



LEGISLATIVE ASSEMBLY FOR THE  
AUSTRALIAN CAPITAL TERRITORY

Report on the inquiry into  
**Services for Children at Risk in the ACT**

REPORT NO. 7

STANDING COMMITTEE ON SOCIAL POLICY

December 1997



## **Committee membership**

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Ms Marion Reilly MLA (appointed 26 March 1996) (Deputy Chair)

Mrs Louise Littlewood MLA (appointed 18 February 1997)

Ms Roberta McRae MLA (discharged 26 March 1996)

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## **Resolution of appointment**

The following general purpose standing committees be established to inquire into and report on matters referred to them by the Assembly or matters that are considered by the committee to be of concern to the community ...

... a Standing Committee on Social Policy to examine matters related to health, hospitals, nursing homes, welfare, employment, housing, social security, the ageing, people with a disability, the family, Aboriginal people, youth affairs, the status of women, multicultural affairs, industrial relations, occupational health and safety, education, the arts, sport and recreation.

*Minutes of Proceedings*, No. 1, 9 March 1995, p 7.

## Terms of Reference

Inquire into and report on the provision of services for at risk children and youth, especially 12 to 18 year olds, with particular reference to:

- the provision and appropriateness of accommodation and other service options, including substitute care, for young people aged 18 and under;
- coordination between agencies including the interface between Family Services, the police, youth justice, youth services, mental health, education, housing, and other community agencies;
- family support services;
- training of Government and non-Government workers in this area;
- the provision of services to Aboriginal and Torres Strait Islander children and children from culturally and linguistically diverse background;
- children's advocacy services;
- whether the ACT Government is meeting its obligations under the United Nations Convention on the Rights of the Child;
- any other related matter.

*Minutes of Proceedings*, Standing Committee on Social Policy, 3 April 1997.

## Preface

*The child is the forerunner of humanity - forerunner in the sense that the child is the possessor of all those traits that, when healthily developed, lead to a healthy and fulfilled human being, and thus to a healthy and fulfilled humanity<sup>1</sup>.*

This has been a very important inquiry. There is a perception in many quarters that Canberra is a middle-class well-educated city. That myth has been well and truly challenged by this report. The reality is that there is an underclass of disadvantaged families and youth in the ACT. There is also an increasing sense of alienation amongst young people.

The Committee's brief was broad—reflecting the complexity of the area. There are many different government agencies and community organisations providing services in the area, and the issues that impact on young people in the ACT are many and varied.

It is also an issue in which there is great interest in the community. The Committee received thirty seven written submissions. Fifty individuals or groups came to see the Committee for public hearings, some more than once, and ten in camera. I would like to acknowledge particularly the Australian Education Union which employed an experienced educational consultant to research information for the AEU's submission. The process included interviews with a range of teachers from all sectors of the public school system. Counsellors, student welfare coordinators and teachers running special programs were among those interviewed.

Issues raised in submissions included the ACT's high youth unemployment, which is resulting in many young people feel they are facing a bleak future. The Committee heard alarming evidence about the number of adolescents in the ACT experiencing mental illness. As our report on Mental Health Services found, there are few specialised mental health services for young people in the ACT. Drug and alcohol abuse amongst young people has become a serious social issues in the ACT in recent times—adding to the complexity of problems they face. A lack of appropriate accommodation options for children at risk was highlighted by many submissions—for children in care and out of care. Many agencies also reported increased need for emergency welfare assistance.

While the ACT is praised for having high retention rates—what is not so widely known is that 4000 students in the ACT education system are at risk—that is they have behaviour and or gaps in learning which seriously limit their chances of achievement and success at school and which also interfere with the education of other students. There also 400 students who are seriously at risk—they are at risk of not finishing school, of being neglected or preyed upon, of being abused, of

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<sup>1</sup> Ahley Montagu (1981), *Growing Young* McGraw Hill, New York. Cited in David Suzuki (1997), *The Sacred Balance*, Allen & Unwin, Australia, p164

committing suicide or otherwise dying, of being permanently dependent on social security, or of being incarcerated.

For effective early intervention and prevention, schools must be recognised as key agencies for identifying young people at risk. However, teachers are not social workers, and as support agencies are not adequately linked to schools this opportunity is often lost. Systems which ensure continuity of care and support are also not adequately in place and, young people can all too easily disappear out of the system.

There are also many issues impacting on families. Many families are experiencing increased stress due to the downsizing of the Australian and ACT public services, and cuts to services in many areas. Canberra also has a high number of families who do not have extended families living nearby, reducing the support networks available to families experiences stress.

There are recommendations in this report relating to housing, education, coordination of services, services for Aboriginal & Torres Strait Islander children, family support, sexual assault services, drug and alcohol rehabilitation, carers, refuges and substitute care arrangements, mental health services and the justice system. There are also recommendations specifically about Aboriginal and Torres Strait Islander children.

The Committee also made two recommendations about the UN Convention on the Rights of Child—in particular that all ACT legislation and regulations be reviewed to ensure compliance with the UN Convention on the Rights of the Child, and that all future legislation comply with this Convention.

Due to the scope and complexity of issues facing children at risk, the Committee could not go into great detail about a number of critical issues—including youth suicide, drug and alcohol addiction, youth justice, services for children with learning disabilities, and children with specific disorders such as autism or attention deficit and hyperactivity disorder.

Once again, this Committee has highlighted the importance of a preventative approach. The Committee also believes that giving ‘children at risk’ a more active role in the design of services this could very much enhance the quality and effectiveness of the services as well as empowering young people.

I would like to thank everyone who gave their time and energy to be part of this inquiry, particularly those who went to the trouble of writing submissions and visiting the Committee. I would like to extend a very special thank you to the Committee Secretary, Judith Henderson, who as always, has worked tirelessly to assist the committee in its production of this comprehensive report.

Kerrie Tucker MLA  
Chair  
5 December 1997

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## **Overview and recommendations**

The ACT community is concerned about the best way to support and meet the needs of children at risk. This report examines some of the issues. However, the breadth of the inquiry and the number of issues to be dealt with, meant that the Committee was not able to deal in depth with matters such as youth justice and the drug problem.

The report is divided into eight chapters. Chapter 1 describes the philosophical approach, discusses the definition of ‘at risk’ and provides an overview of the conduct of the inquiry.

Chapter 2 provides an overview of the social economic and demographic issues relevant to the inquiry.

Chapter 3 describes current services for children at risk.

Chapter 4 examines current services and makes recommendations for improvement.

Chapter 5 examines services for Aboriginal and Torres Strait Islander children and makes recommendations for improvement.

Chapter 6 discusses coordination of services.

Chapter 7 considers children and advocacy.

Chapter 8 relates to the UN Convention on the Rights of the Child.

## **Social, economic and demographic context**

The ACT has a reputation as a comfortable, middle-class well-educated community. The reality is there is an underclass of disadvantaged families and youth. Families and children who are socioeconomically disadvantaged live in the shadow of the visibly well-off middle class and for many this exacerbates their sense of disadvantage.

In recent times many Canberra families have experienced increased stress due to the downsizing of the Australian and ACT public services. Canberra has extremely high rates of youth unemployment, high numbers of sole parent families and increasing numbers of young heroin addicts.

Young people are facing greater difficulties accessing public housing, and more families with young children are being evicted from public housing.

Aboriginal and Torres Strait Islander children are overly represented in child abuse and youth justice statistics.

The Committee received evidence that recent cuts to Commonwealth funding for services and income support for young people are putting young people at greater risk of not completing school, of not obtaining employment and of adopting risky behaviour.

## **Current services**

Chapter 3, describes services available at the time of the inquiry. Services can be described at three levels. Primary services include generic services available to the whole community: schools, preschools, sporting programs and neighbourhood programs. Families and individuals manage their own access to primary services.

Secondary services, need more focussed intervention and sometimes the family itself needs support to access such services. Secondary services include family support services, treatment services, special education services and youth refuges.

Tertiary services are for those whose resources are so limited that they cannot maintain their own safety without intervention from the state. Such services are substitute care, child protection and youth justice services.

## **How can service provision be improved?**

The ACT has a wide range of services available to families and children at risk. Whether these services are properly targeted and meet the needs of the community is a question the Committee had to grapple with and is discussed in Chapter 4 'How can service provision be improved?' Chapters 5, 6 and 7 are also related to the question.

While the Committee acknowledges that the ACT Government has made some progress with the integration of education, family, children's and youth services through the formation of the Department of Education and Training and the Children's, Youth and Family Services Bureau, many needs of children at risk are not being addressed adequately.

## **Family support and counselling services**

When examining the provision and effectiveness of family support services, the Committee considers the importance of preventive programs and early intervention cannot be underestimated. There is a growing body of research on successful preventive interventions. Some research indicates that in some cases it is critical to intervene before a child is one year old. The Committee urges the Government to take account of this research when planning family support services.

### Recommendation 1

- The Committee recommends that in planning the delivery of family support programs the Government reassess its approach in light of recent research on successful preventive interventions. (Paragraph 4.20)

The Committee found that the Children's, Youth and Family Services Bureau has begun some valuable work in mapping family support services to provide a basis for future planning. The 1996/97 annual report, however, does not provide adequate detail of the coverage of services for children.

The Children's, Youth and Family Services Bureau is only one of the government agencies involved in the funding and delivery of family support services. There is no overall strategy for planning such services and disseminating information about them. Furthermore, given that many services were unable to quantify the unmet demand for their services, the Committee considers that part of the planning process should include strategies to assess need more effectively.

### Recommendation 2

- The Committee recommends that:
  - the ACT Government urgently progress the development of a strategy for the funding and delivery of family support services; and
  - develop a comprehensive strategy for dissemination of information about those services and other services for children and families.(Paragraph 4.36)

### Recommendation 3

- The Committee recommends that:
  - to inform the planning process, as part of this strategy all government and non-government agencies be resourced to collect information on the services provided and the unmet demand for services; and
  - each year the Government conduct an evaluation of this data and report to the Assembly, with the first report due in July 1999. (Paragraph 4.38)

Many particular groups of children at risk have difficulty accessing counselling services when they are needed. The Committee believes that access to appropriate counselling services is critical for some children.

### Recommendation 4

- The Committee recommends that the ACT Government increase the availability of long-term face-to-face counselling services for children at risk and their families and in particular address the need for counselling for:
  - adolescents;
  - young people in refuges;
  - young men; and
  - children with sexual behaviour problems. (Paragraph 4.52)

### Recommendation 5

- The Committee recommends that the Children's, Youth and Family Services Bureau develop and implement a policy which enables all children in substitute care to access counselling upon request. (Paragraph 4.55)

### **Mental health services**

Evidence given to the inquiry further emphasised the serious lack of services for children with a mental illness which was pointed out in the Committee's report *The Adequacy of Mental Health Services*. The Committee considers this matter must be addressed as a matter of urgency.

### Recommendation 6

- The Committee recommends that as a matter of urgency the Government implement the recommendations of the report *The Adequacy of Mental Health Services* relating to services for children with a mental illness. (Paragraph 4.59)

### **Services relating to child sexual assault**

Children who have been sexually assaulted are an extremely vulnerable group and need a great deal of specialised assistance to reduce long term effects. The Committee has a number of serious concerns about services for this group.

### Recommendation 7

- The Committee recommends that the ACT Government conduct a thorough review of all services which relate to child sexual assault. This review should include an assessment of:
  - prevention programs in place which empower children to deal with unsafe situations;
  - the adequacy and availability of counselling services;
  - the appropriateness of current court procedures and waiting times for child sexual assault cases;
  - the need for training for legal professionals; and
  - the consent issue for forensic medical examinations for under-18-year-olds. (Paragraph 4.78)

### **Drug and alcohol services**

The Committee examined two aspects related to the growing drug problem in the ACT: namely, education programs and the need for a rehabilitation service for young people.

### Recommendation 8

- The Committee recommends that as a matter of urgency the ACT Government review its drug education strategy. (Paragraph 4.82)

### Recommendation 9

- The Committee recommends that the ACT Government establish a drug and alcohol rehabilitation service for young people which includes gender specific programs. It should also be funded to deal with dual diagnoses of substance abuse and mental illness. This service should be established even if Commonwealth funding is not forthcoming. (Paragraph 4.96)

### **Substitute care**

The main issues raised concerning substitute care related to respite for carers, care for adolescents and support for young people leaving care. The matter of the licensing and training of carers was also raised. The Committee notes that this is an issue for discussion as part of the review of the *Children's Services Act 1986*. The Committee made three recommendations concerning substitute care.

### Recommendation 10

- The Committee recommends that the ACT Government review the need for, and availability of, respite care and other support services for foster carers. (Paragraph 4.123)

### Recommendation 11

- The Committee recommends that the ACT Government expand the options for substitute care for adolescents by:
  - developing alternative residential models for substitute care for young people;
  - expanding the range of carers to include suitable non-traditional families or individuals; and
  - further exploring the possibility of providing a living wage to full-time foster carers. (Paragraph 4.127)

### Recommendation 12

- The Committee recommends that the Children's, Youth and Family Services Bureau continue to provide support to young people leaving care and moving into independent living and include a performance indicator addressing this activity in future annual reports. (Paragraph 4.132)

## **Housing**

Housing issues examined ranged from emergency housing services such as youth refuges to crisis accommodation for boys whose mothers are victims of domestic violence and issues related to the impact of evictions on families and young people.

Some refuges are most concerned that because of funding constraints they are not able to provide the level of staffing necessary to ensure a safe environment for their staff and clients.

### Recommendation 13

- The Committee recommends that the ACT Government reassess the adequacy of current funding for refuges and medium-term accommodation to enable them to ensure a safe environment for clients and workers. (Paragraph 4.143)

Refuge staff find that they are not adequately resourced to provide the level of intensive initial counselling which some young people need, especially those who have been sexually abused.

### Recommendation 14

- The Committee recommends that the ACT Government provide additional funding for refuges and other youth accommodation services so they are able to provide intensive initial counselling and support to residents. (Paragraph 4.147)

The current arrangements of accommodating young adolescent women aged 12 to 14 in youth refuges with mature young women up to 18 years of age are not appropriate.

### Recommendation 15

- The Committee recommends that the ACT Government develop appropriate accommodation and support services for young adolescent women. (Paragraph 4.152)

The Committee is concerned that boys over the age of 12 who wish to accompany their mothers to a refuge which supports victims of domestic violence are disadvantaged. Emergency accommodation which will accept an adolescent boy with the mother and other siblings is extremely limited. Boys are often required to cope with independent living separated from the rest of the family at a time of extreme stress.

### Recommendation 16

- The Committee recommends that the ACT Government investigate the need for more accommodation for boys over 12, including those who are part of a family escaping domestic violence. (Paragraph 4.158)

Current housing options for young people are not meeting the diverse needs of this group. Bedsitter flats in large complexes are not a suitable environment for vulnerable young people.

### Recommendation 17

- The Committee recommends that the ACT Government investigate, develop and implement a range of new long-term housing models targeted at young people which include appropriate levels of support. Young people should be consulted about their preferences and needs. (Paragraph 4.169)

Since mid-1996 ACT Housing has taken a much tougher approach towards tenants who break their tenancy agreement. There has been a significant increase in the number of evictions. The Committee is concerned about the impact of eviction on families with children and on young people at risk and asks that some initiatives be considered to reduce the number of evictions.

### Recommendation 18

- The Committee recommends that ACT Housing use more effective strategies to inform potential evictees about appeal mechanisms and their right to receive assistance from the Welfare Rights and Legal Centre. Examples could include a fact sheet on the Welfare Rights and Legal Centre. (Paragraph 4.177)

### Recommendation 19

- The Committee recommends that the ACT Government commission a study to determine how ACT Housing tenants can receive better support and avoid getting to the stage of eviction. (Paragraph 4.178)

## **Education and day programs**

Schools play a key role in identifying, providing programs for and arranging intervention programs for children at risk. The Committee received evidence that schools are not adequately supported in this work. Schools have great difficulty in accessing support from the mental health system for students with psychological or psychiatric problems and in obtaining support for children and families at risk from the agencies which are meant to support them. While teachers do have pastoral care responsibilities they are not social workers and should not be expected to take on that role.

The Committee made three recommendations relating to education and day programs.

The Committee is concerned that the school system is not flexible enough with the educational options offered to meet the needs of some students. The Department of Education and Training established an alternative education program on the Northside in 1997 and plans to open a similar program on the Southside in 1998. Further, for many years, one high school has offered an 'off-line' program for students who cannot cope in a mainstream setting. The Committee believes that it is essential that the Northside and Southside alternative education programs be independently evaluated.

### Recommendation 20

- The Committee recommends that the Department of Education and Training commission an independent evaluation of the Department's two alternative education programs in the first half of 1999. (Paragraph 4.192)

There are about 400 children in the public school system who can be described as 'seriously at risk'. Of these a very small number are so emotionally and behaviourally disturbed that they cannot cope in a normal classroom environment. At present, despite the Government accepting a recommendation of the Inquiry into the Prevention of Violence in Schools to establish a special facility for primary aged children in this category, there is still no special program for them. The Committee believes the establishment of a child day unit to be a critical early intervention strategy.

### Recommendation 21

- The Committee recommends that the Government progress the establishment of a child day unit for children with severe disruptive behaviour or emotional disturbance. (Paragraph 4.194)

Schools are often the most stable element in the life of a child at risk. Schools are also in a position to assess the needs of children at risk. The Committee believes that as key agencies schools have a considerable body of information which could play a vital role in the planning and coordination of services for children at risk and their families.

### Recommendation 22

- The Committee recommends that, as a key agency in dealing with children at risk, the Department of Education and Training and the Children's, Youth and Family Services Bureau maintain centrally an overview of the needs of children identified at risk and ensure that schools are adequately supported and resourced to meet those needs. (Paragraph 4.205)

### **Services for young people with complex problems**

The Committee found that there are serious inadequacies in the provision of services for young people with complex problems. There are limited therapeutic interventions and services are uncoordinated.

### Recommendation 23

- The Committee recommends that the ACT Government as a matter of urgency develop a strategy for the care and treatment of high-risk young people which includes the establishment of an interagency case management system for identified high-risk young people. (Paragraph 4.227)

### **Services for young people with extraordinary high needs**

There is a very small group of young people with extraordinary high needs. Many of these young people are accommodated at Marlow Cottage, a shelter under the *Children's Services Act 1986*. All witnesses who spoke about Marlow Cottage expressed serious concerns about its current structure and the need for changes to be made.

### Recommendation 24

- The Committee recommends that because of the overwhelming evidence that the complex needs of clients cannot be met by the current structure at Marlow Cottage, the Children's, Youth and Family Services Bureau progress the planned review of Marlow Cottage as a matter of urgency and find alternative models. (Paragraph 4.238)

## **Services for Aboriginal and Torres Strait Islander children**

The Aboriginal and Torres Strait Islander community has complex needs. Of enormous concern to the Aboriginal and Torres Strait Islander community is that their children are disproportionately represented in child abuse and neglect notifications and in the youth justice system.

The Committee found that there are serious concerns about a number of services for Aboriginal and Torres Strait children, including some aspects of the education system, the roles and responsibilities of workers in designated positions and cultural insensitivity among services providers. These are included in the Committee's recommendations on services to Aboriginal and Torres Strait Islander children.

However, the issues relating to children at risk in this community cannot be addressed in isolation. A number of studies, projects and agreements have identified ways of dealing with the issues.

The Committee believes that it is now time for the Government to act on the significant amount of work already done in the last few years and in partnership with the Aboriginal and Torres Strait Islander community develop a coordinated strategy to address the needs of this community in an integrated and holistic way. The Committee acknowledges that such work could take several years.

### Recommendation 25

- The Committee recommends that the ACT Government, in partnership with the Aboriginal and Torres Strait Islander community, develop a coordinated strategy to address the needs of the Aboriginal and Torres Strait Islander community and that this strategy include a review of:
  - mechanisms to offer the Aboriginal and Torres Strait Islander community greater control of services to that community;
  - the resourcing of Aboriginal and Torres Strait Islander workers;
  - how Aboriginal and Torres Strait Islander children are progressing in the education system;

- health services to the Aboriginal and Torres Strait Islander community;
- housing services;
- preventive strategies to reduce domestic violence; and
- youth justice services. (Paragraph 5.59)

## **Coordination between services**

Effective coordination between services is fundamental to efficient service delivery. Poor coordination of services for children at risk was raised by many submitting to the inquiry. The establishment of the Children's, Youth and Family Services Bureau and its amalgamation with the Department of Education and Training have resulted in much greater potential for better planning and coordination of services for children.

The Committee identified a number of key factors which are contributing to poor coordination of services and has made eight recommendations aimed at improving service coordination for children at risk.

### **Interagency guidelines**

The first of these recommendations relates to the need for interagency guidelines for the management of care and protection cases. A number of protocols have been developed between Family Services and individual agencies which set out the responsibilities of each party. However, agencies not party to a specific protocol do not necessarily know what the roles and responsibilities of each other agency are and how they all fit into the picture. Unlike some other jurisdictions, such as New South Wales, the ACT has no coordinated interagency strategy covering government and non-government agencies.

#### Recommendation 26

- The Committee recommends that the ACT Government develop interagency guidelines for the management of care and protection cases. (Paragraph 6.12)

## **Family Services**

The following two recommendations relate to action which Family Services could take to improve service coordination.

The high turnover of caseworkers is a major contributing factor to poor coordination of services. This problem is not confined to the ACT.

Addressing the problem may require radical measures such as a review of remuneration levels, an increase in training and support and a review of selection procedures.

### Recommendation 27

- The Committee recommends that the Children's, Youth and Family Services Bureau instigate strategies to reduce the turnover in caseworkers and include a performance indicator addressing this activity in future annual reports. (Paragraph 6.17)

The Committee found that there is a great deal of confusion in the community about the roles and responsibilities of Family Services. Family Services' role is now defined around care and protection issues. Non-government agencies have been funded to provide a range of services such as general casework, which ten years ago were provided by the equivalent of Family Services.

Family Services often refers cases to non-government agencies and if the case is not a care and protection matter Family Services has no further responsibility. Yet there is still an expectation among non-government agencies and the community that Family Services is responsible. This must be clarified at the time of referral. Similarly many non-government agencies have been funded to take on a coordinating role, yet even though this is specified in their agreement there is an expectation that Family Services has that responsibility.

Confusion about roles and responsibilities is hindering effective coordination.

### Recommendation 28

- The Committee recommends that the Children's, Youth and Family Services Bureau establish procedures to ensure clarification of roles and responsibilities for case coordination when a referral is made to another agency. (Paragraph 6.23)

## **Children's Magistrate**

The next recommendation concerns coordination of services for young people in the youth justice system. The ACT has no Children's Magistrate. While the Committee acknowledges that the current magistrates are doing the best job they can under the circumstances, the appointment of a specialist magistrate would result in greater consistency and much better coordination of services for juvenile offenders. As a result of a better understanding of the needs of particular cases and of the services available to meet those needs, the appointment of a specialist magistrate could result in long-term savings to the community through a decrease in the number of juvenile offenders continuing on the road to incarceration.

### Recommendation 29

- The Committee recommends that the ACT Government appoint a Children's Magistrate. (Paragraph 6.32)

## **Whole-of-government coordination**

As already mentioned, the establishment of the Children's, Youth and Family Services Bureau and its amalgamation with the Department of Education and Training has resulted in the potential for much better coordination of services. However, there are other government agencies involved in the planning, funding or delivery of services to children at risk and the Committee considers there is a need for one government agency to take on responsibility for maintaining an overview.

### Recommendation 30

- The Committee recommends that the Children's, Youth and Family Services Bureau take on overall responsibility for the coordination of services for children at risk at a whole-of-government level. (Paragraph 6.44)

## **Performance information and accountability**

The Committee is concerned about the transparency of performance information and accountability mechanisms of services contracted by the Government. The annual report of the Department of Education and Training and the Children's, Youth and Family Services Bureau does not adequately reflect how funds are being used by funded non-government agencies. The Committee believes that it is important that public funds be accounted for to the public through a transparent process.

### Recommendation 31

- The Committee recommends that the 1997/98 annual report of the Children's, Youth and Family Services Bureau include significantly more detail on performance information and reporting requirements for funded agencies and more rigorous performance indicators measuring the quality and effectiveness of services. (Paragraph 6.51)

### **Training**

As the Government moves towards the implementation of the purchaser/provider model there is considerable apprehension among non-government agencies about the possibility of changes to funding arrangements, information requirements, and monitoring and reporting procedures. The Committee believes that training for staff in both government and non-government agencies about any new requirements and procedures must be available.

### Recommendation 32

- The Committee recommends that the ACT Government provide:
  - training on the purchaser/provider model to funding agency staff; and
  - adequate resources to meet the ongoing training needs of non-government agencies on new requirements for service funding and reporting. (Paragraph 6.54)

### **Social plan**

Most of the report's recommendations relating to coordination of services have been in response to dealing with crisis situations. Services for children at risk are just one category of services provided to the community. The Committee believes that decisions about all services to be provided must be guided by a social plan. Without a social plan it is impossible to make informed decisions which are consistent with identified criteria to meet community need.

### Recommendation 33

- The Committee recommends that the ACT Government:
  - progress the development of a comprehensive social plan; and
  - provide the Assembly with a timetable for its development by July 1998. (Paragraph 6.67)

## **Advocacy**

As in so many areas where the Government provides social services (Aboriginal affairs, mental health, disability services), self-determination and self-help are a potent source of energy for change. Children in care have the potential to provide feedback to service providers which could result in substantial improvements to services and outcomes, without significantly increasing costs. Just the act of becoming more responsible for decisions in their own lives has the potential to create greater confidence and self-esteem.

It is imperative that the ACT Government encourage the establishment of an organisation to advocate for children in care.

In the Committee's view children who have been or who are at risk need to be encouraged much more to provide feedback on policies which affect them and to help design policies and influence practices. They also need to have opportunities to make complaints.

If children at risk were given a more active role in the design of services, this could very much enhance the quality and effectiveness of the services and simultaneously assist in their development through empowerment.

## **Involvement of children**

The Committee made the following recommendations aimed at involving children at risk more in planning and decision making.

### Recommendation 34

- The Committee recommends that the ACT Government ensure the establishment and resourcing of a group to represent children in care based on the State Network for Young People in Care model and affiliated with the Australian Association for Young People in Care. (Paragraph 7.20)

### Recommendation 35

- The Committee recommends that the ACT Government initiate work towards the development of a children’s charter for children in care in the ACT. (Paragraph 7.28)

#### Recommendation 36

- The Committee recommends that the Children’s, Youth and Family Services Bureau develop appropriate performance indicators in their annual report to represent consumer feedback on substitute care services. (Paragraph 7.32)

### **The Ombudsman and the Community Advocate**

The Committee was disturbed to find that resource limitations severely restrict the offices of the Ombudsman and the Community Advocate in dealing with issues relating to children.

#### Recommendation 37

- The Committee recommends that the ACT Government conduct a thorough review of the impact of resourcing levels on the capacity of the Community Advocate and the Ombudsman to carry out their functions in relation to children at risk. (Paragraph 7.49)

### **UN Convention on the Rights of the Child**

The Committee made two recommendations about the UN Convention on the Rights of the Child (CROC).

The Committee believes that CROC represents excellent standards for basic human rights for children and that our policies, programs and legislation should reflect and uphold these standards. For this reason, the Committee supports the need to review ACT legislation to ensure it complies with the UN Convention on the Rights of the Child.

