



Government of South Australia

Office of the Guardian
for Children and Young People

Response to Families SA consultation

Directions for Alternative Care in South Australia

September 2010

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1. Introduction

- 1.1 Among other statutory functions, the Guardian for Children and Young People acts as an advocate for the interests of children under the guardianship, or in the custody, of the Minister for Families and Communities, most of whom are in alternative care. It is in this capacity that the following submission is made.
- 1.2 This submission is prepared on the basis of our experience in investigating individual matters, monitoring the provision of services to children in alternative care, and talking with young people about their experiences in care and with other experts in the provision of care.
- 1.3 We welcome the new *Directions for Alternative Care in South Australia* to improve the provision of alternative care to achieve better outcomes for children. Thank you for the opportunity to comment on the development of the new directions and strategies.
- 1.4 This response will provide general comments about the draft document followed by comments specific to each of the four directions.

2. General

- 2.1 We are pleased to see that collaborative planning is core to the *Directions for Alternative Care*, and welcome the **focus on partnerships** with key agencies. In the subsequent and final directions statement it will need to be spelled out how this will be achieved. That is, what shared planning process will be introduced?
- 2.2 Related to sound and collaborative planning is the **need for sound information** on which to make decisions. The document refers to the “changing care population over years to come” but does not provide any detail about what this is likely to be. Projections in demand for services and the consequential challenges for models of care, workforce planning and financial expenditure will be essential to the planning.
- 2.3 We welcome the promotion of children’s and young people’s **active participation** and valuing their connections with family, carers and the community. This should underpin the collaborative planning, policy development, quality assurance and reporting on implementation of the adopted strategies. Indeed, participation and connections would be two of the articulated principles [see 2.5 below]. We would prefer that strategies related to participation were given immediate priority status. One of the key issues in alternative care provision now is the disempowerment felt by children who are at the heart of alternative care decisions.
- 2.4 We welcome the commitment to quality assurance and monitoring. Quality assurance should be strengthened by an equally strong commitment to a continuous **quality improvement process** and independent validation of progress.
- 2.5 We believe that the *Directions for Alternative Care* should include a **statement of philosophy** on which to base all strategies. That is, what is the core purpose and approach for alternative care? Associated with the philosophy and stemming from

it, are the **principles**, that is, the rules of action and conduct. Without stated philosophy and principles the strategies are good ideas only, with no guiding requirements.

- 2.6 Consistent with the emphasis on outcomes for children, the directions statement should **articulate goals** for coordinated action, preferably linked to the **rights of children**. At present the directions are focused on the system. For example, Direction 1 refers to flexibility and integration of the *system*. This is presumably intended to result in alternative care arrangements that are responsive to children's needs, but it does not say so. Sometimes, stating the obvious serves to bring to the foreground the core purpose of action. Attached to this submission are the quality care statements we use to promote good care. These are derived from children's rights and, in our view, these are the key drivers for good outcomes.
- 2.7 **Children do not experience alternative care [their home] in isolation from other parts of their lives.** What goes on at home affects how they get on at school. What goes on at school affects their sense of wellbeing and their consequent need for health services. And so on. It would be good if other service providers could see that they can contribute to improved stability and sense of belonging at home. There are two strategies that could be interpreted as inclusive of education and health but in no other sense could educators or health service practitioners see themselves as part of the collaborative partnership.
- 2.8 We suggest that **context should also be provided**. Implementation of the strategies will be heavily influenced by the SA Alternative Care Standards, the National Standards for Out of Home Care, the National Framework for Protecting Australia's Children, and the Charter of Rights for Children and Young People in Care. It would also be good to state that alternative care is provided in the **context of a clear preventative role** in policy and resources, that is, to prevent the separation of children from their families, except as a last resort.
- 2.9 It will also be important to define the **scope of the strategies**, that is, which groups of children the strategies are meant to assist. For example, are children and young people in juvenile justice custody or in immigration detention included or excluded?
- 2.10 **How does this document relate to *Keeping Them Safe – In Our Care*?** Is it intended to build on the eight directions in the 2007 plan? If the new directions are a departure from *Keeping Them Safe*, there should be an explanation as to why a new path is being taken.
- 2.11 The *Keeping Them Safe – In Our Care* included a 'direction' specific to **Aboriginal children and young people**. Given the over-representation of Indigenous children in alternative care it would be good to include this as a theme for all the new directions.
- 2.12 Related to the history of planning, is the **history of the consultation** that led to this document. It is not evident who contributed to it, and how. Was the consultation formal or informal? Was the consultation over several years, stemming from the release of *Keeping Them Safe – In Our Care*, or more contained?

