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REVIEW OF ALTERNATIVE CARE  
IN  
SOUTH AUSTRALIA

March 2002

*Prepared by Des Semple & Associates*

# DS&A

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## 1. EXECUTIVE SUMMARY

Alternative Care services in Australia and overseas are experiencing increasing difficulties in attempting to adequately respond to families under stress and the increasing numbers of children requiring Alternative Care placements. The Alternative Care system is almost entirely reliant on family carers, who receive subsidies for what is primarily a voluntary service - 97% of South Australian placements are in family care - higher than any other State in Australia.

The profile of children and youth requiring Alternative Care services are those who are at significant risk of harm and abuse, have frequently suffered significant deprivation and may present with extremely challenging behaviours. In view of the increasingly difficult and complex needs of the children requiring care, and the extremely high reliance on a primarily subsidised volunteer family care workforce it is not surprising that the system is under significant pressure.

South Australia, like the rest of Australia and overseas, are developing new approaches that require a more diverse range of placements and models of care to respond to children and young people with more complex needs. These new models require specialised skills and higher remuneration than exists with traditional family care. It is important that these developments occur in a way that does not devalue the contribution of existing family carers. It is also important that existing and future family carers receive accessible, accredited training that provides them with the necessary support to deal with the current children in care as well as the opportunity to increase their skills to respond to more complex cases.

The 1997 restructure of Alternative Care in South Australia created significant change and difficulties in providing services for Government and non -Government agencies. Despite a well -developed and thorough planning process the restructure, predicated on the separation of purchaser and provider roles, caused many negative unintentional consequences that have not been appropriately and systematically addressed.

Different stakeholders assumed responsibility for their part of the system without sufficient regard for the roles and responsibilities of other parties and their interdependence. Relationships have deteriorated and a culture of blame has developed between different stakeholders. This culture was evident during the Review.

The Review acknowledges and addresses the interdependency between Government and non-Government in the provision of services and has made a number of recommendations to improve relationships between the Department of Human Services (DHS), Family and Youth Services (FAYS), Alternative Care Service Providers (ACSPs) and carers. Fundamental to constructive and collaborative relationships, is the need to clearly define, understand and respect the differing roles, responsibilities and authority for decision-making. The current lack of openness and partnership has undermined trust of Government's usual role and authority in decision-making.

Currently there is no formal consultative structure for joint problem solving or to assist with regular communication between Alternative Care stakeholders. The Review is aware that there are within DHS a number of advisory structures, including the Children's Interest Bureau, which assists in the policy and planning on children's matters. These structures are most useful in providing advice on overall policy and planning issues, however do not have the level of detailed understanding of the specific matters that need to be addressed within the Alternative Care program. A major weakness identified by the Review is the lack of implementation of a large number of important matters that had been identified in earlier reviews and/or working parties. It is therefore proposed that an Alternative Care Advisory Committee be established, with representation across all relevant stakeholders, to advise on policy directions, service development and communication strategies and to assist in the implementation and monitoring of recommendations of the Review.

The majority of the Review recommendations address the significant improvements required in practice and service delivery standards. The implementation of standards for all service providers, appropriate training for workers and consistent application of policies and practices in Alternative Care would result in substantial, immediate improvements in relationships and case management. Lack of change management, and

failure to implement recommendations from previous reviews, has been a systemic weakness and contributed to some of the deterioration in relationships between the sectors.

Consultations with both the Government and non-Government sectors reinforced the need for an incremental change management approach. While all stakeholders recognise the need for change, service providers including carers, indicated that radical system level changes would be counter-productive and result in the probable withdrawal of services by a number of critical providers.

Many submissions indicated the difficulties of providing increasing demands for flexible and innovative services within existing limited resources. The current contract allocation to agencies for family placements and family preservation services provides a set budget amount for a variable demand. This arrangement is not consistent with standard Government funding policies that vary the resource allocation according to the number and complexity of cases. It also makes the budget process difficult, as it does not relate to any unit costing. Recommendations have been made to address this issue.

DHS provides an important opportunity to ensure that children and youth in Alternative Care have improved access to services across the portfolio. The Review strongly endorses the view that all of DHS, not just FAYS, has responsibility for the improved delivery of Alternative Care services in South Australia. The creation of the Alternative Care Unit in DHS establishes the separation of program management from service provision by FAYS and ACSPs. The Unit's responsibilities to provide quality assurance, monitoring and evaluation across the sector were strongly supported by all stakeholders.

The Review has made a number of recommendations relating to improvement in the services provided by FAYS. These address standards of practice, the need for a culture change to improve relationships with the non-Government sector and more emphasis on early intervention as an integral part of Alternative Care services. Residential care, provided through the Community Residential Care units, should remain an ongoing responsibility of FAYS and be more integrated with other Alternative Care services.

ACSPs need to work more closely with FAYS and DHS, to incorporate strategies to improve the recruitment and training of carers to maintain the higher level of skills required to support the young people currently requiring placement. The Review has not proposed radical change for the provision of existing family based care, but there are number of recommendations regarding additional new models of care and the need for a policy framework to manage the increasing number of Individual Packages of Care (IPCs).

Family based carers will continue to be the main service providers for Alternative Care in South Australia. As in other states of Australia, carers are under significant stress in attempting to manage increasingly difficult children and young people. Recommendations have been made to provide SAFECARE with more resources to represent carers in ongoing policy and practice developments as well as providing peer support. Carer recruitment and training are also addressed. The Review recommends further examination of a range of financial and other initiatives to enhance children's placements and life opportunities including Special Needs Loadings, Brokerage and Respite Care.

Relative care is significantly underutilised in South Australia compared with all other states. Recommendations for increased early intervention would improve the current assistance available to support these placements.

Aboriginal children are over-represented in Alternative Care in South Australia. The Review recommends a number of structural and practice changes to affirm the Aboriginal Child Placement Principles and ensure more attention is placed on kinship care and other culturally appropriate placements. In addition, an Aboriginal Family Advisory Committee should be established, as well as additional structures at local level to increase the involvement of local Aboriginal communities in developing services for families.

## **2.BACKGROUNDTOREVIEW**

### **2.1 ReviewContext**

The Alternative Care system in South Australia provides care for children and young people who are unable to live with their birth families. South Australia, consistent with other developed countries, has in the past five years been under increasing pressure to respond to an increased demand for alternative care services and provide and deliver more flexible responses and supports for troubled children and youth.

In recent years, State and Territory systems in Australia have been reviewing their policy and legislative structures. These reviews have significantly changed the profile of children who are receiving Alternative Care services. In 1997, The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, conducted by the Human Rights and Equal Opportunities Commission (HREOC), produced the *Bringing Them Home Report*. This strongly reinforced the need for States and Territories to significantly change practices in the removal of Aboriginal children from their families and communities.

Debate in Australia and overseas demonstrates the increasing complexity of issues confronting governments and communities in attempting to adequately respond to children and youth requiring Alternative Care placements. Some social researchers advocate a radical non-interventionist philosophy, arguing that in many circumstances social welfare intervention creates more potential disruption or system abuse of the child than non-removal from home. Others argue that the State's 'duty of care' requires earlier removal and a planned approach that provides more permanency for the child in the out-of-home placement.

The debate is also reflected across States and Territories where they have adopted different philosophies in their legislation and practices. The variation of views is also reflected in responses to the Review Discussion Paper with some respondents strongly advocating and others opposing the permanency planning principles.

There has been some consistency in current policies and legislation in relation to the profile of children who might be subject to statutory intervention. In general States and Territories have legislation that significantly narrows the focus of intervention to those children and young people who are at significant risk of harm and abuse. Children who now enter care not only come from more impoverished families, but also have suffered significant deprivation and may present with extremely challenging behaviours.

There have been significant organisational changes in the Government's provision of human services in South Australia with the creation of the Department of Human Services (DHS). DHS was established to enable co-ordinated service planning across the State, to build links across government and partnerships with the South Australia community. The DHS portfolio provides the organisational structure to improve integration across health, housing and community services.

Prior to the creation of DHS, Family and Youth Services (FAYS) had sole responsibility to ensure provision of Alternative Care services, either directly or through the non-government sector. The creation of DHS not only provides an opportunity for the separation of Alternative Care program management from service delivery, but should also provide increased access for children and youth in out-of-home care to a broad range of services within the DHS portfolio.

The *Review of Alternative Care in South Australia – Discussion Paper November 2001* outlined in more detail the changes to the Alternative Care system in South Australia in the past ten years. In the early 1990s a series of reviews were held around aspects of Alternative Care in South Australia that led to the major restructure of the Alternative Care system. The 1997 restructure resulted in the contracting out of almost all Aboriginal and non-Aboriginal Alternative Care services to the Alternative Care Service Providers (ACSPs) in the non-government sector. FAYS District Centres were to refer all children requiring Alternative Care placement to the Central Alternative Care Unit (CACU) that would liaise with ACSPs to obtain an appropriate match between child and carer. The ACSPs were responsible for providing a placement for all referrals (including emergency, respite, short and long-term care) and for the recruitment, assessment, training and ongoing support of carers within their geographic boundaries. A similar process was followed for services to families requiring a Family Preservation

service. Under the South Australia model, Family Preservation 'is the umbrella term used to describe a continuum of services provided. These range from strengthening families to enable children and young people to continue to live at home or establishing and preserving best connections with birth families when children or young people remain in alternative care'<sup>1</sup>.

An evaluation of the new services was undertaken eighteen months after the contracting out process. The evaluation identified many parts of the system were all ready under stress or experiencing significant difficulties and the demand for service could not be met. Children coming into care were older with higher levels of need than previously experienced. These findings were consistent with Australia wide trends from 1996 - 2000<sup>2</sup> showing a 21% increase in the total number of children coming into Alternative Care, an upward shift in the age range of those referred and many young people requiring high levels of intensive support. In South Australia, the increase in referrals had been only 6%, but for some young people family based care was not appropriate or desirable and a more diverse range of service types and additional support had not been developed.

Information provided to this Review reinforces earlier findings of significant frustration by all stakeholders with the new system. Relationships between the purchaser and provider roles are perceived as adversarial and have resulted in significant deterioration of relationships between key stakeholders. Many of the submissions to this Review indicated that, unless collaborative strategies are developed immediately, the results of this Review would not be progressed. This matter is addressed more fully later in the report.

This Review is being undertaken at the same time as a number of other DHS reviews and related activities which includes the Human Services Portfolio Planning Framework, Child and Youth Policy, Youth Services Framework, Aboriginal Child Placement Principles Review, Exceptional Needs Process, A Place to Live - Strategic Response to Homeless in South Australia, The Disability Services Planning and Funding Framework 2000 -2003, The New Millennium - A New Beginning for Mental

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<sup>1</sup>FAYS Alternative Care Manual of Practice 1999

Health in South Australia Implementation Plan 2000 -2005, and the Integrated Community Planning Framework.

## ***2.2 Purpose of Review***

A number of other States including Victoria, New South Wales, Western Australia and Queensland have conducted recent reviews into different aspects of Alternative Care. DHS commissioned this Review to examine the overall management of the Alternative Care program to assist them in planning the future directions of the program in South Australia.

There were also a number of concurrent reviews into specific elements of the Alternative Care system including the Aboriginal Child Placement Principles, Special Investigations (Family Based Care), Brokerage, Children's Payments, Carer Approval and Assessment Service and the Aboriginal Carer Assessment Manual. While this report may make reference to some of these initiatives that have been completed, it has primarily concentrated on the management framework for Alternative Care and has avoided replicating details of those other reviews.

The Review Terms of Reference outlined below, relate more to clarity regarding the organisation and system of service delivery than a detailed analysis of individual services and outcomes for young people.

The Terms of Reference are as follows:

- Examine the administration, management and delivery of the Department of Human Services (DHS) Alternative Care Program;
- Based on the findings, to develop a discussion paper outlining the probable future directions for the program in the following areas:

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<sup>2</sup> AIHW 2001, p41 31% were aged 10 -14 years

- A framework for the future management and administration of the alternative care program within DHS;
  - The range of alternative care and accommodation services to meet the current and future replacement needs of children and young people in South Australia;
  - The role and responsibilities of FAYS and the non -Government sector in the provision of alternative care services.
- Advice on the probable method of program delivery including:
- Service standards;
  - Financial arrangements;
  - Monitoring and reporting mechanisms;
  - Data collection.

### ***2.3 Conduct of the Review***

The Review process has been undertaken in two stages. The first involved broader consultation with key stakeholders across the Government and non -Government sectors utilising information sessions and was followed by more targeted discussions to identify the range of issues to be included in a Discussion Paper. Persons and organisations consulted during this Review are listed in *Appendix A*.

The Discussion Paper incorporated a range of written information and input from ACSPs, carers, FAYS staff and DHS staff. In November 2001 the Discussion Paper was distributed to all interested persons, groups and organisations inviting them to address thirty-three questions (*Appendix B*) as well as any additional issues they considered appropriate.

Sixteen written submissions were received from individuals and organisations including carers, CAFWA, South Australian Foster Care Association (SAFCARE), Carer Advocacy, CREATE and a range of non-government ACSPs, FAYS and DHS.

A number of common themes have emerged from the feedback that have been included in the Overarching Issues section. While there have been differences of opinion expressed by stakeholders, all have emphasised the critical importance of developing a more collaborative partnership between all parties in order to progress Alternative Care in South Australia.

