



Therapeutic Care Framework – consultation report

Background and Introduction

Family Inclusion Strategies in the Hunter Inc (FISH) is a partnership of child protection and out of home care practitioners and parents /family with children in care or with a care experience. Broader FISH involvement and membership includes workers from a range of agencies and backgrounds, educators, researchers and carers.

The FISH leadership group is made up of people and parents with diverse experience and exposure to the child protection and out of home care system in NSW. We are undertaking a number of projects aimed at building a more family inclusive approach to work in child protection and out of home care.

More information about FISH can be found at our website at www.finclusionh.org. We have also attached our aims and objectives at Appendix A. We are focused on improving outcomes for children and young people (including family preservation and restoration). Respectful, meaningful family engagement and inclusion is a pathway to achieving this.

We very much appreciate the opportunity to make a submission in relation to the proposed development of a framework for therapeutic out of home care in NSW. We respectfully suggest that the voices of parents and family of children in out of home care are not likely to have been sufficiently heard in this process. For example, we note that parents, family and children do not seem to have been consulted in the development of the various documents that underpin this submission process. Parents and family are vital stakeholders in the out of home care system and have a unique and lifelong connection to children and young people no matter how long they remain in care. All children in NSW, whether they be in out of home care or not, need the love, care and support of their parents and family.

Family inclusion is relevant across all aspects of the child protection and out of home care system. There is strong evidence that family engagement and family relationships are crucial to improving children's outcomes.

Our submission will respond largely to the consultation report for the development of a framework for therapeutic out of home care. It is also relevant to the literature review. Overall, our comments will be concerned with:

- The need for family inclusion to underpin any therapeutic care framework
- What is therapeutic care and who needs it?
- The importance of language
- A broader understanding of trauma informed care and the context of child removal
- Integration with the service system, permanency and pathways to restoration
- Models of therapeutic care including post restoration support

We also provide an overall description of family inclusion and make some comments on workforce issues in this sector. Finally, we provide a recommendation for the establishment of family advocacy and support services that include peer support.

What is family inclusion in child protection and out of home care?

In consultation with parents and other stakeholders FISH has developed this definition:

“Family inclusion is the active & meaningful participation of parents and family in the lives of children. It requires open, warm, professional relationships aimed at building equity with workers & carers. It is underpinned by respect & trust.”

Family inclusion can be integrated into day to practice in child protection and out of home care. When families are being actively and respectfully included in practice and in their children’s lives:

- Relationships between children and their families are ongoing and have depth;
- Children and young people are more likely to stay at home AND to be restored home after experiencing shorter stays in care;
- Relationships between parents and other stakeholders, including and especially carers, are informal, child focused and have integrity;
- Parents and family are supported in their ongoing role in children’s lives including access to practical support, advocacy, counselling, appropriate medical and psycho social interventions and parenting support;
- Parents and family are involved in and crucial to decision making with and for children and young people. For example, parents and family will be included in decision making about a possible placement;
- Children and young people in care see and know their parents and family in a relaxed and non-stigmatising way;
- Permanency and stability for all children impacted by the system is more likely;
- Children and young people leave care with a secure family and social support network that is lifelong.

By choosing to be family inclusive we are making a conscious choice to be child centred as described by Winkworth and McArthur (2006). Children’s needs and very frequently their stated wants (Create, 2014) are not distinct from their families. A family inclusive approach is a focus on the child *in* family rather than on child *or* family (Scott and O’Neill, 1996). A family inclusive approach has a focus on the lived experiences of children and families, is concerned with maintaining and building family and social connections for children, on normalising children’s lives and is less formulaic and procedurally driven. These are all crucial elements of good out of home care and child protection practice.

Overall, any therapeutic care approach, model or overarching framework will only have success when there is a family inclusive practice culture embedded in the system and in the lived experience of children and families. Family inclusion is a pathway to better outcomes for children and young people including children being safer while they are in care. Please see our website for more information about the importance of family inclusion including research messages and practice tips.

Workforce issues related to quality care and the system's capacity to deliver therapeutic care that will help children to heal.