### Recommendation 38

- The Committee recommends that all ACT legislation and regulations be reviewed to ensure compliance with the UN Convention on the Rights of the Child. Any non-compliance identified should be rectified. All future legislation should be drafted to comply with the UN Convention on the Rights of the Child. (Paragraph 8.31)

The Committee also believes that the ACT Government should take more initiative in monitoring compliance with CROC through the publication of an annual report. This would help raise consciousness about children's rights throughout the bureaucracy, in non-government organisations, and in the broader community.

### Recommendation 39

- The Committee recommends that the ACT Government, in full consultation with the non-government sector and with input from children, compile an annual report detailing compliance by the ACT Government and non-government programs with the UN Convention on the Rights of the Child. This report should be presented as part of the annual report of the Children's, Youth and Family Services Bureau. (Paragraph 8.33)

# 1. Introduction

## Philosophical approach

1.1. The Committee was very mindful of the crucial role which can be played by early intervention and preventive programs which successfully reach children at risk and their families. As much as it is a cliché, children are our future, and future communities will pay huge social and economic costs if children and their families are not provided with all the help they need to grow and develop their potential, enabling them to become positive and contributing members of the community. These costs will appear in drug/alcohol rehabilitation programs, hospital services, jails, police and then again the continuing costs of future generations of damaged children.

1.2. The Committee was also aware that any influx of resources into this very young age group may not show clear results for 10 to 15 years, well outside the political timeframe. This timing question is important. It is clearly sensible to try to prevent as many children as possible from needing to use expensive secondary and tertiary services in the future. This report examines services for a group of children who, had there been effective preventive measures in place several years ago, may not be requiring the level of service they now demand.

1.3. As an example, the enormous cost and high incidence of psychological disorders should make prevention a high priority area. Over the last few years a growing body of research has demonstrated that many of the risk and protective factors relevant to a number of psychological problems in children can be identified and there are clinical therapy methods to reduce many risk factors and produce a resilience to the development of psychological difficulties.<sup>2</sup>

1.4. The Committee also recognised that children themselves represent an untapped resource for ensuring services are appropriately targeted. They should be given much more encouragement to participate in service design and be provided with clear avenues to give feedback on services. It is important that these avenues be provided in a respectful and non-judgemental way.

1.5. The Committee also considered at the outset that the Government may not be able to provide all of the services which are needed in the ACT. The Government's role is to assess the need and ensure the needs are addressed by funding relevant programs.

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<sup>2</sup> Spence S, 'A case for prevention' in Cotton P and Jackson H (Editors) *Early Intervention and Prevention in Mental Health*, Australian Psychological Society, 1996

## Who are ‘children at risk’?

1.6. The term ‘children at risk’ has been used in health, education and welfare contexts for many years.

1.7. While in the legal sense the term ‘child/children’ applies to people under 18 years of age, a differentiation is often made between children and young people, with children being under 12 years and young people 12 to 18 years. The term ‘child/children’ will be used throughout this report unless it is clear that only those aged 12 to 18 are being considered.

1.8. Children are part of a family. The term ‘family’ in this report is inclusive of all significant adults who have a role in caring for a child.

1.9. The concept of ‘at risk’ is nebulous, with different service providers reading different meanings into it. This means the assessment of a child ‘at risk’ can be extremely subjective. Even amongst experienced workers, there will be a wide range of views about the effects of different behaviours on and by children and what actions will be in children’s best interests.

1.10. As the Government pointed out, different agencies emphasise different aspects of ‘at risk’ behaviour in accordance with agencies’ philosophies, core business and primary interests. For example, in the Department of Education and Training and the Children’s, Youth and Family Services Bureau, Family Services Branch (whose core business is child protection) classify a child ‘at risk’ as a child likely to be declared ‘a child in need of care’.<sup>3</sup> The School Programs Branch of the department considers a children ‘at risk’ as ‘those young people up to 19 years of age who are likely to leave school, or who have already left school, before completing Year 12 or equivalent’. In the Supported Accommodation Assistance Program the term is used when a client is considered at risk of homelessness.<sup>4</sup>

1.11. The ACT Department of Health and Community Care considers the needs of young people in relation to their experience of inequity in health status and lack of access to appropriate health services.

1.12. Other risks include not reaching developmental milestones, for example in fine motor skills; not achieving age appropriate standards in numeracy and literacy; and experiencing discrimination due to age, gender, sexual preference, race or disability.

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<sup>3</sup> Based on Section 71 of the *ACT Children’s Services Act 1986*.

<sup>4</sup> Submission 32, p 6.

1.13. Barnardos' definition of 'at risk' refers to being at risk of going into long-term care.<sup>5</sup>

1.14. There are also differing levels of risk — what is acceptable as age appropriate experimentation may differ. This is of particular importance when considering adolescents where the context of 'at risk' behaviours needs to be taken into account. Adolescents test boundaries, struggle with their identity and engage in risky behaviours.

1.15. Given that a 'child at risk' may be at a risk of any of the above or a combination of risks, there is debate about whether the concept of 'at risk' is useful. Notwithstanding the difficulties with arriving at a clear definition, the Committee agrees with the Government that what is important is that, whatever the issues, the Government provide or fund services to deal with the issues.<sup>6</sup>

## **Scope of the inquiry**

1.16. The inquiry terms of reference are very broad, as are the range of definitions of 'at risk' attributed by government and non-government agencies and the community generally.

1.17. Unfortunately, due to time limitations the Committee found it necessary to restrict the scope of this inquiry. There are a number of complex issues it was not able to deal with in depth. These include youth justice; services for children with learning disabilities; services for children with specific disorders such as autism or attention deficit and hyperactivity disorder; youth suicide; and drug and alcohol addiction among young people, which is of enormous concern to the community, as it is to the Committee. The Committee recommends that these issues be addressed by the relevant committee in the Fourth Assembly.

## **Other reviews and inquiries**

1.18. A number of reviews and inquiries relating to issues under consideration by the Committee were not complete at the time of finalisation of this inquiry.

1.19. The Government review of the *Children's Services Act 1986* commenced in January 1997. A public consultation paper was released for discussion later in the year, with comments accepted until 31 January 1998.

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<sup>5</sup> Transcript, 26 September 1997, p 5.

<sup>6</sup> Submission 32, p 7.

1.20. In relation to youth justice matters, the Commonwealth Ombudsman was in the process of conducting an inquiry into some aspects of the operation of Quamby. Furthermore, the operations of aspects of the youth justice system came under scrutiny with the commencement in late 1997 of an inquest into the death of a young Quamby detainee in September 1996.

## **Conduct of inquiry**

1.21. The inquiry was advertised in local newspapers in April 1997. In addition letters, inviting submissions were sent to individuals and organisations known to have an interest in the subject of the inquiry.

1.22. In response, 36 submissions were received and the Committee held seven public hearings. Details of submissions received are at Appendix 1 and of witnesses who gave evidence at public hearings at Appendix 2.

1.23. The Committee also visited two programs: Gugan Gulwan Youth Aboriginal Corporation and the Galilee Day Program.

## **Acknowledgments**

1.24. The Committee wishes to thank all who took an interest in this inquiry. The Committee was impressed with the quality of the submissions received and the commitment to improving services for children at risk shown by witnesses at public hearings. It became very clear that there is genuine widespread community concern about issues relating to children and particularly children at risk.

## 2. Social, economic and demographic context

2.1. The purpose of this chapter is to paint a picture of the contextual issues which make up the environment for families, children and service providers in the ACT.

2.2. The chapter includes a description of some of the demographic, economic and social features of the ACT—that is, the context in which service providers are working. It also outlines some of the direct external pressures which affect service provision.

### Social and economic factors

2.3. There is a common perception that Canberra is a privileged, middle-class community with a smaller disadvantaged population compared to other Australian cities. Over three thousand families with children in the ACT, that is 7.3 per cent of all families with children, survive on incomes of less than \$300 per week.<sup>7</sup> ABS statistics show average incomes are higher than in most other cities in Australia but this masks the level of disadvantage experienced by the lowest income group.<sup>8</sup> It also places an additional burden on the poorest groups, who may feel their disadvantage more keenly.

2.4. The ACT Government submission recognised the importance of certain economic and demographic issues to the subject of this inquiry:

*Structural features include the high level of skills required for employment, low private sector employment opportunities, absence of large private or religious welfare organisations and the high costs of living. These factors affect a population characterised by high levels of mobility, high numbers of single parent families, high divorce rates involving children and high youth unemployment to create substantial disadvantage in the ACT community. There is also the impact of substantial cross border usage of ACT government provided services.<sup>9</sup>*

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<sup>7</sup> ABS, *1996 Census of Population and Housing Basic Community Profile*, Table B24, Canberra, 1997. (Based on the number of families with children who declared an income)

<sup>8</sup> ABS, *Australian Capital Territory in Focus 1997*, p 100.

<sup>9</sup> Submission 32, p 9.

## Youth unemployment

2.5. The low level of unskilled jobs in both the government and private sectors contributes to the ACT having the highest youth unemployment rate in the nation.<sup>10</sup>

2.6. The Government reported the ACT's youth unemployment rate is volatile as well as high. According to the ABS in June 1996, the ACT had a total estimated resident population of 23,100 in the 15-to-19 year age group. Of the 14,100 in the teenage labour market, 2,200 were employed full time and 8,200 part time, with the remaining 3,600 unemployed. There were 3,900 unemployed in June 1997.<sup>11</sup> The unemployment rate for those aged 15 to 19 was 28.7 per cent in June 1997<sup>12</sup> and 25.4 per cent in June 1996, compared with 13.9 per cent in June 1995 and 21.9 per cent in June 1994.<sup>13</sup>

2.7. The impact of high youth unemployment affects most young people. Many young people feel they are facing a bleak future with no prospect of employment.

2.8. Over the past ten years or so, there have been fewer opportunities for young people to obtain jobs in the public sector, with the proportion of young people in the public sector falling considerably during this time. The number of people under 20 years appointed permanently to the Australian Public Service (APS) in the ACT decreased from 501 in 1988 to 27 in 1997. This represents a 90 per cent decrease for this age group, compared with a 56 per cent decrease in the total appointments for all age groups. Under-25s in 1988 constituted 37 per cent of new permanent appointments, compared with 32 per cent of new permanent appointments in the ACT in 1997.<sup>14</sup>

2.9. The ACT Government has initiated some programs to encourage employers to provide jobs for young people. One such program, Youth 500 had resulted in 500 jobs for young people by 4 December 1997.

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<sup>10</sup> *ibid*, p 12.

<sup>11</sup> Office of Financial Management, Correspondence dated 13 November 1997.

<sup>12</sup> Office of Financial Management, Telephone conversation 21 November 1997.

<sup>13</sup> ABS, *Australian Capital Territory in Focus 1997*, p 87.

<sup>14</sup> Public Service and Merit Protection Commission, Table 20- Appointments of permanent staff to be paid from ACT pay centre.

## **Downsizing of the public sector**

2.10. In recent times, the downsizing of the Australian Public Service, the Territory's major employer, has also led to more families feeling under pressure. The decline in employment in the APS across Australia has been occurring gradually since 1988, when there were 147,225 employees. In 1994 there were 142,298, followed by a sharp decline to 118,568 in 1997.<sup>15</sup>

2.11. This reduction in total APS jobs has had a significant effect on the ACT. In 1996/97 a net 3418 jobs were lost from the APS in the ACT.<sup>16</sup> Further, in 1997 only 1,664 permanent staff were appointed to the APS in the ACT compared with 3,755 in 1988.<sup>17</sup>

2.12. During the last two years the number of people employed in the ACT has decreased. In August 1995 there were 158,700 people employed in the ACT compared with 158,300 in August 1997.<sup>18</sup> The workforce aged population increased from 229,200 in January 1995 to 234,800 in September 1997. Unemployment rates have fluctuated. In August 1995 the unemployment rate was 7 per cent, compared with 7.7 per cent in August 1997. The rate was significantly higher in 1996, being over 8.3 per cent each month with a peak of 8.6 per cent in September and October 1996.<sup>19</sup>

2.13. While the Committee recognises that the ACT Government has also created some jobs, lack of employment prospects and changes to employment arrangements in the public sector such as contract employment and lack of tenure are concerns. Furthermore, the threat of job loss hangs over many Canberra families, leading to family breakdown in some cases and significant stresses for other families.

2.14. On a positive note, there has been some good economic news such as the AAA credit rating and positive growth predictions. According to the ANZ job advertisements data issued on Monday, 3 November 1997, there was a 2 per cent growth in job advertisements in October 1997 and 13 per cent growth overall in the year to October 1997. Access Economics unemployment predictions have been revised down for 1998. More jobs have been created in the private sector.<sup>20</sup>

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<sup>15</sup> Public Service and Merit Protection Commission, *APS Statistics Bulletin 1996/97*, Table 9.

<sup>16</sup> Department of Finance, *APS Staffing Analysis*.

<sup>17</sup> Public Service and Merit Protection Commission, *op cit*.

<sup>18</sup> Australian Bureau of Statistics, *Labour Force: New South Wales and the Australian Capital Territory* August 1997, p 42.

<sup>19</sup> *ibid*

<sup>20</sup> *The Canberra Times*, p 3, 4 November 1997.

## Family breakdown

2.15. The ACT has the highest percentage of sole parent families in Australia and the second highest rate of divorces in which children are involved.<sup>21</sup>

2.16. During 1995/96, there were 4,812 persons in receipt of the sole parent pension in the ACT, an increase of 4.9 per cent since June 1995.<sup>22</sup>

2.17. Canberra also has a high number of families who do not have extended families living nearby. This reduces the support networks available to families experiencing stress.<sup>23</sup>

2.18. A recent report from the Bureau of Crime Statistics and Research noted that poverty, child neglect and child abuse were related to juvenile crime.<sup>24</sup>

2.19. These factors highlight the critical need for support services for children in the ACT beyond the family.

## Education

2.20. Of 16-to-19-year-olds not living with parents, 30 per cent are in full-or part-time work, 16 per cent are unemployed, 12 per cent are in secondary education and 25 per cent are in post-secondary education.<sup>25</sup>

2.21. While the ACT experiences high retention rates in secondary education, those young people who do not achieve those standards suffer significant disadvantage in the context of the ACT economy.

2.22. The Committee heard evidence that many homeless young people were experiencing difficulties accessing Austudy as a result of policy changes, administrative problems, and a tightening-up of the approval process for the homeless rate.<sup>26</sup> Education is of critical importance for many disadvantaged or 'at risk' teenagers and restrictions on Austudy will severely disadvantage this group.

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<sup>21</sup> Submission 32, p 11. The ABS reports that the higher divorce rate in the ACT can be attributed to the fact that the Family Law Court in the ACT processes and grants a large number of divorces to usual residents of other States.

<sup>22</sup> ABS, *Australian Capital Territory in Focus 1997*, p 69.

<sup>23</sup> Submission 32, p 11.

<sup>24</sup> NSW Bureau of Crime Statistics and Research *Economic and Social Stress, Child Neglect and Juvenile Delinquency* (Press Release) 5 November 1997.

<sup>25</sup> Submission 32, p 11 (quotes DEET *Australian Longitudinal Study*)

<sup>26</sup> eg Transcript, 1 October 1997, p 54, p 81 and pp 126-7, Uncorrected Proof Transcript 30 October p 22 & Transcript, 2 October 1997, p 161.

## **Emergency welfare assistance**

2.23. A number of agencies have recently reported increased need for emergency welfare assistance in Canberra.

2.24. Pathways, an information and referral service for young people, has experienced an increase in demand for its services. In the first three months of the 1997/98 financial year it reported a 25 per cent increase in the services it provided, compared with the same time in the previous year. It also reported that a large part of the increased demand has been for comprehensive services such as youth emergency assistance.<sup>27</sup> They distributed \$3,247 in financial assistance to their clients in the first three months of this financial year compared with \$910 for the same period last year.<sup>28</sup>

2.25. Mr Bill Morris, regional manager of the Smith Family ACT, said emergency cash assistance demand was up 42 per cent to \$62,000 in the first quarter of this year. He said 'demand was staggering with some families losing cars and homes and this stress was triggering domestic violence and family breakdown'.<sup>29</sup>

2.26. Anglicare recently advised that 'the level of demand for help from needy families was up by as much as 50 per cent over 12 months'.<sup>30</sup>

2.27. Government funding to welfare agencies increased by 3 per cent in 1996/97 and has increased a further 2.5 per cent in response to continued growing demand. In addition, the Red Cross Roadhouse (which provides meals to the homeless, destitute and youth of Canberra) is expected to provide 9,000 meals in 1997/98, compared with 7,000 in 1996/97.<sup>31</sup>

## **Children in need of care**

2.28. There has been a national increase in the numbers of children taken into care in recent years. Nationally the number of children in care increased from 12,723 in 1993 to 14,677 in 1996.<sup>32</sup>

2.29. Between 1 July 1996 and 30 June 1997, 576 individual children entered care in the ACT.<sup>33</sup>

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<sup>27</sup> Uncorrected Proof Transcript 30 October 1997, p 18.

<sup>28</sup> Curry, G 'Rise in Youth Emergency Assistance' *Tuggeranong Chronicle*, 28 October 1997, p 6.

<sup>29</sup> *The Canberra Times*, 4 November 1997, p 3.

<sup>30</sup> *The Canberra Times*, 29 November 1997, p 5.

<sup>31</sup> Submission 32, p 10.

<sup>32</sup> Submission 32, p 16.

<sup>33</sup> Letter from Executive Director of Children's, Youth and Family Services Bureau to Kerrie Tucker MLA, 25 September 1997.

2.30. In the ACT, the ‘snapshot’ number of children in care increased from 103 in June 1995 to 181 in June 1996.<sup>34</sup> The number of children in care fell slightly in June 1997 to 173.

2.31. Again, the growing pressures on families from unemployment and job insecurity have been identified as critical in child abuse and neglect cases.

### **Child abuse notifications**

2.32. The table below shows the finalised figures of child abuse and neglect for the ACT and Australia for 1995/96.<sup>35</sup>

<b>Type of abuse or neglect</b>	<b>ACT number</b>	<b>ACT per cent</b>	<b>Australia number</b>	<b>Australia per cent</b>
Substantiated abuse or neglect	445	43	29,833	49
Child at risk	113	11	2,372	4
No abuse or neglect	485	47	29,178	47
Total finalised investigations	1043	100	61,383	100

Source: Child Abuse and Neglect Australia; Australian Institute of Health and Welfare.

2.33. Between 1995/96 and 1996/97 there was a decrease in substantiated notifications of abuse and neglect from 445 to 376, a decrease in cases deemed ‘child at risk’ from 113 to 97, and a decrease in finalised investigations from 1,043 to 999.<sup>36</sup>

2.34. The rates for Aboriginal and Torres Strait Islander notifications are very high nationally. The over-representation of this group has been attributed to high rates of poverty and unemployment, poor living conditions for many families, the high incidence of single parent families, high incidences of alcoholism and other health problems, and lack of access or ability to access appropriate parental support services.<sup>37</sup>

### **Housing**

<sup>34</sup> Submission 32, p 16.

<sup>35</sup> *ibid*

<sup>36</sup> Correspondence from Executive Director, Children’s Youth and Family Services Bureau, dated 25 September 1997.

<sup>37</sup> Australian Institute of Health and Welfare, *Child Abuse and Neglect Australia 1995/96*, Child Welfare Series No.17.

2.35. There has been a huge increase in housing evictions of families from ACT Housing houses over the past three years. According to the Welfare Rights and Legal Centre, eviction applications to the court increased from 79 in 1993/94 to 148 in 1994/95 to 210 in 1995/96 to 289 in 1996/97.

2.36. ACT Housing advised the Committee that during 1996/97 there were 126 evictions, compared to 43 in the previous year.<sup>38</sup>

2.37. The Welfare Rights and Legal Centre also advised on the greater difficulty for people in obtaining priority housing due to sell-off of centralised stock and low turnover in certain areas so that 'the special need threshold is raised by the competition for limited supply'.<sup>39</sup>

2.38. Nationally, young people are reported to be under-represented in public housing.<sup>40</sup> In the ACT, 884 young people aged 15 to 24 years were on the ACT public housing waiting list as at 31 August 1997. This represented 29 per cent of people on the waiting list.<sup>41</sup>

2.39. Pathways highlighted the difficulties for young people in accessing public housing due to rent arrears.<sup>42</sup> Pathways also gave an example of up to 20 young people sharing a bedsit.<sup>43</sup>

### **Alcohol and drug use**

2.40. In recent times drug and alcohol abuse, particularly drug use among young people, has become a serious social issue in the ACT and has added to the complexities of problems confronting young people.

2.41. Drug and alcohol agencies working with youth have recently reported a change in the client profile of young intravenous drug users. The injectors they are now seeing are younger, take greater risks, have multiple problems, are more likely to be hepatitis infected and present as depressed, anxious and stressed.<sup>44</sup>

2.42. Claims have been made that heroin is now cheaper than marijuana and the average age of heroin users has fallen from 21 years to 16 years.<sup>45</sup>

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<sup>38</sup> Transcript, 30 October 1997, p 45.

<sup>39</sup> Transcript, 2 October 1997, p 32.

<sup>40</sup> Submission 32.

<sup>41</sup> Minister for Housing, Answer to Question on Notice, 31 August 1997.

<sup>42</sup> Curry G, op cit

<sup>43</sup> Uncorrected Proof Transcript, 30 October 1997, p 20.

<sup>44</sup> Submission 32, p 12

<sup>45</sup> Transcript, 1 October 1997, p 101.

2.43. Lawyers from the Legal Aid Commission reported that almost all the juveniles appearing before ACT courts have a drug or alcohol problem.<sup>46</sup> A solicitor representing the Law Society reported that 90 per cent of crime committed by the children he represents is drug related.<sup>47</sup>

2.44. The Needle Exchange Program currently services 80 to 120 new heroin users per month and approximately 30 per cent of these are under 18 years of age.<sup>48</sup>

2.45. Recent reports have also highlighted a growing problem of young women engaging in street prostitution in Civic to finance their drug habits.<sup>49</sup>

### **Mental health issues**

2.46. Young people with mental health problems cannot access a specialised inpatient service in the ACT.

2.47. Young people who experience both mental health problems and drug or alcohol addictions have difficulty accessing services which can deal simultaneously with these problems.

### **Juvenile offenders**

2.48. In 1996/97 a total of 158 young people were detained in Quamby, comprising 125 on remand and 33 committals. Occasions of residence figures totalled 240, comprising 206 remands and 34 committals. Of the 158 young people detained, 32 that is just under 20 per cent<sup>50</sup> were Aboriginal or Torres Strait Islander children. According to the ABS, there are 1,399 Aboriginal and Torres Strait Islander children in the ACT, representing 1.6 per cent of the total population under 18 years.<sup>51</sup>

### **Factors affecting service provision**

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<sup>46</sup> *ibid*

<sup>47</sup> Uncorrected Proof Transcript, 19 November 1997, p 23.

<sup>48</sup> Submission 32, p 48.

<sup>49</sup> Transcript, 30 October 1997, p19.

<sup>50</sup> Correspondence from Minister for Education and Training and Children's Youth and Family Services Bureau, dated 3 November 1997.

<sup>51</sup> Reported in Australian Law Reform Commission & Human Rights and Equal Opportunity Commission, *Seen and heard: priority for children in the legal process*, AGPS, Canberra, 1997.

## **Diseconomies of scale**

2.49. The ACT faces some challenges in providing appropriate services in some areas because of a relatively small population. Other States with larger populations can afford to provide some specialised services and a bigger range of services due to the economies of scale.

2.50. The ACT often sends young people with special needs interstate to use services which are currently unavailable in the ACT. For example, as there is no drug/alcohol rehabilitation centre in the ACT, young people are sent interstate to access rehabilitation services. Young Aboriginal students have also been sent interstate to access specialised Aboriginal education services. Recently the Assembly passed the *Children's Services (Amendment Bill) 1997*, which gave power to the Director of Family Services to transfer children interstate. Some Members of the Committee were concerned that this could be a way of avoiding responsibility for the wellbeing of our most troubled young people.

2.51. Because of the relatively small size of the ACT population, there will always be some instances where only a few individuals will have a problem which requires very specialised treatment not available in the ACT. This is inevitable but should not be used as an excuse not to provide other services.

2.52. For most services, the small size of the ACT could be considered an opportunity to be innovative rather than a barrier to the provision of the most appropriate care. The small size should make some problems more manageable. Potentially there is no reason the ACT could not develop and implement best practice models in the provision of family support programs, early intervention, youth justice centres, youth drug and alcohol rehabilitation services and supported accommodation for young people. The political will represented by adequate injection of funds, combined with harnessing of community support, could allow us to achieve world best practice in caring for our children.

## **Government/private provision of services**

2.53. The Government reported that the ACT does not have the range of self-funding private sector welfare organisations that are in place in other capital cities. The lack of these privately funded welfare organisations is probably due to the comparatively rapid growth and short history of the ACT, the low number of community volunteers in the ACT and the absence of a large private sector industry base which could donate to charity.<sup>52</sup>

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<sup>52</sup> ACT Government Submission to Commonwealth Grants Commission, 1997, pp 17-20.

2.54. Examples of some of the larger welfare organisations that have a larger presence in bigger Australian cities but only limited or non-existent presence in the ACT are the Brotherhood of St Laurence, Sydney City Mission, Catholic Social Service, Mercy Family Care, Uniting Church Social Services and Anglican Church Social Services.<sup>53</sup>

2.55. Because of this lack of privately funded welfare organisations, the ACT Government proportion of funding spent on welfare services is higher compared with other states.<sup>54</sup>

### **Cross-border issues**

2.56. Although net migration to the ACT is low, this masks a very high population flow in and out of the Territory. The average annual migration to the ACT is 17 per cent, compared with a nationwide average of 3 per cent. This figure is higher for Aboriginal and Torres Strait Islander people, with 63 per cent recording a different address between 1986 and 1991.

2.57. The ACT experiences a drift of rural people to the only large urbanised centre in the region, with people looking for work, to access health and welfare services, for family and other reasons. St Vincent de Paul and the Smith Family have indicated that approximately 10 to 15 per cent of the funding originating in the ACT is used for cross-border purposes.<sup>55</sup>

2.58. Supported Accommodation Assistance Program (SAAP) services report a high number of interstate clients using ACT SAAP services. The One Night Census of SAAP services in 1994 showed the ACT was providing 5.2 per cent of beds nationally despite the fact only 1.69 per cent of the population live in the ACT. One SAAP family service advised that, for the first six months of 1997, 48 per cent of its clients were from interstate; and LASA refuge reported that, from July to December 1996, 14 per cent of residents came from interstate.<sup>56</sup>

2.59. Another indicator of mobility is that the ACT has double the rate of people using SAAP services who indicate reason for use as 'moved from interstate without available support'.<sup>57</sup>

2.60. The ACT Government is working on cross-border issues to ensure ACT services receive appropriate remuneration from other States.

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<sup>53</sup> *ibid*, p 20.

<sup>54</sup> *ibid*, p 1.

<sup>55</sup> *ibid*, pp 2-8.

<sup>56</sup> Submission 32, p 10.

<sup>57</sup> *ibid*

## Commonwealth funding cuts

2.61. Since mid-1996 there have been significant Commonwealth cuts to many programs which affect young people at risk and cuts to direct forms of income support for young people. These includes changes to Austudy and unemployment benefits.

