

grandparents
V I C T O R I A



THE PREVENTION OF CHILD ABUSE THROUGH KINSHIP CARE

**A submission to the
Protecting Victoria's Vulnerable Children Inquiry - 2011**

**Grandparents Victoria Inc. (GPV)
Kinship Carers Victoria (KCV)**

Kinship care is an important strategy in the prevention and remedy of child abuse and neglect. It is increasingly being relied upon as a strategy in rectifying the most toxic effects of child abuse on children. This submission is written from the perspective of Kinship carers, the majority of whom are grandparents.

1 SCOPING KINSHIP CARE

The numbers kinship carers, particularly grandparent carers, have increased across Australia and within Victoria.

1.1 Out of home care across Australia has doubled in 10 years

1.2 Out of home care has also grown rapidly in Victoria

1.3 Kinship Care in Victoria is close to half of out of home care

Statistics currently available do not “tell the whole story”. Take for example, the fact that the numbers of kinship carers providing informal care are not collected.

The growth trend in out of home care is unlikely to slow. On the contrary, there is every reason to believe, even if the only evidence is the anecdotal stories of kinship carers, that the growth in out of home care will escalate. At the same time there will be more pressure on the kinship care system as the number of foster carers continues to decline

The true scope of kinship care across Australia and within the States and Territories cannot be accurately determined until national authorities collect comprehensive data about all forms of kinship care, including at the unit record level.

1 SCOPING KINSHIP CARE ACROSS AUSTRALIA AND WITHIN VICTORIA

In the report *Child Protection Australia 2009-2010* (published in January 2011) the Australian Institute of Health and Welfare (AIHW) indicates the rapid and widespread growth in out of home care, particularly kinship care. The statistics provided section 1 of this submission were drawn from that report.

1.1 Out of home care across Australia has doubled in 10 years

AIHW reports that:

- The number of children in out-of-home care has risen every year over the last 10 years.
- The number of children in out-of-home care has almost doubled from June 30, 2010 (a rise of 97%).
- At 30 June 2010, the rate of children aged 0-17 years in out-of-home care was 7.0 children per 1,000
- 93.7% of all children living in out-of-home care in Australia are in home-based care. Of that figure:
 - 49.2% are in foster care,
 - 48.5% are in relative/kinship care and
 - 2.3% are in a different kind of home-based care

1.2 Out of home care has also grown rapidly in Victoria

AIHW reports the trends in Children ages 0-17 years in out-of-home care from 30 June 2000 to 30 June 2010. They are:

Year	Vic
2001	3,882
2002	3,918
2003	4,046
2004	4,309
2005	4,408
2006	4,794
2007	5,052
2008	5,056
2009	5,283
2010	5,469

1.3 Kinship Care in Victoria is close to half of out of home care

The AIHW reports the proportion (%) of children in out-of-home care, by living arrangements as at 30 June 2010.

Type of Placement	Vic
Foster Care	40.8
Relatives/Kin	40.0
Other home-based care	10.5
Residential care	8.3
Independent living	0.4
Total	100.0

All anecdotal indications are that kinship care, particularly grandparent care is increasingly more rapidly than other forms of out of home care.

Recommendation 1

It is recommended that the Review of Vulnerable Children in Victoria submit to:

- The Australian Bureau of Statistics the need to include in its census surveys a series of questions designed to elicit information about all forms of kinship care in ways that can assist national and state by state analysis
- Centrelink need to collate data related to its dealings with all types kinship carers into a format that provides data which

can be used by a range of agencies working to support carers at national and state level.

2 THE COMPLEXITIES NEED TO BE RECOGNISED

The challenges present in any modern family are magnified in families where kinship care is being provided. Consider the complex characteristics of the children placed in care. Their early life experiences have often lead to them exhibiting behaviours that are difficult for carers to manage and that will truncate the options these children have in life.