## **3 OVERARCHING ISSUES**

### **3.1 Governance**

#### **3.1.1 Authority for Decision Making**

Submissions responding to the Review Discussion Paper have highlighted some fundamental differences in stakeholders' understanding of their respective roles, responsibilities and level of authority in decision-making. To maintain constructive relationships it is important for all stakeholders to clearly understand and respect the difference and distinction of different roles, responsibilities and authority for decision making.

Non-Government agencies indicated a preparedness to be accountable for the use of public funds, indicating that it is also important that Government be prepared to fully fund services, otherwise it cannot dictate all terms in the funding agreement. It was proposed that ACSPs should have more flexibility and autonomy in the choice of delivery of service types in view of the contributions they make to Alternative Care. It was also suggested that the non-Government sector should be 'ensured a more equitable sharing of responsibility (including funding) in the hosting and delivery of sector wide events, that would signify a greater sense of partnership and collective purpose.' Other submissions emphasised that all service providers, both Government and non-Government, are equally accountable for service delivery outcomes. The

accountability, expected outcomes and outcome measures need to be explicit, transparent and consistently applied to all stakeholders in Alternative Care provision.

Ambiguity over authority on various elements of expenditure and the degree of flexibility for providers to determine outcomes must be clarified. Clarity of roles and authority of stakeholders is critical to constructive and collaborative relationships. The current distrust, lack of openness and partnership has undermined trust of the Government's usual role and authority in decision making. DHS must have accountability and final decision-making on major funding policy. There is also opportunity to provide flexibility for service providers through delegations. It is critical that these issues are addressed so that all parties are clear.

#### *Recommendation 1*

*That DHS clarify with FAYS and ACSPs the location and level of authority for decision making in the administration of the Alternative Care program.*

Implementation of the recommendations in this report and ongoing change management requires the cooperation of all parties. Following consideration of the report, DHS should prepare a draft Implementation of Plan for consideration by a collaborative committee process outlined in the next section.

#### *Recommendation 2*

*That DHS develop a draft Implementation Plan on the Alternative Care Review Report for consideration by the Alternative Care Advisory Committee.*

### 3.1.2 Advisory Structures

#### 3.1.2.1 Peak Advisory Body

All submissions that addressed advisory structures strongly endorsed the establishment of a peak advisory body. DHS has a number of existing advisory structures that relate to Alternative Care including the Children's Interest Bureau. Relationships and roles between these committees will need to be discussed with the relevant Ministers of the new Government. The Review considers an Advisory Committee on Alternative Care

is essential to achieve improvements in the relationships between stakeholders as well as provide an important mechanism for collaboration in the implementation of the Review recommendations. To date, implementation of initiatives has been a serious weakness in the management of Alternative Care. A structure is necessary that has stakeholders with specific expertise to help manage the culture and service changes necessary to improve Alternative Care outcomes. A broader based Committee will not achieve this purpose.

The majority of submissions considered the Advisory Committee should provide opportunities to highlight and address issues, act as a consultative group and strengthen relationships. It is not a management group and should operate as a steering committee by establishing working parties to undertake the projects required for implementation. Feedback from the Discussion Paper agreed with the functions outlined for the Advisory Committee. It is proposed that the main role of the Committee will be to advise the Chief Executive on Alternative Care issues, including implementation of the Alternative Care Review and priorities for continuous improvement. Other functions include the following:

1. Prepare advice on Alternative Care issues with specific consideration of:
  - Improved outcomes for children and young people, birth families and carers
  - Implications for the sector and government as providers of services.
2. Advise the Chief Executive on the development of strategic policy directions related to the provision of Alternative Care and related services.
3. To examine trends and changes in service delivery and issues affecting children and young people, and monitor system wide performance data.
4. Advise on strategies for continuing reform in conjunction with other related programs and the wider community service systems.
5. Advise the Chief Executive on priorities for research into Alternative Care and related services in order to progress the priorities for family and children's services.
6. The committee will also, from time to time, advise the Minister on matters which in its view contribute to an effective service system for the care of children and young people.

The Committee will not be involved in operational management decisions concerning day-to-day issues. Nor will the Committee make funding decisions, casework decisions or recommendations regarding individual organisations or specific services.

### *Recommendation 3*

*That a peak Alternative Care Advisory Committee be established to undertake responsibilities as outlined in the Review report.*

It is proposed that membership of the committee, in the first instance, be inclusive of all relevant stakeholders. This will result in a large committee that should assist in creating the positive climate necessary for collaborative planning and delivery of services. In view of its size, the membership of the committee, and its functioning, should be reviewed after eighteen months of operation.

Membership of the committee should include:

- Independent Chair
- DHS (Alternative Care Unit representation)
- ACSPs (including Aboriginal Family Support Service)
- FAYS (including District Centre representation)
- South Australia Foster Care Association
- CREATE
- Residential Care Providers
- Birth Family Representatives

Sitting fees will be paid to community representatives.

*Recommendation 4*

*That initial membership of the Alternative Care Advisory Committee include an independent Chair and representatives from ACU, all ACSPs, FAYS (including District Centre representation), SAFCARE, CREATE, a Residential Care Provider, a birth family representative and the Foster Care Advocate as an observer.*

Following the Government's consideration of the report, implementation of the Review recommendations will require a collaborative approach. While some decisions including procurement options, will need to be undertaken only by DHS, a significant number of other implementation issues will require the cooperation of FAYS, ACSPs and carers to ensure their success. It is proposed that the Alternative Care Advisory Committee review the draft Implementation Plan and monitor its progress.

*Recommendation 5*

*That following discussion between DHS and the Minister, the Alternative Care Advisory Committee consider the Report recommendations and draft Implementation Plan, establish priorities, timelines, monitoring and reporting back to the Chief Executive of DHS on progress.*

3.1.2.2 Aboriginal Advisory Body

The Aboriginal Services Division (ASD) provides important linkages between the Department for Human Services portfolio and Aboriginal communities, families and individuals. The strengthening of relationships between ACU and ASD is addressed later in the report.

Shortly after the creation of the ACU, DHS established an Aboriginal Alternative Care Reference Group. The role of the group is:

- To provide comment on the Discussion Paper
- To provide advice on the recommendations of the Review of Alternative Care
- To monitor implementation of the recommendations.

The Director Service Planning chairs the Group with membership from Aboriginal ACSPs, members of the Review of Aboriginal Children in Non Aboriginal Care Team, ASD, FAYS, Aboriginal representatives from Country and Disability Services Division and ACU. Deliberations of this Group will be linked to the Alternative Care Advisory Committee through service provider representatives.

Discussions with Aboriginal representatives indicate the importance of providing structures for Aboriginal input into decision making around services and ensuring the integration of a range of family welfare services. The overrepresentation of Aboriginal children in a range of statutory programs including Juvenile Justice, Child Protection and Alternative Care suggests that a central Aboriginal advisory process should be established with wide Terms of Reference to ensure integrated advice on the range of relevant family welfare programmes.

Currently the Aboriginal Services Division (ASD) of DHS is considering the most appropriate advisory/consultative structures for the portfolio. The Review is therefore not proposing the status and membership of a structure, however, it is most important that a central advisory structure is created which has expertise and background in the responsibilities and services provided by FAYS to ensure the future service planning and development appropriately engages in the Aboriginal community.

The Committee's Terms of Reference should provide policy advice on a range of issues including:

- Inter-agency training
- Strategies for developing effective Aboriginal family policies and practices

- Frameworks to ensure the Aboriginal Childcare Placement Principles are applied to all practices
- Advice on existing and new FAYS policies/procedures
- Development of Alternative Care service models for Aboriginal communities
- Development of a Juvenile Justice service models for Aboriginal communities
- Strategies to assist the development of Family Care Committees.

### *Recommendation 6*

*That a central Aboriginal Family Advisory structure be established to ensure that FAYS policy, planning and service development is culturally relevant and sensitive to Aboriginal communities, families and individuals.*

#### 3.1.2.3 Local Aboriginal Committees

Family and Community Services (FACS) previously funded and supported a number of Aboriginal Family Care Committees in seven locations around the State. The Committee sponsoring bodies were existing local Aboriginal organisations. The Committees were supported by funding for Aboriginal Family Care workers who were accountable to the sponsoring Aboriginal organisations and worked closely with the local FACS offices. The Committees were gazetted by FACS.

The success of this program was highly dependent upon the skills of the Aboriginal Family Care Worker and the level of local support provided. Aboriginal staff and organisations have proposed that these Committees, and the role of the Aboriginal Family Care Worker, be re-established to ensure close local relationships between FAYS, ACSPs and Aboriginal communities.

The Aboriginal Family Care Workers provided important liaison between FACS and Aboriginal communities to prevent placements, ensure placements were appropriate,

improve the quality of information and understanding regarding Aboriginal communities and assist in establishing more appropriate culturally sensitive services. The Aboriginal Family Care Workers also assisted FACS in matters relating to children at risk, referral and reports of families in crisis, attending relevant case conferences and monitoring work in relationships between agencies and the Aboriginal communities.

#### *Recommendation 7*

*That Aboriginal Family Care Committees and Aboriginal Family Care Workers be established in strategic locations to ensure close liaison between Aboriginal communities, families and individuals and work closely with local FAYS and ACSPs staff on welfare decisions that impact on Aboriginal services.*

### **3.2 Relationships**

The Terms of Reference for this Review focus primarily on clarifying the administration, management and systems of service delivery in Alternative Care. The lack of clarity of the roles and functions of stakeholders has contributed to the deterioration in the relationships between parties. While clarification on governance and management structures will provide an important basis for the future planning and delivery of Alternative Care services, it is critical that relationships between the various stakeholders are addressed before any improvement will occur.

The restructure of the program in 1997 created significant difficulties in providing services for Government and non-Government agencies. It required major changes to the roles of agencies both within Government and non-Government. The restructure was predicated on the separation of funder, purchaser and provider roles. The CAFWA submission considered that current arrangements apply the 'old fashioned approach to purchasing and contracting (which unfortunately seemed to be a feature of the current practice) are too narrowly focused on rigid notions of accountability and less able to foster a sense of continuous improvement and problem resolution.'

The separation of purchaser and provider roles has caused significant negative unintentional consequences. Different stakeholders have assumed responsibility for their part of the system without sufficient regard for the roles and responsibilities of other parties. There is a lack of identification with the whole system by all parties and little integration of services to provide continuity of care. A culture of blame has developed between different stakeholders. FAYS blame the ACSPs for inadequate placement options and the non-Government sector blame FAYS for insufficient cooperation in the development of more creative service types, poor practices in the referral of children for placements and ongoing case management. Such a culture is not conducive to an environment that resolves differences.

A significant number of submissions referred to the serious deterioration in relationships between DHS, FAYS and ACSPs during the past four years. The CAFWA submission states 'The most pressing and serious issue confronting the current Alternative Care system relates to dysfunctional relationships between stakeholders. This relates to several levels of transaction but is most marked in the area of non-government service providers/DHS/FAYS/Carer relationships'.

Submissions raised the importance of trust between all stakeholders and roles not being interpreted in ways that exclude partnerships with other key organisations. Concern was expressed by the non-Government sector that Government has operated in a manner that infers control or ownership of the program, rather than recognising the mutual interdependence between various ACSPs, staff and carers. It is also indicated that separation of purchaser and provider roles has produced the adversarial environment – 'a culture of blame and buck shifting'. Other concerns were expressed by the Government sector that some of the ACSPs were uncooperative and unresponsive to providing the necessary placements for referred children.

The Alternative Care program will always experience some frustrations in providing the range of services for children and youth. It will continue to rely heavily upon the dedication and goodwill of carers, and the mix of Government and non-Government service providers. It is imperative that all stakeholders work in a cooperative and collaborative environment. Improved relationships were to be one of the features of the restructured Alternative Care system in South Australia. *The Services and Funding*

*Plan for Alternative Care Services in South Australia* (DFACS, 1996) articulated a core set of principles to underpin the new system including ‘the importance of collaboration and partnership between all parties, which is underpinned by respect for and due recognition of the contributions and perspectives of children, adolescence, those families, carers and professionals.’ This principle is just as relevant in 2002 and there is a clear responsibility to undertake initiatives to re-establish relationships, recognise respective roles and build on mutual respect.

### **3.3 Communication**

The importance of establishing regular communication with all levels of stakeholders in Alternative Care was emphasised in almost all submissions. The confusion of roles and responsibilities, particularly between DHS and FAYS, resulted in poor communication. There has been a general lack of information exchange, advice and accountability across the Alternative Care program. Submission 10 from foster carers indicated confusion regarding the responsibilities of the different parties in providing support to the child and carers. One submission from a carer stated ‘It is hoped that this review will make changes which provides foster carers and other parties in Alternative Care with a clear structure, so there is more understanding and recognition of each party’s important role within Alternative Care.’

Communication is critical in creating a more inclusive culture across all stakeholders. A communication strategy that provides opportunity for input from the different stakeholders will provide more coherence in both the planning and coordination of services. The majority of submissions recommended that the primary responsibility for coordinating the communication strategy be located with the ACU. A coordinated communication strategy would involve advice regarding the roles and responsibilities of the stakeholders, new policy initiatives and developments, any changes in practice or protocols and training events and forums.

### *Recommendation 8*

*That the ACU establish a project involving ACSPs, FAYS and carers to design a communication strategy to determine the nature of information and its relevance to the different stakeholders and appropriate means of disseminating information.*

### **3.4 Environment**

The period 1996 -2000 saw an unprecedented demand for Alternative Care services in all States and Territories. The overrepresentation of Aboriginal children in care continued, despite the implementation of Aboriginal Child Placement Principles, with placement of Aboriginal children with non-Aboriginal families continuing as a major practice issue. Children coming into care were older with high levels of need than previously experienced.