3. Direction 1

3.1 *Adopt a case mix approach to planning for and allocation of alternative care placements and supports*

“Case mix approach” needs more explanation for people to usefully comment. Its application in a health and hospital financing environment suggests a base level of resources for types of care, with loading for exceptional circumstances such as remoteness and complexity of need. From this perspective we have hesitations about whether this will provide a responsive and dynamic approach to allocation of services and placements. Whilst there could be [and already is] a formula that applies, there must be thorough understanding of a child’s needs and views, and enough flexibility in the allocation process to **ensure that the child is not ‘fitted’ to the system.**

4. Direction 2

4.1 *Increase the size of the Families SA relative and kinship care program to provide at least 50% of all Guardianship of the Minister alternative care places*

On what basis is this target arrived at? Without evidence that relative care placements are of greater benefit to children the target could read as if it is driven by the lack of an alternative or comparative financial cost. **Relative care placements should always be decided in the best interests of the child** and may require higher levels of support for carers because of family violence, deprivation and intergenerational parenting issues.

4.2 *Develop and implement an “Other Person Guardian” program.*

Stability, belonging and identity can all be enhanced by decisions that support permanency in placement. Based on the recently released position paper on Other Person Guardianship, we are concerned that the views and best interests of the child at the centre of each application will not be given enough priority and that **safeguards against poor decisions** will be inadequate.

4.3 *Develop placements with an educational focus*

We **strongly support a focus on learning in all placement types.** The strategy is not developed enough to know what is meant. Will all placements be supported and expected to assist with a child’s school achievements or does it refer to new placement types that are more obviously in an education environment?

In our 2007 report, *Improving Educational Outcomes for Children and Young People under Guardianship in South Australia* there are 11 strategies specific to helping children with school work at home and another four that are about supporting learning outside of school. Among these is the proposal that **young people in higher education have the option of remaining in their foster home or residential unit until their education is complete.** This would strengthen the existing DECS and Families SA target of increasing the Year 12 completion rates.

4.4 *Refocus residential care to operate on a regional basis, providing group home accommodation for between four and six young people in each residence*

It is not clear why these two changes to residential care are linked or why introducing a regional basis for residential care is of benefit to children. However, assuming it is addressing a significant problem, this strategy is supported in part. Our view is that residential care should be available to groups of **up to four young people**, with a maximum of six only in some circumstances, such as sibling groups. Unfortunately the strategy is not carried over to the immediate priority list and instead the strategy changes to one of developing more residential care, albeit with only four to six young people in each residence. There is **no commitment to replace the large residential care facilities**.

4.5 *Develop and implement an intensive residential treatment program*

This strategy is certainly preferable to a secure residential facility and should address the needs of some highly traumatised children. We assume that this is based on services run elsewhere, such as Hurstbridge Farm in Victoria.

One of GCYP's Youth Advisors commented on this strategy with, "[they would] need to commit to it properly, proper staffing and resourcing, otherwise it will do more harm than good." In other words the **integrity of the program should not be compromised** by cutting corners on professional staffing, staff and resident ratios, residence design and continuity of relationships with therapists and carers.

5. Direction 3

5.1 *Implement a practice governance framework within Families SA*

In February 2010 we provided written comment on a discussion paper for introducing a "practice governance domain to Families SA governance structure" but have not seen the final proposal. In principle we are **very supportive of this new approach to building professionalism and client service in Families SA**.

5.2 *Develop and implement a quality assurance strategy for the provision of alternative care services to children and young people*

As said in 2.4 above, the quality assurance commitment should be strengthened by an equally strong commitment to a continuous **quality improvement process and independent validation of progress**.

6. Direction 4

6.1 *Review the participation of children and young people in case planning decisions*

Further clarification is required about this strategy. A GCYP Youth Advisor suggested that the following be added: "**to ensure that all children are provided an opportunity to give their views**".

- 6.2 *Implement a strengths based approach in working with children and young people under the Guardianship of the Minister.*

On the one hand this is a positive strategy but, on the other, **it should not need to be said**. This is standard professional practice in the human services.

7. Final remarks

- 7.1 It is good to see alternative care planning moving to discussion of strategies. The strategies and directions point to further work to be done in areas of greatest need. The **implementation plan to follow** will no doubt provide answers to many of the questions raised above.
- 7.2 The final directions statement should probably be **written in plain English and with a glossary** for terms that cannot be avoided. This will enable others with an interest in alternative care but not working in it to better understand what we are setting out to do.
- 7.3 If we can be of further assistance in either clarifying or expanding on the comments above please contact Kendall Crowe, Senior Policy Officer, Office of the Guardian. It is our standard practice to make our submissions available to the public. Please let us know if you have any concerns about this.

APPENDIX A

GCYP Monitoring statements of quality care

1. This child lives in a kind and nurturing environment.
2. This child is safe and feels safe.
3. This child is loved.
4. This child is receiving appropriate shelter, clothing and nourishment.
5. This child is cared for in a placement that is stable and secure.
6. This child has a secure personal space to which she/he can withdraw and where personal things are kept safe.
7. This child has contact with family, friends, and cultural community that provide emotional support and identity.
8. This child has access to health and disability services that meets his/her needs.
9. This child is getting an education suited to her/his needs and the opportunity for artistic, cultural and sporting development.
10. This child understands to the full extent of his/her capacity why he/she is in his/her current circumstances.
11. This child has knowledge of and participates in decisions that affect him/her.
12. This child has regular contact with the same case worker who is skilled, knowledgeable, respectful and advocates energetically in the child's best interests.