

The Salvation Army

Tasmania Division

Submission on
Child Protection
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The Salvation Army

Core Values



Hope



Justice



Community



Compassion



Human Dignity

Contact

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Introduction

This document represents The Salvation Army Tasmania Division's submission to the House of Assembly Select Committee on Child Protection.

The Salvation Army recognises that policy responses and practice in Child Protection is very challenging, for government, NGOs and the public. The system draws public and media attention that has highlighted the significant issues that surround children and parents that are either subject to, or at risk of becoming subject to orders.

The danger with all the attention generated over recent times is that the focus of achieving positive outcomes for children and their parents can be lost in the haste to respond to the crisis that is before us. Child Protection issues need to be resolved with care and planning that has the child at its centre and the ultimate aim of reuniting the child and parent. The Salvation Army does however recognise that the ideal of reunification is not always achievable, but we can certainly do better than we are now.

This submission draws on The Salvation Army's long and close association with children and parents subject to orders. We also acknowledge that there are other organisations that make a similar valuable contribution to this area in the community.

Background

In 1865 William Booth and his wife Catherine formed an evangelical group dedicated to helping people living in appalling poverty in London's East End. Their ministry recognised the interdependence of material, emotional and spiritual needs. In addition to preaching the gospel, they became involved in the feeding and shelter of the hungry and homeless, and the rehabilitation of alcoholics.

Since those humble beginnings, The Salvation Army has, for more than a 100 years, continued to meet the needs of the homeless and disadvantaged in many communities around the world. The basic social services developed by the Booths have remained a visible expression of the Salvation Army's religious principles and values. More than 30 million people each year receive support and assistance from services provided by organisation globally.

In 2009 The Salvation Army in Tasmania met the physical and community welfare needs of over 15,000 Tasmanians. There are currently many challenges facing community service organisations, including the large increase in the number of people seeking affordable housing, support and rehabilitation services over the past 18 months.

The Salvation Army's Current Programs

The Salvation Army's experience with delivery of programs and support to children and families spans the state of Tasmania. A key point relevant to this section is that many clients of The Salvation Army's services bring with them issues relating to Child Protection. People are presenting with multiple issues that manifest themselves into the noticeable symptoms that occur in our communities. These symptoms include marginalisation, poverty, low education outcomes, violence, substance misuse, crime and other antisocial behaviours.

The Salvation Army's programs that deal closely with Child Protection are:

- **Therapeutic Youth Residential Program** – 4 homes with 24 hour supervision for children aged 12-17 not suitable for home based care.
- **Pathways to Parenting** – 16 week support and education program for parents who have children under orders aimed at addressing the conditions of the orders.

Broader programs run by The Salvation Army that deal regularly with parents with children under child protection orders.

- **McCombe and Oakleigh Services** – women's emergency accommodation shelters in Hobart and Burnie.
- **Parenting Education and Positive Lifestyles** – Support programs
- **Drug and Alcohol Services** – Residential, Aftercare, Daycare and Outreach services statewide
- **Parenting Partners** – support for parents, interaction with children, facilitated playgroups, supervised access, nutrition, education.
- **Doorways** – The Salvation Army's key entry point to all of our services which incorporates most of the services previously mentioned. This includes front line emergency relief.

General Comments Reflecting TSA's experience with the Child Protection System

- There seems to be no systematic approach to achieve reunification of the family if it is possible. Parents have conditions placed upon them and The Salvation Army has experienced parents that genuinely desire to meet these conditions and have their children returned. On meeting these conditions some parents have further conditions placed upon them. This is a very heartbreaking experience which shatters hope and faith in the system.
- Parents whose children are removed from their care are usually left without any support or a plan for a way forward. This creates despair, bewilderment and anger.
- Most families (87%) with children in child protection have relationships with Homeless and Drug and Alcohol Services.
- The lives of children in care are typically in constant crisis. Many in care experience multiple placement breakdowns and no consistency in their lives.
- Many children have drug and alcohol, mental health issues and engage in criminal activities.
- The Salvation Army is increasingly encountering children whose births are not registered.
- No regular access arrangements for children and their parents.