2.62. Teachers and services for young people have reported more problems for young people in accessing Austudy, especially at the homeless rate, since the Commonwealth Government tightened eligibility conditions in 1996.

2.63. Youth workers have expressed concern about the likely effects of the new Common Youth Allowance which will replace unemployment benefits for people under 18 years. This means that unless young people are in education they will not be entitled to income support. They predict this will place 'significant pressures on families' and 'it may well lead to family breakdown'.<sup>58</sup>

2.64. Youth workers have also raised concerns about the Commonwealth's position that they will not pay income support to under-16-year-olds without a protocol implemented on a State-by-State basis and other Commonwealth decisions relating to housing funding. These decisions, the Committee was told will restrict the ACT's ability to offer a comprehensive range of support to children at risk in the ACT.<sup>59</sup>

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<sup>58</sup> Transcript, 30 October 1997, pp 22-3.

<sup>59</sup> *ibid*

### **Absence of a long-term social plan**

2.65. Currently the ACT Government has no overall strategic plan for social services and social issues. Other cities such as Wagga Wagga have social plans. The ACT has no long-term strategy. The Committee also notes that there is no overall coordinating body for social issues in the Chief Minister's Department.

2.66. The Committee is aware of work being done by the ACT Council of Social Service on quality of life performance indicators, benchmarking and information for planning.

### **Data collection**

2.67. Currently there appears to be no coordinated data collection to indicate the level of disadvantage in the ACT. The Committee was particularly concerned that while the level of unmet need is being measured by many services for children at risk, often it seems this information is not being aggregated or used to plan new services.

### 3. Current services

3.1. This chapter provides an overview of current services, particularly secondary and tertiary services for children at risk and their families. The chapter draws heavily on the Government submission, which provided very comprehensive and detailed information.

3.2. As the Government submission stated, keeping children safe and ensuring they grow up in environments in which they can 'fare well' is a responsibility shared by governments and the whole community. The responsibility can be divided into primary, secondary and tertiary components.

3.3. Primary responsibilities lie with community or extended family members, local community or child care workers and other adults in contact with the children, such as sporting coaches, priests, school teachers and general practitioners. Primary services are those where society provides a generic level of service for families and individuals. Families and individuals manage their own access to the services.<sup>60</sup> In the ACT, of the 80,000 children under 18 years, 60,000 are in the education system. According to its 1996/97 annual report, the Department of Education and Training and Children's, Youth and Family Services Bureau allocated \$335.2m to primary services.<sup>61</sup> In addition, other agencies such as the Department of Health and Community Care provide funds for primary services.

3.4. Secondary services are those where more focussed intervention is needed and sometimes where the family itself needs support to access a service or services. These services are designed for vulnerable families and individuals. Vulnerable families include those who are isolated from family, unemployed or on low incomes, single parents and those with children with a disability. Vulnerable individuals include victims of domestic violence, those with a mental illness and those who are victims of abuse or self-harm. Secondary services include family support services, treatment services, special education services, programs for Aboriginal and Torres Strait Islander children and youth refuges. In 1995/96 there were 320 occasions when young people under 16 accessed Supported Accommodation Assistance Program (SAAP) services and a further 700 children accompanied their parent to a SAAP service. The Department of Education and Training and Children's, Youth and Family Services Bureau allocated \$28.1m to secondary services in 1996/97.<sup>62</sup> As with primary services, other agencies also provide or fund these services.

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<sup>60</sup> Transcript, 26 September 1997, p 12

<sup>61</sup> *ibid*, p 15.

<sup>62</sup> *ibid*

3.5. Tertiary responsibilities are the statutory roles. Tertiary services are for those whose resources are so limited that they cannot maintain their own safety without the intervention of the state. Such services are substitute care services and child protection services. In 1996/97 576 children were admitted to, remained in or left substitute care, 240 child protection cases came to court; and 94 children were subject to new care and protection orders.

## **Child protection services**

3.6. Under the *Children's Services Act 1986*, the Director of Family Services is responsible for promoting the protection and care of children. Since 1990 Family Services' focus has moved away from broad ranging community welfare issues to child care and protection services.

3.7. A number of other organisations also have legal responsibilities in protecting children in the ACT. These are:

- the Australian Federal Police;
- the Standing Committee of the Children's Services Council;
- the Children's Court;
- the Family Court; and
- the Office of the Community Advocate.

3.8. Mandatory reporting was introduced on 1 June 1997. Those mandated are specified in Section 103(2) of the *Children's Services Act 1986* which states:

*Where—*

- (a) a medical practitioner, dentist, registered nurse, police officer, teacher or person employed to counsel children in a school, in the course of practising his or her profession or carrying on his or her calling in the Territory;*
- (b) a public servant whose duties relate to children's welfare; or*
- (c) a person providing child care at premises in respect of which a licence under Part VII is in force, in the course of providing that care,*

*on reasonable grounds suspects that a child has suffered physical injury (otherwise than by accident) or has been sexually abused, the person shall notify the Director accordingly or cause the Director to be so notified.*<sup>63</sup>

- 3.9. A report can also be made by any member of the community.
- 3.10. Notifications of abuse are made to Family Services intake workers at the two regional offices (Belconnen and Tuggeranong) and the after hours workers who are based at Quamby. In extreme circumstances, the police might be notified directly.
- 3.11. If an investigation of a notification is considered necessary, it is allocated a priority rating for investigation — immediately, within 24 hours, within five days or within 14 days, depending on the risk factors. Some contacts are not considered to be notifications. These are referred to as ‘consultations’ and are referred to other community services for support or advice.
- 3.12. Notifications are assigned by a manager to a caseworker who then investigates with the assistance of a secondary worker. Checks are made to establish whether the child is already known to Family Services so that any history can be taken into account. If necessary, additional information might be gleaned from other sources, such as schools or day care centres.
- 3.13. Investigation requires that the child be interviewed or, in the case of an infant, that the child be seen. In some circumstances the child will be interviewed at school, and the parents subsequently.
- 3.14. Depending on the outcome of the investigation, and following consultation with managers, there are several possible outcomes. If a child has injuries or makes a clear disclosure of abuse, it is likely that emergency action will be taken under section 73 of the *Children’s Services Act 1986*. The parent is served with papers, and told that court action has been invoked, and the child placed in a safe place—which might be with extended family, or in alternative care.
- 3.15. It is possible for a child to be placed in care while further assessments (medical, psychological/psychiatric, parenting ability) are made. These usually are in conjunction with section 78 action—that is, ‘application for declaration that the child is in need of care’. It should, however, be noted that only 10 per cent of all notifications are contested in court.

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<sup>63</sup> *Children’s Services Act 1986*, S 103.

3.16. It is possible under section 94 for a parent to request that the child be placed in care for a period. The length of time is negotiated, but never exceeds three months at a time and is never more than a total of 15 months. The child might remain in the home, with Family Services implementing a case plan and monitoring the child's progress for a time.

## **Accommodation services**

3.17. All accommodation services for young people aged 18 and under are Government funded or provided. The following outlines tertiary and secondary accommodation services.

### **Substitute care**

3.18. Legislated child protection services consist of two inextricable parts: the removal of children from their families and the provision of care to substitute for that of the family. The *Children's Services Act 1986* provides the legislative framework. The ACT Government is responsible for the provision of investigative services and substitute care services. Substitute care services, tertiary services, are provided either through funding non-government agencies or through direct service provision. The ACT Government provides over \$4m annually for substitute care.

3.19. There are five non-government agencies which provide substitute care, namely:

- Barnardos Australia;
- Marymead Child and Family Centre;
- The Richmond Fellowship of the ACT Incorporated;
- Galilee Incorporated; and
- Open Family Australia.

3.20. In addition Family Services provides foster care through the Family Services Branch Foster Care Program and the Kinship Care program.

3.21. The Government reported that, historically, substitute care was provided by institutions, but by the 1960s the move was towards group homes and then increasingly to foster care. In the 1990s the move is now towards kinship care wherever possible—that is, the full-time care of children by relatives or other adults who have a family relationship to a child. Despite recognising that no one of these options will meet the needs of all children requiring care, finding the delicate balance between providing an adequate range of care options and

implementing policy and practices (such as permanency planning or the Aboriginal Child Placement principle) is an arduous responsibility.<sup>64</sup>

### Kinship care

3.22. Kinship care is the full-time care, nurturing, and protection of children by relatives, members of their cultural group or other adults who have a family relationship to a child. The Government reported that this is always the first option considered when placing a child away from the immediate family. Kinship care has been steadily increasing over the last few years. In 1994/95, 13.4 per cent of substitute care placements were kinship care, compared with 20.5 per cent in 1996/97.<sup>65</sup>

### Foster care

3.23. Foster care is placement of a child with trained and approved foster parents who care for the child in their own home. All foster parents have a support worker. Generally, children under 12 years old (particularly infants), are easily placed in foster care.

3.24. Family Services funds two foster care programs specifically for adolescents. Galilee operates the Family Placement Scheme, with 12 places, and Open Family Australia provides the Extend-a-Family Scheme with 15 places. Both these programs are usually filled to capacity. Family Services Branch Foster Care Program also includes adolescents. In some programs with a younger target group, young people have entered as children and grown to adolescence. It is appropriate that they remain with their carers.

3.25. However, adolescents, by their very nature and their physical independence, are sometimes less amenable to foster care placement. There is also the possibility that they might have had multiple placement breakdowns and can no longer be considered fosterable. Sometimes the abuse the young person has endured is so severe that living in a family is not an appropriate option. Occasionally, the young person simply feels the need to experiment. This may lead to drug and alcohol problems, the involvement of the police and youth justice, and fears by everyone (except the person concerned) for that young person's safety.

### Specialised foster care

3.26. Specialised foster care is foster care provided by trained and approved foster carers in their own home for children and adolescents with special needs

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<sup>64</sup> Submission 32, p 14.

<sup>65</sup> Correspondence from Executive Director, Children's, Youth and Family Services Bureau, dated 25 September 1997.

(for example, physical disabilities) or emotional and behavioural problems which make it unlikely that they can be placed successfully in general foster care.

3.27. There are some children with special needs for whom it is not possible to attract foster carers. For example, the Government reported that it has not been possible to recruit a foster carer for a young boy who has severe intellectual impairment and difficult behaviour. At the same time, a young woman with severe physical disabilities has been happily settled with her carer since December 1994.<sup>66</sup>

3.28. To meet the needs of these children/young people Family Services funds the following programs which provide a total of 20 long-term places.

3.29. The Barnardos Special Foster Care Program caters for eight children aged six to 12 years who at the time of placement have severe behaviour problems. The Barnardos program began in November 1992 and was expanded in 1996/97.

3.30. The Marymead High Support Program, which is a mix of foster care and residential care, provides long-term care for 12 children aged six to 17 years who have psychiatric or intellectual/learning impairments and challenging behaviours. The Marymead program was established in October 1995 in response to urgent need and has been at capacity ever since. Six children have been in the program since its inception. In total, 20 children have been in this program.

3.31. Both programs are almost always at capacity and have little turnover of clients.

#### Residential care

3.32. Residential care is intensive 24-hour care and supervision provided by rostered staff to young people unable to live at home or in foster care. Residential care is funded by the ACT Government and is different from the services offered by youth refuges. Between 1980 and 1990 there was a worldwide reduction in the number of residential facilities due to the development and greater use of other forms of community support and care. The capacity of the facilities that remained shrank while costs spiralled upwards. Now residential care is seen as a positive means of meeting the needs of particular children, not simply as a last resort.

3.33. In addition to the residential part of the Marymead High Support Program, there are two other residential facilities (six-bedroom houses in the community), both catering for adolescents, both operated by Richmond

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<sup>66</sup> op cit, p 19.

Fellowship and both funded by Family Services. Whilst there are several similarities between the two programs and they share a day program, there are also differences.

3.34. Marlow Cottage is designated a shelter under the terms of the *Children's Services Act 1986*, and as such is a transition facility providing emergency and short-term residential care for children who are considered to be in need of care (in the strict terms of the Act), are in transition in placement, are young offenders and directed to be placed in a shelter according to the Act, or who are on bail and for whom no alternative accommodation can be found.

3.35. The term 'shelter' is not widely used in the sense employed by the *Children's Services Act 1986* and sometimes leads to confusion with youth refuges. Whilst shelters and refuges often have the same clients, or clients move from one to the other, the intended role of each is different. A shelter is totally funded by the ACT Government, it is primarily an option used where child in need of care issues are identified, referral is only through Family Services and staff cannot refuse a referral. A refuge on the other hand is jointly funded by the ACT and Commonwealth Governments through SAAP, it is primarily a response to homelessness, it is open to any member of the community who complies with the refuge's admission criteria and staff are able to refuse a referral.

3.36. Outreach House, the other residential service provided by Richmond Fellowship, offers a more stable environment for medium-to long-term care. It takes the form of a therapeutic program for six young people aged from 13 to 18 years old who have psychological or behavioural disturbances. The program uses a multi-disciplinary approach to therapeutic models which include individual and group counselling, behaviour modification programs, recreational activities, together with work with the young person's natural family. During 1996/97, 16 young people took part in the Outreach House program.

## **Supported Accommodation Assistance Program (SAAP)**

3.37. During the mid-to-late 1970s, a range of programs were developed throughout Australia in response to the growing problems of homelessness and domestic violence. In 1984 these programs were consolidated under a joint Commonwealth–State Program—the Supported Accommodation Assistance Program (SAAP)—as Australia’s main response to the needs of people who are homeless or in crisis. Initially a safety net program, SAAP has now developed a more active and strategic focus. The reforms reflected in the *Supported Accommodation Assistance Act 1994* are largely based on a number of strategic directions identified as a result of the 1993 evaluation of SAAP

3.38. The current SAAP Agreement (SAAP 3) between the Commonwealth and each of the States and Territories came into force from 16 December 1994 for a period of five years.

3.39. The ACT–Commonwealth SAAP recurrent base funding available in 1996/97 was \$6,941,000, with administration costs a fixed 3 per cent of this amount.

3.40. SAAP is an appropriate response where people have transitional support and accommodation needs due to homelessness. For these clients, SAAP provides an effective way to address their needs. It is recognised that SAAP is not an appropriate response for individual clients who need intensive or long-term support and/or accommodation.

3.41. While the aim of SAAP is to assist people who are homeless or at imminent risk of becoming homeless and in crisis, particular groups have been identified as requiring a specific focus, consistent with the principles of access and equity. These include children accompanying adults to SAAP services, people with mental health or behavioural difficulties, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and young people.

3.42. Unlike Marlow Cottage, ACT SAAP youth services are able to refuse a referral (whether that be from another agency or the client personally) when the person is not a SAAP client, or when, in the judgement of that service, acceptance of that person would compromise the safety or wellbeing of existing clients, or where staffing levels are inadequate to ensure appropriate support for that person.

3.43. The parameters of the service a SAAP client will receive are up to each individual service, within the framework of the SAAP program overall. Thus,

while the program is strictly a transitional supported accommodation program, an individual service may be a crisis, medium, or longer-term service or may have a mixture of elements. The historically accepted definition of these terms within the SAAP context were that crisis was for up to three months, medium term three to six months and longer term up to 12 months. These definitions were never enshrined in written policy but adopted as widespread practice definitions around Australia. They are fairly flexibly applied, but there would certainly be concerns if clients continued to receive support/accommodation beyond 18 months to two years as an absolute maximum.

3.44. The SAAP program has a requirement that services develop and adhere to appropriate policies and procedures. It is up to each service to develop its own policies and procedures, covering areas such as service/house rules and eviction procedures. The program requires that such policies be non-discriminatory. Services also need to address occupational health and safety issues in the management of their service. A young person whose violent behaviour puts other clients/staff at risk would be one instance where the person would not normally gain/retain access to a youth refuge.

3.45. The SAAP Agreement specifies what services should NOT be provided. The program will not replace, duplicate or provide services and assistance already provided by, or the responsibility of, any other government programs or services (which, for example, cater predominantly for clients requiring substitute care or specialised clinical treatment) nor exclusive services for veterans, people leaving prisons, students, people with a disability, and the frail aged, unless otherwise agreed by the Minister and the participating State Minister.

3.46. However, service provision has expanded under SAAP 3, to provide more than just accommodation. SAAP services may provide a continuum of services to facilitate a case management approach to providing support. In this expanded model, one client may access a range of supports from a service. An example of this is that services may now provide support to a client who is at risk of homelessness, in need of crisis accommodation and support, in need of medium-term accommodation and support, and/or in need of outreach/follow-up support.

3.47. This may be done in the context of working towards meeting individual needs of stable accommodation, financial/employment assistance, education, school liaison, counselling, advocacy, mediation with parents or access to a range of specialist areas like mental health, medical services and dental services. The range of support services is diverse, extending from the Food for Life provided once per week by the Hare Krishna through to supported accommodation for adolescents provided in the Barnardos' Transition Program and the Canberra Community Housing for Young People (CCHYP).

3.48. There are 21 SAAP services in the ACT which provide services to young people under 18 years of age. Ten of these services are for children accompanying their parents. A list of these services is at Appendix 4.

## **Health Services**

3.49. In late 1997 the ACT Government released an ACT Youth Health Policy 1997–2000, *Health for Young People in the ACT*. This policy was developed to provide strategic direction in relation to a number of key issues. These include:

- the specific needs of young people in accessing health services;
- the priority health needs of young people;
- the broad, environmental, social and physical needs of young people which impact on their health; and
- the identification of gaps in services, reduction of duplication and promotion of effective service models.

3.50. The Government provided the following information on health services for children at risk in the ACT.

### **Mobile Youth Health Outreach Service/The Junction**

3.51. The pilot Mobile Youth Health Outreach Service is a joint ACT and Commonwealth Government initiative. The service was established to pilot the delivery of innovative, non-judgemental primary health care and related services to meet the complex needs of homeless and otherwise at risk young people. Young people at risk include those who have backgrounds of domestic violence, physical or emotional or sexual abuse, and/or who themselves have drug and alcohol problems, emotional/behavioural problems or psychiatric disorders.

3.52. The Government Member on the Committee advised that following an evaluation of the Mobile Youth Health Outreach Service, the Government had decided that health services for young people would be more effectively delivered through a central point for referral and information. This new service will be known as ‘The Junction’ and will operate from the old QE 11 building from early 1998.

## **YWCA–AXYS Youth Service**

3.53. AXYS is an outreach health and support service for young people in the ACT aged 12 to 25 years which was established in July 1995. It offers personal support, information, outreach, referral and advocacy. The service target group includes young people from culturally and linguistically diverse backgrounds (a designated outreach worker has been employed), young Aboriginal and Torres Strait Islander people, homeless young people, young offenders, young people with disabilities, and young parents (particularly young fathers).

## **Child Family and Youth Health Program**

3.54. The Government expects the new Child, Family and Youth Health Program to offer a greater capacity to focus on the health needs of children, families and youth using a multidisciplinary approach.

3.55. The program comprises three teams: two maternal and child health nursing teams (one operating in North Canberra and one in South Canberra) and one multi-disciplinary team of community nurses, nurse practitioners, social workers, occupational therapists, physiotherapists, nutritionists and a health promotion officer.

3.56. The teams provide services from six health centres, 26 child health clinics, two family care centres, and in the interim the provision of secondary post-natal services from six sites, as well as homes, child care centres, preschools and schools. Services include those provided by child health clinics, the Child, Family and Youth Health Program, child health medical officers, youth health outreach clinics, parent education programs and post-natal services.

## **The adolescent ward at the Canberra Hospital**

3.57. This eight bed ward has been open since August 1996 and is predominantly available for use by young people from 12 to 18 years. The type of patient referred to this ward varies and includes post-surgical, ear, nose and throat and orthopaedic patients as well as young people with cystic fibrosis, anorexia, some cancers, depression and psychological problems.

3.58. A significant number of clients who have attempted suicide or who have been identified as exhibiting suicidal behaviour are also admitted to the ward. The Government advised that a management plan is being developed to identify these 'at risk' clients who present at the Accident and Emergency

Department and who are transferred to the adolescent ward for follow-up treatment.<sup>67</sup>

### **Child at Risk Assessment Unit**

3.59. Located in the Social Work Department at the Canberra Hospital, the Child at Risk Assessment Unit provides a comprehensive service to the ACT on child abuse. All forms of child abuse — which include neglect, physical, sexual, psychological or emotional abuse — and the effects on children of domestic violence, are addressed.

3.60. A range of services is offered, including:

- consultations with the public and service providers on concerns about possible child abuse and issues such as children’s sexual behaviour within normal limits;
- referrals to appropriate agencies where required;
- medical examinations of children believed to have been abused;
- psycho-social assessments of children and their families;
- supportive therapeutic groups for children and their parents;
- information and training on child abuse to service providers within the hospital and in the community, such as teachers, school counsellors, solicitors, refuge workers; and
- representation on committees and inquiries concerning child abuse.

3.61. The unit accepts referrals for medical examinations and psycho-social assessments directly from the public and from a wide range of service providers such as teachers, counsellors, doctors, Calvary Hospital, the police, the courts, the Community Advocate and Family Services. It also services the Emergency Department and the maternity and paediatric wards at the Canberra Hospital.

3.62. The unit deals with approximately 600 cases annually. Of these, about 150 are re-presentations, the remainder new cases. In around 70 per cent of the cases the families are known to, or are active case responsibilities of Family Services.

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<sup>67</sup> Submission 32, p 46.

3.63. All forms of maltreatment are represented. Frequently children have suffered multiple, even all, forms. Domestic violence is a significant issue of concern, as is drug and alcohol abuse by parents, and as the Government reported there is frequently a combination of the two problems.

### **Drug and alcohol services**

3.64. The Department of Health and Community Care provides funding to a number of community based programs, including two detoxification services, a public and private methadone service, a needle exchange program and group and individual counselling. As part of this service, the department provides funding to the following agencies:

- Assisting Drug Dependants Inc. (ADDINC), which operates the Arcadia House Withdrawal Centre, a community based alcohol and other drug withdrawal service;
- the Drug Referral and Information Centre (DRIC), a community-based alcohol and drug service also operated by ADDINC, which *inter alia* provides a confidential telephone and face-to-face counselling service;
- the Needle Exchange Program;
- the Alcohol and Drug Foundation of the ACT (ADFACT), which operates a detoxification service; and
- ADDINC to provide a range of peer-based activities, including playgroup clinics, home detoxification services and hepatitis C support services for women.

### **Child and Adolescent Mental Health Service (CAMHS)**

3.65. CAMHS provides as service for children up to the age of 18 years with moderate to severe emotional, behavioural and/or psychiatric disturbance whose condition is considered detrimental to growth and development or where there are serious difficulties in the person's social or family environment. In 1995/96 CAMHS had 765 clients.

### **Management Assessment Panel (MAP)**

3.66. The Management Assessment Panel is a service to facilitate the coordination of case planning and service provision for some members of the

community whose complex service needs are poorly coordinated or inadequate (for example, people who have a dual diagnosis and require services related to needs such as health; housing; employment, education and training; and financial management). The services of the MAP are available to children and adults.

### **Suicide prevention**

3.67. The ACT has received funding from the Commonwealth Department of Health and Family Services to conduct a stocktake of youth suicide prevention activities.

3.68. The ACT is also participating in the development of a joint proposal with the Southern NSW Mental Health Service to examine cross-border issues, including the need for a rural counselling service.

3.69. A youth suicide prevention taskforce is currently working on a youth suicide prevention strategy which will be released in 1998.

### **Children with disabilities as children at risk**

3.70. The presence of disability can lead to particular situations which exacerbate the level of risk to a child. These situations may include elements of challenging behaviour; escalation of the usual stresses which family life entails; a large proportion of one-parent families; increased cost, financial and other, associated with caring for people with profound, severe, multiple and moderate disabilities; enforced focus on survival rather than a quality of life; and low self-esteem.

3.71. The ACT disability services system provides a range of support options to children with disabilities and their families. These support options are largely community based and focus on supporting the family unit. Services provided specifically to children with disabilities include: the ACT Community Care Disability Program, which provides respite; Marymead, which offers host family substitute care; and FaBRIC, which provides community-based respite. The ACT Society for the Physically Handicapped provides both accommodation and individualised support which allows children to live with their family. In addition, individualised support packages are available to meet a range of individual support needs.

3.72. Children with disabilities also receive services from a number of other areas within the ACT Community Care Disability Program, through the Home

and Community Care (HACC) program and through the Disability Services Grants Program.

## **Education services**

3.73. The Department of Education and Training and the Children's, Youth and Family Services Bureau provides a number of educational programs which target students who are at risk.

### **Student Support Service**

3.74. The Student Support Service Section within the Department of Education and Training aims to maximise the learning outcomes of students by providing specialised educational, psychological and student management support services to students and school communities.

### **School counsellors**

3.75. Every student and their family in the ACT government school system (K–Year 12) has access to the services of a school counsellor at their local school. Counsellors, in addressing the needs of students at risk, deal with issues such as academic progress, interpersonal relationships, family relationships, behaviour management at school, behaviour management at home, attendance, psychological/emotional adjustment and health/welfare. Counsellors are employed on an enrolment basis. In 1997 there were eight senior counsellors and 46.6 permanent level one counsellors employed in schools.

### **Adolescent Development Program (ADP)**

3.76. The Adolescent Development Program at Dairy Flat provides support to high school students who may be experiencing severe behavioural, emotional or social difficulty. The aim of the program is to provide opportunities for students to develop academic and social skills which will assist their successful reintegration into regular school. The ADP has a capacity of eight students aged 12 to 15 years. Placement is usually for 20 weeks.

### **Dairy Flat farm**

3.77. The farm can provide short-term placements for individual students aged 12 to 16 years in addition to the school groups who visit for farming activities. The program for individual students has the capacity for up to four students on

four days per week. Most students referred are experiencing behaviour problems.

### **Student management programs**

3.78. Itinerant student management consultants provide support for school aged students (K–Year 10) and teachers within the school setting. Consultants work with a case load of eight to ten students for a period of ten weeks. In 1997 the Department of Education and Training employed 4.5 consultants to provide support in mainstream schools.

3.79. There are also three withdrawal units for primary aged students with severe behavioural problems. Each program aims to provide students with information so that they are more able to meet their needs responsibly and maintain a structured class environment. Irresponsible behaviour is challenged and more responsible behaviour is encouraged to facilitate the return of students to full-time mainstream education programs.

3.80. The Weston Unit has a capacity of four students, aged seven to 12 years. The Urambi Centre deals with a younger age group, namely five- to-seven-year-olds and the Yarralumla Centre offers placements for five to 12 year olds.

### **Northside Alternative Education Program (AEP)**

3.81. The program focus is for those students whose needs are not met by mainstream high schools. This program is not intended for students who have behavioural disturbances. A similar program is planned for the Southside in 1998.

### **Other school-based programs**

3.82. In addition to the programs described above, government schools are required to have a Student Welfare Team/Special Needs Team, harassment officers, and year coordinators (for high schools).

3.83. Further, staff and students from a number of schools have been involved peer mediation/conflict resolution training.

3.84. Some high schools run off-line programs from their own resources to meet the individual needs of some students experiencing difficulty fitting into a mainstream setting.

## **Day programs**

3.85. A recurrent problem with many behaviourally disturbed clients is their exclusion from school or their refusal to attend school. This is both an indicator and a consequence of their extremely disruptive behaviours.

3.86. As many of these young people are in the substitute care system Family Services funds two exclusive programs to provide them with education and training.

