cases where unsafe, improper or unlawful care or treatment of children has occurred, what measures of reparation are required.

Individuals respond to events and experiences differently. People who have been harmed as a result of experiencing unsafe, improper or unlawful care whilst living in institutional care will require a variety of reparation measures. Sometimes this might include an apology by agency, government or perpetrator. At other times it might include positively discriminatory access to education and training, health and housing services or financial compensation. Sometimes it might include a mix of such measures, while at other times only one might be necessary.

Usually what people want is recognition that what happened was real...an apology...and something to be done to perpetrator if possible.

They also want something to be done for themselves if possible...or supports to be able to get on with their life...such as health, education, mental health related rather, than just victims compensation.

They want the system to change so it does not happen to others.

(Manager, UnitingCare Burnside Youth Services, 2003)

One young woman, in speaking about her experiences of out-of-home care, explored a range of issues and ideas that have been part of her thinking about the question of reparation. Although she was not in out-of-home care with Burnside she has, up until recently, been involved in one of Burnside's Aftercare services.

We were in the kitchen and someone was mucking around with an knife and was cutting something and they came too close to me with the knife and slit my finger. I showed the workers and they sent me to the Medical Centre on my own across the road. It freaked me out because no-one was with me and now I have a big scar I did not want to get stiches because no-one was with me so I just wrapped it up and now I have quite a big scar.

Somewhere along the line I have been lost in the system. I am doing it myself. It has taken me a long time to get there.

Realistically a good opportunity to get a good education because that is one thing I missed out as a child. I don't feel any one owes me. I would like opportunity to get what I missed out on. Like a course to get into paid employment.

I am trying to put closure on the past. The thing that helps me get closure is help with counselling, to have opportunities that children in families get. The thing I want is a family. The only thing I would want is a happy family. Financially it would be good to have money but I don't see any way of getting that. I have to look at my life as no expectations from anyone so I don't get disappointed and upset. I see it more as thought my own bloody mother won't help me so I don't expect anyone else to.

Realistically I want to live happily and not depend on anything or anyone and just be healthy and happy and have a good family that is mine. But there are a lot of issues I need to deal with myself. That destroys the relationships which have come from my upbringing. The feeling of abandonment is something I just can't deal with. Realistically I am doing everything myself it is not so much what the government can do for me but what they can do to make sure it does not happen to other kids. It could all be prevented. I want to work out a prevention to stop this stuff happening.

(Young person, UnitingCare Burnside Aftercare service, 2003)

A number of previous investigations and inquiries have addressed issues such as these, including:

- *Lost Innocents: Righting the Record* - Senate Standing Committee on Community Affairs Report on Child Migration, (Tabled 30 August 2001)
- *Bringing them Home* - Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, April 1997.

A good place to begin when determining measures of reparation would be to examine the work that has already been conducted in relation to such issues, revisit recommendations that have previously been made and make take action to put the most useful and beneficial of these into practice. It is also important that resources be provided in such a way that it is possible to meet the needs of the individual seeking reparation.

Recommendations

10. That the Federal government establish a policy, along with assorted administrative and practice frameworks, designed to meet the needs of those who have been found to have been harmed while in institutional care. This must be predicated on the fundamental principle that the harm found to have occurred did so when the individual was a child and not responsible for what happened to them at the time.
11. That agencies involved in providing institutional care, who have in the course of a complaint having been made have been found to have acted legally, properly and with regard to safety and in line with the government policies of the day, be resourced to provide quality care and support to individuals harmed. This will require adequate resourcing of agencies to which the individuals be referred if it is inappropriate for the agency against which the complaint is made to provide the support.

Barriers to claims

Term of Reference (f) - Whether statutory or administrative limitations or barriers adversely affect those who wish to pursue claims against perpetrators of abuse previously involved in the care of children.

I haven't done anything to sue the people who hurt me because I thought it was too late – that's why. I have always asked about it. Information is just not given to you – they just don't volunteer that information to a kid.

I was the one that tracked down Burnside. I was never told about it [Burnside]. When I got in contact with Burnside I found out stuff I never knew.

You are told not as a child that you have the right. You are always told as a child you have to do what the adults say. I was never told anything. I found out later that you can even ask for a different DoCS worker.

(Young person, UnitingCare Burnside Aftercare service, 2003)

Access issues

The primary issue for people wishing to pursue claims against perpetrators of harm when they were in institutional care is related to issues of access. This encompasses a range of judicial and administrative factors and often lack of access or information in one area affects access to others, which in turn exacerbates overall access.