A 2001 snapshot survey of 69 kinship carers in Victoria, taken in preparation for the Protecting Victoria's Vulnerable Children Inquiry reveals some of the difficulties

2.1 Overview of the problems with which children in kinship care are dealing

2.2 An analysis of the physical problems

2 THE COMPLEXITIES FACING KINSHIP CARERS IN VICTORIA IN MARCH 2011

2.1 Overview of the problems with which children in kinship care are dealing

69 carers were asked to identify the problems the children in their care are experiencing.

- Only seven carers (10%) reported that they are dealing with no particular problems.
- Thirty reported that the children are generally sad or do not “fit in” but nor did they have any persistent problems requiring treatment or “eternal vigilance”.
- One grandparent is being treated with anti-depressants for persistent depression.

Overview of types of problems	# out of 69
Carers caring for children with emotional problems only	26/69
Carers caring for children with physical problems only	7/69
Carers caring for children with both emotional and physical problems	29/69
Carers caring for children with no emotional or physical problems	7/69

2.2 An analysis of the physical problems

The physical problems with which the children and carers are dealing	#	Comment
Autism	3	8 y/o. one 4 y/old
Physical/verbal abuse by mother & boyfriend on access visits	3	8 y/old. 9 y/old 9 y/old
Withdrawn from foetal drug addiction	2	7 y/o, 13y/o, 2 y/old
Soiling and bed wetting	2	9 year old, 7 year old
Asthma	2	14 y/old, 11 y/old
Weight/ eating problems	2	6y/old, 8 y/old
Epilepsy/limited eyesight	2	16 y/old. 12 y/old
Teenage grandchildren	1	15 y/old
Poor attitude to diet – compulsive eating	1	6 y/old
Migraine asthma iron deficiency	1	5 y/old
Type 1 diabetes	1	15 y/old
Hole in the heart/ down syndrome	1	4 y/ old
Muscle development problems	1	9 y/old
Bi-pola	1	18 y/old
Lack of concentration	1	14 y/old
Mild intellectual disability	1	15 y/old
Eating disorder – lack of eating	1	8 year old
Asbergers syndrome with ADHD	1	2 y/old
Eczema/ lactose intolerant	1	16 months
Limited eye sight	1	9y/old
Born with drug addiction/twisted sternum, webbed toes, and poor eye sight/ has had amputations	1	2 y/old

2.3 An analysis of the emotional problems

The emotional problems	#	Comment
Violent impulsive behaviours	10	6y/old, 7y/old, two 15y/olds, 13y/old, 8y/old, two 5y/old, 16y/old, 8y/old
Depression and anxiety	9	16y/old, 5y/old, 14y/old, 8y/old, 7y/old, 13 y/old, 12 y/old, 13 y/old, 5 y/old
Fear of abandonment	4	One of these – a 7y/old - worries that his grandparents are going to die
Loneliness and isolation	3	16y/old, 9y/old, 8 y/old
ADHD	1	17y/old
ASD and ADHD	1	16y/old
Upset when can't please everybody	1	14y/old
Bad behaviour after access visits	1	8y/old
Unable to cope with change	1	6y/old
Reactive attachment disorder	1	9y/old
Depression/anxiety child wants to die	1	15y/old

Suffering grief and loss	2	7y/old, 14y/old
Constant crying	1	8y/old
Not eating and not sleeping	1	1y/old
Wants to see parents all the time	1	3y/old taken off very young mentally unstable parents

Recommendation 2

It is recommended that longitudinal studies be conducted to determine the complexities of kinship care and its advantages/disadvantages to all parties affected. The longitudinal studies should:

- **Focus on the benefits to the children in care as well as the needs of carers**
- **Collect data across economic, gender, geographical boundaries, race and formal and informal carers**
- **Include data collected from children in care which details their views about the care they have received as well as their aspirations for their future**

3 VICTORIA TAKING A LEADERSHIP ROLE IN NATIONAL BASED PROGRAMS TO SUPPORT KINSHIP

In recent years there has been increasing recognition by federal and state governments of the need to develop coordinated strategies that address the issue of child protection. Victoria has played a lead role in the development of a number of these strategies such as *The National Framework for the Protection of Australia's Children*.