3.87. The Richmond Fellowship provides a program for the adolescent clients of Outreach House and Marlow Cottage from a location at Pialligo. All clients of these facilities are required to attend the program if they are not attending a mainstream program. The program has capacity for 12 young people. Innovative opportunities are provided, such as turning the wooden stocks of guns surrendered under the Guns Buy-Back Scheme into pens.

3.88. Galilee Incorporated began a day program in January 1997 at Youth Haven in Kambah. The target client group is other adolescent clients of Family Services who are assessed to be children in need of care under the provisions of the *Children's Services Act 1986*, who have a clearly identified need based on social, psychological or behavioural evidence, and for whom other forms of intervention have been considered and found to be ineffective or inappropriate. In September 1997 there were six young people enrolled in the program.

3.89. In addition, the Department of Education and Training has provided a teacher at Civic Youth Centre to run an education program for young people not at school.

3.90. The Adolescent Day Unit (ADU) was set up in February 1992 in response to the Inquiry into Behavioural Disturbance among Young People. The ADU provides a day program that offers specific intensive therapeutic support for six adolescents aged between 12 and 15 years. The young people who attend have disruptive behaviours or emotional difficulties of sufficient severity to prevent attendance at school, but have the potential to work towards successfully returning to school or attending a preparation for work program. The unit is staffed by a Director, a psychologist, 0.5 teachers and two youth workers.

## **Quamby school**

3.91. An accredited school structure has been set up at Quamby juvenile Detention Centre to assist residents with educational needs, including working towards the Year 10 certificate.

## **Youth services**

3.92. The majority of services to youth are funded through the Youth Services Grants (YSG) Program. The allocation of funding for the YSG program for the 1996/97 financial year is \$1,564,135. Some services have a regional or specialised focus, while other services cover the entire ACT geographic area. The target group is 12-to-25-year-olds and is inclusive of those young people from culturally and linguistically diverse backgrounds, students at risk of leaving school, and Aboriginal and Torres Strait Islander young people.

3.93. There are three general types of services funded under the YSG program. These are regional youth centres, information and support services, and youth services which are support and/or recreational programs. These are listed at Appendix 6.

3.94. The eight regional youth centres provide young people with drop-in services as well as a range of educational, vocational, recreational and support services, including referral, advocacy and support to key government and non-government services.

3.95. There are four major information and support services funded under the YSG program. These are the Youth Coalition of the ACT, Pathways Information Service, AXYS Youth Service (YWCA) and Youthline. The Youth Coalition is the peak youth body in the ACT. This service provides support and advocacy for youth services and provides government with information and policy advice on key issues facing young people. Pathways provides information, advocacy, referral and support to young people in the ACT. Youthline provides crisis counselling, support and referral to all young people in the ACT or any member of the community seeking information in relation to issues facing young people.

3.96. The YSG program also provides funding for a range of youth services for support and/or recreational activities. These include Scouts, Girl Guides, Duke of Edinburgh Award and the Police and Citizens Youth Club.

3.97. Further the response to the review of Streetlink in 1995 was to create two services: namely, Youth Connection and Youth Support Service.

3.98. Youth Connection established in 1996, is located within the government sector as part of the Department of Education and Training. Youth Connection aims to provide a coordinated service for young people who are experiencing difficulties which impact on their ability to be productive members of the school community and wider society. There are two components of this service: the Student/Youth Co-ordinating Service and the Youth Work Service.

The Student/Youth Co-ordinating Service involves education, health and welfare professionals working together to develop strategies and implement plans which address the needs of children between the ages of five and 18 years. The Youth Work Service involves youth workers providing support directly to young people. The clients who use this service are primarily in Years 7 to 10 of high school. The youth workers provide support to young people and encourage them to resolve the issues which place them at risk of failing to complete their education

3.99. The newly established Youth Support Service targets young people who have multiple issues which place them at risk. The Youth Support Service is provided by a community organisation, the YWCA. Workers attached to this program have the flexibility and mobility to work with young people in the locations where they gather. It operates outside of normal business hours. The service utilises an inclusive model of service provision which aims to encourage young people to access other support services where this is appropriate. As the service combines both mobility and operates out of hours it is accessible to young people when other services are often unavailable.

## **Family support services**

3.100. Family support can be defined as a range of interlinked services, resources and activities for individuals and families. This support assists parents to meet their responsibilities to care for, protect and promote the wellbeing of children. Family support targets all parents with particular emphasis on families who require support and information to enable them to develop parenting skills to meet the needs of their children.

3.101. Family support has gained recognition in recent times as it is seen as an appropriate response to a wide variety of issues, from prevention of child abuse to youth homelessness to violent behaviour in schools which have all been the focus of State and Federal parliamentary inquiries. Family support is particularly relevant when the focus is on prevention of unacceptable behaviour by children or positive outcomes for a child who is a member of a dysfunctional or poorly parented family.

3.102. Funding for family support services can come from a variety of Territory and Commonwealth government departments.

3.103. The ACT Government advised that it is committed to the provision of services which assist families in their parenting role, and it commits substantial resources to this area. A wide range of welfare-related services which provide family support at the primary, secondary and tertiary levels are funded by a number of ACT Government programs.

3.104. The Child Health and Development Service (CHADS) is one of these services. It is a section of the Children's, Youth and Family Services Bureau. It provides assistance to children aged 0 to 12 years with a range of developmental problems including physical, intellectual, communications and other functional difficulties. CHADS provides the following services:

- information and advice for families on child health and development;
- assessment of children's development needs and provision of therapy and educational services to meet those needs;
- counselling and support for families;
- early intervention programs for children aged 0 to 5 years with developmental delay, or with disabilities or language difficulties; and
- educational programs for parents and professionals.

3.105. Non-government services include the Community Information and Referral Service, a primary level service, and secondary services such as Lifeline's 24 hour telephone counselling service and the Welfare Rights and Legal Centre. In addition, emergency welfare assistance funding to the Smith Family, Salvation Army and St Vincent de Paul provides an essential safety net for families and children, and for other individuals, including young people who may be homeless or who are in financial crisis. Although not specifically targeting children who are at risk, these services, as a consequence of the timely support and/or information provided, often have a positive impact on the wellbeing of these children.

3.106. A significant level of funding (\$1.8m) is provided for 37 individual and family support services under the Community Services Grants (CSG) Program administered by the Children's, Youth and Family Services Bureau. These include programs offered by the seven community services, the Parent Support Service, the Child at Risk Program offered by TRANSACT and some programs offered by the Rape Crisis Centre, Barnardos, Centacare, Lifeline, Marymead and the Richmond Fellowship. A full list of these programs is at Appendix 5.

3.107. One CSG-funded service, the Domestic Violence Crisis Service (DVCS), whilst not primarily targeting children, is now playing an important role in supporting children who are at risk of suffering the harmful consequences of experiencing and/or observing domestic violence.

3.108. CSG funding is also provided for primary intervention and community development projects such as community education, self-help groups, and promotion activities such as those of the National Association for Prevention of Child Abuse and Neglect (NAPCAN ACT) for coordination of Child Protection Week. These activities include in their aim changing individual, family and community behaviours and attitudes which harm children and/or place them at risk.

3.109. Family Services funds a number of tertiary level programs. Marymead Child and Family Centre provides a family preservation program (Families Together), a Family Support Program and a Respite Care Program. It also funds Barnardos' Australia to provide family support through the Temporary Family Care Program.

3.110. The aim of Families Together is a last resort attempt to prevent a child from being taken into substitute care, and is only available to referrals from Family Services. The program is also used to assist in the reunification of families who have already experienced placement of their children. It is based on the USA model named Families First, and is also practised in Victoria. As a family preservation service Families Together offers a short, intensive, home based service with 24-hour access to support workers and provides assessment, advocacy and practical, therapeutic and educational assistance.

3.111. Barnardos Family Together Program provides respite care (which is the planned substitute care placement of a child for a few days' duration, usually weekends) as part of a program providing parental support.

3.112. Marymead Comprehensive Access Service is funded by Family Services for children under a *Children's Services Act 1986* order who require supervised access with their families as part of the court order or a case plan. The program provides a safe and comprehensive access service between children in substitute care or other placements and their families. Agency workers provide a positive role model for parents and children and encourage access to be a positive experience for both parents and child.

3.113. Richmond Fellowship Family Support Service is funded under the CSG and provides a family support and counselling service specifically for adolescents aged 12 to 18 years who are at risk of removal into care by Family Services and for their families. The Government reported that workers in the program found that there was a recurring theme in their target client group of parents having experienced sexual abuse in childhood, as well as young people having experienced abuse. As it was felt that this was a barrier to be overcome before the family can make progress, the availability of a sexual assault worker is integral to the program. The program accepts referrals from anyone in the community, has approximately 38 cases (80 to 90 clients) and as at May 1997

had a waiting list of 12 families. The sexual assault counsellor component of family support has been funded since June 1996.

3.114. Services funded by the Commonwealth include Centacare which is funded to provide Relationships Australia Canberra and Region and FACES (Family and Adolescent Centre), and to Marymead Child and Family Centre which is funded to provide a family skills program.

## **4. How can service provision be improved?**

4.1. This chapter highlights the gaps in services for children at risk and the need for more long-term preventive measures to be introduced. It makes suggestions aimed at improving the availability, quality and targeting of services to children at risk.

4.2. The areas examined include family support and counselling services; the appropriateness and availability of short, medium and long-term housing for young people; services for children with behavioural disturbances; mental health services; drug and alcohol rehabilitation services; child protection and substitute care services; services for children of culturally and linguistically diverse background; and services for young people with complex problems.

### **Family support and counselling services**

#### **General family support services**

4.3. The Committee heard repeatedly that there are insufficient family support services. Yet, as noted in the previous chapter, the Government puts considerable resources into family support services at all levels.

4.4. This unmet need was reported in relation to both existing services and certain services currently not available at all in the ACT. Anecdotal evidence provided to the Committee indicated that some services for children in Canberra experience very strong unmet demand. These include counselling services and accommodation services. In some cases the unmet demand is not easily quantified as many services do not keep statistics on the number of potential clients who contacted the service but were turned away.

4.5. The Committee was disappointed that this sort of information on unmet demand is not always available and not aggregated, as it would be an excellent source of information upon which to base planning for future services. It would also assist very much with evaluation of services.

4.6. One provider of family support services, Belconnen Community Service, advised the Committee that since a second worker was funded in September 1996 it has no waiting list and clients in crisis are seen as quickly as possible.<sup>68</sup>

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<sup>68</sup> Submission 5.

## General family casework

4.7. There is still an expectation that Family Services should provide a general family casework service. This service ceased about ten years ago. In recent years funding to the non-government sector to provide family support services has increased significantly.<sup>69</sup> Family Services' role is now limited to child protection. The Committee believes that Family Services needs to clarify the misconception about its role. Family Services pointed out to the Committee that when it comes to general family casework, many families are more comfortable dealing with a non-government agency that does not have a statutory child protection role than with 'the Welfare'.<sup>70</sup>

4.8. This view was reflected in comments made by teachers to the Australian Education Union, which reported that government agencies are seen to be too hard to contact, insufficiently flexible and too protective of the status quo. Many community agencies are highly respected by staff in schools who are closely involved in student welfare matters. They are seen to be responsive and more willing to enter into mutually trusting and supportive relationships with schools, which means that a range of problems can be addressed more quickly. This applied even when a solution could not be found—at least school staffs knew that they must move on and look elsewhere. They find this far more satisfactory 'than being left in the limbo world of promises, waiting lists and poor communication'. Agencies which were frequently praised by teachers included Richmond Fellowship, Canberra Community Housing for Young People (CCHYP), Family Planning, and Finnis at Finnis Crescent, Griffith.<sup>71</sup>

4.9. The following case study illustrates the points made above.

*I is a 15 year-old-male student whose case involves long-term intervention from Family Services and other sources such as social workers, counsellors, Department of Education, Housing and private and public help services over a number of years. Very little has been coordinated and most actions have been reactive, predicated almost entirely on I's behavioural disturbances at school, with first reports beginning at preschool.*

*I and his mother are both angry and traumatised by the humiliation and stress, culminating with I being taken away from his mother and placed in foster care for a time.*

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<sup>69</sup> Uncorrected Proof Transcript 9 October 1997, p 75.

<sup>70</sup> *ibid*

<sup>71</sup> Submission 33.

*The family was referred to Richmond Fellowship, which took a coordinated approach. They listened to the mother and son, visited and talked with the school, followed through with a medical assessment of the boy, provided help to the mother, with counselling in the home and liaison with the school on a very regular basis with case meetings and phone calls if something untoward or unusual was happening.*

*The results have been extremely effective. Although I is not fully stabilised he is manageable at home and at school and the Richmond Fellowship is providing genuine help and advocacy.<sup>72</sup>*

4.10. A major problem with having family support services spread through the non-government agencies is that there is no single point of access. People do not know whom to contact for support. Further, it was pointed out by the Community Paediatrician that services are frequently changing. New services are established and others fold.<sup>73</sup>

### **Early intervention and prevention**

4.11. A strong theme which emerged in the evidence is the need for early preventive programs. The cost to the community of dealing with children with mental health, behavioural and emotional problems is significant both in financial terms and in terms of human suffering. Yet nationally only a very small proportion of the budget is spent on prevention, and psychologists and other professionals are employed to deal with the established problem rather than to prevent its onset.<sup>74</sup>

4.12. Spence<sup>75</sup> reports on research by Mattison (1992)<sup>76</sup> and Ost (1987)<sup>77</sup> which demonstrated that the onset of many adult psychological problems can be traced back to childhood and many of the risk factors for adult disorders can be found in childhood experiences. Furthermore, Coie et al (1993)<sup>78</sup> noted that with conduct disorders, for example, the frequency and severity of the problem behaviour gradually increase with age. A similar pattern is evident with clinical

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<sup>72</sup> *ibid*

<sup>73</sup> Uncorrected Proof Transcript, 8 October 1997, p 36.

<sup>74</sup> Spence S 'A case for prevention' in Cotton P & Jackson H, (Editors) *Early Intervention and Prevention in Mental Health*, Australian Psychological Society, 1996.

<sup>75</sup> *ibid*

<sup>76</sup> Mattison R E , 'Anxiety Disorders', in Hooper S R, Hynd G W & Mattison R E, *Child psychopathology: Diagnostic criteria and clinical assessment*, Hillsdale, New Jersey, Erlbaum, 1992.

<sup>77</sup> Ost L G, 'Age of onset in different phobias, *Journal of Abnormal Psychology*, 96, 223-229, 1987.

<sup>78</sup> Coie J D, et al, 'The science of prevention: A conceptual framework and some directions for a National Research Program, *American Psychologist*, 48, 1013-1022, 1993.

disorders such as depression. The Committee also received a great deal of anecdotal evidence of behavioural disorders and other psychological problems being evident at an early age. As the Australian Education Union stated:

*The majority of children who are at risk between the ages of 12 and 18 years of age were at risk at 3 and 5 and 9 and 11 years of age. These are children well known to teachers as students who don't get better—they just get bigger.*<sup>79</sup>

4.13. In addition, longitudinal studies regarding the causal variables associated with a wide range of psychological disorders in children have demonstrated that such factors as marital discord, single-parent status, poverty, parental psychopathology and poor parenting skills appear to be common risk factors. A number of successful preventive interventions have been reported to reduce risk factors and to prevent the development of some psychological disorders.<sup>80</sup>

4.14. Witnesses at public hearings emphasised the need for preventive programs.

4.15. Barnardos emphasised that family supports are crucial and if family supports are not put in when children are young the community is faced with dealing with more serious problems when they are older.<sup>81</sup>

4.16. A child psychiatrist told the Committee:

*We need to get in early, and by early I actually mean that by one, by the time the child is one, there are certain fundamental things that must happen and if they do not happen to a good enough standard, odds of this particular child not coming through life in good shape are recognisable and quantifiable.*<sup>82</sup>

4.17. In many instances the Committee was told that support offered is much too late. NAPCAN told the Committee that there are many children who are in very parlous family situations at a very young age. The families do not have the parenting capacity and this cannot be made up by what is in place in the community.<sup>83</sup> They advocated that because these children are extremely emotionally damaged, decisions need to be made much earlier about substitute care. For some of these children foster care is the only option. However, the assessment of the foster care placement needs to be far more rigorous and

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<sup>79</sup> Submission 33.

<sup>80</sup> Spence S, 'A case for prevention' in Cotton P & Jackson H, (Editors) *Early Intervention and Prevention in Mental Health*, Australian Psychological Society, 1996.

<sup>81</sup> Transcript, 26 September 1997, p 1.

<sup>82</sup> Confidential evidence

<sup>83</sup> Uncorrected Proof Transcript, 8 October 1997, p 22.

better supported. Strong links also need to be maintained with the child's parent/s.

4.18. In other cases there is not the capacity to provide the really intensive support for borderline families where, for example, the parents have an intellectual disability and cannot cope with the child's changing development. The Community Paediatrician told the Committee that it is very hard to access long-term intensive support for these families. Without ongoing negotiation, practitioners cannot be confident that the support service will continue.<sup>84</sup>

4.19. The Committee considers that the importance of preventive programs and early intervention cannot be underestimated. There is now a growing body of research on successful preventive interventions and the Committee urges the Government to take account of this research when planning family support services.

### **Recommendation 1**

**4.20. The Committee recommends that in planning the delivery of family support programs the Government reassess its approach in light of recent research on successful preventive interventions.**

### **Specific programs**

4.21. A number of specific family support programs were discussed with the Committee.

#### Parenting programs

4.22. The effectiveness of parenting programs varies. The Community Paediatrician told the Committee some are good and some are not. In discussing them she said:

*Parenting programs can be fantastic or they can be a dead waste of time. It depends on tailoring something to meet the needs of the family.*<sup>85</sup>

4.23. The Community Paediatrician discussed a trial parenting program where the therapy needs of babies with developmental delay are met and the mother is taught about parenting. In reporting on one of the successful outcomes of the program she said:

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<sup>84</sup> Transcript, 26 September 1997, p 44.

<sup>85</sup> *ibid*, p 43.

*To go into a home of one of these families and see the mother sitting with the toddler in the lap playing with playdough, is a revelation. This is a baby that could not even crawl at 12 months of age, or sit, because they had been left in their cot and been ignored because the mother did not know what to do. To go from that to this idea of playing with your child is an enormous step.*<sup>86</sup>

#### Respite care

4.24. Respite care is an area where there is an unmet need and, as the Community Paediatrician said, it is vital for some families and children.

4.25. Barnardos emphasised the need for more adolescents to have the opportunity of a brief time with another family where there can be some mediation work and the adolescent can return home. At the moment adolescents usually only have the option of going to a youth refuge, which is often very inappropriate as a break.<sup>87</sup>

4.26. A form of respite care Barnardos advocated was greater access to subsidised child care for children at risk of abuse rather than placing them in foster care. Barnardos reported that it subsidises a number of children and that it would be beneficial if the ACT Government made subsidised places available across Canberra rather than in two designated centres. At present the ACT Government funds two specific programs, one in Belconnen and the other in Tuggeranong.

4.27. Family Services advised that it uses day care as the first plank in preventing children from coming into care.<sup>88</sup> Family Services also pays for children's day care when it is part of a case plan, but this is for families where the risk of child abuse has been identified. During 1996/97 Family Services spent \$40,487 on child care fees for children.<sup>89</sup>

4.28. The Committee sees merit in making subsidised child care available to more families at risk.

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<sup>86</sup> *ibid*

<sup>87</sup> Transcript, 26 September 1997, p 1

<sup>88</sup> Uncorrected Proof Transcript, 8 October 1997, p 72.

<sup>89</sup> Executive Director, Children's Youth and Family Services Bureau, Correspondence dated 28 October 1997.

## Families Together

4.29. The Families Together program operated by Marymead was quoted by several organisations as being an excellent model of family intervention.

4.30. This program is a last resort attempt to prevent a child from being taken into substitute care and is only available through referral from Family Services. It offers a short intensive home-based service with 24-hour access to support workers. It provides assessment, advocacy and practical, therapeutic and educational assistance.<sup>90</sup>

## **Planning**

4.31. The Committee is concerned that the types of programs available may not always be meeting the current needs of the community in the most effective way. Child, Youth and Family Agencies of the ACT (CYFAACT)<sup>91</sup> noted that the type of family support service funded is an ongoing issue. CYFAACT stated that there is an ongoing need for adequate targeting whereby the more disadvantaged and 'at risk' children and families are serviced. In their view often mainstream services are not able to work with parents who have a drug addiction or mental health problem. The Executive Director of the Children's, Youth and Family Services Bureau also expressed concerns about the targeting of funding for family support services.

4.32. Further, families and professionals have difficulty in accessing information on available family support services. There is still confusion about the role of Family Services in the provision of general family support. These services are now the responsibility of contracted non-government agencies.

4.33. In its report *Prevention of Violence in Schools*, the Committee raised the need for the development of a strategy for the provision of family support services and information about those services. The Government responded with information on the family support services its funds but did not address the recommendation on the development of a strategy. The 1996/97 annual report of the Children's, Youth and Family Services Bureau does not provide adequate detail of coverage of services for children.

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<sup>90</sup> Submission 32, p 60.

<sup>91</sup> Submission 15.

4.34. In September 1997 the Children's, Youth and Family Services Bureau reported on embryonic initiatives to create a family support policy and strategic plan.<sup>92</sup> The Committee is aware of an extensive mapping exercise of family support services which was carried out by the Children's, Youth and Family Services Bureau in the latter part of 1997. This mapping exercise has identified parenting/family support as a priority. The Minister advised the Committee that a 'current priority for the ACT Department of Education and Training and Children's, Youth and Family Services Bureau is the development of an appropriate framework to facilitate a more responsive, coordinated approach to assisting families'. This is in line with the approach the Committee would like to see adopted.

4.35. However, the ACT Department of Education and Training and the Children's, Youth and Family Services Bureau is only one of the agencies, albeit the major agency, which provide and fund family support services. Other agencies such as ACT Community Care also play a significant role in providing family support services and need to be part of the planning process. Given the significant investment made by the Government, the Committee considers that a more strategic approach must be taken to the delivery of family support services and believes that a family support policy and strategic plan must be developed at a whole-of-government level.

## **Recommendation 2**

**4.36. The Committee recommends that:**

- **the ACT Government urgently progress the development of a strategy for the funding and delivery of family support services; and**
- **develop a comprehensive strategy for dissemination of information about those services and other services for children and families.**

4.37. Furthermore, given that many services were unable to quantify the unmet demand for their services, the Committee considers that the planning process should include strategies to assess need more effectively.

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<sup>92</sup> Uncorrected Proof Transcript, 26 September 1997, p 51.

### **Recommendation 3**

#### **4.38. The Committee recommends that:**

- **to inform the planning process, as part of this strategy all government and non-government agencies be resourced to collect information on the services provided and the unmet demand for services; and**
- **each year the Government conduct an evaluation of this data and report to the Assembly, with the first report due in July 1999.**

#### **Counselling services**

4.39. Face-to-face counselling services for children and adolescents were very difficult to access according to numerous inquiry participants<sup>93</sup>—for example, the Community Paediatrician, the Australian Education Union, Lowana, the Woden Youth Centre, the Rape Crisis Centre and the Belconnen Community Service.

#### Telephone counselling

4.40. There are two telephone counselling services for children and adolescents: namely, Youthline and Kids Helpline. Youthline is a Canberra-based service, while Kids Helpline is a national service. Youthline coordinator reported that the service is not overstretched. Increase in demand for its services is directly related to publicity campaigns. Youthline is restricted in its publicity activities by funding constraints.<sup>94</sup>

4.41. Kids Helpline reported 5797 contacts with ACT children over the last four years. This amounts to 1449 calls a year, or on average four per day.<sup>95</sup>

4.42. Information from Youthline and Kids Helpline suggests that these services are not as widely known as they could be. As with general family support services, more publicity is needed.

#### Face-to-face counselling

4.43. Face-to-face counselling services are extremely limited and very difficult to access at the time they are required. Legal Aid advised that urgent family counselling is 'extremely expensive and a lot of families simply cannot afford it.'<sup>96</sup>

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<sup>93</sup> Also Submission 17.

<sup>94</sup> Telephone conversation with Coordinator of Youthline, 15 October 1997.

<sup>95</sup> KHL Statistical Summary, Australian Capital Territory, Review period 10/5/93 to 10/5/97.

<sup>96</sup> Transcript, 1 October 1997, p 74.

4.44. The Child at Risk Assessment Unit advised that ‘there is a problem getting support services for children who have been abused’.<sup>97</sup> The unit does not deal with ongoing counselling for these children and the Committee was told the Child and Adolescent Mental Health Service has only limited capacity to deal with children who have been abused.<sup>98</sup>

4.45. Lowana stated that some young people need intensive therapeutic intervention. Many of these young people are not trusting of outside services. They need to be given help as part of the program the refuge offers, beginning with activities which build up trust between them and the staff and moving into more intensive counselling when they are ready. Lowana is of the view that it should be funded to provide intensive therapeutic intervention.<sup>99</sup> The Committee supports this view.

4.46. According to the Australian Education Union, school counselling services are not meant to provide long-term in-depth counselling services. Teachers with responsibility for student welfare noted that once a young person reaches 16 years of age there is very little interest from agencies. School counsellors see a need for specific counselling services for adolescents, particularly the 16-to-19-year-old age group.<sup>100</sup>

4.47. Woden Youth Centre reported that the Young Men’s Support Network has an eight week waiting list for new clients.<sup>101</sup>

4.48. The SAAP National Data Collection Report for the ACT (July - December 1996) revealed that throughout Canberra, ‘the number of unmet needs for counselling (22 per cent of the total) exceeded all other types of unmet client needs’.<sup>102</sup> This report also noted that for women escaping domestic violence in SAAP services, 42.9 per cent of unmet demand for services comprised requests for counselling for their accompanying children’.<sup>103</sup>

4.49. Another specialist area where services are extremely limited is counselling for children with sexual behaviour problems.<sup>104</sup> These children often require long-term counselling.

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<sup>97</sup> Transcript, 26 October 1997, p 43.

<sup>98</sup> *ibid*

<sup>99</sup> Transcript, 2 October 1997, p 196.

<sup>100</sup> Submission 33.

<sup>101</sup> Transcript, 1 October 1997, p 130.

<sup>102</sup> Australian Institute of Health and Welfare, *The SAAP National Data Collection Report for the ACT July -December 1996*, Australian Institute of Health and Welfare, Canberra, 1997, p 54.

<sup>103</sup> *ibid*, Table 108, p 80.

<sup>104</sup> Transcript, 2 October 1997, p 169.

4.50. However, as NAPCAN pointed out, there is very little capacity for long-term counselling.<sup>105</sup> The lack of availability of counselling was also reported by Prideaux who noted:

*Many people who require counselling to deal with current family difficulties or past experiences (eg abusive experiences) which may be affecting their capacity to parent are not able to access counselling.*<sup>106</sup>

4.51. The Committee believes that face-to-face counselling services for children and families at risk need to be more accessible. Children who have been victims of abuse should have timely access to appropriate counselling services, as should young people in refuges, children with sexual behaviour problems and young men.