In 1997 the organisational changes for Alternative Care in South Australia were substantial. Large numbers of carers were transferred from FAYS and a range of other non-Government providers to new ACSPs. Not surprisingly these changes created significant disappointment for many providers with a history of service in this program. There continues to be some unresolved issues for number of Government, non-Government providers and carers that affect the ongoing efficiency of the service as well as plans for the future.

In view of this history a number of submissions, while advocating clarification of future roles, stated strongly that the system could not survive further radical changes. There are concerns that, if structural changes were as substantial as occurred in 1997, it would result in significant disillusionment for carers, and staff in ACSPs and FAYS. As one carer stated 'there view should not make too many changes, which cannot be understood by carers'. Submissions from ACSPs, while recognising the need for change and additional service provision, considered an incremental approach is necessary. The CAFWA submission stated 'it is CAFWA (SA)'s view that while changes and enhancements are clearly needed to the system of Alternative Care a radical overhaul of

services and programs is not required. Rather, what is needed is an nurturing of existing services and the strategic and well considered expansion of program and care options to address the obvious gaps and shortcomings.’

### **3.5 Lack of Diversity**

The traditional reliance of South Australia on family based care has resulted in less availability and diversity of placement type for the increasing number of older children and young people with complex needs. There has also been little attention to developing some specialist family carer service models where carers are trained, highly supported, receive higher levels of payment and are regarded as part of the professional team. The Specialist Placement Services, piloted successfully by FAYS, utilised this model and would provide a good starting base for expansion for the services that some young people are requiring. It would also relieve the pressure on other carers, who are currently being asked to take these young people without the infrastructure in place to support them, and with resulting high level of placement breakdown and carer burnout.

The Discussion Paper raised a number of questions regarding the possible expansion into congregate care models and IPCs. Responses to these questions favoured increasing the diversity of placements, but the support was conditional upon additional resources being found for these initiatives and not occurring at the expense of existing services.

This matter is addressed more fully later in report.

## **4 ROLES AND RESPONSIBILITIES IN MANAGING ALTERNATIVE CARE**

### **4.1 Department of Human Services**

#### **4.1.1 Functions and Structures**

DHS provides a wide range of human services involving health, housing and community services that are most relevant to the needs of children in out-of-home care. It has the following roles and responsibilities:

- to ensure that publicly funded human services are strategically planned and developed, are appropriately resourced and work harmoniously and effectively within the whole of government policies and administrative requirements
- to be accountable within government for the overall performance of the publicly funded South Australian human services system
- to provide high level support to the relevant Ministers
- to allocate funds to providers of human services and programs on a properly planned and considered basis taking into account of population requirements, government policy, defined outcomes and the availability of resources
- to provide support, as appropriate and necessary, to enable the efficient and effective provision of high -quality human services and programs within available resources.

DHS *Statement of Reconciliation* and the Iga Warta Principles

DHS has a *Statement of Reconciliation* that commits it to:

- *actively working to increase the number of Aboriginal people in decision-making positions*
- *incorporating Aboriginal needs, issues and positive outcomes in all planning, including consultation with the stakeholders and Aboriginal Communities*
- *increasing the understanding of Aboriginal Identity and experience in the portfolio and in the broader community*
- *actively promoting the needs of Aboriginal people across government and in the general community.*

The above principles are important DHS and FAYS commitments to Aboriginal individuals, groups and communities in the administration of the Alternative Care program. These matters are discussed more fully later in the report.

### Priority Access For Guardianship of Minister Children

The potential for creating priority access to mental health, disability, child and adolescent and housing services was considered important in addressing inequities that impact on children, young people and families at risk and those currently involved in the Alternative Care system. The responsibility for preventing entry to the child welfare systems should rest with the whole of DHS, not just FAYS. Primary health care services and community services are well placed to provide these services. A number of individuals and organisations consulted during this Review expressed concern regarding the inability for children who are under the Guardianship of the Minister (GOM) to obtain access to services provided by DHS. Several initiatives, including the 'Gold Card' project, to date do not appear to have achieved easier access to services.

#### *Recommendation 9*

*That DHS with stakeholders establish a project to examine the special needs of children in care and develop specific strategies to ensure they receive priority access to the range of relevant services provided/funded by the portfolio.*

### Aboriginal Services Division

The Aboriginal Services Division (ASD) is the principal source of advice to the DHS on policies that impact on the lives of Aboriginal people and communities. It is responsible for developing, planning, coordinating and monitoring services for Aboriginal people and communities funded by DHS. The Division works closely with a range of Aboriginal communities and will also need to have linkages with the ACU. The Aboriginal ACSPs also require a higher level of support to increase their service capacity as well as assist in the design of culturally appropriate services.

The overrepresentation of Aboriginal children in care and their placement options has been subject to recent review by the Review of Aboriginal Children in Non Aboriginal Care Team. Greater priority has been placed on developing a range of strategies to

improve current services to Aboriginal individuals and communities. Additional Aboriginal staff has been recruited to the Country and Disability Services Division.

#### *Recommendation 10*

*That DHS Aboriginal Services Division work closely with ACU in providing advice on strategies to improve consultation, planning and service development for Aboriginal children, families and communities.*

#### 4.1.2 The Alternative Care Unit

The Discussion Paper outlined the background to the creation of the Alternative Care Unit (ACU) within the Country and Disability Services Division of DHS. Earlier consultations with stakeholders had identified that the lack of a definable Alternative Care program management structure, had exacerbated difficulties in the administration of Alternative Care services. There was considerable confusion between DHS, FAYS and ACSPs regarding a number of important program management functions including levels of funding, accountability, service standards and negotiation around developing new services. It was for these reasons that the ACU was created.

#### ACU Functions

The creation of the new ACU has combined a number of functions previously operating within both DHS and FAYS. Those elements included the Central Alternative Care Unit (CACU); Children's Payments (contacted to FAYS); Program Review; Care Approval and Registration Service (CARS), and Special Investigations.

The Discussion Paper outlined the main responsibilities for the newly created Manager of the ACU as follows:

- Developing, implementing and monitoring relevant plans, strategies, policies and procedures;
- Monitoring, reporting and analysing the effectiveness, nature and extent of Alternative Care arrangements/services provided;

- Reconciling priorities against available resources for relevant service planning, development and implementation;
- Facilitating the contracting of relevant providers;
- Establishing and implementing systems to monitor and report on contract inputs/outputs;
- Participating in major reform projects, either as a project leader or a project participant.
- Monitor and report on the nature, scope and delivery modes of the services provided;
- Influencing service providers and purchasers to capture, analyse and report on data regarding service models, strategies, policies and program outcomes/outputs;
- Reporting to management and other relevant officers on developments and issues relevant to existing service provision, developments and/or trends;
- Keeping abreast of innovative service delivery models, promulgating findings where appropriate;
- Liaising and negotiating with service provider organisations regarding their role and influence on services provided.

The majority of submissions to the Review supported the consolidation of program management within DHS, separate from FAYS. No respondents disagreed with the changes with some describing it as ‘long overdue’. Others stressed the importance of ACU working closely with, and obtaining access to, expertise in other programs provided by DHS including Aboriginal, Disability, Mental Health, Education and Housing. One proposal considered CACU and Children’s Payments to be more operational and recommended that they be transferred back to FAYS. The separation of these functions from FAYS also reinforces their role as a provider. The Review considers CACU and Children’s Payments are important functions of ACU in maintaining close understanding of the financial pressures and difficulties in recruiting in maintaining adequate placements. ACU currently contracts Children’s Payments out to FAYS, however the Unit needs to consider policy issues such as:

- Standards for threshold assessments related to payments to carers
- Flexible packages of funding

- Indicative budget allocations
- Differentiation of funding to carers, agencies and children/young people
- Capacity to differentiate between models of service across providers.

*Recommendation 11*

*That the Alternative Care Unit's program management responsibilities include service standards/quality assurance, data collection, monitoring and reporting, licensing, CACU and Children's Payments.*

ACU's Interface With Service Providers

It was recognised that organisational structures will not, by themselves, overcome difficulties that have been experienced between the Government and non-Government sectors. An earlier recommendation related to the role of ACU in coordinating communication across Alternative Care stakeholders. Feedback identified it was critical for the ACU to: 'understand the coalface', meet regularly with service providers and carers and clearly define their 'modus operandi' with different stakeholders including the Foster Care Advocate.

*Recommendation 12*

*That ACU establish regular meetings and two-way information flow that ensure an ongoing, clear understanding of services and issues arising for carers, ACSPs and FAYS.*

Alternative Care Training

Training issues raised by FAYS, ACSPs and carers were similar. All expressed the importance of FAYS workers being trained in policy and procedures relating to Alternative Care and the Review understands this will be addressed by the central training unit established in September 2001. This training must also incorporate relevant cultural awareness and reinforce the importance of culturally appropriate

placements, particularly for Aboriginal children. The importance of collaboration in the coordination of across sector training activities was emphasised with FAYS and the ACSPs retaining responsibility for the initial and ongoing training of their workers and carers. ACU was recognised as providing an important across sector training coordination function.

*Recommendation 13*

*That ACU be responsible for coordinating across sector Alternative Care training and that all service providers retain responsibility for training of workers and carers.*

Ongoing training and support for carers was emphasised in a number of submissions to the Review. ACSPs were viewed as being responsible for the initial orientation and ongoing training. Carers low participation rate in ongoing training must be addressed if they to be involved as partners in case planning and child management. In these roles they will require additional skills to ensure effective management of children whilst in care.

During the consultations, suggestions were made regarding the benefits of consolidating community services training in a dedicated training centre, incorporating a range of current training activities across FAYS and the ACSPs. There are collaborative training models in some other States that involve active participation by the different stakeholders. In Western Australia, the independent Community Services Training Centre (CSTC) delivers an initial carers training course and carers are also able to access any other general training courses and ongoing specialist foster care training. The Centre has a dedicated carer training officer position to provide training for family carers, relative carers and Aboriginal carers. Experienced carers from the Western Australia Foster Care Association are paid to assist with the delivery of the training. The courses have accreditation linked to tertiary education institutions and can provide the basis for differential carer payments, based on experience and higher competency levels.

In New South Wales the Centre for Community Welfare Training (CCWT) is involved in a three phase Foster Care Training Project that addresses the training needs of prospective and existing carers.

Queensland has already developed accredited foster care training and there are several overseas models, including the PRIDE program, which train carers in specialised competencies and would be appropriate for adaptation to local requirements.

#### *Recommendation 14*

*That future consideration is given to establishing a training authority that consolidates a range of accredited community service training courses with linkages to other tertiary education institutions.*

#### Special Investigations

Special Investigations of carers are creating considerable difficulties for DHS, FAYS, ACSPs, and in particular, carers. A review of the Special Investigation Process was undertaken in 2001 and recommended a number of changes. The current practices frequently leave carers in limbo for excessive periods of time. This clearly is not satisfactory, either as a matter of natural justice, nor in creating a positive environment for attracting additional family carers at a time when there are significant shortages. It is understood that there are practical difficulties in implementing the full review recommendations. In view of the significance of this issue for carers, it is proposed that quick action be taken on matters that can be implemented immediately.

#### *Recommendation 15*

*That DHS accord high priority to resolving long-standing Special Investigations of family carers, using current procedures while the proposed new procedures are being developed within a broader DHS framework.*

## Data Collection

Some initial work was undertaken in developing standardised data collection and reporting for both placement and family preservation services in the new Alternative Care system. Flinders Institute of Public Policy and Management was contracted to develop, in consultation with stakeholders, key performance indicators and strategies for the collection, recording and reporting of the data. The ACSPs were to use them to provide six monthly reports to CACU. The financial assistance to assist them to upgrade their database infrastructure to provide data electronically never occurred. There appears to have been no clear agreement to ensure the ACSP's data collection and reporting mechanisms to CACU were consistently implemented.

During the past year there has been considerable financial investment in the DHS Client Data System that has provided improved data for the latter stages of this Review. Some submissions requested electronic databases software be designed and provided by DHS.

### *Recommendation 16*

*That DHS recommence negotiations with ACSPs to examine ways in which their data systems can be improved and made compatible with the DHS Client Data System.*

Further consideration needs to be given to the purpose, use and circulation of the six monthly statistical reports provided by the ACSPs to CACU. Regular analysis and reporting of the data collected should be made available to all stakeholders to assist with identifying trends in service usage, outcomes of service delivery and to inform the development of new services. The capacity of the new system for improved data reporting should contribute to evidence based planning and assist the recommended Alternative Care Advisory Committee's planning and monitoring responsibilities.

### *Recommendation 17*

*Regular statistical reports, incorporating information from the ACSPs' six monthly reports and DHS's Client Data System, are provided to the Alternate Care Advisory Committee and Alternative Care stakeholders.*

#### 4.1.3 Funding for Alternative Care

Submissions from ACSPs and FAYS to the Review indicated difficulties in responding to increased demands for flexible and innovative services within existing limited resources. Currently ACSPs receive a block grant to provide infrastructure and support in the recruitment, training and support of family carers. The funding allocated for this purpose does not directly relate to the number of carers required for placement or the number of referrals made. The current arrangements are not consistent with standard Government funding policies that vary allocations according to the number and complexity of cases. Unit costing operates in the majority of other human service programs and in the new IPC for difficult to place children and young people. The Review considers that the principle of unit costing should apply across the Alternative Care program and provide the basis for the future budget allocation process. The current arrangements create significant difficulties in the budget process.