It is clear from recent COAG deliberations that the current Victorian government intends to participate in these ongoing strategies and it is imperative that that role be one of leadership based on conserving what is working well and promoting change for what is not.

GPV/KCV supports many policy frameworks currently in existence but have a particular commitment to two policies because they make a unique contribution to the policy and practice.

3.1 The UN Convention on the Rights of the Child

3.2 The National Out of Home Care Standards

3 VICTORIA TAKING LEADERSHIP IN NATIONAL BASED PROGRAMS TO SUPPORT KINSHIP CARE

3.1 Convention on the Rights of the Child

GPV and KCV note that the Convention on the Rights of the Child contains seven clauses directly relevant to kinship care. GPV has long supported the convention as an important policy framework acknowledging the contribution kinship care makes to humanity as a whole (Attachment 1).

Recommendation 3

It is recommended that the Protecting Victoria's Vulnerable Children Inquiry promote the need for clauses 5, 9, 18, 20, 21, 25 and 27.4 be made subject of a specific report to the community at large but most particularly the kinship care community.

The report should outline Australia's performance against these benchmarks with commentary from Victoria outlining its State based action.

3.2 National Out of Home Care Standards

GPV and KCV note that Victoria has agreed through COAG to implement *The Framework for the Protection of Australia's Children*. It is particularly pleasing that the Victorian government has agreed to implement the *National Out of Home Care Standards*, the centre piece of the framework.

The successful application of these standards will lift the quality of the care given to children in out of home care at the same time as it supports the carers.

GPV/KCV is concerned that the standards will only be promoted to formal kinship carers already known to the system. It is imperative that the importance of delivering these standards be made known to the many unknown informal carers. The standard of care being provided by such carers is unknown and in some few cases could be questionable.

Recommendation 4

It is recommended that Protecting Victoria's Vulnerable Children Inquiry promote the need for a strategy specifically designed to promote the national standards amongst kinship carers, most particularly amongst informal kinship carers.

4 URGENT PREVENTATIVE STRATEGIES ARE CALLED FOR

GPV and KCV believe that prevention is better than cure and that programs designed to eradicate the factors leading to child abuse and neglect must be implemented as a first step.

The rapid growth in kinship care should not be tolerated unless it is accompanied by urgent action to prevent the need for it.

An analysis of the reasons why children are placed with kinship carers indicates two areas where preventative strategies should be employed

4.1 Reducing drug and alcohol abuse is a key

4.2 Extended family support before the children are taken away is another key

4 URGENT PREVENTATIVE STRATEGIES ARE CALLED FOR

4.1 Reducing drug and alcohol abuse is a key

In March 2001 in preparation for this inquiry a sample of kinship carers were asked to identify the factors leading the children in their care being taken away from the parents. Some carers offered multiple reasons leading to a total of 90 responses.

Drug and Alcohol	44/90
Death of Parent	13/90
Illness of Parent	11/90
Abuse by parent	7/90
Parents unable to cope	4/90
Separation of parents , unwanted child	4/90
Mother homeless, sole parent, Father unknown	4/90

Recommendation 5

It is recommended that the Protecting Victoria's Vulnerable Children Inquiry commend to the Victoria government the need to develop programs designed to discourage young people from drug and alcohol abuse.

These programs need to deliver negative messages about drug and alcohol abuse, making it an unattractive behaviour in which to engage.

The programs should be delivered along the same lines as anti smoking campaigns and should be delivered in schools as well as across the wider community.

4.2 Extended family support before the children are taken away is another key

Strategies should be developed and trialled that involve extended families working alongside professionals in providing intensive support for families "at risk". These strategies should apply before children are taken away from parents and would involve the extended family members playing a part-time supportive role. The team of people supporting families to stay intact should also include a team of visiting advisors trained in processes of home visits along the lines of palliative care nursing and other forms of home based support. These multi disciplinary teams should also be charged with the responsibility of supporting reunification of families when the children are placed back with parents.

GPV/KCV notes that the Law Reform Commission Report *Protecting Applications in the Children's Court* (published in June 2010) makes a number of suggestions in relation to family conferencing and child centred decision making. GPV/KCV supports these suggestions (Attachment 3).