The Salvation Army's suggestions for improvement to the system

- A culture shift in the system needs to occur towards integrated care planning for each child.
- Informed practice needs to be connected to legislation. The Victorian legislative system creates the framework "Every child, every chance."
- Improved and planned access arrangements for parents with their children who are under orders.
- Improved relationships between programs that are federally and state funded.
- Better practice principles in place to guide Child Protection workers so that there is consistency in practice.
- Child Protection workers are required to gain relevant professional qualifications.
- Establishment of additional services to address issues of children under orders, such as drug and alcohol, mental health, bail options and transitional housing.
- Widen the powers of the Children's Commissioner to monitor and audit In Home and Out of Home Care.
- Working with families to minimise child protection issues.
- The Department needs to consider as an urgent priority opportunities to develop a range of programs aimed at preparing young people for leaving care.
- Legislation that encourages world's best practice needs to be put in place. A format that is child centred and family focused and that is framed around the best interests of the child would provide Tasmania with a far more functional and successful service delivery system.

Therapeutic Youth Residential Service

In September 2010, The Salvation Army Tasmania established a new service for children and young people who require residential care in response to a tender from the Department of Health and Human Services. The Salvation Army has been contracted to provide sixteen residential places in four houses. The Therapeutic model funded by DHHS is more than provision of accommodation for its residents. Each worker involved in the program is either a trained or in training youth worker. The service's aim is to support the resident in a holistic manner in order to give the child the best opportunity to succeed in life.

Many of these children have never experienced a settled, caring and encouraging environment. The establishment of this service has not been without its challenges and it still take some time and determined effort on behalf of Salvation Army staff to settle these sixteen children in the service. The Salvation Army remains confident and committed to these children who are the most vulnerable in our community.

The Salvation Army Therapeutic Residential Care Service has provided the following information that may be deemed to be relevant for the perusal of the Select Committee on Child Protection. Many of the points made in this section can also apply across the system in general.

Placement of Residents

Our service became operational on the first of September 2010. The Salvation Army negotiated with Child Protection Services to place sixteen children and young people into four group home settings. Many of our residents had previously been living in a placement on their own and found the idea of cohabitation with other residents confusing and this impacted greatly on the ability to settle into their new surroundings.

Information provided by Child Protection Services was provided in the following forms;

- A Case and Care Plan
- An Individual Placement Plan
- A copy of the Child Protection Order
- A copy of the child's Birth Certificate

Our service requested further information in the form of a Crisis Plan. This request was initially refused and then, through further negotiation, agreement was reached and a Crisis Plan was provided after all residents had been placed into our Units.

While quality and quantity of information provided by Child Protection Services in the Case and Care Plans and the Individual Placement Plans was diverse and varied greatly, the fundamental problem was that much information was not child focused therefore did not provide vital data around the life domains of the child. In many

cases the information was out of date or vital pieces of information were not included that may have been of great assistance in managing the child.

The most valuable document received from Child Protection Services was the Crisis Plans. Empirical wisdom suggests that children and young people in Out of Home Care do not manage change well, therefore we expected much dishevel as we moved from an old State based system into the new Non Government based provision of care.

It must be noted that after ten weeks of operation our service has been able to identify common denominators shared by our residents that impact on opportunities to manage and progress children and young people through their placements.

A History of Multiple Placement Breakdowns;

We have residents in our care who have endured multiple placement breakdowns prior to being referred to our service with one fourteen year old having experienced over ninety previous placements. The cumulative harm experienced as a result does not place a child in a position to accept the new residence as anything but another of a series of unforgiving events. The level of aggression, hostility, abandonment and despair is reflected in the child's lashing out at property, staff and other residents.

Irregular or no access with immediate and extended family members;

None of our residents experience regular routine supervised or unsupervised access. It is often random and generated by the child. This provides insight to the failure of the Department to recognise the family unit as one of the primary constants that binds our communities together. Our residents are not afforded opportunities to rebuild attachment and develop resilience while under the current practice standards afforded to them via Child Protection Services. We are well placed to instigate appropriate measures (Programs) to ensure this area of concern is dealt with sufficiently however our core funding does not afford us the opportunity at present.