A fundamental barrier is the fact that the individuals who were harmed when they were in institutional care were children at the time. Burnside maintains that children are not recognised or valued in the same way adults generally are. While there are exceptions to this, adulthood is held in higher regard in our society than childhood. Children do not have citizenship rights, recognised power to record their own history or access to economic, social or spiritual decision-making. Since this is the case they are excluded. This is despite evidence to indicate that children actively construct their social experience and community.

In the case of children harmed while living in institutional care, they were excluded from decision-making and other social processes by the mere fact that they were members of a supposedly homogeneous category 'childhood'. They were therefore reliant on their adult "carers" for keeping proper records, histories and accounts of the time preceding, during and after their time in the institution.

Often many years and struggles pass before the individual who was harmed while in institutional care is able to seek restitution. Current legal and administrative practices restrict access to justice by some of the rules imposed on the circumstances under which evidence can be brought or complaint tendered. Poor practice, record-keeping and risk assessment, as well as particular legal interpretations act as barriers to people making claims through the legal system. For example, when poor record keeping becomes apparent one of the most restrictive barriers becomes the word/memories of the claimant against the alleged perpetrator. This issue is exacerbated by the age of the claimant at the time of the alleged abuse, particularly when specific times and dates are required to back claims up. Difficulties also arise when the institution that was directly responsible for the provision of care no longer operates.

A significant factor related to barriers and reduced access is that lack of national legislation and administrative consistency. This means that people seeking claims have to do so in the State and Territory Governments in which the harm is alleged to have occurred. This further disrupts their lives and places them at greater disadvantage if they no longer live in the State or Territory in which they were in care. This is intensified if it results in a situation where provision of support, reparation or compensation can only be received within the boundaries of that State or Territory.

Support issues

People proceeding with claims of having been harmed while in out-of-home care usually experience a great deal of pain and trauma in relation to their past experiences. Sometimes their level of discomfort prevents them from carrying their claims through.

In recent years there has been recognition of the need for supportive services for people who have been adopted. For example, throughout the 1990's in NSW a number of changes were made to legislation and practice related to adoption that lead to increased funding for services delivering support to people post-adoption. The Post Adoption Resource Centre was established by the Benevolent Society and offers, amongst other services, telephone counselling.

This type of service is an appropriate model for people who have been in out-of-home care. Although there are generalist agencies throughout Australia that assist and support people to both proceed with various types of civil and criminal claims and generally move forward with their lives, these do not have expertise in issues related to out-of-home care specifically. They are also not adequately funded or easily accessible to people with needs as specific as those of people who have experienced out-of-home care.

How Burnside improves access and supports the people who have been in care

Burnside's Aftercare service

Aftercare programs ensure that when a young person leaves out-of-home care, they are provided with continued support for as long as it is required. Practical assistance and emotional support are available for both young people and those adults who left Burnside in former years. Aftercare services are also available for young people who have left or are thinking of leaving (non-Burnside) out-of-home care and who require assistance moving to independent living.

All kids should be able to go to Aftercare before it is too late and tell their story and get help. If it wasn't for Burnside I would probably be dead. There I met other people who had been through similar stuff and that has helped me keep going.

(Young person, UnitingCare Burnside Aftercare service, 2003)

Ex-Burnsider's Complaints Policy

Burnside has written a policy to address complaints made by people who have been harmed while living formerly in the care of Burnside. This policy, known as the 'Ex-Burnsider's Complaints Policy', outlines the policy and expected process for managing allegations of abuse made by people who were formerly service users of Burnside programs, where the person against whom the allegation is made is no longer employed at Burnside. This policy is a complement to another policy, which is designed to meet similar needs of those where the alleged perpetrator is still working at Burnside.

The Ex-Burnsider's policy demonstrates Burnside's ongoing commitment to natural and procedural justice for all those who have been service users of the Agency's programs and for those who have worked for the Agency, including employees, carers and volunteers. Any person who has ever been a service user of Burnside programs has the right to complain and all complaints will be accepted without prejudice. Each complainant shall and must be treated with respect and consideration, and in alignment with Burnside's core values. A compassionate response to the complainant must be the first priority in all cases of alleged Agency abuse. The Agency will not allow for any retribution against any person for bringing a complaint against the Agency and/or its ex-employees. All complaints will be addressed in the shortest time practicable and Agency staff will maintain confidentiality around the complaint on a 'need to know' basis. Finally, a person or persons independent of the Agency, and of the Uniting Church, will undertake any investigation into allegations under this Policy.

In summary, the key elements of the policy require that:

- justice is done and is seen to be done
- criminal and/or civil proceedings are sought where appropriate
- investigation is independent and thorough (and usually completed within a three-month period)
- all parties are treated with compassion, respect, confidentiality where appropriate, and without prejudice
- the complainant is supported during and after the process
- there are no undertakings imposing an obligation of silence on those bringing the complaint
- Agency practice is informed and improved as a result of the process.