FISH is gravely worried to read in the consultation's documents that many carers and staff have little training in trauma informed care, in helping children to heal and develop well and that training in family engagement and in support of reunification seems to rarely occur. The documents appear to suggest that most carers looking after children with high needs have received only minimal entry level training and have not undertaken any extra assessment processes. FISH regularly supports the pre authorisation training of foster carers, most commonly Shared Stories Shared Lives. We suggest that this is not adequate preparation for foster care with vulnerable children and that carers need significantly more support and preparation for them to understand how to support family relationships for children and to improve outcomes for children as a result.

Recent research into parent perspectives in the Hunter Valley (Ross, Cocks, Johnston and Stoker, 2016) has found that parents with children in care can and do experience excluding practices and limited help from statutory and OOHC staff and carers. These experiences highlight skill deficits and are inconsistent with a therapeutic care framework for children.

Although FISH supports the suggestion that direct care staff should have minimal qualifications we would argue that this should go further. FISH advocates for a registration scheme for child protection and out of home care workers (including both government and non-government workers) which has minimum qualification standards and requirements for ongoing training and development. Such a registration system would increase accountability to families and children for their professional conduct and provide a complaints mechanism that is taken for granted in other professions such as psychology and teaching. It may also incentivise professional and respectful behaviour towards children and families. We would also advocate for a national carer registration system that monitors carer conduct and quality and ensures that a minimum standard of learning and development take place.

The need for family inclusion to underpin any therapeutic care framework

We note that the following has been included in the list of 16 principles underpinning the proposed therapeutic care framework:

Children and young people should be encouraged to engage with their family and /or significant others, and to maintain social, community and cultural connections. This is a particular priority for Aboriginal and Torres Strait Islander children.

It is positive that a principle concerned with family engagement has been included in the list. However, the evidence in support of family engagement and inclusion goes further than this and requires agencies, workers and systems to proactively engage with family and involve them in children's care. As it is currently written there is a risk this principle will lead to a limited focus on family contact events rather than on family relationships. It also places undue responsibility on children to engage with their family members by requiring agencies to *encourage* family engagement by children themselves rather than requiring agencies, carers and staff to engage with family in order to *create the conditions* for children and family to maintain and /or build relationships of depth and for families to have an ongoing and meaningful role in children's lives. FISH would promote the implementation of models of care that have family inclusion as an inherent element such as the CARE model (Holden, 2009). The CARE model requires carers, staff and

organisations to actively *involve* families in the care of children rather than just *encourage* children (who may have limited power) to engage with them. The CARE model also actively builds congruence across organisations in the interests of children ensuring a requirement to involve families in a range of ways and for agency leadership to support this.

We agree that this is a particular priority for Aboriginal and Torres Strait Islander children but would argue it is a particular priority for all children. Practices that are helpful for Aboriginal and Torres Strait Islander children such as family decision making are helpful ways of building family inclusion and should be part of all children's care experience.

The Aboriginal Placement Principles provide helpful guidance and we suggest their inclusion in the therapeutic care framework.

We suggest that principle 4 above be reworded in the following way:

Family are children's first and most enduring relationships. Children thrive when their family and cultural identity and relationships are embraced and supported by agencies and caregivers. Children do well when there are positive relationships between parents, family, carers and agency staff and when practice is characterised by family inclusion.

In residential care children frequently experience greater disconnection from family than those in family based care and can suffer from terrible abuse while in care (Commission for Children and Young People, Victoria, 2015). There is evidence that organisations are safer when they are family involved (Valentine, Katz, Smyth, Bent, Rinaldis, Wade and Albers, 2016). There are good opportunities to be family inclusive in residential care and a principled approach that calls on agencies, staff and carers to actively engage with and include family in the interests of children is urgently needed to increase children's networks and provide safer care. This requires that parents and families be supported and helped when this is needed. This is also consistent with the UN Convention of the Rights of the Child which calls upon governments to help and support families.