The South Australian Youth Court independently determines the number of children and young people entering care and requiring Alternative Care services. While more emphasis on early intervention may reduce numbers, the ultimate decision is out of the control of DHS and FAYS. In view of these circumstances it is proposed that DHS negotiate with Treasury to establish a more evidenced based approach to the budgeting process for the Alternative Care program, incorporating the principle of unit costing.

#### *Recommendation 18*

*DHS negotiate with Treasury to establish an uncapped budget line for Alternative Care, based on an agreed benchmark of costs for different categories of individual care, and allocated on a prorata basis according to the volume of children requiring placement.*

Should negotiations with Treasury result in changes to the budget process for Alternative Care, it is important that the principle of unit costing is applied to both FAYS and the ACSPs. DHS should develop a funding framework that ensures a more equitable distribution of resources dependent on the number and level of difficulty of children requiring placement and family preservation services. This rationale is

consistent with feedback obtained during the Review for a funding policy framework that avoids some of the difficulties experienced in some other States, where resources allocated to ICP have been excessive and resulted in inequities across the spectrum of placements.

*Recommendation 19*

*That subject to negotiation with Treasury, DHS consider establishing a variable administrative budget for all ACSP's and FAYS on a prorata basis on the number and category of children requiring placement and family preservation services.*

A number of comments were received relating to Special Needs Loadings and Children's Payments. The Review is aware that DHS has conducted a recent review of Children's Payments and FAYS are in the process of standardising procedures for Special Needs Loadings and Children's Payments to address priority needs of the child. The Special Needs Loading is for children with high support needs because of physical, intellectual or behavioural issues. They recognise the additional effort or skills on the part of carers to meet the special needs of the young person in care. Currently 25% of all placements have a Special Needs Loading <sup>3</sup>. There has been a 528% increase in the 100% loading in the last four years. Half of those carers receiving 100% loading were because of behavioural difficulties of the child. ACSPs report inconsistency in the approval of loadings across District Centres.

Table 1 below outlines Children's Payments on subsidies, education grants, special needs and incidental also over the period 30th June 1996/97 to 2000/01. The table indicates that subsidies have increased by 29% during which time the number of children in care has increased by 12%.

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<sup>3</sup>FAYS Warehouse database

**Table 1 Children's Payments Expenditure from 1996/97 to 2000/01 (in 000's)**

	1996/97	1997/98	1998/99	1999/00	2000/01
Subsidies(A)	0	4,456	4,891	4,872	5,775
Education Grants(B)	0	417	564	354	479
Special Needs(C)	0	873	1,236	1,315	1,712
Incidentals(D)	0	1,654	1,519	1,359	1,834
<b>Total(E)</b>		<b>7,400</b>	<b>8,200</b>	<b>7,900</b>	<b>9,800</b>

Note 1: Carers granted 6.633% from 30/12/99

Note 2: Carers paid 12% increase from 15/07/00

Note 3: Expenditure is taken from CIS generated Children's Payments and should be used as a guide

## Brokerage

The Brokerage funding has also been under review and therefore was not specifically addressed by this Review. Brokerage funds are an integral part of Alternative Care and provide the necessary support for placements of children with special needs. Ninety five percent of the Brokerage funds are part of a Commonwealth / State Agreement which relate to the Supported Accommodation and Assistance Program and limits expenditure to the 14 -18 year age group. The funds are distributed proportionally to ACSPs through the Adolescent Community Care options. The remaining Brokerage funds, represent 5% of the total ACSPs budget, and can be applied to children 0 -18 years receiving placement or family preservation services. In 2000 -2001, \$640,387 was approved for Brokerage packages comprising \$425,650 SAAP funds and \$214,737 5% funds.

Brokerage was raised in the consultations and a number of submissions and the general perception was that the practice around Brokerage had deviated from the original intention.

Other issues raised were:

- The separation of decision -making (CACU), service supervision (FAYS) and administration (ACSPs) is not effective in ensuring equity or consistent service delivery.
- Brokerage works best in country areas where case plans have been developed collaboratively between ACSPs and FAYS in determining services required for the child.
- All workers require access to more knowledge and expertise around the best use of Brokerage funds and CACU is considered as the unit best able to provide this expertise.
- A number of stakeholders felt the availability of Brokerage has resulted in cost shifting from other more appropriate sources of funding such as DETE and Disability Services.
- The 'five per cent' Brokerage funds are insufficient to respond to the additional services required by younger children.
- The management of Brokerage is unnecessarily complicated.
- Access to other services is difficult in South East Country where there is more reliance on the employment of mentors to support placements.

## **4.2 Family and Youth Services (FAYS)**

### **4.2.1 Functions and Responsibilities**

FAYS responsibilities in the provision of support and services to children and families is sanctioned and controlled by the State Government Legislation through:

- Family and Community Services Act 1972
- The Children's Protection Act 1993.

The Principles articulated in the Children's Protection Act 1993, Section 4, provide clear guidance for dealing with children and the desirability of:

- keeping the child within his or her family; and
- preserving and strengthening family relationships between the child, the child's parents and other members of the child's family, whether or not the child is to reside within his or her family; and
- not withdrawing the child unnecessarily from the child's familiar environment or neighbourhood; and
- not interrupting unnecessarily the child's education or employment; and
- preserving and enhancing the child's sense of racial, ethnic, religious or cultural identity, and making decisions and orders that are consistent with racial or ethnic traditions or religious or cultural values

Section 5 contains provisions relating to Aboriginal and Torres Strait Islander children with consideration given to the general principle that:

(c)...an Aboriginal child should be kept within the Aboriginal community and a Torres Strait Islander child should be kept within the Torres Strait Islander community.

FAYS provides statewide services through 19 District Centres (DC's), Crisis Response and Child Abuse after hours service, Community Based programs, Community Residential Care (CRCs) and Secure Care facilities along with various centrally based services.

FAYS provision of statewide services includes:

- Statutory intervention in the areas of child protection

- CasemanagementservicesforchildrenandyoungpeopleundertheGuardianshipof theMinisterand/orrequiringalternativecare
- Supervision of Obligations, Community Service Orders, provision of alternative is todetentionprograms
- Arangeofanti -povertyservice
- Caseworkresponsesuchasinformationandreferral,toyoungpeoplewi thahigh needsoratriskofharm.

Community expectations for FAYS intervention have been increasing for a number of years. This has been the result of increased demand across a number of FAYS statutory responsibilities: in child protection notifications <sup>4</sup>, demand in relation to the anti -poverty program and the Youth Court services. The above Legislation demonstrates a narrowing of the definition of children requiring statutory removal. Despite the emphasis in the Legislation FAYS, as with the majority o f other State child welfare departments, is perceived as being over -interventionist with families. Improved relationships between FAYS and the Youth Court would lead to improved outcomes for young people and their families and an easing of the competing w orkload pressures for FAYS workers.

#### 4.2.2 Increased Demand for Alternative Care Placements

Since 1997 there has been a steady increase in children placed in Alternative Care in South Australia as indicated by the following table:

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<sup>4</sup> Child protection notifications increased from 8,895 in 95/96 to 15,181 in 99/00.

**Table 2 Children in Placement by placement type at 31 December 1997 to 2001.**

<b>Children in Placement - Point in Time Count at 31st December</b>					
	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>
AFC Intensive	15	3	1	1	1
Adolescent Family Care	14	46	8	10	11
Adolescent Reunification	3	1			
FAYS Emergency	35	43	29	28	29
Financially Assisted Adoption	15	11	13	12	10
INCR emand	3		4	6	7
INCSupport	5	5	1	4	7
Long Term Care	582	605	561	491	429
Missing	5				1
Non-FAYS Emergency	16	3		1	1
Relative Care	72	99	112	141	153
Respite From Birth Family	3	7	7	11	1
Respite From Foster Placement			2	2	
Respite with Additional Loading	1	3	1		
Shared Between Two Caregivers				1	1
Shared with Birth Family	1	1			3
Specific Child	63	64	58	84	112
Temporary Care	124	125	196	274	380
<b>Total</b>	<b>957</b>	<b>1016</b>	<b>993</b>	<b>1066</b>	<b>1146</b>

Note : Respite from one carer to another carer has been excluded from the the Data Warehouse Counts so as to ensure clients are not counted twice

FAYS submission noted that in the last calendar year there has been 8% increase in demand for Alternative Care placements across all District Centres, but there are regional variations with Noarlunga reporting a 30% increase.

In addition FAYS has identified a number of at risk groups with needs that are not met by the family care placements. Key among the groups are:

- children and young people exhibiting behavioural problems

- young people in the justice system
- Indigenous young people
- young people from country/remotelocations
- children and young people with a disability.

Proposals for the placement requirements of some of these groups are addressed in other parts of the report.

### Respite Care

The high demand for respite care, both crisis and planned, and the impact this is having on the Alternative Care system were raised in many submissions to the Review.

Respite care is seen as a key support strategy for both keeping families together and providing a temporary break for family and carers coping with high levels of stress.

**Table 3 Number of Respite Placement Periods by Age by Year**

Age group	97/98	98/99	99/00	00/01
0-4	262	539	620	578
5-7	296	513	621	678
8-11	541	773	915	1213
12-14	342	569	625	624
15-17	126	149	171	277
<b>TOTAL</b>	<b>1567</b>	<b>2543</b>	<b>2952</b>	<b>3370</b>

Between 1997 and 2001 the number of respite placement periods per annum increased by 115% with the 8 -11 year -old age group showing the greatest increase of 124%. This resulted in a 142% increase in budget expenditure for respite care from \$121,923 to \$295,464.

South Australian family carers are entitled to 52 days respite per annum and meeting this demand, and the increasingly difficult behaviour of young people placed with carers, has resulted in carers and birth families competing for the limited number of respite placements available. There was general consensus that availability of respite is not equitable for either carers or birth families and the criteria for placement needs to refocus on the needs of the child.

There were reports of some incidents of "bed hopping" of children over weekends involving children being swapped between placements and attracting the higher respite rate of subsidy. These claims were investigated by CACU and the practice was not widespread. The demand for carer respite is more a result of family based care being used inappropriately for young people with challenging behaviour, with inadequate levels of support for either the young person or the carer. Carers of children and young people with severe disabilities also have a genuine need for respite that cannot be provided.

Submissions requested that respite be provided in more innovative ways including:

- planned shared care where parents and carer share the ongoing responsibility of the child while working toward independent home -care or alternatively, where two carers are paid to share the planned care of a young person with disabilities;
- school holiday activities;
- children and family camps;
- regular day -care.

There was also some support for separate budgets for respite care for birth families and carers.

If the improvements proposed around the management, practice and support of placements are implemented, it would be anticipated that the demand for respite placement might overtime decrease. In the interim it is recommended that the current system of 52 days carer respite be replaced by system which allocates eligibility for respite units, based on the young person's special needs and delivered by whatever method is considered appropriate for the young person's age and circumstances.

#### *Recommendation 20*

*That the current system of 52 days carer respite be replaced by system which allocates eligibility for respite units, based on the young person's special needs and circumstances.*

#### 4.2.3 Early Intervention Services

A number of the submissions to the Review noted the lack of early family support services for families. One submission stated, 'The child welfare system still operates with a significant bias against family preservation and towards placement.' There are concerns that since 1997 there has been a loss of expertise in family support programs and a narrowing of programs, scope and duration in both the Government and non-Government sectors.

While the discussion around the need for more integrated early intervention services is included under the FAYS heading, the Review has already identified that responsibility for the improved delivery of early intervention services lies with all parts of DHS, not just FAYS. Equally the non-Government sector is funded under a range of programs, including Alternative Care, to deliver these services. One submission commenting on the need for a range of services to prevent children entering the Alternative Care system said 'To be successful it requires a whole of community and whole of Government approach.'

The withdrawal of Federal funds and the increase in statutory notifications has been a significant factor in reducing both Government and non-Government capacity to provide early intervention services. More compassionate responses for vulnerable families are required and families should not be expected to reach the point of breakdown before services are made available. Currently the majority of Family Preservation services are directed to reunification rather than placement prevention. There is a clear need for dedicated resources to both. To avoid resources for placement prevention services moving to reunification, it is proposed that a separation of budget allocation is required. The additional resources for placement prevention should not be achieved at the expense of existing resources in family reunification.

*Recommendation 21*

*That DHS give priority consideration to making available additional funding to be quarantined for placement prevention.*

There also appears to be significant confusion in the use of the terminology relating to family support, early intervention and family preservation. The Discussion Paper questioned whether FAYS service delivery could establish Family Preservation Teams in District Centres. The responses varied, some indicating that FAYS District Centres currently provide such services, and others suggesting that separate teams should be created in order to focus more on placement prevention rather than reunification. The Review is aware that a number of District Centres have restructured their social work teams, creating Family Preservation Teams that work very successfully in reuniting families. However competing work pressures and accountability to the Youth Court have resulted in the majority of resources and work focusing on reunification for children on 12 month orders.

The FAYS submission indicated that the current high caseloads mitigate against working intensively with families to prevent placement noting that 'FAYS recognises it has an ongoing role in this area, however it is resource intensive, therefore for District Centres to take an increased role in providing family support and family preservation services there will need to be appropriate costing and injection of funds'.