#### **Recommendation 4**

**4.52. The Committee recommends that the ACT Government increase the availability of long-term face-to-face counselling services for children at risk and their families and in particular address the need for counselling for:**

- **adolescents;**
- **young people in refuges;**
- **young men; and**
- **children with sexual behaviour problems.**

4.53. The Committee is particularly concerned about counselling services for children in substitute care. It was told that many children in substitute care are extremely damaged and need intensive long-term counselling. The Foster Care Association of the ACT reported that carers have to constantly justify that a child in care has special needs and needs additional support. The association argued that any child who comes into foster care has special needs and should have access to counselling as needed as a matter of course.<sup>107</sup>

4.54. The Committee considers that children in substitute care must have easy access to counselling services. The Committee suggests that one approach to the problem could be to contract private counselling services to provide counselling for children in substitute care on request.

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<sup>105</sup> Uncorrected Proof Transcript, 8 October 1997, p 373.

<sup>106</sup> Prideaux J *Final Report on Child Abuse Prevention Strategy for the ACT*, 1994, p 13.

<sup>107</sup> Transcript, 1 October 1997, p 24.

## **Recommendation 5**

**4.55. The Committee recommends that the Children's, Youth and Family Services Bureau develop and implement a policy which enables all children in substitute care to access counselling upon request.**

## **Mental health services**

4.56. The Committee's inquiry into the Adequacy of Mental Health Services examined in some detail services for children with a mental illness. The Committee was seriously concerned about the lack of mental health services for children.

4.57. Specifically, the Child and Adolescent Mental Health Service is severely stretched and is not able to satisfy demand for its services; there is no suitable inpatient facility for young people with a psychiatric illness; there is no specialist service for young people with dual disability such as a mental illness and drug or alcohol addiction; support services for young people in refuges are difficult to access; forensic psychiatry services at Quamby are disorganised; and services for people with early onset psychosis are severely limited.

4.58. Evidence given to this inquiry further emphasised the serious lack of services for children with a mental illness.

## **Recommendation 6**

**4.59. The Committee recommends that as a matter of urgency the Government implement the recommendations of the report *The Adequacy of Mental Health Services* relating to services for children with a mental illness.**

## **Services relating to child sexual assault**

4.60. A number of witnesses raised issues concerning services and practices relating to child sexual assault.

4.61. The Minister for Education and Training and Children's and Youth Services advised the Committee that as part of its strategy to prevent all forms of abuse the Government has introduced a number of initiatives to reduce child sexual abuse. These initiatives include the introduction of mandatory reporting, which has been accompanied with a comprehensive training program covering issues related to sexual assault; funding to Pathways for the development of a

sexual abuse information card; the implementation of the Protective Behaviours Program in all government primary schools and some high schools; and the development of protocols for reporting and responding to all forms of abuse between Family Services and key agencies.<sup>108</sup> The Rape Crisis Centre has a worker whose job is to develop a feasibility study for a service specifically for men.

### **Counselling for children**

4.62. Several organisations expressed concerns about the availability and accessibility of counselling services for children who have been sexually abused.<sup>109</sup>

4.63. Workers from Lowana refuge spoke about the support needs of their clients:

*If they were run over by a bus and suffered a physical injury, they would be taken to ... a critical intensive ward at the hospital ... if they are sexually abused, they have experienced early childhood abuse, abandonment and neglect, they have got critical support needs so just providing them with a bed and a roof over their heads is not enough.<sup>110</sup>*

4.64. Another youth worker stated:

*The problem is that a lot of the young people are actually not aware of who the Sexual Assault Services are in the ACT, or where to find them.<sup>111</sup>*

4.65. The Canberra Rape Crisis Centre does provide a counselling service for child sexual assault victims. However, it reported that this aspect of its work is not well known and it is taking steps to rectify the perception.

4.66. In addition the Government provides some counselling services mainly through the Child and Adolescent Mental Health Service for children who have been sexually abused. It also funds Richmond Fellowship Family Support Program to include a counsellor to address sexual abuse issues.

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<sup>108</sup> Correspondence from Minister for Education and Training and Children's and Youth Services, dated 3 November 1997.

<sup>109</sup> eg Uncorrected Proof Transcript, 30 October 1997, p28 and p 38, Transcript 1 October 1997, p60.

<sup>110</sup> Transcript, 2 October 1997, p 195.

<sup>111</sup> Transcript, 1 October 1997, p 132.

4.67. The Woden Youth Centre reported that there are very few people in the ACT who have the skills to work with young men who have been sexually assaulted and that this is an area of unmet need.<sup>112</sup>

4.68. The team leader of the Australian Federal Police Sexual Assault and Child Abuse Team expressed concerns about the lack of counselling available for male sexual assault victims in the ACT.

4.69. The Rape Crisis Centre has taken on counselling young men up to the age of 16. However, at the time of printing it did not deal with older young men. It reported that it will be auspicing a pilot men's sexual assault project.<sup>113</sup>

4.70. The Department of Health and Community Care's report *Review of Sexual Assault Services*, which examined services for adults, recommended that a comparable review of services for children should be undertaken.

### **Legal/court issues**

4.71. The Australian Federal Police advised they have major concerns about the length of time from when they first see a victim come forward to the police to when the matter gets to trial. They cited examples where the whole process may take eight years, a lifetime for a child. They suggested that there was a need for a different process which would expedite child sexual assault matters through the court system, because the chance of a successful prosecution after lengthy delays is remote and too distressing for the child.<sup>114</sup>

4.72. The Australian Federal Police also informed the committee that child sexual assault prosecutions in the ACT are less successful than those in New South Wales. This may be because in the ACT cases go through a committal process whereas in New South Wales the committal is done through a paper committal so the child is not required to go through their evidence twice.<sup>115</sup>

4.73. The Rape Crisis Centre raised serious concerns about the effects of legal and court processes on children in child sexual assault court cases. They provided examples of judges having expressed 'a disrespectful attitude towards the needs and rights of child witnesses and the evidence of child advocates' and having made 'inappropriate and ill-informed statements from the Bench'.<sup>116</sup>

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<sup>112</sup> *ibid*, pp 130-1.

<sup>113</sup> Transcript, 2 October 1997, p 170.

<sup>114</sup> Transcript, 30 October 1997, p 32.

<sup>115</sup> *ibid*

<sup>116</sup> Transcript, 2 October 1997, p 178.

4.74. The Australian Federal Police supported the need for judges and lawyers to receive more training on a range of issues relating to child sexual assault.

4.75. The Rape Crisis Centre also expressed concern about the investigative processes used by Family Services in child sexual assault cases and recommended more specialisation in this area, with staff specifically trained to work with sexual assault cases only. This would be in line with practices in other States.<sup>117</sup>

4.76. Family Services informed the Committee that they refer cases of suspected sexual abuse to the Australian Federal Police Child Abuse and Sexual Assault Team and are not involved with detailed investigations around sexual abuse 'because of the risk of contaminating evidence.'<sup>118</sup>

4.77. The Australian Federal Police also raised the issue of difficulties in conducting forensic medical examinations of young people aged from 16 to 18 years. In the ACT, the age of consent for forensic medical examinations is 18 years. This means people under the age 18 years need their parents' consent to undergo medical examinations. Some of these young people may not wish to tell their parents they have been raped. In other cases their parents may live overseas and be difficult to contact.<sup>119</sup>

## **Recommendation 7**

**4.78. The Committee recommends that the ACT Government conduct a thorough review of all services which relate to child sexual assault. This review should include an assessment of:**

- **prevention programs in place which empower children to deal with unsafe situations;**
- **the adequacy and availability of counselling services;**
- **the appropriateness of current court procedures and waiting times for child sexual assault cases;**
- **the need for training for legal professionals; and**
- **the consent issue for forensic medical examinations for under-18-year-olds.**

## **Drug and alcohol services**

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<sup>117</sup> Transcript, 2 October 1997, pp 173-4.

<sup>118</sup> Uncorrected Proof Transcript, 9 October 1997, p 101.

<sup>119</sup> Uncorrected Proof Transcript, 30 October 1997, pp 36-7.

4.79. A number of submissions and witnesses at public hearings raised issues related to the drug problem. The Committee is most concerned about the growing problems associated with the use of illegal drugs and believes that this matter requires a full inquiry of its own. However, the Committee wishes to make recommendations about two aspects of this serious problem: namely, education and rehabilitation services.

4.80. The Committee notes that the Government is reviewing its Drug Strategy. It is becoming increasingly evident that the current methods of dealing with the drug problem are not working. A survey conducted by Assisting Drug Dependents Inc. (ADDInc) in 1996 demonstrated an increase in injecting drug use by young people as well as an increase in the associated harms. The highest self-reported harm was depression and anxiety, followed by health problems, unemployment, criminal consequences and interrupted study.<sup>120</sup> Since that survey, anecdotal evidence and observation of public places indicate that there has been a further increase in injecting drug use.

4.81. Some submissions and witnesses discussed the need for better drug education programs.<sup>121</sup> Further, a project established to follow up the ADDInc survey reported that there are gaps in the identification of best practice for the provision of peer-based drug education programs. There are inconsistencies in the messages being conveyed in drug education programs between schools and different sectors of the community. The Committee believes that the provision of relevant information and education programs is one of the important strategies to address the drug problem. To be effective there must be consistency in the messages conveyed. The Committee considers that it is time that a review of all drug education programs was undertaken.

### **Recommendation 8**

**4.82. The Committee recommends that as a matter of urgency the ACT Government review its drug education strategy.**

4.83. The Committee received numerous complaints and comments about the lack of drug and alcohol rehabilitation services available for youth in the ACT.

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<sup>120</sup> Assisting Drug Dependents Incorporated, *Youth Drug Use Survey ACT*, April 1996.

<sup>121</sup> For example Submission 35 and Uncorrected Proof Transcript 7 November 1997, p 23.

4.84. Currently the only services available are through Assisting Drug Dependants Inc. (ADDInc), which operates the Arcadia House Withdrawal Centre and the Alcohol and Drug Foundation of the ACT (ADFACT), which operates Karralika. Both these services are designed for adults. These services provide over 135 beds for alcohol and drug rehabilitation in the ACT.<sup>122</sup>

4.85. Legal Aid representatives informed the Committee that the average age of heroin addiction in the ACT was now 16 years and the increase in armed robberies in the ACT is an indication of increased use of hard drugs. Legal Aid estimated that about 90 per cent of juveniles appearing before the ACT Children's Court have a drug or alcohol problem.<sup>123</sup> A solicitor from the Law Society reported that 100 per cent of clients he represents have a drug problem.<sup>124</sup>

4.86. Woden Youth Centre provided information on the activities of a gang which is alleged to operate most of the heroin trafficking in the region. They claim that the gang is targeting young Canberrans, including young Aboriginals, to become minor drug dealers.

4.87. Legal Aid advised that the absence of a drug detoxification centre in Canberra for juveniles is a problem because they cannot get bail as adults can, to go to a detoxification centre, and many juveniles end up going to Quamby and withdrawing there.<sup>125</sup>

4.88. Legal Aid and Woden Youth Centre also expressed concern about the level of medical monitoring of young people undergoing detoxification with Valium at Quamby.<sup>126</sup> Woden Youth Centre advised:

*Between 80 and 90 per cent of the young people who are going into Quamby are going in under the influence of a mixture, a cocktail of drugs. The staff there are not equipped at all to know how to deal with withdrawing young people.*<sup>127</sup>

4.89. The Executive Director of the Children's, Youth and Family Services Bureau advised that young people at Quamby are not given Valium and 'the doctor at Quamby is reluctant to prescribe even sleeping medication unless the young person has been closely observed by staff to have problems'.<sup>128</sup> He

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<sup>122</sup> Correspondence from Minister for Health and Community Care, dated 3 November 1997.

<sup>123</sup> Transcript, 1 October 1997, p 101.

<sup>124</sup> Uncorrected Proof Transcript, 19 November 1997, p 10.

<sup>125</sup> *ibid*

<sup>126</sup> *ibid*

<sup>127</sup> Transcript, 1 October 1997, p 117.

<sup>128</sup> Transcript, 9 October 1997, p 104.

advised that every detainee who is there for more than 24 hours is given a medical assessment.<sup>129</sup>

4.90. The issue of dual diagnosis, where mental illness coexists with substance abuse, affects many young people in the ACT. Unfortunately, there is a lack of services which will deal simultaneously with substance abuse and mental illness. This issue was addressed by the Social Policy Committee's recent report *The Adequacy of Mental Health Services*. This report quoted the estimate of the Alcohol and Drug Foundation of the ACT (ADFACT) that between 30 and 90 per cent of clients served by either Drug and Alcohol or Mental Health Services are in the dual diagnosis category. The report recommended that the ACT Government address the issue of lack of services for people with dual or multiple diagnosis as a matter of urgency.<sup>130</sup>

4.91. The Committee was also advised that young girls are engaging in sex work in Civic to finance their drug addictions.<sup>131</sup>

4.92. There is also a need for a detox and rehabilitation service targeted at young women. Many women who are drug and alcohol addicted have a history of sexual abuse and may not function well in a mixed-sex centre. Lowana workers stated:

*There is a dire need for a youth specific non-medical detox and medium to long term therapeutic intervention programs and supported accommodation for those young people who need that level of support because they are out there with very limited support or intervention.*<sup>132</sup>

4.93. The ACT Government has acknowledged the need for a residential rehabilitation centre as 'an identified concern ... being considered as part of the evaluation of our Drug Strategy which is being conducted.'<sup>133</sup>

4.94. The Government has signalled its intention to apply for Commonwealth funding from the recently announced Commonwealth Drug Strategy funds.<sup>134</sup> The Committee is very supportive of this initiative as the ACT is very much in need of an innovative drug and alcohol rehabilitation facility for young people. However, if funding is not approved, the Committee believes that the establishment of the centre is so critical that the ACT Government should provide funding for its establishment as soon as possible.

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<sup>129</sup> *ibid*

<sup>130</sup> Social Policy Committee, *The Adequacy of Mental Health Services*, pp 22-24.

<sup>131</sup> Uncorrected Proof Transcript, 30 October 1997, p 19.

<sup>132</sup> Transcript, 2 October 1997, p 201.

<sup>133</sup> Correspondence from Minister for Health dated 3 November 1997.

<sup>134</sup> *The Canberra Times*, 4 November 1997, p 2.

4.95. There is also a need for a rehabilitation service targeted at young women. Many women who are drug and alcohol addicted have a history of abuse and may not function well in a mixed-sex centre. Support workers from Lowana advised the Committee:

*Drug and alcohol abuse, particularly in young people, is often symptomatic, it is not the cause of the problem. There are problems there already which is what is motivating them to medicate themselves, put themselves in a different frame of mind so they do not have to look at what is really happening in their lives ... there is often a history of fairly extensive abuse ... particularly in the area of young women ... so that placing young women into environments where there are men can also be very scary for them.*<sup>135</sup>

### **Recommendation 9**

**4.96. The Committee recommends that the ACT Government establish a drug and alcohol rehabilitation service for young people which includes gender specific programs. It should also be funded to deal with dual diagnoses of substance abuse and mental illness. This service should be established even if Commonwealth funding is not forthcoming.**

## **Child protection services**

4.97. Coinciding with the introduction of mandatory reporting in the ACT, a number of changes have been implemented. A systematic training program was put in place in the year leading up to the introduction of mandatory reporting. Training has been provided to Family Services staff, teachers, community nurses, dental services, preschools and child care centres, hospitals, ACT Mental Health Services, medical practitioners, police, primary health care services and Disability Program staff. The training program is ongoing.

### **Feedback**

4.98. A number of individuals and organisations felt they were left in the dark after making a report of suspected child abuse. The Australian Education Union<sup>136</sup> reflected the views of many. It advised that teachers feel angry and frustrated that they are frequently asked to provide full information in relation to particular students. However, they are commonly denied reciprocal disclosure, of information and the feedback that might make the difference in

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<sup>135</sup> Transcript, 2 October 1997, p 201.

<sup>136</sup> Submission 33.

the way that they are able to manage the student day by day. They feel that they are operating in a time and information vacuum while being expected to continue to try to solve problems that arise for the student, his or her family and the school.

4.99. Since the introduction of mandatory reporting on 1 June 1997 it has been Family Services' policy to provide feedback to mandated persons and to other professionals who need to know to do their job. The intake officer is responsible for providing feedback. It is expected that this change will result in more satisfactory feedback for schools and other agencies.

### **Caseworkers**

4.100. One of the most frequent complaints about child protection services was the number of changes in Family Services' caseworkers. Open Family, Lowana, the Australian Education Union, Woden Youth Centre, the Foster Care Association, Galilee, Flynn Primary School (Special Needs Team), Canberra Youth Outreach Support Service, Marymead and Richmond Fellowship were among the many agencies which drew this problem to the attention of the Committee. The Australian Education Union cited the following example:

*During the four years that the staff member (at a school) had contact with E he had at least 7 caseworkers. At one stage a worker who had been with the department for only 3 months reported that she was the longest serving member of the team at their office.<sup>137</sup>*

4.101. The Australian Education Union reported that problems associated with high staff turnover include lengthy delays, frequent reinterviewing of parents, teachers and students and retesting of students, all of which are seen as time wasting and demeaning for families.<sup>138</sup>

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<sup>137</sup> *ibid*

<sup>138</sup> Submission 32.

4.102. The Foster Care Association told the Committee:

*One of the biggest problems is that you have got a staff turnover within Family Services and whilst Family Services may maintain that that the staff stay in the area for a long time they do not stay with the same cases. There is a high turnover in the number of caseworkers you have.<sup>139</sup>*

4.103. Information requested by the Committee confirms the community perception that there is significant turnover in caseworkers. In the 12-month period to September 1997, 48.4 per cent of total cases had more than one caseworker. Thirteen per cent had three caseworkers and 8 per cent had four or more.<sup>140</sup>

4.104. The Committee raised the matter with the Children's, Youth and Family Services Bureau at a public hearing. The Bureau told the Committee that the average length of stay for caseworkers is just under two years, while the national average is 17 months.<sup>141</sup> It was also stated that some stay for a very short time because they find the work does not suit them. Others changes are due to leave and team changes. The Bureau explained that another of the reasons for the community perception of a high turnover is that some cases are extremely complex and require more than one caseworker or different caseworkers at different times.<sup>142</sup> When this occurs the Committee believes that the changed situation needs to be made very clear to the agencies and individuals involved.

4.105. The reasons outlined are valid reasons for turnover and changes in caseworkers. Nevertheless, there is strong evidence to suggest that community agencies find the rate of change most unsatisfactory. Frequent changes in caseworkers is also very unsatisfactory for the children concerned. The Committee considers that a thorough study of the reasons for turnover needs to be undertaken and structures put in place to minimise turnover. This may require a review of remuneration levels for caseworkers, an increase in training, a review of the support needs of caseworkers and a review of selection procedures.

4.106. The high turnover of caseworkers is a significant issue for case management and continuity of care and is further discussed in Chapter 6.

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<sup>139</sup> Transcript, 1 October 1997, p 57.

<sup>140</sup> Correspondence from Minister for Education and Training and Children's and Youth Services, dated 3 November 1997.

<sup>141</sup> Uncorrected Proof Transcript, 9 October 1997, p 82.

<sup>142</sup> *ibid*

## **Training**

4.107. The Children's Youth and Family Services Bureau provided the Committee with information on the training program for new caseworkers. Within the first six months of their employment all caseworkers undertake a 28 day training course. This course covers all aspects of their work and includes investigative interviewing (four to five days); writing affidavits and giving evidence (two days); child and adolescent development (one day); casemanagement (two days); and Aboriginal issues (two days).<sup>143</sup>

4.108. Some witnesses felt that training of caseworkers could be improved. The Australian Education Union reported that there appears to be a lack of relevant training, including an awareness of cultural mores among Family Services' staff. Family Services confirmed that it needed to offer cultural awareness training again.<sup>144</sup> NAPCAN presented the view that some workers do not have sufficient knowledge and understanding of normal child development to adequately equip them to weigh up the abnormal in the lives of many children.<sup>145</sup> The Committee is concerned that this work requires a highly skilled workforce and therefore training must be ongoing.

## **Placement of children with family members**

4.109. A number of submissions discussed the question of whether the extended family should be given the first option to accommodate children removed from their families.<sup>146</sup> The Grandparents Support Group<sup>147</sup> asserted that grandparents have an enormous emotional investment in their grandchildren and should be considered as carers. The group acknowledged that there may be cultural gaps to overcome but such gaps should not be a reason for not considering grandparents. With support these problems can be overcome.

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<sup>143</sup> Correspondence from Executive Director, Children's Youth and Family Services Bureau, dated 28 October 1997.

<sup>144</sup> Uncorrected Proof Transcript, 9 October 1997, p 99.

<sup>145</sup> Uncorrected Proof Transcript 8 October 1997, p 24.

<sup>146</sup> For example Submissions 4, 27 and 29.

<sup>147</sup> Submission 27.

4.110. NAPCAN cautioned that placement with extended family is not always better for the child. Government sponsored foster care can provide for children who can progress only if distanced from a destructive family environment. Extended family care and statutory care are both viable options. One option should not replace the role of the other.<sup>148</sup>

4.111. The Government reported that kinship care — that is, full-time care, nurturing and protection of children by relatives, members of their cultural group or other adults who have a family relationship with the child — is always the first option. The proportion of children in substitute care in kinship care arrangements has risen steadily over the last three years from 13 per cent in 1994/95 to 20.5 per cent in 1996/97.<sup>149</sup>

4.112. The Committee supports the placement of children in kinship care arrangements when this is in the best interests of the child.

### **Responsibility for 15-to-18-year-olds**

4.113. A number of people, including the Office of the Community Advocate, submitted that children aged 15 to 18 years are less likely to be identified as children at risk, yet they have specific needs which require the provision of age-appropriate services.<sup>150</sup>

4.114. The Office of the Community Advocate stated:

*Children as defined in the ‘Children’s Services Act 1986’ remain children until the age of eighteen years and their protection to that age needs to be ensured by all agencies involved.<sup>151</sup>*

4.115. Woden Youth Centre reported that it often deals with young pregnant women aged 16 to 18 years who are clearly at risk and in need of care and protection but are not being given support.<sup>152</sup>

4.116. The Office of the Community Advocate is concerned about support for children turning 18 and leaving care. It told the Committee:

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<sup>148</sup> Submission 29.

<sup>149</sup> Correspondence from Executive Director, Children’s, Youth and Family Services Bureau, dated 25 September 1997.

<sup>150</sup> For example, Submissions 13 and 34 and Uncorrected Proof Transcript, 30 October 1997, p 22.

<sup>151</sup> Submission 34.

<sup>152</sup> Transcript 1 October 1997, pp 121-124.

*Children upon turning eighteen may have continued service provision needs which if not arranged and sustained in a planned and ongoing manner places them at great risk.*<sup>153</sup>

4.117. Woden Youth Centre also alleged that young people aged 15 to 17 in care are not being managed properly by Family Services. For example, caseworkers are not aware of the whereabouts of some young people in care and case conferences are not being held for many young people in this age group.<sup>154</sup>

4.118. The Executive Director of the Children's, Youth and Family Services Bureau told the Committee that the concept of people being abandoned by Family Services and leaving care at 16 is not correct. He said:

*It is not the policy of Family Services to exit children from care at 16 and it certainly does not work that way.*<sup>155</sup>

## **Substitute care**

4.119. The Government reported that despite occasional difficulties in recruiting foster carers the demand for respite, crisis, short and long-term care is met as required.<sup>156</sup> This view was challenged by Child, Youth and Family Agencies of the ACT (CYFAACT), which stated that there is a strong demand for out-of-home placements, particularly emergency placements, which cannot be met.<sup>157</sup> Further, the availability of suitable foster care placements for adolescents was reported by a number to be severely limited.<sup>158</sup> Galilee<sup>159</sup> provided information which demonstrated that in 1995/96 it was only able to place 14.5 per cent of the referrals received. This was almost half of the proportion able to be placed in each of the previous three years. Lowana<sup>160</sup> reported that the lack of foster care places results in young people staying in refuges for long periods. CYFAACT argued that substitute care options need to be expanded and that better incentives need to be offered to encourage more people to become foster carers. One foster care provider has a program which provides a living wage to carers.

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<sup>153</sup> Submission 34.

<sup>154</sup> Transcript 1 October 1997, p 121.

<sup>155</sup> Uncorrected Proof Transcript, 9 October 1997, p 104.

<sup>156</sup> Submission 32, p 18.

<sup>157</sup> Submission 15, p 4.

<sup>158</sup> For example, Submissions 13, 21 and 25.

<sup>159</sup> Paper presented 1 October 1997.

<sup>160</sup> Submission 25.

## **Respite for carers**

4.120. The Foster Carers Association and CYFAACT, the organisation comprising all non-government substitute care providers, both expressed serious concerns about the lack of respite care.

4.121. As the Foster Care Association pointed out, children coming into care often have a range of problems which carers are required to manage. These include coping with disabilities, personality disorders, anger, destructive behaviours and even attempted suicide. Dealing with these behaviours can place significant emotional and physical demands on carers. Carers cannot be expected to effectively deal with the demands placed on them without support. Some carers do not have access to satisfactory 24-hour support. There are a number of forms of support of which respite care is one.

4.122. The Committee believes that recognition of the need for adequate support for foster carers is critical for ensuring the ongoing viability of the foster care system.

## **Recommendation 10**

**4.123. The Committee recommends that the ACT Government review the need for, and availability of, respite care and other support services for foster carers.**

## **Substitute care for adolescents**

4.124. In relation to substitute care for adolescents, it was pointed out that foster care is not always appropriate for this age group. Some young people have found their own family relationships so damaging they are often unable or emotionally unprepared to establish themselves in another family.<sup>161</sup> Children in this situation are seeking safe, secure, predictable living environments where schooling can continue uninterrupted by changes in placement and where they can negotiate a return to family at a pace they can cope with.

4.125. Other options to traditional foster care need to be considered for this group. Family Services recognises that many adolescents do not wish to be fostered and tries to find refuges and residential care options. These options may suit some young people. However, the Committee is concerned about the placement of children under 14 years in refuges. Other options such as supported independent living or placement in single or non-traditional families could also be considered. Barnardos advised the Committee that lesbian

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<sup>161</sup> Submissions 25 and 29 and discussion with Youth Haven staff.

couples could make very good foster carers for young girls who have previously been abused by men and do not wish to be around males.<sup>162</sup>

4.126. Providing care for troubled adolescents can be a very challenging task. The Committee would also like to see the concept of full-time professional foster carers for 'difficult' adolescents expanded. One agency funded by Family Services, Marymead, has successfully established a scheme where carers are paid approximately \$35,000 per annum to care for difficult adolescents. The concept is widely supported by community agencies.

### **Recommendation 11**

**4.127. The Committee recommends that the ACT Government expand the options for substitute care for adolescents by:**

- **developing alternative residential models for substitute care for young people;**
- **expanding the range of carers to include suitable non-traditional families or individuals; and**
- **further exploring the possibility of providing a living wage to full-time foster carers.**

### **Support for young people leaving care**

4.128. Young people are automatically discharged from care at 18 or sometimes earlier. These young people often receive little preparation or assistance to set themselves up. They can be very vulnerable to becoming homeless or becoming incarcerated. They may lack information about their rights to income and other supports. Several witnesses expressed concern that young people leaving care are not adequately supported into independent living.

4.129. The Children's, Youth and Family Services Bureau advised the Committee that it does not abandon young people leaving care. It supports them in a number of very practical ways such as finding accommodation, arranging Social Security payments and continuing payments to students until Austudy is sorted out.<sup>163</sup>

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<sup>162</sup> Transcript (Adequacy of Mental Health Services), 24 April 1997, p 103.

<sup>163</sup> Uncorrected Proof Transcript, 9 October 1997, p 104.