Some guidance can be found in the therapeutic residential care guidelines in Victoria (Department of Human Services, 2016, p. 30 - 32) which are summarised briefly below. This is not an exhaustive list and there continues to be room for improvement. However they do suggest a growing understanding in that jurisdiction of the importance of family and of the need to involve family in all aspects of children's care. These guidelines go beyond the principle of *encouraging* children to engage with family as described in this consultation report. They suggest a genuine responsibility by agencies and carers to positively engage with and include family in the interests of children.

- Assessment, therapy and treatment includes the rebuilding/ reconnecting of family relationships
- Family members are engaged in therapeutic plans
- Children are assisted to learn about their identity and family trees
- Staff receive training in engaging with families in the context of out of home care.

A broader understanding of trauma informed care and the context of child removal

The consultation report and other documents refer almost exclusively to pre care experiences in the form of intra familial abuse and neglect as the source of children's trauma. We agree that this is very important and should not be understated. However to focus exclusively on intra familial and pre care abuse and neglect is to misunderstand the experiences of many children and families. If we do

this we also run the risk of “demonising” families as inherently abusive and problematized which does not help children.

There is significant trauma, loss and grief experienced by children post removal and as a result of the removal process. Many children suffer serious and ongoing trauma and abuse while in care including sexual abuse, physical abuse and even death. The environmental and structural context of children’s experiences both pre and post care should also be considered including intergenerational trauma, loss, grief, domestic violence, racism, community violence and poverty. Many children in care are stigmatised by their in care status as well as by labelling such as CAT scores. The significance of this stigma and labelling can be lifelong and cause great harm to children.

A family inclusive approach calls upon us to be aware of the broader social context of child abuse and neglect and child removal. A broader understanding will also lead to better assessments and better help for families and children.

What is therapeutic care and who needs it?

The proposed framework consultation report goes to some length to distinguish between therapeutic care and the kind of care needed by most children in out of home care. The report relies on the Child Assessment Tool (CAT) and current numbers of children who have particular CAT ratings to identify the numbers of children in NSW who need therapeutic care – residential or foster care. The report does acknowledge that children may have higher needs at some times during their care experience and that needs may rise and fall over time. However there remains considerable lack of clarity about who needs therapeutic care and how these children will be identified and given the support they need. The implications of the CAT (a tool largely used to determine the amount of funding that will be allocated to a particular child) are not explored from the perspective of children and families or in any comprehensive way in the consultation report.

The report provides several lists of the types of foster care that can be characterised as therapeutic such as:

- Willingness’ to work as part of a team
- Commitment to ongoing learning
- Resilience, patience and capacity to deal with children’s extreme and complex needs
- Acceptance of a greater degree of intrusion and scrutiny– accept different parenting techniques with a therapeutic component
- Embrace critical reflection

We would argue that these are characteristics that apply to foster care generally. We would also argue that family engagement and inclusion is a key part of therapeutic care as described above and should be built into the characteristics or elements of therapeutic care.

The consultation report suggests that approximately 7 – 8% of children in care in NSW require therapeutic care. The report appears to have relied on the current application of the CAT to reach this figure. However there is no exploration of the efficacy of the CAT or its implications for children. FISH is concerned that the CAT may be further marginalising and labelling children and suggests that consideration be given to the impact of the CAT in this respect. The literature review accompanying this report refers to studies (p. 11 – 12) which found that much higher percentages of children in care require trauma informed care.

Applying therapeutic care principles to only 7 – 8% of children based on a tool primarily developed to allocate funding is concerning. FISH would advocate an approach that applied therapeutic care principles and practices to **all** children in out of home care that is inclusive of family. This includes all children removed from their homes and placed in care – regardless of the legal outcome. This therapeutic framework needs to integrate the trauma experiences of parents and family as many parents with children in care also have significant trauma in their lives. (National Child Traumatic Stress Network 2015).

Integration with the service system, permanency and pathways to restoration

The proposed framework does not discuss how the experience of therapeutic care is to be integrated with the rest of the service system in NSW. FISH is particularly concerned about integration with the Aboriginal Placement Principles (including ongoing access to family and community decision making processes), how it will contribute to permanency and felt security for children and with pathways to restoration, either to parents or to extended family.