It was also noted that the complicated referral process and delays in obtaining family preservation services through the ACS Ps, and the time limited nature of the service response, has meant that placement has increasingly become the first option for FAYS workers. There are also concerns about the long term effectiveness of the interventions provided. As there is no follow up with families or client satisfaction surveys completed the outcomes are largely unmeasured. Anglicare provided an audit undertaken in June 2001 of 60 families who had received Family Preservation services - the majority (52%) for reunification. Of the 31 families referred, reunification with birth family had been achieved in 16 (52%) cases.

Senior Social Workers in FAYS have undertaken several projects around reunification practices in South Australia, for the purpose of preparing improved practice guideline s and training for workers. There is a need for further investigation around, which agency is best placed to provide family preservation services, and which services are the most effective in achieving long term improvements in families. One submission n oted 'there can be difficulties with a statutory agency providing therapeutic services - families may not wish to work with social workers who have been involved in removing children from their care, or who have the authority to remove.'

The Review considers that both Government and non -Government agencies must have the capacity to provide early family support. In *Directions in Out of Home* <sup>5</sup> it was noted, 'This gives further support to the idea that to maximise beneficial effects, interventions by preservation and reunification services need to be integrated with other out of home care and general welfare services, which provide ongoing support to families.'

### *Recommendation 22*

*That early intervention/family preservation is incorporated as an integralelement in all service intervention across both FAYS and ACSPs.*

The Review recognises the difficulties of the social control agency providing some family support services. However it must also be recognised that there are dangers in

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<sup>5</sup>Sultman and Testro *Directions in Out of Home Care - Challenges and Opportunities* (2001) p18.

social control models that do not provide the range of services through the continuum from early through to statutory intervention. Without the full range of services, agencies with social control mandates can adopt a forensic, investigative approach that ignores the opportunity for alternative intervention strategies.

*Recommendation 23*

*That FAYS District Centres establish service structures that ensure dedicated staff time/positions for placement prevention and work closely with the relevant ACSPs to achieve delivery of early intervention and family support services.*

*Recommendation 24*

*That FAYS District Centre staff receive training in early intervention/family preservation work.*

#### 4.2.4 Case Management

##### Case Practice

In early consultations ACSPs reported a major variation in practice and decision making around Alternative Care across FAYS District Centres. *The Child Protection/Alternative Care Manual of Practice (1999)* provides detailed practice guidelines across the spectrum of decision-making around Alternative Care services. However the guidelines are not always followed. Examples of inconsistent practice were:

- only 25% of adolescent referrals have a case plan
- insufficient priority on Aboriginal Child Placement Principles

- young people are not involved in development of case plans
- inadequate information is provided on the referral sheet either for appropriate placement matching or to assist carers to meet young people's needs
- briefing meetings following placement breakdown are not held and
- young people in long-term care have no allocated caseworker.

In response to these concerns, the FAYS submission to the Review outlined recent work undertaken with ACSPs to identify shared practice objectives and standards. These standards involve:

- All children in Alternative Care having a case plan and an Alternative Care Agreement
- An Alternative Care Agreement will be made within four weeks of placement
- An Alternative Care Agreement will be developed in partnership with the ACSPs, FAYS workers, children and young people and other workers as appropriate
- Agreements will be signed by key people and disseminated within two working days of completion
- Case Plans and Alternative Care Agreements will be reviewed in line with agreed timeframes
- Prior to placement as much detail as possible will be sought from families regarding the child or young person
- Information will be recorded electronically within the Basic Information Record
- The Basic Information Record will be continuously updated and information provided to the ACSPs and carers.

These standards have been trialled at Aberfoyle Park and both carers and ACSPs were extremely positive about the impact they have had on both case management and relationships. If these standards were implemented for all placements it would

substantially improve the planning and case management of children in Alternative Care.

Implementing the Life Domains Model (adapted from the Looking After Children model) that is currently being trialled by FAYS across all District Centres will also significantly improve client outcomes for children in Alternative Care. Most importantly Life Domains incorporates consultation with the child, care giver and the birthparents.

#### *Recommendation 25*

*That the Practice Objectives and Standards developed by FAYS and ACSPs, are implemented across all District Centres with the involvement of the relevant local stakeholders.*

#### Delegation of Case Management

A number of submissions from carers and ACSPs proposed that consideration be given to enable delegation of case management responsibilities to non-Government ACSPs for children who have been in family care for periods exceeding eighteen months.

New South Wales recently passed legislation that will result in delegation of specific Guardianship authority to non-Government agencies. The legislation is yet to be proclaimed and is expected to take effect later this year. Part of the rationale for these changes, is to provide more continuity and consistency in the care of children. It is understood that there are a number of legal, administrative and financial issues to be considered prior to implementation.

### Care Exceeding Five Years

The Review Discussion Paper indicated that South Australia has the highest per capita number of children in Alternative Care for a period of five years or more (39% compared to a national average of 20%). Insufficient is known regarding this particular group of children, however if they have been in stable placements for prolonged period of time, there is less likelihood of them being returned to the birth family. There are significant difficulties in providing continuity of care for children in longer term placements where the carer is supported by one agency and the child by FAYS. Consultations and feedback indicated that children in more stable long term care, in reality, receive little support or visits from their FAYS worker. The increase in child protection notifications has placed additional pressures on FAYS staff and reduced their ability to adequately service children in longer term placements. For these reasons it is proposed that criteria and procedures should be established, consistent with permanency planning principles, to enable delegation of case management responsibilities for children who have been in family care for periods exceeding 18 months. Consideration would need to be given to additional resources being transferred to the non Government ACSPs.

### *Recommendation 26*

*That the Practice Objectives and Standards developed by FAYS and ACSPs, are implemented across all District Centres with the involvement of the relevant local stakeholders.*

### *Recommendation 27*

*That criteria and procedures be established to enable delegation of case management responsibilities to ACSPs, for children who meet permanency planning principles and have been in family care for periods exceeding 18 months.*

## Relative Care

Another area where South Australia Alternative Care statistics shows significant variance to other States is in the use of relative care. In recent years relative care has become the preferred first option for children who must be placed apart from their birth family's. Comparative statistics at 30 June 2001 indicate that 13% of all children placed in care in South Australia were with relatives. This percentage is significantly lower when compared to other States:

New South Wales	55%
Victoria	31%
Western Australia	48%
Queensland	39%
Northern Territory	30%

The current barriers to increasing the use of relative care are discussed more fully in the section on Services for Aboriginal Families.

## Access Visits

Higher frequency access orders are becoming common for both children in short and long term care, in line with the greater emphasis on family preservation.

There is concern about the logistics of organising these access visits and the supervision of access visits by either FAYS workers or volunteers with minimal skills and experience. The access visits are often emotionally destabilising for the child, family and carers and, if not well managed, can contribute to placement breakdown.

Frequently access visits for Aboriginal children are supervised by non-Aboriginal workers providing little opportunity to support the children's need to maintain cultural links.

*Recommendation 28(a)*

*That DHS and FAYS evaluate the current usage and practices surrounding access visits and establish sensitive ways of improving support for all parties involved.*

#### 4.2.5 Services for Aboriginal Families

The recent Review of Aboriginal Children into Non-Aboriginal Care has highlighted that the existing alternative care system is inadequate in meeting the needs of Aboriginal children. Approximately 60% of Aboriginal children requiring long-term care, are placed with Aboriginal families. Current DHS policies and programmes designed to be ‘culturally appropriate’ have not enhanced Aboriginal autonomy in Alternative Care decision-making and have not resulted in improved outcomes consistent with the Aboriginal Child Placement Principles.

It has been recognised that there are insufficient numbers of Aboriginal staff in FAYS policy, planning and service delivery in District Centres. The distribution of Aboriginal workers is uneven and few occupy senior positions. The lack of representation has impeded implementation of good practices and policies relating to Aboriginal services.

Lack of appropriate cultural training around the complexities of Aboriginal placement decision-making has resulted in the current overrepresentation of children in care. Some submissions considered that FAYS service structure of separating Aboriginal Child Protection and Alternative Care created an artificial distinction that ignores the close interdependency between these services. The Review of Aboriginal Children in Non-Aboriginal Care Team submission stated ‘the interdependency between Child Protection and Alternative Care service means that any overhaul of Aboriginal Alternative Care service delivery cannot expect to be effective in the absence of a similar review of Child Protection services. For example, the successful application of the Aboriginal Child Placement Principle requires intervention at the ‘front end’ of FAYS service delivery.’

A number of submissions identified the lack of available Aboriginal consultative mechanisms at service delivery level. It is important that FAYS District Centres build local level relationships with the Aboriginal communities and ACSPs. This matter was more thoroughly addressed earlier in the report with recommendations for the establishment of Aboriginal Family Committees in local strategic locations. Services provided by the Metropolitan Aboriginal Youth Team (MAYT) reinforce the importance of building on practice knowledge and achieving partnerships and linkages with Aboriginal communities with adequate resources.

Submissions also highlighted the lack of alternatives to family based care that are not appropriate for sibling groups or Aboriginal children with disabilities.

The Aboriginal Child Placement Review Team has developed an Aboriginal Child Placement Checklist that addresses the child's cultural needs and the extent to which the worker has applied Aboriginal Child Placement Principles. This was developed as a quality assurance tool for use in casework assessment and review. The checklist, if applied systematically and in conjunction with cultural training and community consultation, would provide an improved framework for decisions around placement for Aboriginal children.

The Aboriginal Child Placement Principle file review has highlighted that Aboriginal relative care placements are rarely provided with the support required to prevent breakdown. All providers are struggling to deliver more diverse and targeted services within limited budgets. Successful child placements or reunifications reconnect the child with his/her family 'system'. It is well recognised that culturally sensitive Aboriginal Child placement relies heavily on relative care. The most recent data on the Aboriginal relative care<sup>6</sup> indicates that in South Australia, 20.7% of Aboriginal child placements are with relatives (the lowest in Australia) compared to NSW with 68.2% (the highest). These figures highlight the need to change existing practices.

FAYS workers identified several impediments to using relative care. They were not confident of finding appropriate relative placements because of inadequate time,

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<sup>6</sup>P812 Report on Government Services 2002

insufficient knowledge of Aboriginal networks and a lack of access to financial and other supports.

The importance of Aboriginal relative care requires greater flexibility of resources, both financial and practical, to assist Aboriginal relative carers without unnecessary bureaucratisation. The delicate nature of this balance was noted in the NSW *Community Services Commission Inquiry Into the Practice and Provision of Substitute Care in NSW -2000*. 'The challenge is to incorporate relative care into the system in a way that is culturally appropriate, provides assurances about the best interests of the child being met, and allows for the provision of support and assistance we needed or a 'handsoff' or minimal intervention approach where appropriate'.

*Recommendation 28(b)*

*That DHS in conjunction with FAYS and Aboriginal ACSPs develop a framework to provide capacity to support relative care as a preferred first option for children requiring Alternative Care placement*

*Recommendation 29*

*DHS through ACU, review the current relative carer approvals and payments to support more relative care placements, particularly for Aboriginal children.*

#### 4.2.6 FAYS Future Role in Alternative Care

The FAYS submission to the Review identified that it has a critical role in the following parts of the Alternative Care system:

- early intervention
- assessment and referral
- case management
- family support including reunification
- programming

- placement options: packages and supervised care
- sustaining system capacity: training, support carers, contributing to system culture and function, linkage of system elements etc.

There is general agreement in the submissions regarding the requirement for FAYS to continue to work with a small number of "hard end young people" requiring Alternative Care placements whose support needs are disproportionately high. The FAYS submission stated 'FAYS should continue to provide placement opportunities for young people with complex and high risk needs unable to be maintained in family based care'. Their submission also indicated that FAYS could play a role in provision of intensive congregate care models, specialist models (e.g. RINC), individual packages and transition placements.

In 2000 -2001 there were 149 admissions <sup>7</sup> to the six Community Residential Care Centres (CRC's) currently operated by FAYS. Many of these children and youth exhibited disturbed behaviours and had multiple placement breakdowns and would therefore not be considered appropriate for family care. The current practice of using the CRC's as a placement of last resort results in children and youth remaining in the placement for prolonged periods of time because of difficulties in finding an appropriate next alternative care placements.

Of the 54 residents in CRCs on 30th June 2001:

- 11 had been residents longer than 365 days
- 4 had been residents for 270 -365 days
- 8 had been residents for 180 -270 days
- 14 had been in residents for 90 -180 days

Examination of Alternative Care systems in other states of Australia indicates similar difficulties. The CRC's are currently not identified as integral to the Alternative Care system and are an important part of the system that need to be used more effectively.

*Recommendation 30*

*That CRC's are recognised as an integral part of the Alternative Care system and included in consultation and service planning in the same way as other ACSPs.*

The CRC's have a role in the Alternative Care system for the more difficult children and young people. These young people require early identification and intervention prior to experiencing multiple placement breakdowns. Once identified as having high levels of need, placement in a CRC would allow for assessment, stabilisation of behaviour and development of a workable case plan. The CRC's also require outreach workers who can make contact with the young person's family and provide ongoing support, for a set period, once the young person has left the CRC.

Currently two CRC's have been delegated some responsibilities for assessment. Submissions to the Review proposed one of the existing CRC's specialise in assessment, and emphasised the importance of accurate assessment and stabilisation of difficult to place children, as an important component in enhanced case management to reduce the breakdown of subsequent placements.