Little or no contact with an appropriate educational experience (non attendance at school)

The majority of residents do not attend to the educational requirements and this was the situation upon our acceptance of the referral. We are only beginning to make inroads into this area of concern. Salvation Army staff maintain constant vigilance and effort to ensure that our residents are beginning to address their educational needs.

Emotional and behavioural issues

All our residents display attachment disruption and effects of trauma and cumulative harm. None of our residents are able to control their emotional state on a regular basis. This unfortunate fact often leads our residents into offending behaviours as a direct result of having little ability to verbalise their emotional state in a rational manner.

Alcohol and/or Drug usage issues

Many residents presented at their new placements with long standing alcohol and drug usage issues. At present we are unable to utilise services as none are established that firstly specifically deal with adolescents and secondly have a clear understanding of the existing cyclical culture that keeps our residents entwined in substance use and abuse.

Offending and Re offending behaviours

Some of The Salvation Army's residents in placement have arrived facing up to fifty or more charges for criminal offences. There are few diversionary programs in place nor is there any realistic bail options program that can assist these young people to be diverted away from this type of behaviour. The Salvation Army is now closing a young women's diversionary program (Breakfree) as funding has ceased from the Commonwealth Attorney Generals Department.

Extremely Poor Social Presentation Skills

Due to the combination of all of the above described common denominators our residents present in a manner that displays exclusion from self, family and the community. Closer examination suggests that our client base exhibit a collective persona based on isolation and alienation. Some of our clients lived in a placement where they were the only resident and this has further exacerbated these feelings and thoughts about themselves.

Establishment of Service

After an initial establishment period The Salvation Army's service is now well placed to begin to provide high quality care to one of, if not the most vulnerable population groups within our community. To do this effectively we need to work within a framework that includes clear practice principles and sound decision making practices and further must be based within an integrated Care planning environment.

While it is easy to be critical of the current Child Protection system it is harder to understand why many systemic failures have occurred and even more difficult to provide sustainable solutions to enhance opportunities for the ongoing safety and well being of children and young people who require Out of Home Care. Our service holds the view that it is in the child's best interest for all key stakeholders to practice in an open, transparent and collaborate manner to encourage objective outcomes for our shared clients.

Legislation

Current Legislation states that a Child Protection Case Manager must visit a child on a Guardianship Order at least once every six weeks. A child on a Custody Order must be visited at least once every four weeks. Children can be placed on an Order to the age of eighteen. This creates minimum standards without a clause based around duty of care to ensure visits actually do occur. It is exclusive in that it fails to give recognition to a parent/s ability to gain capacity to care for the child, it fails to provide clear guidelines for regular reviews of the order and finally gives no capacity for visits to be based on the child's needs therefore the legislation fails to create opportunities that are in the best interest of the child (and his or her family).

Legislation that encourages world's best practice needs to be put in place. A format that is child centred and family focused and that is framed around the best interests of the child would provide Tasmania with a far more functional and successful service delivery system.

Assessment tools

Legislation should reflect opportunities for best practice standards. Practice standards should then be based on legislative requirements that reflect world's best practice. Assessment tools should include observation tools for assessing attachment, long range effects of lack of normal attachment, ways to encourage attachment and a resilience factors framework.

Tools could include a SWOT analysis in collaboration with child Protection Case Management and the placement providers regarding the provision of a placement in a group setting to determine strengths, weaknesses, opportunities and threats to ensure that the placement decision making clearly determines risk and protective factors as a priority.

Practice Issues

Contract Case Management

A Contract Case Management Coordination unit needs to be established. The unit contracts Case Managers from organisations that provide out of home care services. These workers usually provide a dual role, Placement Agency Case Workers (attend to LAC documentation) and Case Managers. This frees up the Child Protection worker and allows them to focus mainly on the case planning and statutory obligations regarding the client. Having the organisation case manage the children and/or young people that they are providing a placement for offers greater stability and therefore better outcomes for the client. This method of engagement works best when there is an existing care team that meets regularly.