Recommendation 6

It is recommended that the Protecting Victoria's Vulnerable Children Inquiry:

- **endorse the suggestions made in the Law Reform Commission Report - *Protecting Applications in the Children's Court* which outlines suggestions for improving family conferencing within court procedures.**
- **urges the conduct of a trial program of home visits of a multi disciplinary team of support personnel into homes of families at risk of fragmenting.**

5 URGENT CURATIVE STRATEGIES ARE NEEDED

The rapid growth in kinship care has lead to ad hoc development of support strategies. Strategies devised must reflect the same scope as the issues – from national to local level and from policy through to practice.

There are three strategies GPV/KCV commends as being both urgent and important:

- 5.1 Training for and about kinship care
- 5.2 Helping kinship carers to help themselves
- 5.3 Education of children in out of home care

5 URGENT CURATIVE STRATEGIES ARE NEEDED

5.1 Training for and about kinship care

Kinship carers often report that they feel misunderstood by professionals with whom they are required to have contact. At their worst these misunderstandings can take the form of explicit comments laying the blame for the family's predicament at the family.

Also, kinship carers often misunderstand that the state, as represented by child protection workers have a responsibility to ensure that children in out of home care are in fact well cared for.

Court procedures often ignore the kinship carers. It is common for grandparent carers in particular to report that they sat in court houses for hours on end in the hope of participating in the deliberations affecting the future of their grandchildren, only to be ignored.

Professionals working in child protection often misunderstand the work of each other and do not work co-operatively right across all the fields of child protection.

These are just a few variations on the theme of shallow understanding and communication across all the stakeholders working to protect children.

These misunderstandings and attitudes should be addressed in the same way skills development is addressed - in a well coordinated, comprehensive training program that addresses the needs of all stakeholders.

At the moment there is some valuable training available but it needs to be better coordinated, address a wider range of issues such as attitudes and the importance of empathetic communication as well as more industry specific skills and knowledge. Training should also be made more accessible to carers; that is free of charge and locally conducted.

Recommendation 7

It is recommended that the Protecting Victoria's Vulnerable Children Inquiry suggest the establishment of a training institute dedicated to developing a framework for the provision of training on all issues related to child protection and for all people working child protection – from judges to local case workers and including kinship carers.

The institute should be empowered to accredit training provide by public and private providers and to set quality benchmarks for training. The institute should be governed by a representative body comprising the legal profession, carers and the professionals supporting child protection.

5.2 Helping kinship carers to help themselves

If kinship care is to be successful the carers should reach a level of independence and confidence that enables them to make and execute their own decision within the confines of legal rulings. They must also be able to be their own best advocates able to present their stories and argue the rights and needs of the children for whom they care.

An important step towards carers reaching this point is the existence of a peak group that they feel represents the needs of their needs and the children they care for.

The DHS in Victoria has recognised the contribution that a peak group can make and in 2011 funded Grandparents Victoria to establish Kinship Carers Victoria.

The achievements of Kinship Carers Victoria have already been noteworthy with support for and the need for this organisation clearly established after only three months of operation.

Recommendation 8

It is recommended that the Protecting Victoria's Vulnerable Children Inquiry suggest that DHS work with Kinship Carers Victoria (KCV) to review the level of financial support committed to KCV in 2012/13 , taking into consideration its growth and the scope of its work beyond what was envisaged when funding was first established.

5.3 Education of children in out of home care

GPV/KCV believes that access to a comprehensive education and successful experiences in it are crucial for children and in out of home care. One hundred and twenty six suggestions were made by 69 carers. Attention to their education should be given the highest priority.

Kinship carers were asked in March 2001 to identify two areas where improvements could benefit the lives of children in their care. Their answers indicate a need to address education provision, an area where the needs of children in care are currently not sufficiently recognized.