*Recommendation 31*

*That one of the existing CRCs become a specialised assessment centre for children and young people with high needs, many of whom have experienced multiple placements.*

*Recommendation 32*

*Consideration is given to CRCs providing some outreach support to children and young people consistent with conditions outlined in the Case Plan.*

Through the Adolescent Joint Venture Project in 1999, FAYS has already developed knowledge and expertise around a number of services they piloted. These included Muggy's Accommodation Service, in partnership with the Salvation Army, to support young people in transition to the community. A second pilot Specialist Placement

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<sup>7</sup>DHS Data Warehouse

Services (SPS), modelled on the successful Remand Intensive Neighbourhood Care (RNC), provided intensely supported family based care for 13-17 year olds.

Both these pilots have had considerable success in stabilising young people's behaviour and identifying the key practice and service features required to work with young people with high support needs. These new services were developed following considerable research on the client group and their placement requirements, but without development of long term funding options or the clients' ongoing support and placement needs. The results of these pilots require further development within the context of greater integration with other Alternative Care services for adolescents and high need young people.

### **4.3 Alternate Care Service Providers**

The 1977 reorganisation of Alternative Care resulted in the contracting out of almost all Aboriginal and non-Aboriginal Alternative Care services to non-government ACSP's to service specific geographic locations. Family carers who were previously working for FAYS were transferred to the non Government ACSPs.

The tender process resulted in all family preservation and placement services being provided in the metropolitan area by Anglicare SA and Aboriginal Family Support Services (AFSS), in southeast country by Anglicare Community Care and AFSS, in the northern country by Port Pirie Central Mission/Centacare Whyalla and in Coober Pedy and the Anangu Pitjantjatjara Lands alternative care placements were managed by FAYS Coober Pedy District Centre. Anglicare was also contacted to provide a statewide Disability Service. Port Lincoln Aboriginal Health Service was later contracted to provide services for Aboriginal families in the north-west country area and in July 2000 Waltja Piti Aboriginal Alternative Care Program was established under the auspices of FAYS Coober Pedy.

The non-Government ACSPs were contracted to provide matched placements in response to all referrals. To achieve matched placements they are required to recruit, assess and train family carers and provide ongoing support to carers. They also take

referrals from FAYS for Family Preservation services and are contracted to undertake the administration of Brokerage money to support placements.

All ACSPs reported difficulties in recruiting new carers, especially for adolescents or high support needs children, and retaining carers long-term. The total number of carers has remained the same during a period of increased demand. This has contributed to their inability to provide a matched placement for all referrals, particularly in the metropolitan area. The culture of blaming the other party is evident in the non Government ACSPs as well as FAYS. The pressure for placements, particularly in the metropolitan area, has produced resistance by the ACSP in responding to referrals for placements. As mentioned earlier, neither party sufficiently recognises the other's pressures.

Since 1997 there has been a marked increase in referrals for respite care as discussed earlier in the report. Anglicare report a 200% increase for respite placements that cannot be met. This increase is considered to be a result of more referrals of children with disabilities, foster carers requesting respite for children with high support needs and requests for respite from birth families.

ACSPs also report placement difficulties around the increasing number of children in care that have been excluded from school. Other arrangements then need to be put in place for day options to support the placement.

The lack of complete referral information provided for children requiring placements also prevents appropriate matching. CACU endeavour to go back to FAYS workers to collect additional referral information, but all ACSPs reported difficulties around gaps in information and case plans and ongoing issues with FAYS over carers' right to receive confidential information.

Aboriginal ACSPs have experienced similar difficulties in recruiting new carers, although there has been a slight increase during the past year. All Aboriginal ACSPs made the following observations:

- The need for closer relationships and formalise systems in working with FAYS District Centres.

- Joint training of their staff with FAYS staff.
- A strong emphasis on the family preservation to minimise child removal.
- Family Preservation requires a female and male worker to accommodate Aboriginal community customs and mores.
- Priority attention is required to ongoing access and contact between the child/family and community.
- Strong support for additional congregate care options.
- The current brokerage processes are unclear and need review.

Below is a summary of issues that arose from the different non-Government ACSPs following consultations and submissions to the Review.

#### 4.3.1 Anglicare SA

Anglicare SA delivers Alternative Care services in the northern and southern metropolitan areas of Adelaide through its Family and Community Development Department. The central parts of their service delivery are:

- the support of birth families to prevent placement (Family Preservation)
- the support of placements when placement of a child or young person is necessary
- the support of carers
- the reconnection and strengthening of birth family relationships for children and young people in care, where appropriate.
- A state-wide disability service

The range of placement options includes respite, emergency, short and long term family care. To address the shortage of placements for adolescents, Anglicare has developed

some additional service types of special youth carers and assessment and planning units. There have been difficulties between DHS and Anglicare relating to the development and creation of these new service responses. The number of young people who have received the services is small and with variable outcomes and it is difficult for the Review to comment on the effectiveness or appropriateness of these new services.

Anglicare, as the largest ACSP covering all of the metropolitan area is required to respond to the largest number of referrals. Relationships between Anglicare SA and FAYS have not been constructive for reasons outlined earlier in the report. It is critically important for the future of service provision, that the history of unresolved issues between the two agencies are dealt with quickly in order to provide a constructive base for the future planning and development of metropolitan family preservation and placement services.

Protocols and mutual understanding between DHS, FAYS and Anglicare need to ensure a collaborative approach and practices around: referrals with supporting information and case plans; consistent case management by FAYS; a full assessment of the difficulties of the children requiring placement; the process for matching children to carers ability; regular and high level support to carers; and the capacity to recruit and train skilled carers for the more difficult children and adolescents. The substantial increase in referrals has undoubtedly placed significant stress on Anglicare's capacity to place all referrals. Their inability to attract and train sufficient carers with higher levels of competence and more appropriate matching has meant that children are experiencing higher levels of placement breakdown. In 1997, 61% of all children in care experienced one placement, compared to 2001, when the number decreased to 50%.

#### 4.3.2 Anglican Community Care

Anglican Community Care provides Alternative Care placement services and family preservation across the South East, Murraylands and Riverland regions. Information collected during the Review identified a number of issues impacting on service delivery including:

- The 5% allocation of Brokerage funds are inadequate to support the increasing number of 10 and 11-year-olds requiring services.
- Country ACSPs and family carers require separate consideration in negotiating funding agreements and carer payments in view of the higher travel and other costs for the more isolated areas.
- While there may be inconsistency of case practice in different locations, the country ACSPs experience more constructive and cooperative relationships with their local FAYS staff.
- Cross sector training is most important for relationship building. Accredited training modules for carers that can be easily as a priority delivered in country locations.
- A clear agreement with ACSPs on data collection and reporting processes will significantly improve working relationships.
- Respite care alternatives other than family care are required eg. holiday camps.
- Current delivery of respite care creates difficulties and support consideration be given to dispersing respite funds on an individual unitary system according to needs, as occurs in the Disability program.
- Strong support for flexible small congregate care services in large country regional centres.

#### 4.3.3 Whyalla Centacare/Port Pirie Central Mission

Whyalla Centacare/Port Pirie Central Mission covers the northern geographic areas of Port Pirie, Port Augusta and Coober Pedy FAYS District Centres. They employ a Manager, with 4.5 Full Time Equivalent (FTE) workers to service these areas.

Whyalla Centacare covers the Western geographic region of Whyalla, Port Lincoln and Ceduna FAYS District Centres. They employ 2.7 FTE workers over four locations.

In 2001 Centacare received 431 placement and 40 family preservation referrals. The consultations and submissions to the Review outlined a number of issues impacting on service delivery as follows:

- The services have had considerable difficulty in placing young offenders with family carers.
- Difficulties in placing young people with challenging behaviours with family carers despite respite support, mentors, counselling by CAHMS and regular case reviews. There is little available support to carers out of hours.
- A lack of activities for young people in care.

Both agencies experience difficulties in the level of support they can provide to carers because of the scarcity of local resources and the isolation of workers.

#### 4.3.4 Port Lincoln Aboriginal Health Service

This service was not part of the original tendering process and has only been providing services under the Alternative Care program for two years. Currently the Port Lincoln Aboriginal Health Service employs an Alternative Care Worker (Supervisor) in Port Lincoln and two Family Preservation Workers in Ceduna. Their submission emphasised the importance of a holistic community-based delivery service for Aboriginal families. The report *'Looking After Our Own'* 1997, highlighted the difficulties of an uncoordinated, under resourced and inconsistent response across regions in delivering culturally appropriate services and emphasised the importance of concentrating on early intervention/prevention approaches that attempt to keep children and families together.

Since establishing their services in 1999, Port Lincoln has enjoyed a positive working relationship with the local FAYS District Centre. They are however concerned regarding the lack of program management support they have received from FAYS central office. When established in 1999, they were authorised to assume responsibility

for the previous FAYS Aboriginal family placements, however did not receive a formal handover of the carers with of the relevant files. They also expressed concern regarding this service not being reviewed, despite a commitment for it to occur after the first year of operation.

Apart from the matters outlined at the introduction to this section, Port Lincoln Kinship and Community Care Group identified a number of specific issues:

- Local Aboriginal committees must be actively engaged in early intervention and placements services.
- The Iga Warta Principles requires all of DHS to take responsibility for working with Aboriginal communities.
- The Alternative Care system must establish a more structured program management approach including monitoring of service delivery and not rely only on individuals.
- Case reviews need to ensure there is proper Aboriginal representation.
- All agencies need to provide flexible services recognising the relevant clan groupings.
- The CARS process involve negotiation with Aboriginal agencies on matters of concern regarding carers prior to determining the outcome.
- The first Children Service payments should accompany the placement of the child.

#### 4.3.5 Aboriginal Family Support Service (AFSS)

AFSS provides Alternative Care and Family Preservation services to both the metropolitan area and the North Eastern and South Eastern country areas. Apart from the Alternative Care funding they receive allocations for Supported Assistance Accommodation Program (SAAP) and tripartite funding from the Commonwealth Government for infrastructure and the provision of family support services.

AFSS are keen to improve their working relationships with FAYS and recognise the importance of support from District Centres in the provision of services. The difficulties of providing services and supporting isolated staff and carers across such a large geographic area has seriously impacted on the agencies ability to provide services. They have approximately 87 carers and have additional difficulties in recruiting and maintaining carers for such a small potential pool of Aboriginal People. There has been an increase in the number of Aboriginal carers during the past year.

The issues identified in the Port Lincoln Aboriginal Health Service also apply to AFSS. Feedback emphasised the importance of close working relationships with Aboriginal communities in undertaking services to families. Other comments included:

- They are experiencing a high -level demand for emergency placements, particularly self -referrals.
- Difficulties in accessing financial assistance for referrals that were not involving a care and protection order.
- Small congregate care models would provide a significant improvement to the current available services.
- Concern regarding their inability to provide sufficient services to Aboriginal children, families and communities on the Pitjantjatjara Lands.

#### 4.3.6 Waltja Piti Aboriginal Care Program

Waltja Piti Aboriginal Alternative Care program was established in July 2000 under the auspices of FAYS Cooper Pedy District Centre and is co -located with the FAYS office.

The agency employs a senior Alternative Care worker and two Family Preservation workers to provide a range of services including early intervention, mediation, planned respite and long -term care. Consultations with staff from the service indicate significant concerns regarding a lack of services being provided to Pitjantjatjara Lands. There are significant problems in the impoverished communities with high morbidity and mortality rates, a failing educational system and little or no opportunity for training or

employment. A number of leaders in those communities have made representation for some of their members to be removed as a result of chronic petrol sniffing and substance abuse. Staff from Waltja Piti and FAYS Coober Pedy District Centre currently apply a community development approach however are concerned regarding the risks to children and young people by not having a more extensive coverage of services and presence in those communities.

Discussions are currently occurring to consider options for the future auspices of Waltja Piti and ways in which improved services can be provided within communities rather than only through a visitation approach that is currently provided from Coober Pedy. It is important to increase the level of support and presence of direct service from within those communities in order to reduce the current risks for children and young people.

#### **4.4 Carers**

National figures indicate that at 30th June 2000, 90% of children in Alternative Care were in family based care either living with relatives, foster carers or some other home based arrangement. In South Australia, 97% of children were in family based care reflecting the historic preference for family based care over other service delivery types. Some congregate care services in South Australia ceased following the 1997 restructure and the only remaining non-Government service provider is SOS Children's Villages (SA) that run eight family homes in a village setting.

During the course of the Review there was general consensus that the foster care sector was under significant stress. The carers themselves feel largely unsupported and undervalued as part of the Alternative Care system. One submission noted... 'previous change was not well understood by carers and has caused much confusion as carers and other parties have continued to remain unclear about their roles and responsibilities...' Comments were also made relating to the increased difficulties confronting carers, 'The combined effects of complexity of need, carer ageing and availability are impacting significantly upon the system and in particular the sustainability of family based models of care.'

Carers report difficulties with the high turnover of FAYS workers resulting in a lack of continuity of case management for the child. The lack of alternative care training has resulted in FAYS staff not adequately understanding the collegial role of carers and their responsibilities in providing support in managing the child while in care. There were reports of very positive initiatives by some FAYS workers and concerns regarding others in the way they relate to carers. Comments were made regarding young, inexperienced workers not treating them with the respect or regard as colleagues, but more as a purchased contract service. One submission from a carer stated 'We are treated as inferior, as glorified babysitters. We are supposed to be co-workers in a partnership'.

Carers attributed some of the difficulties to the artificial split between FAYS workers providing ongoing case management to the child and birth family and the ACSP's providing support to carers. While they acknowledge the responsibility of ACSPs in providing support to them as carers, they are concerned regarding the lack of support in managing the child while in their care. A number noted that the ACSPs, do not have the necessary authority or resources, to adequately support carers on management issues relating to the child.