Intensive Case Management Services (ICMS)

Contract Case Management includes the establishment of an Intensive Case Management Service. ICMS focuses on the provision of intensive support to young people with high needs for whom less 'assertive' case management practice either has not previously worked or is considered unlikely to be effective. This proactive

approach to Case Management is characterised by a high level of contact with the young person, with an intensity of relationship, and strong participation in decision making by both the young person and, where appropriate, family members and significant others. The services are multidisciplinary and provide intensive youth outreach programs for young people.

The development of intervention strategies should be based on the best interests of the young person, and framed in the child's plan with appropriate, mutually agreed goals which enable the child to build on identified strengths and develop new competencies. This needs to be done within the context of a safe, supportive and positive environment.

The intense nature of ICMS requires a high level of agency support for case managers that include the provision of training, supervision, defusing, debriefing and peer support.

Consideration also needs to be given to ensuring worker safety. Caseload varies depending on the intensity of a case. Staff need to be highly skilled and experienced to undertake this work, usually with a social or youth work background, and be able to work with young people in an affirming and non-judgmental manner, no matter what the situation or the type or intensity of the presenting issue.

ICMS aims to reduce high risk behavior and increase stability in the life of the young person in the context of harm minimization, through strategies to develop resilience and protective behaviors', increase involvement in activities which are meaningful for the young person and enhance self esteem and life skills, and in building opportunities for attachment to significant others and developing sustaining relationships. This is usually in conjunction with an intensive one-to-one home-based care.

ICMS assigns a case manager for each high risk client, who is responsible for developing a trusting relationship with the young person, implementing the individual case plan, ensuring effective planning and coordination of services involved, and reviewing the progress of the plan.

Services are provided on an outreach basis. These services include intensive personal support, assessment and individual service planning, monitoring, crisis intervention and case management. ICMS services are available during extended hours, including evenings, seven days a week and also including public holidays.

Best Practice Decision Making and Care Planning

The development of a child centred and family focused practice framework enables great opportunities for better outcomes and places a far greater emphasis on the safety of the child and gives due recognition to the family of origin.

A child centred, family focused (CCFF) approach recognises that the best interests of the child will, in most circumstances, be met in the context of helping and supporting

the child's family to function well. CCFF practice is grounded in best interests planning principles. The child centered aspect aims to ensure that the safety and wellbeing of the child remains of central concern, and that stability and cultural planning principles are applied to the planning process. The family focused aspect seeks to bring about an improvement of each family's circumstances by working in partnership with the family and building on their strengths. The approach also seeks to adopt a broader definition of 'family' that is inclusive of significant others in the child's relationships network.

Decision making principles – guiding decision making

Tasmania should consider enacting new legislation that includes decision making principles within the Act to ensure Child Protection actively engage families and children in decision making processes.

In our view the child's parent should be assisted and supported in reaching decisions and taking actions to promote the child's safety and wellbeing. Where a child is placed in out of home care, the child's care giver/s should be consulted as part of the decision making process and given an opportunity to contribute to the process.

The decision making process should be fair and transparent. The views of all persons who are directly involved in the decision should be taken into account and decisions are to be reached by collaboration and consensus, wherever practicable. The child and all relevant family members (except if their participation would be detrimental to the safety or wellbeing of the child) should be encouraged and given adequate opportunity to participate fully in the decision making process.

Persons involved in the decision making process should be provided with sufficient information, in a language and by a method that they can understand to allow them to participate fully in the process and

Day to day needs of a child

Child Protection and Tasmania Salvation Army are jointly responsible for the care that children receive in residential care. Data collection and vital information must include the child's needs, using the seven Looking After Children (LAC) domains (health, emotional, behavioural development, education, family and social relationships, identity, social presentation, self-care skills).

A clear definition of roles and responsibilities of members of the care team and other professionals to ensure integrated care planning is a successful experience for the child and his/her family. It is advantageous to ensure fair and reasonable consideration is given to the child's immediate family to afford his/her parents a clear opportunity to have an active role and to be supported and assisted with that role.