Area for improvements	# out of 126
Education	26
Access to services	24
Planning for the future	18
Counselling/Health checks	17
Rights of carers	15
Respite	10
Rights of child	3
Relocation	3
Reconciliation w parents	3
Extra curriculum activities	2
Training	2
Holiday	1
Health support for carers	1
Denied access	1

Recommendation 9

It is recommended that the Protecting Victoria's Vulnerable Children Inquiry suggest the need for programs:

- specifically designed to promote the needs to children in out of home care to the education community
- that ensure that all children in out of home care have access to an education program designed to suit their individual needs
- that ensures that all children are provided with an individual learning plan that outlines their education needs on entry into out of home care
- that have access to camps designed to assist them develop social skills and confidences they so often lack

ATTACHMENT 1 –

THE ARTICLES FROM THE UN CONVENTION ON THE RIGHTS OF THE CHILD THAT RELATE TO OUT OF HOME CARE SUPPORTED BY GPV/KCV

Article 5 – Respect for the rights of parents/carers

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

Article 9 – Separation from parents in the best interests of the child

1. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.

Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.

2. In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known.

3. States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.

4. Where such separation results from any action initiated by a State Party, such as the detention, imprisonment, exile, deportation or death (including death arising from any cause while the person is in the custody of the State) of one or both parents or of the child, that State Party shall, upon request, provide the parents, the child or, if appropriate, another member of the family with the essential information concerning the whereabouts of the absent member(s) of the family unless the provision of the information would be detrimental to the well-being of the child. States Parties shall further ensure that the submission of such a request shall of itself entail no adverse consequences for the person(s) concerned.

Article 18 – Joint responsibility of both parents

1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

Article 20 – Special protection for children in out of home care

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

2. States Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

Article 21- Adoption of children

States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall:

(a) Ensure that the adoption of a child is authorized only by competent authorities who determine, in accordance with applicable law and procedures and on the basis of all pertinent and reliable information, that the adoption is permissible in view of the child's status concerning parents, relatives and legal guardians and that, if required, the persons concerned have given their

informed consent to the adoption on the basis of such counselling as may be necessary;

(b) Recognize that inter-country adoption may be considered as an alternative means of child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin;

(c) Ensure that the child concerned by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption;

(d) Take all appropriate measures to ensure that, in inter-country adoption, the placement does not result in improper financial gain for those involved in it;

(e) Promote, where appropriate, the objectives of the present article by concluding bilateral or multilateral arrangements or agreements, and endeavour, within this framework, to ensure that the placement of the child in another country is carried out by competent authorities or organs.

Article 25 – Review of treatment of children in out of home care

States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

Article 27.4 – Recovery of maintenance from parents

4. States Parties shall take all appropriate measures to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State Party and from abroad. In particular, where the person having financial responsibility for the child lives in a State different from that of the child, States Parties shall promote the accession to international agreements or the conclusion of such agreements, as well as the making of other appropriate arrangements.

ATTACHMENT 2 –

NATIONAL OUT OF HOME CARE STANDARDS

Communiqué from the Community and Disability Services Ministers' Conference Melbourne – 16 Dec. 2010

In December 2010 The Community and Disability Services Ministers met in Melbourne to progress key national reforms in community services, child protection and services for people with disability and their carers. The national standards are a key reform under the National Framework for Protecting Australia's Children 2009 – 2020.

Ministers acknowledged and praised the efforts of workers and carers in supporting children in child protection systems.

Ministers also today met with representatives from the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children to discuss the progress on the implementation of the National Framework for Protecting Australia's Children.

The Standards for Out of Home Care

New national standards aimed at improving outcomes for children and young people living in foster homes and other formal out-of-home care situations were today agreed upon by all Community Services Ministers.

Ministers agreed that the roll-out of the National Standards for Out-of-Home Care would begin from 1 July 2011, with an annual public report on progress.

The new standards will provide a national benchmark for the care of children and young people who are unable to live with their parents, no matter which state or territory they are in.

The national standards focus on the critical areas of providing children with access to health, education and training, as well as increased support for carers and improved planning for transition from care.

The proposed national standards are:

Standard 1

Children and young people will be provided with stability and security during their time in care.