Submissions from both foster carers and the non-Government sector were clear that the responsibility for family care should not return to FAYS District Centres.

Carers who had been involved in some of the Alternative Care Projects such as joint training, Aberfoyle Park 'Working with Carers' and Regional forums, noted that the experience of working on joint projects with FAYS and ACSP had successfully broken down many of the myths about carers/FAYS workers and led to much improved understanding of the workload issues, knowledge of roles/responsibilities and processes. Regular joint training was supported as a significant way of improving collaborative planning and delivery of services.

*Recommendation 33*

*That priority is given to an ongoing Family Carers Project to address joint training opportunities, financial and practical support for carers and across sector recruitment strategies.*

The level of carer subsidies was raised in submissions, with particular reference to the need for additional loadings to cover higher costs for carers in regional locations. The current base carer payments in South Australia, range from \$169 per fortnight for 0-4-year-olds to \$289 per fortnight for 15-17-year-olds.

These rates are in the middle range compared to carer rates across other States of Australia for 10 and 13-year-olds (10 to 14-year-olds represent the highest stage group for referrals for placements):

	SA	TAS	VIC	WA	Q
10yrs	195-50	144-00	185-00	157-10	228-80
13yrs	236-50	166-00	313-00	236-50	276-64

The above table does not take into account different payments around clothing allowances, respite, education and special needs loadings.

South Australian Foster Care Association (SAFCARE) is widely recognised as the key agency representing carers and provides valuable input to many reviews, consultations, working parties and projects. SAFCARE currently receives no funding unlike comparable organisations in other States.

As carers continue to be the main service providers in South Australia there is strong argument and support for a SAFCARE to receive adequate recurrent funding to continue to undertake their representation of the carers perspectives.

*Recommendation 34*

*That SAFCARE be funded to provide ongoing representation for carers in a cross sector issues, and to establish systems for peers support and communication.*

The Foster Care Advocate provides an important function in advocating for carers. The Foster Care Advocating estimates that she has had contact with approximately 21% of the current 634 carers. As mentioned earlier, Special Investigations create considerable difficulty for individual carers, many of whom seek support from the Advocate. The role is also able to advocate on a number of policy and systems issues within the Alternative Care system. It is important that the position can also be proactive in helping shape future service planning. The position must also avoid conflicts of interest in order to be free to advocate on individual matters. The Review has therefore recommended that the Foster Care Advocate be an observer on the Alternative Care Advisory Committee.

*Recommendation 35*

*That the Foster Care Advocate continues to be funded to provide independent support for carers.*

While the number of carers has remained relatively stable from 1997 (642 carers) to 2001 (634 carers), all ACSPs reported difficulty in recruiting new carers. All ACSPs utilise considerable resources for the ongoing recruitment, assessment and training of new carers. Despite a range of strategies, including DHS funding CAFWA for two years to coordinate a statewide carer and recruitment service, the total number of carers in South Australia has slightly dropped. One submission stated 'There is a clear demand for innovative recruitment strategies across the system and the option of differential care payments by placement type'. This is beyond the scope and resources of individual ACSPs and should continue to be addressed as a sector initiative.

There are a number of initiatives used in other states that are worth consideration for SA. The WA Carer Recruitment Service recruited 174 new foster carers between June 1998 and June 2001 with the carer profile closely reflecting wider community trends - 27% of carers in full time work, 18% are single women with children and 12% are couples without children. The recent review of the Service<sup>8</sup> concluded that some of their success could be attributed to the very timely and professional recruitment service they have been able to develop and their strategic relationships with the Foster Care Association, Government and non-Government agencies.

### *Recommendation 36*

*That collaborative strategies are developed for a statewide foster care recruitment project.*

## **5 FUTURE SERVICES**

### **5.1 Distribution of Services**

The Review of Alternative Care Discussion Paper raised a number of questions regarding ACSPs management of family carers. It asked whether family carers should have flexibility to choose which Alternative Care providers they work for, irrespective of their geographic location, and whether there should be a variety of ACSPs available covering similar geographic locations. The response from carers and all ACSPs indicated concern regarding any radical restructuring of the current arrangement

Clearly the 1997 restructure created significant disruption for carers and providers and they are fearful of the consequences should such an approach be attempted again. The Review considers the current precariousness of carer numbers and retention is such that any attempt to restructure would have negative outcomes.

There was recognition of the need for new services and that these initiatives will inevitably introduce new ACSPs. Implementation of these new services should occur incrementally and with minimal disruption to existing services.

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<sup>8</sup>Lacey, K. 2002R *review of the Foster Care Recruitment Service* p6

## 5.2 Future Service Models

The reliance on family care has meant limited options for the 2,519 children and young people referred for placement in 2000 -2001 and difficulties in matching placement according to the young person's needs. In particular there is a lack of services for sibling groups, Aboriginal children (20% of referrals), difficult to serve young people and the 8 to 11 year-old age group. In addition to these groups there are children with special needs, including disabilities, and those affected from substance abuse.

This Review has been careful to make recommendations that do not lead to any further reduction in the number of family based placements available and provide a base for increased diversity to respond to the increasing demand and complexity of services required. Family based care is still the most appropriate form of Alternative Care for emergency, short term and respite placements and longer term care for younger children or for older children who require stability and where the carers can be supported. It is important for these services to be accompanied by a range of early intervention and family preservation strategies so that young people do not move back to their families.

Other experienced carers are also interested in becoming actively involved in the case planning process, developing their competencies and working as part of more intensive, integrated placement models such as the Remand INC Program for Young Offenders (RINC) and the Special Placement Services pilot. The development of an appropriate mix of more targeted family based services, with differentiated levels of support and training for carers, an additional diverse resources for the young person including education supports, respite options and holiday programs would accommodate many of those currently unable to be placed.

Research from the U.K. indicates similar developments to Australia where there has been an increase in outsourcing care placements to the non -Government sector. The carers with difficulty to place children receive the equivalent of approximately A\$63,000 per annum that includes coverage for respite. This payment equates to the costs of some of the recent IPC's tendered in South Australia. The UK non -Government agencies

provide the full recruitment, training and support, as applies in South Australia. The carers receive specific training and support on how to deal with extraordinary situations.

Currently DHS are contracting a number of Individual Packages of Care (IPC) to manage some extremely difficult children and youth for whom existing family care is not a viable option. IPC are operating in a number of other States with significant variation in the remuneration paid to the carer. In some States, the cost of individual packages are excessive and have created considerable concern to service providers and carers because of the obvious inequity compared to other types of placement. It is therefore proposed that DHS establish a policy framework for IPC to ensure the relativities are maintained.

One of the recommendations included converting one of the existing CRCs to specialise in assessment for young people who are identified early as potentially needing a more individual response to their high levels of need. It is important that entry into care is planned or is viewed 'as a temporary intervention only to be used until family safety and stability can be assured' (Ainsworth 1997). It is therefore important that the Alternative Care framework provides appropriate assessment, adequate preparation for the child moving into care, thorough case planning to explore all options and clear delegation of ongoing case management responsibilities.

### *Recommendation 37*

*That a policy framework be established for Individual Packages of Care (IPC) and they continue to be contracted out for the most difficult to place children and young people.*

There was strong representation from both FAYS and non Government ACSPs for small group care services to be developed in two regional locations to accommodate young people requiring assessment, respite care or stabilisation prior to family care placements. These facilities would need to be flexible in their admission criteria in order to produce the need for such children or youth to be transferred to metropolitan area services.

*Recommendation 38*

*That small, group care services be developed in two regional locations to accommodate young people requiring assessment, respite care or stabilisation prior to family care placements.*

FAYS have provided a range of congregate care services. In view of their experience in congregate care, they should be eligible for tendering for future group care models, providing that are able to establish full and transparent costs.

*Recommendation 39*

*That FAYS and ACSPs are eligible for tendering for future congregate care models providing FAYS establishes full and transparent costs.*

A number of recommendations in this Review have resource implications while others can be achieved within current budgets by refocusing resources, training and implementation of standards, improved practice and communication across the sector. This will require the establishment of priorities for implementation by the Alternative Care Advisory Committee.

Consistent with the earlier comments on improving relationships between stakeholders, it is proposed that the development of new service models be a matter for discussion at the proposed Alternative Care Advisory Committee.

*Recommendation 40*

*That the Alternative Care Advisory Committee considers the development of additional specialist services for children and young people unable to be accommodated in the current family care services.*

## **6 Summary of Recommendations**

### *Recommendation 1*

*That DHS clarify with FAYS and ACSP's the location and level of authority for decision-making in the administration of the Alternative Care program.*

### *Recommendation 2*

*That DHS develop a draft Implementation Plan on the Alternative Care Review Report for consideration by the Alternative Care Advisory Committee.*

### *Recommendation 3*

*That a peak Alternative Care Advisory Committee be established to undertake responsibilities as outlined in the Review report.*

### *Recommendation 4*

*That initial membership of the Alternative Care Advisory Committee include an independent Chair and representatives from ACU, all ACSPs, FAYS (including District Centre representation), SAFCARE, CREATE, a Residential Care Provider, a birth family representatives and the Foster Care Advocate as an observer.*

### *Recommendation 5*

*That following discussion between DHS and the Minister, the Alternative Care Advisory Committee consider the Report recommendations and draft Implementation Plan, establish priorities, timelines, monitoring and reporting back to the Chief Executive of DHS on progress.*

### *Recommendation 6*

*That a central Aboriginal Family Advisory structure be established to ensure that FAYS policy, planning and service development is culturally relevant and sensitive to Aboriginal communities, families and individuals.*

*Recommendation 7*

*That Aboriginal Family Care Committees and Aboriginal Family Care Workers be established in strategic locations to ensure close liaison between Aboriginal communities, families and individuals and work closely with local FAYS and ACSPs staff on welfare decisions that impact on Aboriginal services.*

*Recommendation 8*

*That the ACU establish a project involving ACSPs, FAYS and carers to design a communication strategy to determine the nature of information and its relevance to the different stakeholders and appropriate means of disseminating information.*

*Recommendation 9*

*That DHS with stakeholders establish a project to examine the special needs of children in care and develop specific strategies to ensure they receive priority access to the range of relevant services provided/funded by the portfolio.*

*Recommendation 10*

*That DHS Aboriginal Services Division work closely with ACU in providing advice on strategies to improve consultation, planning and service development for Aboriginal children, families and communities.*

*Recommendation 11*

*That the Alternative Care Unit's program management responsibilities include service standards/quality assurance, data collection, monitoring and reporting, licensing, CACU and Children's Payments.*

*Recommendation 12*

*That ACU establish regular meetings and two-way information flow that ensure an ongoing, clear understanding of services and issues arising for carers, ACSPs and FAYS.*

*Recommendation 13*

*That ACU be responsible for coordinating across sector Alternative Care training and that all service providers retain responsibility for training of workers and carers.*

*Recommendation 14*

*That future consideration is given to establishing a training authority that consolidates a range of accredited community service training courses with linkage to other tertiary education institutions.*

*Recommendation 15*

*That DHS accord high -priority to resolving long -standing Special Investigations of family carers, using current procedures while the proposed new procedures are being developed within a broader DHS framework.*

*Recommendation 16*

*That DHS recommence negotiations with ACSPs to examine ways in which their data systems can be improved and made compatible with the DHS Client Data System.*

*Recommendation 17*

*Regular statistical reports, incorporating information from the ACSP's six monthly reports and DHS's Client Data System, are provided to the Alternate Care Advisory Committee and Alternative Care stakeholders.*

*Recommendation 18*

*DHS negotiate with Treasury to establish an uncapped budget line for Alternative Care, based on an agreed benchmark of costs for different categories of individual care, and allocated on a prorata basis according to the volume of children requiring placement*

*Recommendation 19*

*That subject to negotiation with Treasury, DHS consider establishing a variable administrative budget for all ACSP's and FAYS on a prorata basis on the number and category of children requiring placement and family preservation services.*

*Recommendation 20*

*That the current system of 52 days carer respite be replaced by system which allocates eligibility for respite units, based on the young person's special needs and circumstances.*

*Recommendation 21*

*That DHS give priority consideration to additional funding to be quarantined for placement prevention.*

*Recommendation 22*

*That early intervention/family preservation is incorporated as an integralelement in all service intervention across both FAYS and ACSPs.*

*Recommendation 23*

*That FAYS District Centres establish service structures that ensure dedicated staff time/positions for placement prevention and work closely with the relevant ACSPs to achieve delivery of early intervention and family support services.*

*Recommendation 24*

*That FAYS District Centre staff receive training in early intervention/family preservation work.*

*Recommendation 25*

*That DHS and FAYS evaluate the current usage and practices surrounding access visits and establish sensitive ways of improving support for all parties involved.*

*Recommendation 26*

*That the Practice Objectives and Standards developed by FAYS and ACSPs, are implemented across all District Centres with the involvement of the relevant local stakeholders.*

*Recommendation 27*

*That criteria and procedures be established to enable delegation of case management responsibilities to ACSPs, for children who meet permanency planning principles and have been in family care for periods exceeding 18 months.*

*Recommendation 28(a)*

*That DHS and FAYS evaluate the current usage and practice surrounding access visits and establish sensitive ways of improving support for all parties involved.*

*Recommendation 28(b)*

*That DHS in conjunction with FAYS and Aboriginal ACSPs develop a framework to provide capacity to support relative care as a preferred first option for children requiring Alternative Care placement*