Recommendations

12. That a non-adversarial system for resolution of allegations of harm is established.

13. That the Federal government fund support services that provide counselling specifically for people who have experienced, or believe that they have experienced, harm whilst living in out-of-home care. This includes various forms of counselling such as face-to-face and telephone counselling.

Policy review

Term of Reference (g) - The need for public, social and legal policy to be reviewed to ensure an effective and responsive framework to deal with child abuse matters in relation to:

- *any systemic factors contributing to the occurrences of abuse and/or neglect,*
- *any failure to detect or prevent these occurrences in government and non-government institutions and fostering practices, and*
- *any necessary changes required in current policies, practices and reporting mechanisms.*

Above all there should be a consistent approach to child welfare across Australia. This is presently not the case, since constitutionally, State and Territory Governments have jurisdiction over child protection and out-of-home care matters, amongst other related areas. One consequence of this is that children in some states and territories receive better quality of care than children in others. It is highly problematic and inappropriate that state and territory differences and inequities affect care. Embedding the United Nations Convention on the Rights of the Child (UNCROC) in Federal legislation on children and child welfare would go some way in addressing such. If this were the case, all Governments throughout Australia would be required to adhere to the same fundamental standards and principles in relation to the rights of children and young people.

As has always been the case with service provision in child welfare, some government jurisdictions and agencies have more established policies, systems and practice frameworks in place to detect and prevent child abuse and neglect than others. For example, NSW has a number of government agencies designed to provide a monitoring, review or alternative point of view to the Government child, youth and family welfare department, the Department of Community Services (DoCS). These include the Office of the Children's Guardian (OCG), Commission for Children and Young People (CCYP) and Community Services Division of the Office of the Ombudsman (Ombudsman (CSD)). This is not reflected at a National level. There are no agencies mandated to monitor or review what is occurring in relation to child welfare throughout all of Australia, resulting in inequalities of care, protection and safety afforded children in different parts of Australia. Public policy needs to be changed to address this and a national body to oversee child welfare provision throughout Australia is one way of achieving such a task.

Finally, the most effective way to respond to child abuse and neglect is to prevent it. The circumstances of all Australian would be greatly improved if current policies, practices and reporting mechanisms were more heavily focused towards prevention. This would also require a change in the way in which child welfare services are funded and resourced, with enhancements needing to be put into efforts to *prevent* child abuse and neglect.

Without going into further detail about the benefits of providing preventative services rather than services to deal with the effects of child abuse and neglect after it has occurred, the case for prevention has been strongly argued by Burnside in:

- *Catching the Wave: The Significance of Early Childhood Education as an Early Intervention Strategy in the Australian Context* - Burnside Position Paper (October 2001)
- *Because Children Matter: Making a case for addressing child poverty in Australia* - Discussion Paper for UnitingCare Australia submission to the Federal Senate Community Affairs References Committee Inquiry into poverty and financial hardship in Australia (June 2003)

If appropriate contributions were invested in prevention substantial reduction in the need for out-of-home care and child protection services would then be ongoing. Funding for prevention ought to be based on need and demand driven rather than being set according to a per capita arrangement. At the same time funding for child protection and out-of-home care must continue as it there will be a lag period before the need for such services is not as crucial.

It must also be recognised that in an imperfect world some children and young people will always require alternative forms of care. The systems must be flexible enough to meet the needs of the children and young people as they arise. This means that if some children and young people require institutional care, then it must be available.

Recommendations

14. That the United Nations Convention on the Rights of the Child is unambiguously adopted into Australian legislation.
15. Increase funding to the Commonwealth Department of Family and Community Services (FACS) 'Stronger Families and Communities Strategy'.
 - This is so that an increased level of funding can be disseminated throughout community agencies and services, such as prevention and early intervention services and intensive support services to families with complex needs, to prevent children entering out-of-home care.

Conclusion

Burnside has been providing alternative forms of care for children in New South Wales for almost 100 years. Throughout this time many models of out-of-home care have been tried and hopefully they have improved and provided increasingly better care for children. Also adult society has become better at monitoring what is happening for children and young people in out-of-home care, and in protecting them. Throughout history some children and young people have been harmed while in the care of adults and institutions. While we have become more skilled in preventing abuse and neglect, the statistics and reports of the experiences of children and young people in care show that national leadership in this area is require to prevent further harm from occurring.

Above all the Federal Government must work to ensure that there is greater flexibility in policies and service provision in all matters related to children and young people in institutional care to ensure that their needs are being met. Burnside intends on continuing the work that we have always done, that is, of making decisions and providing services based on meeting the “needs of the children [and young people] in whatever way they arise” (Keen 1986: 2). We invite the Federal Government to join children and young people in out-of-home care, and us, in this important work.

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