4.130. The National Youth Affairs Research Scheme has recently commissioned a national report on young people leaving care. This report is due for release in March 1998. The report will include an overview of Australia-wide policies on young people leaving care, results of research into young people leaving care, and suggested models of effective support for young people leaving care.

4.131. The Committee suggests that the Children's, Youth and Family Services Bureau give careful consideration to the findings of this report upon its release.

### **Recommendation 12**

**4.132. The Committee recommends that the Children's, Youth and Family Services Bureau continue to provide support to young people leaving care and moving into independent living and include a performance indicator addressing this activity in future annual reports.**

4.133. The issue of culturally appropriate care for Aboriginal and Torres Strait Islander children and those from other cultural backgrounds was raised in several submissions.<sup>164</sup> The Foster Care Association stated that the experience of carers suggests that there is even less recognition of the needs of children of culturally and linguistically diverse background than of the needs of Aboriginal and Torres Strait Islander children.

4.134. NAPCAN is of the view that a concerted effort is required to seek carers from culturally and linguistically diverse background.

4.135. The Government indicated:

*In the event of needing to place a young person from culturally and linguistically diverse backgrounds, care is taken not to place children inappropriately - the standard example is not to place a Serbian child in a Bosnian foster family. It is, however, important to note that some ethnic communities in Canberra are not large and often the most appropriate course is to recruit a culturally specific foster carer if the need arises rather than trying to have a range of carers waiting. Foster carers are a scarce resource in Canberra, and are in constant demand.<sup>165</sup>*

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<sup>164</sup> For example, Submissions 20, 29 and 32.

<sup>165</sup> Submission 32, p 70.

4.136. All foster care programs have workers whose role is to support the foster carers, to provide or obtain advice on how best to meet the individual child's needs, and to take part in ongoing case planning, monitoring and implementation. Non-government agencies provide this support on a 24-hour basis. There were differing views about the adequacy of support. One psychologist stated that she has received numerous complaints from foster carers about the level of support.<sup>166</sup> The Committee was told that the Family Services' foster care program does not provide 24-hour support and that this should be available to all carers. Family Services' carers can contact an emergency worker through Quamby out of hours. However, it can then take several hours for the worker to respond to the carer.<sup>167</sup> Access to immediate help out of hours is seen to be particularly important for carers of children with ongoing behavioural management problems.<sup>168</sup>

4.137. The Foster Care Association and Barnardos asserted that government and non-government agencies need to adopt a more professional approach in meeting their obligations to children. In addition to 24-hour support these agencies suggested improvements would be achieved with:

- the establishment of uniform standards and licensing arrangements which set a minimum acceptable standard for the provision of out-of-home care;
- the commitment of all agencies and carers to upholding the uniform standards and licensing arrangements for out-of-home care; and
- the provision of better training for carers.<sup>169</sup>

4.138. These issues are under discussion as part of the review of the *Children's Services Act 1986*. The introduction of licensing and a uniform standard will require changes to the Act.

4.139. NAPCAN is of the view that coordinated mandatory training about issues relating to children who are deemed to be at risk should be mandatory for personnel working with children in care in statutory and foster placements. NAPCAN suggested that a formal professional pathway for all workers in this area would enhance the quality of response to child at risk issues.<sup>170</sup>

## Youth housing issues

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<sup>166</sup> Submission 18.

<sup>167</sup> Transcript, 1 October 1997, p 59.

<sup>168</sup> Submissions 15 and 20.

<sup>169</sup> Submission 20.

<sup>170</sup> Transcript, 8 October 1997, p 19.

## **Youth refuges and medium-term accommodation services**

4.140. SAAP-funded youth refuges cater for homeless youth and people escaping domestic violence. The refuges can refuse an applicant. They each have their own set of rules defining acceptable behaviour in the refuge.

4.141. The Committee was concerned to hear that many refuges are not funded to enable sufficient support for clients. For example, Lowana has only one staff member on the overnight shift with four to six high support needs clients. This can be dangerous for both clients and workers.

4.142. Lowana advised that their workers (collectively) work an average of 40 hours of unpaid work per week.<sup>171</sup>

### **Recommendation 13**

**4.143. The Committee recommends that the ACT Government reassess the adequacy of current funding for refuges and medium-term accommodation to enable them to ensure a safe environment for clients and workers.**

4.144. Lowana also advised that they are not funded to ensure quality support for young women who have experienced sexual abuse and are in the early stages of disclosure. While Lowana fully encourages their residents to access outside support services when they are ready, at the early stages of disclosure of abuse young women may feel too vulnerable to take this step. They could, however, benefit enormously from more in-house support from the housing support workers. According to Lowana, the current funding arrangements do not reflect the special needs of these young women, particularly the need to have the time and full attention of a support worker.

4.145. The Government submission advised that although SAAP is an effective response to homelessness, it 'is recognised that SAAP is not an appropriate response for individual clients who need intensive or long term support and/or accommodation.'<sup>172</sup> The Government also advised that under SAAP 3, SAAP services may provide a continuum of services, such as counselling, to facilitate a casemanagement approach to providing support.<sup>173</sup>

4.146. The Committee agrees with Lowana workers that some youth accommodation services need more funding to provide support services. Most young people in refuges are in need of extra support, beyond having a roof over their heads. Because of past betrayals of trust many young people may feel

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<sup>171</sup> Transcript, 2 October 1997, p 196.

<sup>172</sup> Submission 32, p 26.

<sup>173</sup> Submission 32, p 27.

comfortable with refuge workers rather than outsiders at the early stages of their stay.

#### **Recommendation 14**

**4.147. The Committee recommends that the ACT Government provide additional funding for refuges and other youth accommodation services so they are able to provide intensive initial counselling and support to residents.**

#### **Services for 12-to-16-year-old young women**

4.148. Lowana workers told the Committee there is a need for new services for 12-to-14-year-old young women. These young women are too young to be in a refuge but may not be suitable for foster care.

4.149. Lowana workers pointed out that refuges are not ideal settings for young women between 12 and 14 years old and ideally they should be placed in foster care rather than a refuge but often that is not available. These young women are presenting with a 'huge array of problems including ... behavioural issues ... self-mutilation, low self esteem'. If they were to be fostered these young women need 'very skilled and professional foster parents.'<sup>174</sup>

4.150. These concerns were echoed by Inanna, a provider of short and medium term accommodation for women and their children. Inanna advised:

*The younger adolescent can be particularly vulnerable and 'unworldly'. To place her with, for example the eighteen year old woman with drug dependence issues could be entirely inappropriate. There is a need for a service which provides suitable and safe accommodation for the younger teenage girl.'*<sup>175</sup>

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<sup>174</sup> Transcript, 2 October 1997, p 194.

<sup>175</sup> Submission 24.

4.151. The Committee agrees that this age group needs either a new specially targeted supported accommodation service or some sort of special placement with skilled, paid professional foster carers. Ideally both these services should be available and the young women presented with a choice of where they would like to go.

### **Recommendation 15**

**4.152. The Committee recommends that the ACT Government develop appropriate accommodation and support services for young adolescent women.**

#### **Services for boys**

4.153. The Committee was advised that there are gaps in the availability of certain types of accommodation services for boys.

4.154. One area where there is a shortfall is in accommodation for boys accompanying their mothers and families when escaping domestic violence. Inanna, which provides short and medium-term accommodation for mothers and children, does not accept boys over the age of 13. Because many of their clients have a history of abuse from men, they try to foster an environment which feels safe for the women and so exclude adolescent men. Inanna advised:

*Emergency accommodation which will accept the teenage boy with the family is extremely limited. We are aware of the disruption and distress that can ensue with separating the teenage boy from his mother and siblings in what is an already destabilising situation of having to relocate ... To then separate him from the family moving out of the violent situation, creates a double abuse to the child.<sup>176</sup>*

4.155. Southside Youth Refuge raised the issue that boys who have a history of violence towards girls have nowhere to go. All the youth refuges in the ACT are mixed gender (except Lowana which is for women only).

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<sup>176</sup> ibid

4.156. Centacare also raised the issue of lack of services for boys over 12 years old.<sup>177</sup> In addition to women's refuges usually not taking boys over 12, fostering agencies find it difficult to find foster placements for this group. Centacare stated:

*There needs to be a broader variety of types of accommodation such as Castlereagh House that were specified particularly for boys<sup>178</sup>*

4.157. The Committee believes there is probably a need for a boys-only refuge to cater for this group.

### **Recommendation 16**

**4.158. The Committee recommends that the ACT Government investigate the need for more accommodation for boys over 12, including those who are part of a family escaping domestic violence.**

### **Geographical locations of services**

4.159. The ACT Government submission acknowledges that some areas in Canberra such as Gungahlin are missing services because of the time lag between implementation of funding decisions and demographic changes.<sup>179</sup>

4.160. Lowana youth workers also pointed to the 'serious shortage of properties on the Southside of Canberra'—that is, from Woden to Tuggeranong. They advised:

*This was hindering many young women from getting out of the refuge circuit because they will say they have got their friends, they have got their support network on the Southside ... so they often don't want to leave the area.<sup>180</sup>*

4.161. The Committee believes that demographic and geographical factors should be taken into account in the planning of services. There is a problem with the flexibility of the SAAP funding cycle as services are planned three years ahead and demographic changes can occur very quickly.

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<sup>177</sup> Submission 8.

<sup>178</sup> Uncorrected Proof Transcript, 8 October 1997, p 43.

<sup>179</sup> Submission 32, p 30.

<sup>180</sup> Submission 25.

## **Long-term housing for youth**

4.162. There also appears to be a need for more post-refuge accommodation for youth in the ACT. The ACT Government submission noted:

*A major area of concern with SAAP Youth Service providers is the lack of accommodation options for young people who, when leaving a service, are unable to live with parents/or guardians ... The ACT, unlike other States/Territories does not have a range of low cost accommodation alternatives like traditional boarding houses. Other accommodation is expensive and young people under the age of sixteen cannot sign tenancy agreements.*<sup>181</sup>

4.163. The Committee was advised that there is a shortage of accommodation options for young people once they leave substitute care.

4.164. Pathways highlighted the difficulties for young people in accessing public housing, due to rent arrears, as prior tenancies may have resulted in rent liabilities.<sup>182</sup>

4.165. Nationally, young people are under-represented in public housing.<sup>183</sup>

4.166. Public housing is difficult to access immediately. The ACT Government advised that there is currently a five-year waiting period for one-bedroom flats.<sup>184</sup> Some young people do obtain bedsitters in large flat complexes through ACT Housing but the Committee was concerned that this environment is totally unsuitable for young people.

4.167. Community housing for young people is one option which could provide affordable accommodation for youth. Currently there is a SAAP-funded, community organisation CCHYP (Canberra Community Housing for Young People), which provides this service. An expansion of this type of service could be achieved if ACT Housing were able to provide more houses to the community.

4.168. Other possible options could include those based on the Havelock House model and group houses which have a support worker who could attend weekly house meetings and be available to provide support in emergencies.

## **Recommendation 17**

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<sup>181</sup> Submission 32, pp 27-8.

<sup>182</sup> Curry G, op cit

<sup>183</sup> Submission 32, p 11.

<sup>184</sup> *ibid*, p 28.

**4.169. The Committee recommends that the ACT Government investigate, develop and implement a range of new long-term housing models targeted at young people which include appropriate levels of support. Young people should be consulted about their preferences and needs.**

### **Public housing decisions**

4.170. The Welfare Rights and Legal Centre advised that ACT Housing's policy of pursuing arrears and maintenance debts more actively was impacting on low-income families. Also, the sell-off of centralised stock, combined with low turnover in certain areas was squeezing supply so that people were facing greater difficulties accessing priority housing. This has led to people including families where children have serious medical conditions, living in overcrowded conditions.

4.171. The Committee was advised of examples of inadequate and inappropriate public housing allocations which are having adverse affects on children in families and independent young people. The Welfare Rights and Legal Centre gave examples such as a single mother sleeping on the lounge for a year because her house does not have enough bedrooms.<sup>185</sup> Pathways advised that they were aware of cases of 20 young people sharing one bedsit.<sup>186</sup>

### **Increase in public housing evictions**

4.172. The Committee is concerned that ACT Housing has increased the number of evictions from public housing over the past three years. Housing evictions increased to 126 in 1996/97, compared with 43 in 1995/96.<sup>187</sup> According to the Welfare Rights and Legal Centre, eviction applications to the court have increased from 79 in 1993/94 to 148 in 1994/95 to 210 in 1995/96 to 289 in 1996/97.<sup>188</sup> Such evictions impact on children in families who are evicted and individual young people who may be living independently.

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<sup>185</sup> Transcript, 2 October 1997, p 181.

<sup>186</sup> Uncorrected Proof Transcript, 30 October 1997, p 20,

<sup>187</sup> Uncorrected Proof Transcript, 30 October 1997, p 45.

<sup>188</sup> Transcript, 2 October 1997, p182.

4.173. The centre has noticed:

*...a harsher application of policy. for example, the policy that there is no allocation or transfer where a debt is owed is now being applied very strictly.*<sup>189</sup>

4.174. The Committee was pleased to hear that ACT Housing does advise tenants at risk of eviction that they can contact the Welfare Rights and Legal Centre for assistance. The Committee was advised that, despite this notification, many public housing tenants do not contact the Welfare Rights and Legal Centre and are disadvantaged compared with those who do.

4.175. The centre advised that when they become involved, they are usually successful in delaying an eviction. From June to September 1997, they represented 58 tenants in eviction matters and, of these, warrants were executed for eight.<sup>190</sup>

4.176. The Committee is concerned about the effects on children and adolescents who are evicted. It is also concerned that not enough is known about the support needs of young people and families with children who are faced with eviction. It may be that the current models of public housing are not suited to some families because they cannot provide the level of support needed to allow some people to manage their finances and lifestyle in a manner that avoids eviction.

### **Recommendation 18**

**4.177. The Committee recommends that ACT Housing use more effective strategies to inform potential evictees about appeal mechanisms and their right to receive assistance from the Welfare Rights and Legal Centre. Examples could include a fact sheet on the Welfare Rights and Legal Centre.**

### **Recommendation 19**

**4.178. The Committee recommends that the ACT Government commission a study to determine how ACT Housing tenants can receive better support and avoid getting to the stage of eviction.**

## **Education and day programs**

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<sup>189</sup> *ibid*, p 181.

<sup>190</sup> *ibid*, p 184.

4.179. The Committee heard from a number of witnesses who supported the need for more alternative educational options for young people and for schools to develop greater awareness of the particular needs of some children, for example children in substitute care.

4.180. The Official Visitor placed strong emphasis on the value of keeping ‘at risk’ young people in the education system. Yet the system often does not meet their needs. Galilee told the Committee that the educational needs of a young person in care are often not addressed and not part of the case plan.

4.181. Recent studies have indicated that young people who are homeless, or at risk of homelessness, are more likely to experience problems with their education.<sup>191</sup> As CYFAACT and Barnardos pointed out, children in care, while not homeless, have patterns of constant disturbance and disruption to their lives which make learning difficult and perceived as irrelevant. Such lack of stability and continuity in their lives and relationships removes the incentive to learn, to develop and to please.<sup>192</sup> CYFAACT and Barnardos argued that particular attention needs to be paid to the educational needs of children in substitute care. They suffer from large gaps in their education and often have learning problems. Substitute care agencies reported that a large proportion of their work is supporting and negotiating with schools to keep children in the school system.

4.182. Furthermore, the education system does not always recognise the variety of care arrangements which exist in the community. For example, the first draft of a recent discussion paper produced by the Department of Education and Training on literacy did not reflect the living circumstances of all children. The discussion paper needed revision so that the needs of children who do not live with their parents were taken into account. The Committee believes education policy documents should recognise that many children live with carers or guardians and not with parents. This issue goes deeper than language as it indicates a lack of thoughtfulness about the circumstances of some children who may be in need of assistance with the development of literacy skills. The Committee believes that full recognition of children’s living circumstances should be integral to the design of educational policies and strategies. The Committee encourages the use of inclusive language such as ‘parents, carers and guardians’ rather than just ‘parents’.

4.183. The need for alternative educational programs for children at risk is widely recognised, for example in such major reports as *The National Inquiry*

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<sup>191</sup> House of Representatives Standing Committee on Community Affairs, *A Report on Aspects of Youth Homelessness*, AGPS, Canberra, 1995 and Webber C and Hayduk K, *Leaving School Early - Report on a Research Study: Examining Early School Leavers and those ‘At Risk’ aged 13 -16 in the ACT*, Galilee, Canberra, 1995.

<sup>192</sup> Submissions 12 and 15.

*into Homeless Children* (Burdekin 1989) and *Aspects of Youth Homelessness* (House of Representatives Standing Committee on Community Affairs 1995).

4.184. Furthermore, the Committee notes that in recent years the percentage of students who have been suspended from government schools has increased. Suspensions are highest in high schools.<sup>193</sup> This would indicate that schools are not always able to cope with some students.

4.185. However, in the ACT disadvantaged young people are not well provided for in terms of alternative educational programs. Two high schools have discontinued their 'off-line' programs due to lack of resources and the AME school has closed. The Committee is aware of only one high school operating an 'off-line' program. At the end of term one 1997, the School without Walls closed and a new alternative education program for high school aged students was established at Dickson College. This program is not intended for students who have behavioural disturbances. In August 1997, 47 students were enrolled in the program.

4.186. The Committee visited the Galilee Day Program run by Galilee at Kambah. This program, opened in early 1997, caters for young people of high school age who are in substitute care. All are referred by Family Services. The Director of Galilee told the Committee that the program has been able to take only 15 of the 42 referrals it has received, clearly indicating the need is not being met.

4.187. Richmond Fellowship and Marymead also operate day programs for young people in substitute care. In addition Civic Youth Centre has been provided with a teacher to run an educational program.

4.188. A welcome initiative has been funding (\$18,000) to Barnardos to provide support workers to work alongside children who are in substitute care in schools. Barnardos reported that in a number of cases this has prevented the young person from being suspended or expelled from school. The Committee believes that this program has great potential in assisting children in care in coping with school. It should be carefully monitored and if after evaluation it is shown to be an effective intervention strategy consideration should be given to its expansion.

4.189. Woden Youth Centre reported that it is aware of about 50 children aged between 11 and 18 who are not attending school.<sup>194</sup>

4.190. The Committee's report *Prevention of Violence in Schools* raised the need for more alternative education programs. Evidence from this inquiry

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<sup>193</sup> Minister for Education and Training, Correspondence dated 25 November 1997.

<sup>194</sup> Submission 13, p 3.

further supports the need for more alternative education programs. The Committee is pleased to note that a proposal to establish an alternative education program on the Southside has been developed.<sup>195</sup> Although the Committee received few details, it notes that this program will commence in 1998. It will be a welcome and much overdue addition to the system.

4.191. The Committee is concerned that the school system is not meeting the needs of some young people. The Committee believes that it is essential that the Northside and Southside alternative education programs be independently evaluated.

### **Recommendation 20**

**4.192. The Committee recommends that the Department of Education and Training commission an independent evaluation of the ACT's two alternative education programs in the first half of 1999.**

4.193. As mentioned earlier, an Adolescent Day Unit for young people aged 12 to 15 years with severe emotional disturbance has been in operation since 1992. The Committee's inquiry into prevention of violence in schools noted the absence of such a program for younger children and recommended the establishment of a similar unit for primary-age children with severe emotional disturbance. In its response the Government indicated that it supported the recommendation and that discussions were under way to establish a new program for primary-age students with severe emotional/behavioural problems who require more intensive programs.<sup>196</sup> The Committee is not aware of the establishment of such a program and urges the Government to act on its words.

### **Recommendation 21**

**4.194. The Committee recommends that the ACT Government progress the establishment of a child day unit for children with severe disruptive behaviour or emotional disturbance.**

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<sup>195</sup> Submission 32, p 37.

<sup>196</sup> Government Response to the Report on the Inquiry into Prevention of Violence in Schools, p 15.

## Management of school children at risk

4.195. The Australian Education Union (AEU) estimates that there are about 400 children ‘seriously at risk’ in the government school system. This estimate is consistent with estimates provided by the Government.

*They are at risk of not finishing school, of being neglected or preyed upon, of being abused, of committing suicide (probably in their early twenties) or otherwise dying, of being permanently dependent on social security, of being incarcerated.*

*They may have mild to severe physical or intellectual disabilities.*

*They have usually suffered rejection, abuse or violence, trauma, neglect, disinterest, homelessness, lack of inclusion. They may be psychiatrically disturbed, emotionally disturbed, behaviourally disturbed. They may be cruel and abusive at home and at school, drug dependent, self destructive, criminally involved, prostituting themselves.<sup>197</sup>*

4.196. These students are well known to teachers. They are also students for whom, the AEU claims, interventions by welfare agencies have failed.

4.197. For some students school is the most stable element in their life. Despite a common perception that teachers should deal with the depth of problems associated with students at risk, the AEU maintains teachers are not social workers and cannot possibly do this alone and unsupported. They must be supported by the agencies that are funded to manage the non-education needs of students and families in crisis—that is, the welfare, medical and social services. They must also be supported by the Department of Education and Training. This was reported not to be the case. The Committee was advised:

*There is a proliferation of disjointed, uncoordinated, repetitive and overlapping services which are disastrous for the young people whose needs are the greatest.<sup>198</sup>*

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<sup>197</sup> Submission 33.

<sup>198</sup> *ibid*

4.198. ACT government schools are self-managing and as such are responsible for managing students at risk. School boards are responsible for developing school student management policy in line with departmental policies on student welfare and suspension and exclusion.

4.199. One particular concern of the Committee is the management of drug and alcohol issues in schools. There is no specific departmental policy on dealing with students found to be in possession of, or using, drugs in or around schools. The practice is for the principal to apply the school's student management policy. Decisions are left to individual schools about the best approach to be taken.<sup>199</sup> There is a growing drug problem in Canberra and the Committee believes that the Department of Education and Training must take a more proactive role in dealing with the issue of drugs in schools.

4.200. Schools and preschools are the key agencies in identifying and supporting students at risk. Yet, as the AEU reported, they struggle in their attempts to seek professional support for these students and their families. They have insufficient resources, and assistance is often not available when needed.

4.201. Some other jurisdictions are examining how to tackle this problem. One model which is being developed in Victoria is Full Service Schooling. The model promotes structural and effective working links between welfare, justice, health, housing, education, and youth and community service agencies. The model has the capacity to meet the needs of children and their families through a collaborative case management structure.

4.202. Another model is the Interagency Referral Process operating in South Australia, which is more extensive but in some ways similar to the ACT's Youth Connection Service. The Interagency Referral Process in South Australia is recognised internationally as being at the forefront of intersectoral work. It provides a mechanism for ensuring an integrated, holistic approach to case management and review of health, education and welfare services for the school-age population with serious social and behavioural difficulties.

4.203. The Committee heard varying perceptions about awareness among service providers of Youth Connection and its effectiveness. Some reported it is working well while others were not fully satisfied. The Committee was surprised that some providers were unaware of the service, as were some teachers.

4.204. As key agencies, schools have a considerable body of information which could play a vital role in planning and coordination of services for children at risk and their families.

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<sup>199</sup> Minister for Education and Training, Correspondence to the Chair, dated 14 October 1997.

## **Recommendation 22**

**4.205. The Committee recommends that as a key agency in dealing with children at risk, the Department of Education and Training and the Children's, Youth and Family Services Bureau maintain centrally an overview of the needs of children identified at risk and ensure that schools are adequately supported and resourced to meet those needs.**

### **Services for children of culturally and linguistically diverse background**

4.206. The ACT has a high proportion of children from culturally and linguistically diverse background. The 1991 census showed a total of 125,902 children under the age of 18 in the ACT. Of that total, 7,204 (5.7 per cent) were born overseas. However, those born overseas represent only a proportion of the children in the ACT of culturally and linguistically diverse background. The 1991 census reported that 16.3 per cent of the ACT population over four years of age spoke a language other than English at home. This figure increased slightly in the 1996 census to 16.7 per cent. A 1992 ACT study reported that 26 per cent of the population aged between 15 and 26 is from a non-English-speaking culture.<sup>200</sup>

4.207. The Government reported that all services (government or non-government) that target children in the ACT are expected to develop policy frameworks and strategies for service delivery and program planning directly targeting children from culturally and linguistically diverse backgrounds. This is reflected in funding agreements and Public Sector Management Standards.

4.208. A 1992 report, *The Too Hard Basket*, pointed out that children from non-English-speaking cultures are not a homogenous group and to categorise them as such is to do them an injustice. There are many different determining factors which influence their lives that should be taken into consideration. These include length of residency, educational attainment in Australia and their country of origin, regional differences, gender and socio-economic status, and language proficiency in their own language and English.

4.209. The report found that young people from non-English-speaking cultures were not accessing services.<sup>201</sup> Woden Youth Centre reported that this is still

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<sup>200</sup> Davenport, S, *The too hard basket - a report on service provision in the ACT for young people from non-English speaking cultures*, Canberra, 1992.

<sup>201</sup> *ibid*, p 49.

the case. Many young people from non-English-speaking cultures are still not aware of services and therefore not accessing them.<sup>202</sup>

4.210. The ACT Government funds the Migrant Resource Centre with \$10,000 to operate a homework program for young people of non-English-speaking culture. The Government and others have reported that this program is most successful.<sup>203</sup>

4.211. The Government also provides \$47,000 for the 'child at risk' program offered by TRANSACT, a counselling service for victims of torture and trauma.<sup>204</sup> This program began as a pilot in 1996/97 and has continued. The program provides early identification of children who may be at risk and provides therapeutic programs aimed at addressing traumatic issues which may affect their development and make them vulnerable to neglect and/or abuse. A significant outcome is that, in working with both children and their parents, this program is assisting parents to address their own trauma and enhance their coping and parenting capacity and thus reducing the risk of family dysfunction and abuse. In addition the Government provides \$38,570 to TRANSACT for community development.

4.212. A small percentage of the young people from culturally and linguistically diverse background in the ACT were reported to be emerging as at risk of homelessness due to cuts in Austudy and family breakdown. Some families are unable to keep their children in school without Austudy. Those experiencing disagreements with their family, it was reported, often become homeless and Woden Youth Centre has not been able to secure accommodation for them. According to the Woden Youth Centre, there is nowhere to refer these young people for assistance and Family Services is not picking them up.<sup>205</sup> Data for the last six months of 1996 indicates that SAAP programs targeting single women had the highest proportions of support periods involving Aboriginal and Torres Strait Islander clients (21 per cent), and clients from non-English speaking backgrounds (14 per cent). Similarly, programs targeting women escaping domestic violence had a high proportion of support periods involving clients from non-English speaking backgrounds. However, youth agencies reported proportionately fewer instances of service to this client group (6 per cent).<sup>206</sup>

4.213. Woden Youth Centre<sup>207</sup> advised the Committee of another group emerging in Canberra. They are young people from specific ethnic

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<sup>202</sup> Transcript, 1 October 1997, p 114.

<sup>203</sup> Submission 32 & Transcript 1 October 1997, p 115.

<sup>204</sup> Submission 32, Attachment 4/3, p 9.

<sup>205</sup> Transcript, 1 October 1997, p 115.

<sup>206</sup> Australian Institute of Health and Welfare, *The SAAP National Data Collection Report for the ACT July -December 1996*, Australian Institute of Health and Welfare, Canberra, 1997, pp 18, 19.