What this means

Children and young people living in out-of-home care are to experience security, stability, continuity of relationships and social support. These are vital to healthy emotional development and provide strong predictors of better outcomes for children.

They children and young people are to be matched with the most suitable carers and the care environment according to their assessed needs.

Research shows that stability, connectedness and security are essential to achieving successful transition to adulthood and are strong predictors of outcomes for children and young people in out-of-home care.

Standard 2

Children and young people participate in decisions that have an impact on their lives

What this means

Children and young people in out-of-home care are actively involved in decision-making about their lives. This is critical to emotional development and self-esteem and is a key provision within the United Nations Convention on the Rights of the Child.

Children and young people are to be provided with objective advice, able to ask for help, have their concerns heard and given information about, and access to, review mechanisms. In all these areas, the level of active involvement will be appropriate to the young person's age and developmental stage.

Standard 3

Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people.

What this means

Maintaining connections to family, community and country will help Aboriginal and Torres Strait Islander children and young people to develop their identity, feel connected to their culture and develop their spirituality. Strategies underpinning responses to the National Framework for Protecting Australia's Children are partnerships between Indigenous families and communities, and between Indigenous agencies, mainstream service providers and governments, in order to provide culturally appropriate responses. Aboriginal and Torres Strait Islander communities' participation in decisions could be through Aboriginal and Torres Strait Islander controlled organisations that participate in decision making with child protection agencies and non-government organisations.

Standard 4

Each child and young person has an individualised plan that details their health, education and other needs.

What this means

The care planning process is to be focused on the wellbeing of the individual living in out-of-home care. The care plan is to include the views of the child and young person where appropriate and developed in partnership with carers, families and significant others. Where applicable, this approach will include cultural plans.

Standard 5

Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.

What this means

Children and young people entering care are to have their health needs assessed and receive specialised services to respond to their health challenges, so that their chances for optimum health are maximized.

The child or young person's physical, developmental and psychosocial and mental health needs are to be identified in a preliminary health check. This will provide advice on the specialist services required and the timing of a comprehensive health and developmental assessment.

Children and young people are to have their own written health record which moves with them if they change placements.

Standard 6

Children and young people in care access and participate in education and early childhood services to maximise their educational outcomes.

What this means

Children and young people in care are to have opportunities to experience early learning and education that enables them to fulfil their potential, maximise life opportunities and make a contribution.

High quality early childhood services improve children's outcomes. Giving children a positive start will ensure they have the best possible future, and providing access to high quality early childhood education before formal schooling starts is the most effective way of helping all children reach their potential. Children and young people in care should have the same opportunities as all other children.

Standard 7

Children and young people up to at least 18 years are supported to be engaged in appropriate education, training and/or employment.

What this means

Children and young people in care are to have opportunities to experience education, training and development that enables them to fulfil their potential, maximise life opportunities and make a contribution.

The Commonwealth and State and Territory governments signed a National Partnership Agreement on Youth Attainment and Transitions to work together to improve outcomes in educational attainment; engagement of young people aged 15-24 with education, training and employment; and transitions of young people from school to further education, training or employment. Young people in care should have the same opportunities as other young people to complete their education.

Standard 8

Children and young people in care are supported to participate in social and/or recreational activities of their choice, such as sporting, cultural or community activity.

What this means

Children and young people in care are to have the opportunity to experience a life that is actively connected with the community, including education, social, sporting and cultural opportunities.

Standard 9

Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings or other family members.

What this means

Children and young people in care are to maintain their relationships with people who are important to them, such as immediate and extended family where it is safe to do so. These relationships are important to the development of their identity, as well as their feeling of belonging in the world.

Standard 10

Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources and communities and have their life history recorded as they grow up.

What this means

Children and young people in care are to know who they are and where they have come from. Memories and experiences during their time in care will be recorded in photos and other memorabilia to help them recall the people and events that have shaped their lives.

In particular, shared experiences with family, friends and carer families, as well as school, cultural, spiritual and community experiences and events are encouraged to strengthen the sense of self of children and young people in care.