Care Teams

It is essential that members of a care team, responsible for caring for a child in out of home care, use and disclose personal information about the child in a way that ensures that they are properly cared for, that ensures good quality care is provided and at the same time, the privacy of the child is protected. The composition of a care team will vary depending on the specific issues and needs of the child and family, however it will always include the Child Protection practitioner, agency placement worker, the child's case manager, the child's carer and parents (as appropriate). The care team prompts all parties involved to consider the things any good parent would naturally consider when caring for their own child.

The looking after children (LAC) practice framework for children in residential and home-based care (excluding kinship care and permanent care) facilitates the sharing of essential information amongst the child's care team.

At the point of placement of a child, a care team should be established to facilitate collaboration between professionals to provide the widest possible assistance to a child and family. The composition of a care team will vary depending on the specific issues and needs of the child and family, however it will always include the Child Protection practitioner, agency placement worker and the child's case manager. It will also include the child's carer and parents where appropriate. It prompts all parties involved to consider the things any good parent would naturally consider when caring for their own child. Child Protection should ensure that the roles and responsibilities of all members of the care team are clarified.

Care team meeting

Members of the care team meet as regularly as required by the circumstances of the child and family. This may be as frequently as fortnightly in intensive situations where urgent action is required within short timelines. At a minimum the care team should be assembled every month to exchange information, review progress and coordinate actions toward the goals and intended outcomes identified in the Case and Care plan.

Care Planning

Effective Child Protection intervention requires good planning. Planning is the activity in which the Child Protection practitioner, with families and other professionals, identify issues of concern and changes needed, set goals for the future, define objectives and agree on strategies to achieve them. Planning involves looking ahead to identify what can or should be achieved to protect children from harm and promote their stability and healthy development.

Planning also sets timelines for action and assigns responsibility for critical tasks and must be documented.

Planning should consider the child's subjective experience of cumulative harm, the analysis of its impact on the child and previous service system responses to assist the

child and family. Where the previous service response was unhelpful, a different approach or intervention will be needed that is more effective and engaging. It is important to be purposeful and decisive about what interventions or services might assist the child towards recovery.

All planning should take account of:

- the child's perspective
- parent or carer capability
- family composition and dynamics
- a family's connection to their community and their access to financial and social resources
- supports, services and service system responses.

The stages in the planning process should include:

- establishing the overall planning direction for the child
- setting goals that can be achieved
- setting objectives that will have measurable time defined results
- agreeing on strategies or actions
- allocating responsibilities and timeframes regarding who will do what, and when
- identifying how the results of strategies or actions will be assessed and when
- defining times and methods for review
- agreeing how the process will be completed and closed
- documenting the details – the best interests plan itself
- monitoring the plan and having contingencies if the plan is not working.

If planning is based on the best interest of the child it sits with the continuous cycle of:

- assessment - which informs
- planning - which guides
- action or casework - which benefits the child.

Planning for the child's best interests is a significant consideration from the receipt of the report through to the closure of the case. The responsibility for preparing a Case and Care plan resides with Child Protection.

Planning to promote a child's stability

The importance of continuity and stability in a child's life, particularly in the early years of childhood, is well founded in scientific knowledge on the brain development of children. Victorian Legislation has catered for this fact as continuity and stability are enshrined in the best interests principles of the CYFA (s. 10) and the majority of matters that must be considered where relevant to a decision or action have some bearing on a child's stability.

Stability refers to a child's connection to a primary carer, family, school, training or employment, friends, community and culture. The broad concept of stability applies from the point a child first comes into contact with child and family services and throughout all subsequent interventions. Planning to promote a child's stability is about informed, goal focused and timely decision making for the stable long term care of children, with their families or in out of home care, that aims to promote their safety, stability and development.

Planning for reunification

Where the overall plan for a child is reunification with their parents, their Case and Care plan needs to include vital information such as the arrangements for entry to care screening and assessment to determine the child's needs and provision of follow up as required. Arrangements for the day to day care of the child, such as routines, expectations, appointments, supervision, support arrangements and peer contact.