<sup>207</sup> *ibid*, pp 115-6.

communities in Sydney involved in drug and other criminal activities who are sent to Canberra to be with extended family in an effort to get them away from the bad influences in Sydney. Many of these young people are not able to maintain a relationship with the extended family, leave, become homeless and link up with other young people who are involved in criminal activity. There is also some active recruiting by an organised drug trafficking gang of these young people.

4.214. Centacare<sup>208</sup> suggested that greater efforts need to be made to recruit more people from culturally diverse backgrounds to assist services to be culturally relevant and to work as counsellors.

4.215. The Coordinator of the Migrant Resource Centre emphasised the need for a better information flow from service providers to ethnic communities and from ethnic communities to service providers.<sup>209</sup> The Committee considers that innovative ways of linking up with ethnic communities need to be explored.

4.216. The Migrant Resource Centre also emphasised the need for service providers to have regular training in cultural sensitivity.

*That needs to happen particularly in the schools, but also in Family Services and other places where people are working with clients. There needs to be a great deal of bridge building between services and ethnic communities and definitely a development of trust because there is quite a bit of fear from people from different backgrounds about the role of Family Services and about the role of even school counsellors. People who have been raised in a western family, in an Australian environment who we would generally see as helpers are sometimes perceived as the enemy by people who come from other cultures and there is a lot of work that needs to be done there.<sup>210</sup>*

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<sup>208</sup> Submission 8.

<sup>209</sup> Uncorrected Proof Transcript, 9 October 1997, p 21.

<sup>210</sup> *ibid*, p 21.

4.217. Some training in cultural sensitivity is offered to staff in Government agencies. Family Services indicated that it was time they offered it again to their staff. The Committee believes that this training should include some emphasis on how cultural differences can be exacerbated when a family includes adolescents.

4.218. The Committee considers that all agencies should offer their staff training in cultural sensitivity on a regular basis.

## **Services for young people with complex problems**

4.219. In both this inquiry and the inquiry into the adequacy of mental health services the Committee continuously heard that young people with complex problems were being shunted from agency to agency and ended up falling through the cracks. In the context of this discussion 'complex problems' include dual disability such as substance abuse and mental illness, severe emotional/behavioural problems, drug-induced mental illness, and suicidal behaviour.

4.220. The following description of a carer's experience in trying to obtain help for a young person encapsulates the problem.

*There is nowhere for him to live in safety and no program which will accept a young person with drug and alcohol problems and mental health problems.*

*The Detox Unit at the Canberra Hospital will not have him because of his mental health problem.*

*The Psych Ward will not treat him because of his drug and alcohol problem.*

*Marlow is not a safe place for him and certainly is not able to handle his problems.*

*All other youth refuges choose to turn away difficult cases.<sup>211</sup>*

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<sup>211</sup> Submission 26.

4.221. Others such as Marymead, Richmond Fellowship, Child, Youth and Family Agencies of the ACT and Lowana related their frustration about the lack of coordinated therapeutic programs for this group of young people. Child Youth and Family Agencies of the ACT expressed grave concern over the inappropriate placement of seriously behaviourally disturbed young people into out-of-home care because of the absence of specialist treatment options and ineffectual interventions by courts and mental health systems. In their view this neglect has led to numerous members of the community, fellow residents and staff being assaulted and property being stolen. They seek a coherent, effective, interagency and system-wide strategy for the care and treatment of identified high-risk children; appropriate residential and treatment options for this group; adequate resourcing for agencies to enable them to deal with these children; and more flexible sentencing options developed to help young people understand the gravity of their actions but which do not rely on long-term incarceration.

4.222. Marymead and Richmond Fellowship also drew attention to the increasing number of children with severe behaviour problems. They and a neighbour of one of the residential programs<sup>212</sup> argued that antisocial young people with these aggressive behaviours pose a major danger for other residents and staff of care agencies and the community at large. Marymead and Richmond Fellowship pointed out that they are the only two services providing residential care under contract to Family Services. They reported that both programs are essentially care rather than treatment programs and cannot provide for young people who require specialist interventions.<sup>213</sup> They noted that the welfare response to these young people is inadequate, with crisis-driven and fragmented planning and no specialist treatment resources available.

4.223. Richmond Fellowship and Marymead stated that because there is no effective interagency case management for identified high-risk young people individual services become involved in a game of ‘poison ball’ with high-risk young people. Because there is no collective ownership of the problem no single service is able to manage and each attempts to pass on responsibility for the young person.<sup>214</sup>

4.224. The Committee was advised that an effective system of care would need the high level involvement of senior personnel from the various sectors involved with high-risk young people.

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<sup>212</sup> Submission 1.

<sup>213</sup> Submission 16, p 3.

<sup>214</sup> Submission 16, p 7.

4.225. The Community Advocate drew the attention of the Select Committee on Estimates to this problem. She reported that there are serious inadequacies in the provision of services for children with complex problems in specific areas such as children who are abusing drugs and developing drug-related mental illness, young children who are suicidal, and young children with psychiatric illness. The Community Advocate said:

*We are not responding very well to those specialist groups of children at all.*<sup>215</sup>

4.226. Clearly, services for young people with complex problems are quite inadequate. The Committee believes that it is unacceptable that there are such limited therapeutic interventions and that the current uncoordinated approach continue.

### **Recommendation 23**

**4.227. The Committee recommends that the ACT Government as a matter of urgency develop a strategy for the care and treatment of high-risk young people which includes the establishment of an interagency case management system for identified high-risk young people.**

## **Services for young people with extraordinary high needs**

### **Marlow Cottage**

4.228. As described in the previous chapter, Marlow Cottage is a designated shelter under the *Children's Services Act 1986*. Richmond Fellowship provide this service, which is funded by Family Services. Marlow Cottage usually accommodates seven to 13 young people.

4.229. As the Government submission stated, as a last resort service Marlow Cottage has to contend with unique difficulties. Some of these arise from the mix of age groups and genders.<sup>216</sup> Others, the Committee was told, relate to mix of background and experiences. Several witnesses<sup>217</sup> claimed that one of the major factors contributing to the difficulties is the placement of young people in need of care with young people on bail or recently released from Quamby.

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<sup>215</sup> Select Committee on Estimates 1997/98, Uncorrected Proof Transcript 15 October 1997, p 194.

<sup>216</sup> Submission 32, p 19.

<sup>217</sup> Uncorrected Proof Transcript, 9 October, p 2, p 17 & Submissions 15 and 16.

4.230. However, according to the Children's, Youth and Family Services Bureau, the majority of young people placed at Marlow Cottage were in need of care and only a very small number, six out of over 80, were on bail orders.<sup>218</sup>

4.231. While the number of young people on bail orders at Marlow at any one time may be very small, the Official Visitor asserted strongly that it is asking too much of one institution, a crisis service, to expect it to deal with the wide range of support needs of the current range of young people being placed in Marlow. The support needs of young people released from Quamby are very different to those of young people who, for example, are placed at Marlow because of the breakdown of a foster care placement and are awaiting another placement.

4.232. The Official Visitor told the Committee that Marlow cannot be expected to provide the level of long-term support required to prepare a young person released from Quamby for a successful transition to the outside world. She suggested a program which offers opportunities for the development of life skills, educational skills and skills to assist them gain employment.

4.233. Another concern expressed by several submitting to the inquiry related to the placement of children under 12 at Marlow.

4.234. The Government submission acknowledged that while every effort is made not to place younger children in Marlow there are times when there are no other options available at the time of the crisis, or when the young person will not remain anywhere else. Further, it stated that all child protection workers are aware that a younger child's personal safety might be endangered, and that the attraction of imitating other clients, along with high-risk adolescent behaviour and poor safe decision-making skills, may result in an exacerbation of the initial problem. The need to accommodate a young child arose only once in 1996/97, and extra staff were assigned in order to provide one-to-one care.<sup>219</sup>

4.235. Marlow Cottage is a shelter to provide 21-day emergency care. In the last year many young people have spent significantly longer periods at Marlow. Richmond Fellowship provided the Committee with information which showed that the period of stay per placement ranged from 28 to 150 days.<sup>220</sup> These periods of stay are longer than the 21 days because there is no alternative.

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<sup>218</sup> *ibid*, p 63.

<sup>219</sup> Submission 32, p 20.

<sup>220</sup> Paper presented 1 October 1997.

4.236. The Children's, Youth and Family Services Bureau and other witnesses involved with Marlow Cottage acknowledged problems with the present model. The Children's, Youth and Family Services Bureau indicated that the service is due for a review and the review will address the way in which services for young people with extraordinary high needs are managed.

4.237. Participants in this inquiry who addressed the matter were unequivocal that changes are needed and that the crux of the problem is the complex needs, different backgrounds and experiences of the young people placed at Marlow. All the solutions suggested focussed on reducing the number of places at Marlow. Solutions suggested included establishing a halfway house for young people coming out of Quamby, providing separate facilities for children in need of care who have had no involvement with the youth justice system and establishing a secure facility for young people with severe behavioural and emotional problems.

#### **Recommendation 24**

**4.238. The Committee recommends that because of the overwhelming evidence that the complex needs of clients cannot be met by the current structure at Marlow Cottage, the Children's, Youth and Family Services Bureau progress the planned review of Marlow Cottage as a matter of urgency and find alternative models.**

#### **Secure facility**

4.239. There is a very small group of young people whose behaviours are so extreme that they pose a danger to themselves or others. They are young people who have not been committed to a youth justice facility. In addition to being at risk of harming themselves or others, these young people cannot undertake recreation, education, or social interaction and are rejected from all accommodation except Marlow, which is required to take them. According to the ACT Government, it is estimated that 3 to 5 per cent of children in care are in this category.<sup>221</sup>

4.240. The Committee heard that this equates to six to eight young people at any one time.<sup>222</sup> These young people have multiple diagnoses and are pervasively disturbed. The Government reported that these young people will be known to a variety of agencies, such as all the substitute care agencies, refuges, the police, mental health services and the Drug Referral and

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<sup>221</sup> Submission 32, p 21.

<sup>222</sup> Transcript, 1 October 1997, p 52.

Information Centre. They are also likely to have made considerable demands on the staff and resources of most of these agencies.<sup>223</sup>

4.241. As the Committee was told:

*They are young people who, from birth have been in extraordinarily abusive situations and they have continued on, they have been in multiple care places. They are young people who do not belong anywhere, they are rejected by their peers, they are rejected by any care situation, they do not access the normal facilities, they are expelled from school, they have a pervasive distortion in the way in which they understand themselves and the world. ... They do not learn in the same way that a normal 14 year old learns, they do not understand the significance of their actions in the way a normal 14 year old does.*<sup>224</sup>

4.242. In the ACT accommodation options for this group are very limited. According to the ACT Government, it is likely that these young people will have been accommodated at Marlow Cottage and possibly have had periods of remand in Quamby. A very small number will have had multiple placements in Marlow Cottage simply because their level of disturbance, challenging behaviours and rejection of other options leaves no choice. Further, the Government stated such extreme behaviours are often the reality and over recent years there has been a worldwide trend towards more serious behaviours being more frequently displayed.<sup>225</sup>

4.243. In the last few years there has been debate on the need for a secure care facility in the ACT. The need for such a facility is always raised when a young person's behaviours are so extreme that they cannot undertake recreation, education or social interaction *and* they pose a danger to themselves or to others.

4.244. A secure welfare service is an option at the extreme end of the services continuum when a young person is in significant crisis, or when the child protection services and alternative accommodation services cannot reduce the substantial and immediate danger to the young person and/or the community.

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<sup>223</sup> Submission 32, p 21.

<sup>224</sup> Confidential evidence.

<sup>225</sup> Submission 32, p 21.

4.245. The Government reported that in the ACT there is no service offering therapeutic care in a residential setting, nor is there a secure welfare option. Some other States have such facilities. Victoria has two gender specific units at Windsor and Parkville. In addition in 1997/98 Victoria is providing 'an additional \$5.3m to develop innovative services to meet the complex needs of high-risk adolescents'. New South Wales has secure welfare facilities.

4.246. Western Australia expects to have between 1,100 and 1,400 children in care at any one time, compared to the ACT's 180. Western Australia was planning to set up a 12-bed purpose-built facility for adolescents with three secure beds. However these plans have recently been put on hold. The expected cost of establishing this unit was \$2.39m. The unit was planned with a staff-client ratio of 5:9 in the open unit and 2:3 in the secure unit.<sup>226</sup>

4.247. The Committee raised the need for a secure facility with witnesses at public hearings. There was a mixed reaction. A number of witnesses to the inquiry, especially providers of residential care, supported the establishment of a secure facility. They argued that the current services cannot cope with the exceptionally high-risk group. Others were not supportive. Barnardos, for example, told the Committee of research conducted in the United Kingdom on the prognosis of young people who are accommodated in secure facilities which indicates their likelihood of committing suicide to be greater than if they were left alone. Others had concerns about depriving a young person who has not been convicted of a crime of their liberty.

4.248. The Executive Director of the Children's, Youth and Family Services Bureau cautioned the Committee about a secure care unit becoming a response to a problem which in turn creates other problems and is seen as a solution at the time. He advocated the development of a programmatic response, in which a secure unit would be only one part of an overall response and would have a specific role in a therapeutic framework. If a secure unit is established the services provided both before and after a young person's attendance at a secure unit would be as important as the unit itself. A secure unit on its own cannot be the solution to the problems of the very high-risk group who would be seen to be its clients.<sup>227</sup>

4.249. In considering this issue, the best interests and human rights of the young person need to be balanced against the interests of the community, particularly when the proposal is to deprive a young person, who has not been convicted of a crime of their liberty.

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<sup>226</sup> Submission 32, pp 21-2.

<sup>227</sup> Uncorrected Proof Transcript, 9 October 1997, p 65.

4.250. Whatever service options are put in place for this group they absorb vast amounts of resources at the expense of other parts of the service continuum. In the ACT the enduring problem of diseconomies of scale makes the secure care option an expensive one. However other options can be more expensive.

4.251. Because the secure care model needs to include the ability to hold, treat or assess a young person against their will, consideration must also be given to the legislative framework. At present the ACT legislation does not address the matter sufficiently. The *Children's Services Act 1986* would need to be amended to provide for the separation of young people who for protective reasons need secure facilities in youth correctional facilities. This issue has been raised in the *Review of Children's Services Act 1986—Public Consultation Paper*.

4.252. Managing this small group of young people is a very difficult task and there are no easy answers. This inquiry has provided the opportunity for some community consultation and has highlighted the complexity of the issue. The Committee does not believe that the inquiry process has been able to adequately canvass all the issues to enable it to make a recommendation. The Government will receive further views on the matter as part of the consultation process on the review of the *Children's Services Act 1986*. Secure units have been operating in the United Kingdom for several years. In addition there is a growing body of research on the efficacy of this approach which must also be considered as part of the process of examination of the issues in the ACT.



## 5. Services for Aboriginal and Torres Strait Islander children

5.1. The Government reported that the ACT has an increasing Aboriginal and Torres Strait Islander population, a population which is also very mobile.<sup>228</sup> While this section of the community is only a small proportion of the total ACT population, widespread concern was expressed to the Committee about services for them. The Committee therefore believes they require separate examination.

5.2. The Institute of Health and Welfare noted that Aboriginal and Torres Strait Islander children are over-represented in the statistics of child abuse and neglect. In the ACT the Aboriginal and Torres Strait Islander population accounts for only a small proportion of the ACT population, an estimated 0.97 per cent in 1996.<sup>229</sup> The most recent statistics provided by the Institute of Health and Welfare indicate that, in 1995/96, 11 per cent of substantiated notifications of abuse and neglect and 12 per cent of child at risk cases were Aboriginal and Torres Strait Islander children.<sup>230</sup>

5.3. Consequently, Aboriginal and Torres Strait Islander children are also over-represented in substitute care. For example, in 1995/96 a total of 516 individual children were admitted to, remained in or left substitute care under the auspices of ACT Family Services.<sup>231</sup> Of these, 57 (11 per cent) individual Aboriginal and Torres Strait Islander children came into, remained in or left substitute care.<sup>232</sup>

5.4. The Institute of Health and Welfare reported that reasons for the over-representation are complex, involving social, psychological, economic and environmental factors. It went on to state :

*High rates of unemployment, poor living conditions for many families, the high incidence of single parent families, high incidences of alcoholism and other health problems among the population, greater association with the welfare system, lack of access or ability to access appropriate parental support services and different child rearing practices of Aboriginal and Torres Strait Islander people all contribute to the over representation of these children in child abuse and neglect*

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<sup>228</sup> Submission 32, p 69.

<sup>229</sup> Australian Bureau of Statistics, *ACT in Focus 1997*, Catalogue Number 1307.8, Canberra, 1997.

<sup>230</sup> Australian Institute of Health and Welfare, *Child Abuse and Neglect Australia 1995-96*, Child Welfare Series No 17, Canberra, 1997.

<sup>231</sup> Submission 32, p 13.

<sup>232</sup> *ibid*, p 70.

*statistics.*<sup>233</sup>

5.5. The Aboriginal and Torres Strait Islander community acknowledged a number of broad issues which continue to be a source of considerable concern. In its submission to the inquiry the Aboriginal and Torres Strait Islander community identified these issues as:

- consistently higher levels of poverty, incarceration and poor health which are borne directly by families;
- a sense of alienation from, and aversion to, mainstream community institutions and services prevalent amongst some community members;
- an awareness of the unfavourable public perception of the community as either over-resourced or too difficult; and
- the consistent failure of the mainstream community to recognise, respect and value Aboriginal and Torres Strait Islander cultural perspectives and values.<sup>234</sup>

5.6. The Aboriginal and Torres Strait Islander community noted that any consideration of matters related to the management of Aboriginal children must also consider the role of past social dislocation in current conditions. There is concern that the influence of past practices of forced removal on adults and children in the community is poorly understood and that there is in fact an inaccurate perception of the community that they are 'the same as anyone else'. However, as recent reports have highlighted, the current status of the Aboriginal and Torres Strait Islander community, by any economic or social measure, remains well below that of other Australians. The community emphasised that in considering the management of children it is important that issues of systemic disadvantage be recognised and understood; that a failure to do so ignores the reality of daily life for families within the community.

5.7. A range of specific influences arising from past practice have a direct impact upon the circumstances of the community, especially parents and children, today. The negative effect of early separation of children from their primary carer is well documented and includes 'depression, violence, suicide and difficulties in parenting the next generation'.<sup>235</sup> The current poor state of mental health within the community is widely recognised as being of

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<sup>233</sup> Australian Institute of Health and Welfare, op cit.

<sup>234</sup> Submission 28, pp 5-6.

<sup>235</sup> Bowlby quoted in Human Rights and Equal Opportunity Commission, *Bringing them Home National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*, AGPS, Canberra, 1997.

considerable concern and is documented in several recent reports.<sup>236</sup> Common experiences include depression, grief, trauma syndromes and violent behaviours. In addition the cycles of domestic violence and family dispute are well documented.

5.8. As the Aboriginal and Torres Strait Islander submission pointed out, these stresses create a sensitive and difficult situation for the management of children. They believe there is a requirement both to acknowledge these difficulties and needs and to respect that past interventions have demonstrably failed and must be replaced by culturally appropriate community-controlled alternatives.<sup>237</sup>

## **Services for the Aboriginal and Torres Strait Islander community**

5.9. The Government provided the following information on the nature, availability and usage of services for the Aboriginal and Torres Strait Islander community.<sup>238</sup>

### **Substitute care**

5.10. During 1995/96, 57 individual children came into, remained in or left substitute care. There are around 25 Aboriginal and Torres Strait Islander children in care at any one time.

### **Youth justice**

5.11. Youth Justice Services access services provided by the Aboriginal Health Service, the Aboriginal Tutor Scheme and Aboriginal cultural groups from the community for clients in that category. There are four Aboriginal or Torres Strait Islander staff employed by Youth Justice.

5.12. The ACT Government is aware that the recommendations of the Royal Commission into Aboriginal Deaths in Custody are very important and of ongoing concern to the ACT's Aboriginal and Torres Strait Islander community. Youth Justice facilities at Quamby Youth Detention Centre (a

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<sup>236</sup> For example *Ways Forward: National Consultation Report on Aboriginal and Torres Strait Islander Mental Health* (1995), *Burdekin Report* (1994), *National Mental Health Plan* (1992), *National Aboriginal Health Strategy* (1989), *Evaluation* (1994), *Royal Commission into Aboriginal Deaths in Custody* (1992)

<sup>237</sup> Submission 28, p 9.

<sup>238</sup> Submission 32, pp 70-75.

fairly new building) incorporates design features as recommended by the commission's report.

## **SAAP**

5.13. Within SAAP a number of services have identified worker positions for Aboriginal and Torres Strait Islanders. Most SAAP women's services have identified Aboriginal and Torres Strait Islander positions and have formed worker support networks.

## **Gugan Gulwan Youth Aboriginal Corporation**

5.14. Gugan Gulwan provides a range of services for young people including, out-of-school hours and vacation programs, referral and information from the Gugan Gulwan Youth Centre at Red Hill. It also operates a youth accommodation service in Belconnen. The out-of-school hours and school holiday programs aim to promote the participation of Aboriginal and Torres Strait Islander youth in a range of recreation and sporting activities, provide programs based on cultural and spiritual values and raise the self-esteem of participants through constructive use of out-of-school hours time. In 1996 the ACT Government funded a part-time teacher position at Gugan Gulwan. This funding has been discontinued. However, following the withdrawal of funding by the Commonwealth for Gugan Gulwan's Youth Centre programs, the ACT Government has agreed to fund those programs for 1998.

## **Narrabundah Residents Group**

5.15. The Narrabundah Residents Group receives ACT Government funding to run a drop-in centre for young people. The target group includes young Aboriginal and Torres Strait Islander people aged 12 to 25 years. This service also received specific project funding for Aboriginal and Torres Strait Islander projects.

## **Education services**

5.16. The ACT School Census indicated that in August 1997 there were 591 Aboriginal and Torres Strait Islander students registered from kindergarten to Year 12. This was an increase of 36 students on 1996 figures.

5.17. The Aboriginal Students Unit of the ACT Department of Education and Training employs 12 Aboriginal people and three non-Aboriginal staff. The

unit has six Aboriginal education workers, two Aboriginal home/school liaison officers, one Aboriginal preschool home/school liaison officer and an Aboriginal artist-in-residence. In addition to these Aboriginal and Torres Strait Islander workers, the unit also has an Aboriginal early childhood teacher and an itinerant behaviour management consultant for Aboriginal students.

5.18. The primary role of the Aboriginal education workers is to provide support for Aboriginal and Torres Strait Islander students to assist them to reach their potential in the school environment. They also work within the school community to raise an awareness of Aboriginal and Torres Strait Islander issues and an appreciation for Aboriginal culture and Torres Strait Islander culture. In order to achieve this they work at establishing and maintaining relationships with parents of Aboriginal and Torres Strait Islander children and encouraging those parents to take an active part in the school community. This is a professional educative role, and does not include counselling of students or parents or other welfare services. However, they actively participate in meetings at schools regarding students at risk.

5.19. The primary role of home/school liaison officers is to liaise with Aboriginal students and Torres Strait Islander students and their parents. They also liaise with principals and staff on issues such as problems with students, placements, suspensions, attendance at school and cultural issues. Home/school liaison officers also liaise with Commonwealth-coordinated Aboriginal students support/parents assistance (ASPS) committees. They provide support for parents as required on special placements panels and perform other advocacy roles, and have a role in working with the Commonwealth Department of Education, Employment, Training and Youth Affairs (DEETYA) in relation to the Aboriginal Tutor Assistance Scheme (TAS), the Vocational Education Guidance Assistance Scheme and ASPS programs.

5.20. Koori preschool programs operate at Narrabundah, Holt and Wanniasa Hills for one session per week. In addition, as for any ACT child, preschool is available to any Aboriginal and Torres Strait Islander child who turns four before 30 April of any given year. It is possible to gain early entry into preschool for children who turn three before 30 April. The aim of Koori preschools is to keep alive Aboriginal and Torres Strait Islander culture through singing, dancing, cooking traditional tucker, telling Dreamtime stories, and having Aboriginal visitors and performers. Parents and other family members are encouraged to be involved.

5.21. Youth Connection provides one youth worker whose position is designated to work specifically with Aboriginal and Torres Strait Islander young people at risk of truanting or leaving school early. This involves liaising and communicating with relevant community and government agencies and assisting young Aboriginal people to access appropriate services and programs.

## **Health services**

5.22. The Winnunga Nimmityjah Aboriginal Health Service offers a range of health services to the Aboriginal and Torres Strait Islander community.

5.23. In addition the Government announced in the May 1997 budget that funding would be provided to employ a youth health worker to work with the Aboriginal community in addressing drug and alcohol problems. The Government Member on the Committee advised that this position will be based at Gugan Gulwan and will commence from early 1998.

5.24. There is an Aboriginal liaison officer at the Canberra Hospital (TCH). This officer liaises with all areas at TCH except Community Mental Health. However, staff from the community can arrange an appointment for Aboriginal and Torres Strait Islander clients. Staff of Community Mental Health provide a consultation and liaison service to all government and non-government organisations.

5.25. The Government advised that statistics for 1995 indicate that 139 Aboriginal clients accessed Mental Health Services, representing approximately 8.5 per cent of the total Aboriginal population in the ACT, although it should be noted that the reliability of this figure is questionable due to data collection methods.

## **Concerns about services to the Aboriginal and Torres Strait Islander community**

5.26. Many sectors of the community expressed grave concerns about how the needs of the Aboriginal and Torres Strait Islander community in the ACT are being met. The Aboriginal and Torres Strait Islander community is horrified by the reported high level of substantiated notifications of child abuse and neglect in their community.<sup>239</sup>

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<sup>239</sup> Submission 28, p 7.

5.27. The Aboriginal and Torres Strait Islander community stated:

*Members of the Indigenous community and other support professionals and friends express urgent concern at the manner in which matters related to Aboriginal children continue to be managed. This included the lack of culturally appropriate and supportive child care, the unacceptably high load placed on Aboriginal workers in the education system, Aboriginal Health Service, Gugan Gulwan, the Aboriginal workers in the various refuges, the non-existent practice of family support, and child protection workers involved with Aboriginal families.<sup>240</sup>*

5.28. The Australian Education Union stated:

*The status of Aboriginal or Torres Strait Islander students in the ACT is critical. The ACT has no better record of achievement than other states and territories. Schools and community support structures have difficulty in accessing adults who can provide role models and guidance that are respected by the Aboriginal and Torres Strait Islander communities.*

*Principals and school counsellors express grave concern about the extreme difficulties when dealing with many Aboriginal students. From early primary years there is evidence of literacy and numeracy difficulties. By secondary years principals believe about half of their Aboriginal students are experiencing real difficulties, both academically and socially. Attendance is a problem for many students. Education provides some support but it is rarely sufficient to meet the needs of the students, their families or carers.<sup>241</sup>*

5.29. In discussing problems faced by young Aboriginal people, the Aboriginal Police Liaison Officer told the Committee:

*They lack a lot of confidence, a lot of self-esteem within themselves and they go out there, they take drugs, they take alcohol, they commit crimes and everything else because they lack a lot of confidence in themselves, a lot of self-esteem.*

*And a lot of these kids have a lot of abilities and talent to be able to go far in their lives, but they do not have anybody to*

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<sup>240</sup> Submission 28.

<sup>241</sup> Submission 33.