Children in residential care urgently need ways to reconnect with family and to establish safe pathways home. The proposed framework talks about foster care and other placements that last *until* a child leaves care. FISH would argue that children need ongoing support well *beyond* leaving care in a similar way to other Australian young people and that this ongoing support and belonging is critical to children and young people experiencing permanency and stability – a key part of healing. Family inclusion and family relationships are an important part of children building a sense of belonging and felt security. We also know from experience that many young people return to family before or shortly after leaving care and that this is likely to be a much better experience if it is planned and supported. Family inclusion while children in care is a key way to ensure this happens.

Restoration to parents or other family is often sought by children and young people. However it is often not accompanied by necessary support that would have continued had children remained in care. Research in the Hunter Valley (Ross et al, 2016) found that the parents of children restored home had difficulties accessing needed support in caring for them. Two parents with restoration experiences in this research talked about their children returning from care with mental health and attachment issues and that little support was available to help them manage this. (Ross et al, p. 39 – 40).

Children and young people placed in residential care have often been failed by the out of home care system and are at high risk of impermanence and poor outcomes. Restoration and family placements should be actively pursued whenever possible, should not be dismissed based on past history and should be accompanied by similar levels of intensive support that would have been provided had children remained in care.

The importance of language – be careful not to marginalise and label children and their families

Overall, the language used in the consultation report and other documents tends to be deficit focused and may further marginalise and label children and their families. Terms such as “difficult children” and “challenging behaviours” are used throughout the report and at one stage in the literature review there is reference to children “burning out” foster carers. This sort of language may suggest that children are to blame for the lack of suitable carers and for placement disruption which causes children further trauma and harm. FISH suggests that positive and respectful language be

used that reflects the lived experience of children and their families and shifts the emphasis for creating the conditions for change to the sector, agencies, staff and carers rather than on children.

Respectful language about families is also very important. Many children experience great distress when hearing their families spoken about in disrespectful ways. Any care system that is child centred needs to ensure families are respectfully included and that families are not disrespected by those that care for children.

Families need support and advocacy to engage well with Community Services and related services such as OOHC agencies, in the care of their children

There is evidence from overseas that families who have access to a support person are more likely to engage successfully with statutory agencies (Fraser and Featherstone, 2011). Emerging peer to peer models are achieving some success in the eyes of family members and service providers both overseas and locally (Lalayants, 2015, Tobis 2013, Community Matters, 2012). Our work suggests that when parents have access to a support person to help them interact with the Department and other agencies this can contribute to better engagement and better outcomes (Cocks, 2014). This has also been the experience of the Western Australian Family Inclusion Network which has been providing family support and advocacy for parents caught up in the child protection system in WA since 2009. (See www.finwa.org.au).

FISH has drawn on the available literature and consulted with family members and the sector in the Hunter Valley of NSW to develop a program logic for an independent family support and advocacy service. If resourced we believe this service would provide a return on investment through reduced entries and stays in care and through greater family inclusion contributing to better outcomes for all children in care. Our proposed service has the following central elements:

- Leadership from a partnership of parents and family with lived experience and with practitioners, educators and leaders in child welfare;
- A team made up of peer support workers with lived experience of child removal and placement and professional staff with experience and skill in child protection, out of home care and family inclusion. Activities the team would undertake include:
 - The provision of one on one support and advocacy with parents and family at high risk of child removal or who already have children in care. This role would proactively assist parents to engage with Community Services and OOHC agencies as well as other services in the interests of children and young people;
 - Group work including parenting programs and education;
 - Broader education activities including the expansion of our online resources to help parents navigate the complex child protection and out of home care systems;
 - Resources and training for professionals working in child protection and out of home care with an emphasis on family engagement and inclusion in the interests of children and young people

FISH is already undertaking some of these activities including the provision of our website at www.finclusionh.org. More information can be found in our program logic as attached at Appendix B.

Thankyou for the opportunity to provide this submission. Please contact Jessica Cocks if required on 0455 092 960 or at contact@finclusionh.org. We are available to provide further information to you to assist in this process.

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