Stability planning

A stability plan is a plan for stable long term out of home care for a child. It should form part of a child's Case and Care plan. In Victoria legislation under Section 170 of the CYFA requires Child Protection to assess whether stable long-term out of home care is in the best interests of a child, within maximum timeframes differentiated according to the child's age and length of time in out of home care. These timeframes are calculated from the first date of an interim accommodation order or a protection order that places a child out of home and are differentiated according to the age of the child.

Processes are also in place that allow opportunities to review whether the overall plan direction should be to continue working towards reunification or securing stable long term out of home care for the child. The child's care team and other relevant professionals should also be consulted. Where possible, the child's views and wishes should be taken into account.

Individual Living Skills Programmes

As soon as a child turns sixteen we begin to develop an independent living program specifically designed for the individual. We are hopeful that Child Protection Case Management will collaborate openly with us to assist in this development.

Leaving Care Program

The Department needs to consider as an urgent priority opportunities to develop a range of programs aimed at preparing young people for leaving care. Policy and guidelines, living skills self assessment tools, training for carers, transition planning, living skills manuals and transition units all need to be considered as major components for a successful leaving care program.

The Department and Non Government Organisations that provide Out of Home care Services need to develop a collaborative partnership with Housing Tasmania to

establish initiatives and develop responses to improve leaving care preparation and provide adequate after care support. Access to housing and financial support for care leavers should not be subject to discretionary judgments by departmental and/or organizational workers.

A transition and post care model must be established that encompasses acknowledgement that leaving care should be based on the young person's readiness, opportunities to maintain and respect links that the young person has made with carers and other significant adults, encourage the leaving care process to reflect normal developmental milestones and ensure the young person and their family's involvement is paramount in the post care planning.

The care system must increase its capacity and skills to adequately prepare young people for leaving care including specific service standards that covers the preparation for leaving care and post care support. Investigation and exploration of housing and accommodation models for care leavers and participation from care leavers into the development of leaving care responses is also vital components for a successful transition and post care model.

Looking After Children (LAC)

Looking After Children provides a framework for identifying the needs of children and young people and developing plans which aim to meet these needs. It is a globally accepted format that draws from practice wisdom. We strongly advocate for the implementation of LAC into the Tasmanian Child Protection System.

At a simple level, the *Looking After Children* framework attempts to strengthen communication and collaboration between carers, DHHS staff, community service organisation staff, other professionals, clients and their families. It prompts all parties involved to consider the things any good parent would naturally consider when caring for their own children. It also provides community service organisations with a common framework for their client records systems which contains all of the information they require to look after a child or young person in the care of their organisation.

Community Tenancy

Currently the residential service utilises Housing Tasmania properties and this involves entering a community tenancy agreement including paying regular rent for the duration of the tenancy. It is an absurd process as money used to pay the tenancy is from funding sourced from DHHS. It would be far simpler to just provide the property for the specific use or indeed as was the case recently with Mission Australia, hand the title to the service. It is the State acting as the parent therefore shouldn't the parent also provide a home.

Transitional Housing

There is currently no transitional housing program for Out of Home Care young people when they turn eighteen. The order lapses and the young person is at risk of becoming homeless. Current Housing programs are placed at the crisis end of the

spectrum. Other jurisdictions have housing programs that link in as part of the leaving care exit planning for the young person experiencing out of home care.

Bail Options Housing

Our service currently provides placements for young people who exit from Ashley Youth Detention Centre. Several young people in our care are facing the prospect of entering Ashley due to the large number of offences they have committed. We are forced to act as a bail options type program in this scenario. We believe that recognition and financial commitments need to be made by the Department that afford us the opportunity to provide a recognised bail options program that includes transitional housing to assist young people to adjust to their change of lifestyle including diversion programs based on restorative justice.

Conclusion

The Salvation Army's experience across many services in Tasmania in dealing with families and the individual family members experiencing the breakdown of their family unit because of issues in their lives, reveals the gaps in the system that hinder the effectiveness of the existing services.

We recognise that a great deal of hard work and effort goes into the current system, but The Salvation Army would view that the child protection system and the preventative measures would be well served by a thorough redesign that would close the gaps and have all the stakeholders working together for the good of the children under their care and families affected by the complex issues of every day life.