*Recommendation 29*

*DHS through ACU, review the current relative carer approvals and payments to support more relative care placements, particularly for Aboriginal children.*

*Recommendation 30*

*That CRC's are recognised as an integral part of the Alternative Care system and included in consultation and service planning in the same way as other ACSPs.*

*Recommendation 31*

*That one of the existing CRC's become a specialised assessment centre for children and young people with high needs, many of whom have experienced multiple placements.*

*Recommendation 32*

*Consideration be given to CRC's providing some outreach support to children and young people consistent with conditions outlined in the Case Plan.*

*Recommendation 33*

*That priority is given to an ongoing Family Carers Project to address joint training opportunities, financial and practical support for carers and across sector recruitment strategies.*

*Recommendation 34*

*That SAF CARE be funded to provide ongoing representation for carers in across sector issues, and to establish systems for a peers support and communication.*

*Recommendation 35*

*That the Foster Care Advocate continues to be funded to provide independent support for carers.*

*Recommendation 36*

*That collaborative strategies be developed for a statewide foster care recruitment project.*

*Recommendation 37*

*That a policy framework be established for Individual Service Packages (ISP's) and they continue to be contracted out for the most difficult to place children and young people.*

*Recommendation 38*

*That small, group care services be developed in two regional locations to accommodate young people requiring assessment, respite care or stabilisation prior to family care placements.*

*Recommendation 39*

*That FAY S and ACSPs are eligible for tendering for future congregate care models providing FAY S establishes full and transparent costs.*

*Recommendation 40*

*That the Alternative Care Advisory Committee considers the development of additional specialist services for children and young people unable to be accommodated in the current family care services.*

## *Bibliography*

- Ainsworth, F. 1997 *Foster Care Research in the United States and Australia: an update*, Children Australia, 22(2), 9 -16
- Australian Institute of Health and Welfare, Canberra, 2001, *Child Protection Australia 1999 -2000*
- Anglicare SA, 2000, *Alternative Care Models of Practice*
- Anglicare SA, 2000a, Annual Review
- Anglicare SA, 2001, Alternative Care Review, Statewide Disability Service
- Anglican Community Care Inc., 2000, Annual General Meeting
- Barber, J. 2001, *The Slow Demise of Foster Care in South Australia*, Journal of Social Policy 30(1) 1 -15
- Bath, H. 1998, *Trends and Issues in the Out-of-home Care of Children in Australia*, International Journal of Child and Family Welfare, 2, 103 -114
- Department for Family and Community Services, 1996, *Services and Funding Plan for Alternative Care Services in South Australia*. Community Services Division
- Department for Family and Community Services, 1996a, *A Policy for the Planning, Purchasing and Delivery of Alternative Care Services in South Australia*
- Department for Family and Community Services, 1996b, *Foster Carers' Charter Policy and Development Division*
- Department for Family and Community Services, 1997, *The Management and Delivery of Alternative Care and Family Preservation Services to Aboriginal Families*. Community Business Bureau Inc.
- Department of Human Services, 1998, *Performance Measurement for Alternative Care Services*, Flinders Institute of Public Policy and Management
- Department of Human Services, 1999, Alternative Care Evaluation Report, Strategic Planning and Policy Division
- Department of Human Services, 2000, *Disability Services Planning and Funding Framework, 2000 -2003*
- Department of Human Services, 2001 *Social Welfare Services Planning Framework, Family and Youth Services 2002 -2005 Discussion Paper*
- Department of Human Services/FAYS, 1999, Child Protection/Alternative Care Manual of Practice
- Department of Human Services/FAYS, 2000, *Strategic Directions and Business Strategies 2000 -2002*
- Face To Face Report of the national partnership forum of service providers, governments and consumers, Canberra, November 1999

Face To Face Steering Committee *Building Best Practice in Out of Home Care*  
January 1998

Lacy, K. *Review of Foster Care Recruitment Process*, WA Family and Children's Services, January 2002

NSW Community Services Commission, 2000, *Forward, Backwards, Standing Still: A Discussion Paper*

NSW Community Services Commission, 2000a, *Inquiry into the Practice and Provision of Substitute Care in NSW, New Directions - From Substitute to Supported Care: Final Inquiry Report*

Steering Committee for the Review of Commonwealth/State Services Provision (SCRCSSP) 1999, *Report on Government Services 1999*, vol. 2 Ausinfo, Canberra

Steering Committee for the Review of Commonwealth/State Services Provision (SCRCSSP) 2000, *Report on Government Services 2000*, vol. 3 Ausinfo, Canberra

Sultmann, C. & Testro, P. 2001, *Directions in Out of Home Care, Challenges and Opportunities*, PeakCare Queensland Inc.

UnitingCare Port Pirie, Central Mission Inc, Annual Report 1999 -2000

WA Care for Children Advisory Committee Final Report, 2002

WA Family and Children Services, 2001, Follow up study of accommodation and support services provided to young people unable to live at home. Report No. 11 -1998, Auditor -General, Perth

WA Family and Children Services, 2001, Accommodation Hostels 2001 Report to the Minister for Community Development, Women's Interest, Seniors and Youth

Wise, S. 1999, *Children's Coping and Thriving: Not Just in Care*, Children Australia, 24(4) 18 -28.

## ***Appendix A***

Discussions were held with the following:

Ms Jacki Ah Kit	Port Lincoln Aboriginal Health Service
Ms Esme Barrett	CRCFAYS
Mr Albert Bardelds	DHS
Ms Kirsty Barnett	Anglican Community Care
Ms Alexandra Bates	FAYS
Ms Margye Battye	Anglicare
Ms Bette Bradtke	DHS
Ms Trish Burdon	Adelaide Central Mission Home Link
Ms Gabriella Burgoyne	Port Lincoln Aboriginal Health Service
Mr Greg Butler	DHS
Ms Mary Ann Carver	Aboriginal Children's Placement Review
Ms Christine Charles	DHS
Ms Yvonne Clark	FAYS
Ms Cecelia Coaby	Port Lincoln Aboriginal Health Service
Mr Michael Colin	Adelaide Central Mission
Mr Chris Conway	FAYS
Ms Anne Dalton	FAYS
Mr Robert Dann	Port Lincoln Aboriginal Health Service
Mr Jim Davidson	DHS
Mr Steve Denholm	FAYS
Mr Brian Dixon	DHS
Mr David Dudley	Port Lincoln Aboriginal Health Service
Mr Phil Dunkley	BCS Youthcare
Ms Midge Dunn	Life Without Barriers
Mr Ray Dunn	Life Without Barriers
Ms Learne Durrington	DHS
Ms Kate Eglinton	FAYS
Ms Barbara Falla	Aboriginal Family Support Services
Ms Colleen Fitzpatrick	Lutheran Community Care
Ms Alison Flescher	FAYS

MrRobFoggo	AnglicanCommunityCare
MsAnnForward	FAYS
MsSheenaGray	DHS
MsXantheHanson	CACU
MsColleenHaske tt	AnglicanCommunityCare
MrBruceHaskard	FAYS
MsVivHazel	FAYS
MsCathyHeinnich	FAYS
MsGaelHerewene	CentacareWhyalla
MsUteHerrmann -Bullock	AnglicanCommunityCare
MsJennyHorewood	LutheranCommunityCare
MrDesHouse	Anglicare
MsMicheleIngli s	Anglicare
MsAlisonKealy	Anglicare
MrBarryKennedy	DirectorProgramsSalvationArmy
MrChrisKern	CACU
MrDarrenKershaw	DHS
MsStephanieKiley	ManagerSPSSpecialPlacementServices
MrPatrickKinnear	MAYT
MrLesKropinyeri	PortLincolnAboriginalHea lthService
MsLaiWoonKong	FamiliesforFamilies,CARA
MsJaneLongbottom	AboriginalChildren'sPlacementReview
MsSandyMiller	DHSAboriginalServicesDivision
MsAprilLawrieSmith	DHSAboriginalServicesDivision
MsJanetMcAvaney	DHS
MsDiMaguire	DHS
MrJamesMartin	BCSYouthcare
MrAllenMarch	FAYS
MsBrigitteMatthews	FAYS
MsGlenisMorrison	Anglicare
MsMoirMulcahy	SPS
MsFranMullaney	AnglicanCommunityCare
MsMeganNayda	FAYS
MsGwenOwen	AboriginalFamilySupportServices

MsAnniePaton	DHS
MsAntheaPavy	PortPirieCentralMission
MsRosemaryPeters	ModburyFAYS
MrJimPhilpon	FAYS
MsDeborahPickering	Anglicare
MsInaraPowell	FAYS
MsRoxanneRamsey	DHS
MrDavidRichardson	Anglicare
MrLyleRimon	CACU
MrTimRitchie	AboriginalFamilySupportServices
MrJohnRoche	SOSChildren'sVillage
DrJohnRoffey	Anglicare
MsNancyRogers	DHS
MsKrystynaSlowinski	DHS
MrSimonSchrapel	Anglicare
MsRachelShepherd -Bayley	Anglicare
MsPamSimmons	SACOSS
MsRobynSkillbeck	OPPU
MsBarbaraSmith	SAFCARE
MsMerrilynSpence	FAYS
MrTomStubbs	DHS
MsRuthSummers	DHSDisability
MrKenTeo	FAYS
MsAndreaTschoner	FAYS
MrGrahamTucker	DHS
MrJoeWalker	FAYS
MsFionaWard	FAYS
MrEllisWeyland	DirectorSOSChildren'sVillage
MsRosemaryWhitten	FAYS
MsChiS ingWong	CACU
MsSharronWilliams	AboriginalFamilySupportServices
MsRosWilson	FAYS

## **Appendix B**

- 1 *Does the consolidation of program management within DHS, separate from FAYS, provide a more equitable basis for accountability of service provision for both non-government and government service providers?*
- 2 *What other programs need to be closely associated or co-located with the Alternative Care program?*
- 3 *Are there any additional program or management functions that should be included in the Alternative Care Unit?*
- 4 *Are there any existing functions located in the Alternative Care Unit that should be located within the FAYS and/or the non-government sector? If so, which ones and what would be the benefits?*
- 5 *What should be the relationship between the Alternative Care Unit in DHS, FAYS Head Office, FAYS District Centres and ACSPs?*
- 6 *What quality assurance and monitoring mechanisms would be appropriate to measure quality of care across all service providers?*
- 7 *Should Alternative Care Service Standards for be developed for South Australia? How should they be expressed to be clearly understood and applied?*
- 8 *What organisational structures and quality assurance procedures are required to achieve compliance with the Child Protection/Alternative Care Manual of Practice?*
- 9 *In view of the close connection between Family Preservation and placement services, should all FAYS District Centres provide Family Preservation services?*
- 10 *What process is required to ensure that ongoing case management and review are fully informed of all relevant information relating to the child, their birth family and the carer?*
- 11 *In what ways can the current referral process for placement services be improved?*
- 12 *In making referrals for services, what is the balance between the requirements for adequate information to ACSPs with the need for client confidentiality?*
- 13 *Should the Foster Carers Charter be revised and implemented as a basis for clarifying the roles and responsibilities of case managers, ACSPs, FAYS placement services and carers?*
- 14 *What communication structures and protocols are required to enhance consultation and negotiation, to ensure consistent monitoring and review and the implementation of necessary changes across all Alternative Care Services?*
- 15 *What training and other measures are required to provide a more integrated and inclusive culture between key stakeholders in Alternative Care?*

- 16 *Who should be responsible for the overall design and coordination of training for the range of stakeholders in Alternative Care provision?*
- 17 *Who should be responsible for implementing training for case management, family preservation, placements support and carers in Alternative Care?*
- 18 *Following carer's initial approval and training, are their ongoing training needs best met by service providers, in joint training with FAYS workers or by external education providers?*
- 19 *Should there be an advisory committee to DH on Alternative Care? If so, who can provide the best advice on all aspects of care including children and youth, birth families, carers, service providers and on Aboriginal services?*
- 20 *How can Family Support, Family Preservation and Alternative Care programs be more operationally integrated?*
- 21 *With increasing numbers of Family Preservation referrals for family reunification and reconnection (combined 67%) and less for placement prevention, what should be done to ensure a more immediate response for placement prevention referrals?*
- 22 *What are the major resource and support requirements of family carers and how should they be provided?*
- 23 *Should family carers have the flexibility to choose which Alternative Care provider they work for irrespective of their geographic location?*
- 24 *Should there be a variety of Alternative Care Service Providers available covering similar geographic locations?*
- 25 *In view of the difficulty of finding adequate placements for children and young people with high support needs, should a number of service providers be encouraged to develop programs for these categories of children and young people?*
- 26 *Should there be a wide range of small congregate care services available?*
- 27 *How can country areas best establish a capacity for a flexible group care placement for young people who cannot be accommodated in existing family placements in the region?*
- 28 *Are Individual Service Packages the most appropriate funding mechanism for developing additional placement capacity for children and young people with high support needs?*
- 29 *How should Brokerage funds be administered to best provide for the individual service needs of young people?*
- 30 *Do the current approval arrangements for Special Needs Loading result in consistent, equitable decisions? If not how should they be amended to achieve this?*

- 31 Are there differing costs involved in country and metropolitan Alternative Care service provision, and if so please stipulate?*
- 32 Should the Respite Care budget differentiate between allocations available for birth families and carers?*
- 33 Are there ways of improving Respite Care for families and carers? If so then please provide details.*