Standard 11

Children and young people in care are supported to safely and appropriately identify and stay in touch, with at least one other person who cares about their future, who they can turn to for support and advice.

What this means

Children and young people are to have access to at least one adult role model throughout their care. This can be a critically important for children and young people in care and, a vital support for their ongoing development.

Standard 12

Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care.

What this means

The people who are providing care are to receive training and support to help them to deliver the best care possible in often complex circumstances. Carers are to be recruited, assessed and have access to information and review mechanisms in order to ensure quality care is provided. Where appropriate, carers are to receive cultural competence training.

Standard 13

Children and young people have a transition from care plan commencing at 15 years old which details support to be provided after leaving care.

What this means

Young people transitioning to independence are to have practical help to prepare for the future.

One of the biggest challenges for all young people is to maintain independent living. Developing these skills and abilities enables them to take their place in society and this requires emotional support and practical assistance.

A transition from care plan is to include, details of support to access affordable housing, health services, education and training, and employment and income support and is to be reviewed regularly.

ATTACHMENT 3 –

PROTECTION APPLICATIONS IN THE CHILDREN COURT – REPORT JUNE 2010

Chapter 7

Options - A new system: Processes for achieving appropriate child-centred agreements

- 1.1 A graduated range of supported, structured and child centred agreement-making processes should be the principle means of determining the outcome of child protection matters.
- 1.2 The convenors of family decision-making processes should have appropriate qualifications and training.
- 1.3 The Parties involved in family decision-making process should have access to appropriated legal assistance.
- 1.4 The professionals who participate in family decision- making process should have appropriate qualifications and training that fosters inter-professional collaboration.
- 1.5 The family group conferences should become the primary decision-making forum in Victoria's child protection system.
- 1.6 A family group conference should be conducted prior to filling a protection application unless they are exceptional circumstances that warrant a departure from this general rule.
- 1.7 When an interim care order is made following emergency intervention, the court should order a family group conference at the earliest possible opportunity unless there are exceptional circumstances that warrant a departure from this general rule.
- 1.8 A Family group conference should be conducted before certain secondary applications are filed in the Court unless there are exceptional circumstances that warrant a departure from general rule.
- 1.9 A family group conference should be:
 - a. Convened by an independent person.
 - b. Conducted in an appropriated location.
 - c. Conducted in accordance with practice standards.
 - d. Conducted in a manner that allows a child or young person to participate if he or she wishes to do so and/or to have his or her views taken in to account, having regard to his or her level of maturity and understating.
 - e. Confidential except as provided in (f) of where any person engages in unlawful conduct during a conference.
 - f. Capable of producing an agreement that may become:
 - i) A consent order in the court, or
 - ii) An agreement or 'care plan' that can be taken into account in any subsequent court proceedings, family group conference or other decision-making process.
- 1.10 The court should direct that a conciliation, a judicial resolution conference, or another family group conference (whichever is most appropriate) take place at the earliest possible opportunity after an application is filed unless there are exceptional circumstances that warrant a departure from this general rule.
- 1.11A conciliation conference should be:
 - a) Convened by an independent person.
 - b) Conducted in an appropriate location.
 - c) Conducted in accordance with practice standards.
 - d) Conducted in a manner that allows the child or young person to participate if he or she wished to do so and/or to have his or her views taken in to account, having regard to his or her level of maturity and understanding.
 - e) Confidential except as provided in (f) or where any person engages in unlawful conduct during a conference
 - f) Capable of producing an agreement that may become a consent order.

1.12A judicial resolution conference should be:

- a) Convened by a judicial officer who will not determine the application if the matter is not resolved at the conference.
- b) Conducted in an appropriate location.
- c) Conducted in a manner that allows the child or young person to participate if he or she wishes to do so and /or have his or her views taken into account, having regard for his or her level of maturity and understanding.
- d) Confidential except as provided in (f) or where any person engages in unlawful conduct during a conference.
- e) Capable of producing an agreement that may become a consent order.

1.13 All new family decision-making processes should be independently evaluated and regularly reviewed.