*show them the way, to give them direction, they do not have a role model.*<sup>242</sup>

5.30. The Aboriginal and Torres Strait Islander submission notes that unique cultural values relating to family structure and kinship remain a fundamental element of Aboriginal and Torres Strait Islander social life and must be well understood if services are to be accessible and appropriate.

5.31. The issues most frequently raised concerning service provision for the Aboriginal and Torres Strait Islander community related to the role of workers in designated positions, Family Services and education. These are discussed below.

### **The role and responsibilities of Aboriginal workers**

5.32. The Aboriginal and Torres Strait Islander community acknowledged the value of existing support mechanisms such as Aboriginal liaison officer positions. However, along with a number of other organisations, they expressed concern at the workload and isolation of these staff members and the apparent lack of support from departmental management.

5.33. As the AEU stated:

*There is no question that a great deal is expected of those who provide support, whether that is in a paid or voluntary capacity. Partly this is because there is an expectation that an Aboriginal or Torres Strait Islander person of any age from anywhere in Australia should be satisfactory because the community agencies fail to recognise that Aboriginals are not a single and unified cultural group.*<sup>243</sup>

5.34. The Committee also noted similar concerns in its report on the Inquiry into the Adequacy of Mental Health Services.

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<sup>242</sup> Uncorrected Proof Transcript, 8 October 1997, p 11.

<sup>243</sup> Submission 33.

## Family Services

5.35. The Aboriginal and Torres Strait Islander community<sup>244</sup> reported that in discussions about the inquiry a number of cases were cited which highlight an appalling level of insensitivity to cultural values and which demonstrate a lack of awareness and training amongst providers in the child protection area. A lack of liaison positions within Family Services and the poor relationship between this area of government and the community were of particular concern. These concerns were also raised by other participants in the inquiry such as the Foster Care Association and NAPCAN.

5.36. Examples cited include instances in which children were removed from school situations without current alternative caregivers (in two of the cases cited, a grandmother) being advised of the intention or basis for the removal. This is despite there being a widely accepted tradition of extended family care arrangements within families and stated policy preference for placement within like cultural settings.<sup>245</sup>

5.37. Other instances have involved alternative caregivers within the community being subjected to undue scrutiny, ostensibly to establish suitability but with the perceived intention of discrediting their capacity to provide alternative care. This is perceived by the community as racism, as it suggests that Aboriginal families are being judged by dominant cultural standards against which they are found lacking.<sup>246</sup>

5.38. The Government indicated that, in arranging care for an Aboriginal or Torres Strait Islander child, placement with extended family is the first consideration. Where it is not possible (usually for reasons of physical and emotional safety) to place a child with family members, the alternative is substitute care.<sup>247</sup>

5.39. A number of submissions raised the matter of substitute care options for Aboriginal and Torres Strait Islander children. Only one third of Aboriginal children are able to be placed with Aboriginal families.<sup>248</sup> The need to recruit more Aboriginal and Torres Strait Islander carers was seen as urgent. However, the mobility of the Aboriginal and Torres Strait Islander population creates recruitment difficulties.

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<sup>244</sup> Submission 28.

<sup>245</sup> *ibid*

<sup>246</sup> *ibid*

<sup>247</sup> Submission 32, p 70.

<sup>248</sup> *ibid*, p 12.

5.40. Family Services has been working with the Aboriginal Consultative Committee and Aboriginal and Torres Strait Islander communities locally and at Jervis Bay to provide culturally appropriate options when the extended family is not able to assist.

5.41. However, as the Government pointed out, unlike other States and Territories, the ACT does not have a Commonwealth-funded Aboriginal Child care Agency and there is no likelihood of receiving any funding. The Family Services Foster Care Program does have a small number of Aboriginal carers. Care is taken to listen to requests from families who sometimes request that their children be placed outside the Aboriginal community in order to ensure privacy.<sup>249</sup> There have also been instances when there has been no suitable alternative and Family Services has arranged placement of young people at Worowa Aboriginal College in Victoria. When this occurs arrangements are put in place to ensure regular contact is maintained between the young person and their family in the ACT.<sup>250</sup>

5.42. Family Services is taking steps to recruit more Aboriginal and Torres Strait Islander carers by establishing an Aboriginal consultative committee, and recruiting Aboriginal and Torres Strait Islander staff to identified positions within the Family Services Branch Foster Care Program and regional offices. Family Services advised that in October 1997 there was one permanently appointed Aboriginal and Torres Strait Islander worker at a regional office and recruitment is under way to appoint an Aboriginal and Torres Strait Islander worker to the other regional office and to the Adoption and Foster Care Unit.<sup>251</sup>

## **Education**

5.43. The Aboriginal and Torres Strait Islander community told the Committee that concern about the education system featured most prominently in their discussions about the issues they wished to raise in this inquiry. This is likely to be due to a number of factors such as the compulsory nature of schooling, the institutional setting and the inevitability of relationships between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander parents, teachers and children. They reported both commendable work being done at the school level, notably by Aboriginal liaison officers (ALOs), and some disturbing incidents of racism amongst teachers and students.<sup>252</sup>

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<sup>249</sup> Submission 32.

<sup>250</sup> Correspondence from the Minister for Education and Training and Children's and Youth Services, dated 3 November 1997.

<sup>251</sup> Correspondence from the Executive Director Children's Youth and Family Services Bureau, dated 28 October 1997.

<sup>252</sup> Submission 28, p 10.

5.44. Further, they reported that of greatest concern is Aboriginal and Torres Strait Islander students' experience of school as hostile and unwelcoming and of being forced to contend with repeated incidents of racially based harassment. This is said to have increased in recent times with the Hanson-inspired commentary. Adults within the Aboriginal and Torres Strait Islander community reported difficulty in encouraging and supporting young people to pursue educational opportunity when they are aware that young people are subjected to this treatment.<sup>253</sup>

5.45. These concerns were also raised by workers of Gugan Gulwan in discussions with the Committee and by other witnesses such as Woden Youth Centre and the Aboriginal Police Liaison Officer.<sup>254</sup>

5.46. Absenteeism from school amongst Aboriginal and Torres Strait Islander young people is documented as being disproportionately and unacceptably high, with a recent study indicating as many as 150 young people being regular non-attenders.<sup>255</sup> Community leaders nominate poor management of this issue as a critical first point in continued social deterioration of Aboriginal and Torres Strait Islander youth, citing extensive anecdotal evidence of the link between this and subsequent petty criminal activity and related interventions.

5.47. In 1996 the Department of Education and Training provided Gugan Gulwan Aboriginal Youth Centre with a part-time teacher. This assistance has since been discontinued. Gugan Gulwan reported that some of the young people who are not attending school come to the centre during the school day and others who are having difficulty coping at school arrive at Gugan Gulwan at the suggestion of their schools. Unfortunately Gugan Gulwan is not now staffed during school hours.

5.48. Reasons for such a large number of Aboriginal and Torres Strait Islander students not attending school regularly are complex. The relevance of the curriculum and difficulties encountered at school are among the reasons. The Committee received complaints about one high school which it is alleged is adopting exclusionary practices against Aboriginal and Torres Strait Islander students. These practices can be quite subtle and include not offering the types of programs a particular group of students need.<sup>256</sup> The Committee raised this matter with officials of the Department of Education and Training, who advised that they too had received complaints.

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<sup>253</sup> *ibid*

<sup>254</sup> Uncorrected Proof Transcript, 8 October 1997, p 10.

<sup>255</sup> Submission 28, p 10.

<sup>256</sup> Transcript 1 October 1997, p 42 and p 89.

5.49. The Committee considers that urgent action must be taken by the Government to ensure that such exclusionary practices do not occur in any public school in the ACT.

5.50. The Department of Education and Training has introduced some successful initiatives to assist Aboriginal and Torres Strait Islander students. In addition to the Aboriginal liaison officers and home school liaison officers the Department of Education and Training has established an interagency committee to consider issues of importance to Aboriginal children and youth. This committee includes the Aboriginal liaison officers, Aboriginal and Torres Strait Islander representatives from Family Services, Health, Youth Connection, Australian Federal Police, Social Security and the Aboriginal community.

5.51. The Committee was also told about some excellent responses by particular schools to meeting the needs of Aboriginal and Torres Strait Islander students.<sup>257</sup>

5.52. However, there is still widespread concern about educational services for this group. The Aboriginal and Torres Strait Islander community is extremely worried about the situation. Remaining in the education system is an important determinant for the future of young people.

5.53. The Committee is aware that schools have in place policies to address racism in schools. However, the evidence suggests that much more needs to be done.

5.54. The level of regular absenteeism from school among the Aboriginal and Torres Strait Islander community is a serious problem which must be addressed.

## **Conclusion**

5.55. However, the Committee believes that none of the concerns raised about service provision for children at risk in the Aboriginal and Torres Strait Islander community can be properly addressed in isolation.

5.56. Studies which have identified ways of dealing with the issues for example, the report on the deaths in custody inquiry and the stolen generation inquiry. The ACT Government's response to the deaths in custody report is expected to be available before the end of 1997.

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<sup>257</sup> For example Transcript, 1 October 1997, p 90.

5.57. In addition agreements have been reached between the Commonwealth and States about strategic planning. For example, an Aboriginal and Torres Strait Islander Regional Health Plan will be developed in accordance with the 1996 agreement between the ACT Minister for Health and Community Care, the Commonwealth Minister for Health and Family Services and the Aboriginal and Torres Strait Islander Commission to improve the health outcomes of Aboriginal and Torres Strait Islander people and to ensure that Aboriginal and Torres Strait Islander people achieve health outcomes equitable with those for the broader community. In this context, specific strategies will be developed to address the particular needs of young people.

5.58. The Committee believes that it is now time for the Government to pull together all the work that has been done in the last few years and in partnership with the Aboriginal and Torres Strait Islander community develop a coordinated strategy to address the needs of this community in an integrated and holistic way. The Committee acknowledges that such work could take several years.

### **Recommendation 25**

**5.59. The Committee recommends that the ACT Government, in partnership with the Aboriginal and Torres Strait Islander community, develop a coordinated strategy to address the needs of the Aboriginal and Torres Strait Islander community and that this strategy include a review of:**

- **mechanisms to offer the Aboriginal and Torres Strait Islander community greater control of services to that community;**
- **the resourcing of Aboriginal and Torres Strait Islander workers;**
- **how Aboriginal and Torres Strait Islander children are progressing in the education system;**
- **health services to the Aboriginal and Torres Strait Islander community;**
- **housing services;**
- **preventive strategies to reduce domestic violence; and**
- **youth justice services.**



## 6. Coordination between services

6.1. Problems with coordination between agencies were cited by many participants in the inquiry.<sup>258</sup> There have been some recent improvements which were acknowledged.<sup>259</sup> There are also some very effective structures in place for sharing information. For example, CYFAACT, which was established in 1991, observed that its formation has been invaluable in facilitating the exchange of information, the sharing of concerns and the avoidance of duplication.<sup>260</sup> CYFAACT is an association of non-government agencies who provide child and family welfare services under contract to the ACT Government. CYFAACT stated that, compared to other States, ACT non-government agencies have an excellent relationship with the statutory child welfare agency—that is, the Children’s, Youth and Family Services Bureau.<sup>261</sup>

6.2. The establishment of the Children’s, Youth and Family Services Bureau and its amalgamation with the Department of Education and Training have resulted in much greater potential for better planning and coordination of services for children. This one agency is responsible for education, child care and preschool services, youth services, care and protection services, youth justice services, early intervention services, child health and development services and SAAP services. It has responsibility for policy development and funding of services across all the areas mentioned and in many instances is also the provider of services—for example, schools.<sup>262</sup> The Department of Education and Training and the Children’s, Youth and Family Services Bureau is essentially an agency for children and as such unique in Australia.

### Care and protection cases

6.3. However, there are serious problems with coordination between government agencies in care and protection cases. Woden Youth Centre encapsulated the views of many witnesses with its observation that coordination within ACT government agencies is extremely poor and even that at a managerial level intersectoral links are not well established.<sup>263</sup>

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<sup>258</sup> For example Submissions 1, 3, 4, 8, 11, 13, 18, 20, 29 and 33.

<sup>259</sup> For example Submissions 15, 13 and 20.

<sup>260</sup> Submission 15, p 6.

<sup>261</sup> *ibid*

<sup>262</sup> Transcript, 26 September 1997, p 14.

<sup>263</sup> Submission 13, p 3.

6.4. There are many instances when several agencies are involved with a young person at risk. For example, a case of child abuse may involve the school, the police, the Child at Risk Assessment Unit, the Child and Adolescent Mental Health Service and Family Services. A case involving a child in need of care may involve all these agencies plus Youth Justice. Addressing the issues surrounding the coordination of services in these cases is complex.

6.5. Some efforts have been made to coordinate service delivery between Family Services and other agencies on a one-to-one basis. For example, protocols are in place between Family Services and the Australian Federal Police Sexual Assault and Child Abuse Team, the Child at Risk Assessment Unit, schools, preschools and the ACT Community Care Disability Program. Plans are under way to develop a protocol between Family Services and ACT Housing as well as the Australian Federal Police.<sup>264</sup>

6.6. These protocols mean that Family Services and each specific agency have an understanding about their respective roles and responsibilities. However, the agencies not party to the specific protocol do not necessarily know what the roles, responsibilities and practices of each other agency are and how they all fit into the picture. There is no coordinated interagency strategy covering government agencies.

6.7. In relation to coordination between government and non-government agencies, the Children's, Youth and Family Services Bureau and a group of non-government agencies have recently developed referral and operational protocols.<sup>265</sup> These protocols are expected to enhance the ability of both non-government agencies and Family Services to provide a more cohesive response to families who are the subject of a notification. Once again the mechanisms in place do not enable all agencies involved to have an awareness and understanding of the roles, responsibilities and practices of other relevant agencies.

6.8. The Committee discussed with a number of witnesses ways to improve coordination. Some suggested that a separate structure such as a management assessment panel with extensive powers be put in place to coordinate cases. Others were doubtful about the need for a separate structure and felt the focus should be on good casework.

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<sup>264</sup> Submission 32, p 55.

<sup>265</sup> *ibid*

6.9. NAPCAN advocated the development of a coordinated strategy to respond to the needs of children at risk in the ACT. NAPCAN drew the Committee's attention to a model developed by NSW which may provide a tool for developing an appropriate ACT strategy.

6.10. This model, *Interagency Guidelines for Child Protection Intervention*<sup>266</sup>, is based on the premise that protection of children from abuse and neglect is a shared responsibility. No single agency has all the knowledge, skills or authority to safeguard a child at risk of abuse or to apprehend and prosecute an alleged offender. The model sets out an interagency approach, which acknowledges that child protection and care practice involves many different activities and agencies. It defines the roles and responsibilities of all government agencies involved with child protection issues and sets out a framework for thinking about intervention and the roles and responsibilities of the agencies involved, including non-government agencies. Following notification of a case, a worker from the statutory agency is appointed as key worker. The role of the key worker is to coordinate the interagency intervention right through the process—that is, from intake to closure.

6.11. The Committee is convinced that there are serious problems with the coordination of services at present and that a more systemic approach needs to be developed. A system such as the New South Wales interagency approach in which good case management is a fundamental component, but which clearly spells out the roles and responsibilities of all involved would result in significant improvements without introducing another layer of bureaucracy.

### **Recommendation 26**

**6.12. The Committee recommends that the ACT Government develop interagency guidelines for the management of care and protection cases.**

## **Family Services**

6.13. The development of interagency guidelines for care and protection cases will result in better coordination of services for these children.

6.14. However, there are some issues which need to be addressed by Family Services to ensure better case management and coordination.

6.15. Firstly, the high turnover of caseworkers in Family Services is a major contributing factor to the poor coordination of services. In addition to

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<sup>266</sup> NSW Child Protection Council, *Interagency Guidelines for Child Protection Intervention*, Second Edition, February 1997.

addressing the turnover, the Committee considers that better systems need to be put in place to ensure information is passed on when there is a change in caseworker so that children, parents and others involved are not subjected to repeated requests for information. Improved technology must offer significant scope for improvement in the coordination and sharing of information among caseworkers and other professionals involved in a case.

6.16. The Committee believes that Family Services must address the issue of turnover among caseworkers. As stated in Chapter 4, this may require a review of remuneration, an increase in training and support and a review of selection procedures.

### **Recommendation 27**

**6.17. The Committee recommends that the Children’s, Youth and Family Services Bureau instigate strategies to reduce the turnover in caseworkers and include a performance indicator addressing this activity in future annual reports.**

6.18. Secondly, there is confusion and uncertainty about the roles of individual agencies in case management and coordination. Several service providers expressed an expectation that Family Services should take on a case management and coordination role. Yet the view of Family Services is that it is certainly not always their role. It is definitely their role in cases concerning a child in need of care. In other instances it may not be entirely appropriate for Family Services to take on the coordinating role. For example, in instances where a referral which is not a care and protection issue is made to a non-government agency by Family Services, Family Services would not have an ongoing role because its role is defined around care and protection.

6.19. SAAP services such as Lowana expressed serious concerns about the lack of coordination between agencies, especially SAAP services and Family Services. Lowana stated:

*The critical lack of interface and protocols between Family Services and other relevant agencies is resulting in the widespread systems abuse of young women escaping early childhood abuse (including sexual abuse), abandonment and neglect.<sup>267</sup>*

6.20. Officials of the Children’s, Youth and Family Services Bureau advised the Committee that they believe that the mandatory reporting training program and other training provided by the Training Unit is having some impact in

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<sup>267</sup> Submission 25.

clarifying roles and responsibilities.<sup>268</sup> This is an important outcome of the training. However, it is clear that efforts need to be ongoing and roles need to be clarified with each referral.

6.21. The officials also advised the Committee in October that plans were under way to develop protocols between Family Services and SAAP services. They acknowledged that there have been a lot of misunderstandings and that these need to be worked through.

6.22. The Committee is also concerned about the confusion among agencies about who is responsible for case coordination and about the expectation that it is always the role of Family Services. The Committee observed that some organisations with a clear agreement and funding to coordinate services for children who are not care and protection cases believed that Family Services also had responsibility. Procedures must be put in place to ensure that all involved in a case are clear about their respective responsibilities when Family Services refers a case to another agency or when the case is clearly not a Family Services' responsibility.

### **Recommendation 28**

**6.23. The Committee recommends that the Children's, Youth and Family Services Bureau establish procedures to ensure clarification of roles and responsibilities for case coordination when a referral is made to another agency.**

## **SAAP services and other agencies**

6.24. A number of concerns were raised about the lack of coordination between SAAP services and non-government welfare agencies.

6.25. Barnardos and CYFAACT expressed concern about the lack of coordination between the SAAP and child welfare sectors. They pointed out that many young people move in and out of services of both sectors. The Government has been approached on a number of occasions with suggestions of regular forums to discuss common issues but nothing has happened. Funding and administration of SAAP services have now become the responsibility of the Children's, Youth and Family Services Bureau, offering the potential for better coordination.

6.26. Centacare expressed concern about the isolation of youth agencies from other sectors and the need for better coordination at the service delivery

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<sup>268</sup> Uncorrected Proof Transcript, 9 October 1997, p 86.

level.<sup>269</sup> One youth agency believes that the lack of professional status of youth workers does not lead to reasonable follow-up and feedback on clients referred and youth agencies are thereby isolated. Other agencies very often have no understanding of the role of youth workers.<sup>270</sup>

6.27. At a more general level Barnardos<sup>271</sup> was also concerned about the lack of forums where government funding bodies meet with groups of service providers to hear of current issues affecting clients and service delivery. In their view regular forums would increase coordination and give government the feedback they need.

## **Children's Magistrate**

6.28. The Law Society identified the lack of a Children's Magistrate as a critical factor in coordination of services for children who come before the Children's Court. At present all magistrates deal with children's issues. While they do a good job under the circumstances, a specialist Children's Magistrate would be able to build up a detailed knowledge of cases, options and services available.

6.29. In youth justice matters the Law Society argued that a specialist Children's Magistrate would not only have a knowledge of the young person's background but also be able to look for alternatives to assist the young person, for example, diversionary conferencing or placement options. The Committee was told that a variety of magistrates make decisions about children before the Children's Court and as a result there can be an inadvertent degree of inconsistency in what is happening.<sup>272</sup>

6.30. Magistrates dealing with care proceedings are faced with even greater difficulties in gaining knowledge about what is relevant.

6.31. The Committee understands that the appointment of a Children's Magistrate would have resource implications. However, the potential such a position would have in long-term savings to the community by ensuring some of this vulnerable group of children do not continue on the road to incarceration because their needs are better and more consistently met must outweigh the costs of appointing a specialist Children's Magistrate.

## **Recommendation 29**

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<sup>269</sup> Submission 8.

<sup>270</sup> Submission 13.

<sup>271</sup> Submission 12.

<sup>272</sup> Uncorrected Proof Transcript, 19 November 1997, p.10

**6.32. The Committee recommends that the ACT Government appoint a Children’s Magistrate.**

**Some questions about accountability and responsibility**

6.33. Because such a large proportion of government funding for services for children at risk is provided to non-government organisations, issues of transparency, accountability and responsibility need attention in any analysis of these programs. The imminent move towards widespread implementation of the purchaser/provider model makes it even more important that the respective responsibilities and accountabilities of the service purchaser and the service provider be clearly defined and understood.

**The purchaser/provider model**

6.34. The rationale behind the purchaser/provider model is that ‘the role of providing a service should be held by a different agency from that financing the service’.<sup>273</sup> This separation of the purchaser and the provider allows for competitive processes to be introduced in the selection of the provider, and the Government has an opportunity to devise specific requirements for aspects of service delivery such as quality of service and numbers of clients to be serviced. The Government also has the opportunity, through this model, to link strategic and social planning to purchasing decisions.<sup>274</sup>

6.35. While implementation of the purchaser/provider model has the potential to lead to benefits such as a transparent contractual relationship between government and service providers and a better focus on customer service and improved quality of outcomes from services for children at risk, there are also dangers and uncertainties.

6.36. These dangers include the risk of diffusion of accountability requirements between a number of agencies; uncertainties about the degree of accountability expected from service delivery agencies and funding agencies; potential confidentiality breaches and (at the other extreme) lack of willingness to share information; commercial-in-confidence requirements obscuring public scrutiny; measurement difficulties specifying quality outcomes for some aspects of human services in a contract (for example, how do you measure emotional support?); and potential lack of adequate monitoring by the funding agency. Some of these issues do not necessarily have a direct causal

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<sup>273</sup> Johnston C *Implementation of Service Purchasing Arrangements in the Australian Capital Territory*, Canberra, 1997, p iii.

<sup>274</sup> *ibid*

relationship to the purchaser/provider model but will emerge if there is a failure in government planning processes.

6.37. The Committee is aware that more family support services will be contracted out over the next few years. As part of this process the Committee would like to see more attention given to:

- clear and accurate specifications prescribed in contracts;
- adequate monitoring of the provision of those services together with more coordinated and publicly available data;
- adequate complaints mechanisms for consumers and potential consumers;
- ensuring funding agency staff and non-government agencies have the necessary skills to manage and participate in the process;
- obtaining quality feedback on services which is then reflected in the next round of funding agreements (through such instruments as surveys and focus groups);
- giving more attention to quality assurance mechanisms, including publication of performance against standards; and
- resourcing of purchaser and providers to ensure accountability within the purchaser/provider models.

### **Responsibility**

6.38. While the purchaser/provider model is designed to improve control, accountability, value for money and quality of service delivery by subjecting service providers to competition, the Committee wishes to reinforce the fact that the Government is ultimately responsible for the delivery of the service. The Committee is concerned that the move to the purchaser/provider model for services for children at risk may result in distancing of the Government from responsibility for outcomes achieved for this group.

6.39. The imposition of the purchaser/provider split has resulted in some fuzzy expectations about who is responsible when services which have been contracted out make major mistakes or when there are gaps in service availability.

6.40. For example, who is responsible if a child is physically abused by a worker employed in a contracted agency? Funding agreements and whole-of-service planning arrangements need to consider the question of responsibility very carefully as part of this process. The review of the *Children's Services Act 1986* will address some of these questions of responsibility but it is imperative that the legal framework be integrated with the individual funding agreements under an overall strategic plan.

6.41. Responsibility for the overall planning and provision of services for children at risk is critical. At least three government agencies provide and fund services for children at risk. In this context and with more contracting out, the issue of who takes overall responsibility for strategic planning of services (including analysis of unmet need, coordination of all services and generation of a long-term strategic vision) has not been effectively addressed by government officials. The Director of the Children's, Youth and Family Services Bureau stated:

*It is the Government's responsibility I suppose, or the community's responsibility as a whole and the current changes in government policy towards a service purchasing arrangement... is part of a change... in being more rigorous about meeting that responsibility.*<sup>275</sup>

6.42. The Committee acknowledges that ultimate responsibility for these issues lies with the Executive Government, but a government agency must take responsibility for ensuring the stated outcomes of government are delivered. In the Committee's view overall responsibility for planning, coordination, aggregation of data across the Territory, monitoring and evaluation of services for children at risk should rest with the Children's, Youth and Family Services Bureau.

6.43. As a demonstration of acceptance of this responsibility, the Committee would like to see more detailed performance information drawn from non-government family support services included in the annual report of the Children's, Youth and Family Services Bureau. The Bureau should also ensure that funded agencies provide very detailed performance information in their own annual reports.

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<sup>275</sup> Uncorrected Proof Transcript, 9 October 1997, p 74.

### **Recommendation 30**

**6.44. The Committee recommends that the Children's, Youth and Family Services Bureau take on overall responsibility for the coordination of services for children at risk at a whole-of-Government level.**

#### **Performance information and accountability**

6.45. Funding agreements provide an excellent opportunity for funding agencies to achieve quality outcomes through service delivery agencies. Funding agreements currently include provision for monitoring performance at certain intervals (usually every three or six months), although the type of monitoring and the time interval vary from one agreement to another and one program to another. The aspect which concerns the Committee is the lack of publicly available information on the exact nature of the monitoring which takes place. The Committee believes that the reporting requirements and performance achieved by funded agencies should be detailed in the annual report of the funding agency.

6.46. While some of the funding agreements include very specific and well-thought-out performance indicators which are clearly related to program objectives, the quality of reporting requirements and performance information varies across different programs. Examples of performance indicators (from one funding agreement) include such measures as daily occupancy rates, number of referrals placed/not placed, reasons for non-placement, length of placements, age profile, percentage of children in care, regularity of contact between child and agency caseworker, and degree of confluence between outcomes for the child and their identified needs.<sup>276</sup> Indicators such as these, together with the actual performance achieved, should be published in annual reports of the funding agencies and the provider to enable more transparency and public scrutiny.

6.47. An analysis of the 1996/97 annual report of the Department of Education and Training and Children's, Youth and Family Services Bureau reveals very sparse information about contracted services such as family support, substitute care, and community and youth programs.

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<sup>276</sup> Funding Agreement between the ACT and Marymead for the Foster Care Program, dated June 1997.

6.48. For example, under Output 6.1, ‘Care and Protection’, there are no measures to reflect the satisfaction of young people in care (and foster carers) in relation to services provided by the bureau and other funded services. Under Output 6.3, ‘Grants administered in accordance with *ACT Performance Measures for Administration of Grants*’ is presented as a measure of quality/effectiveness. On the surface this seems reasonable, but a closer examination of this document reveals a one-page list of abstract statements such as ‘completeness—all grant applications comply with the Government’s standardised documentation and are assessed in accordance with agreed process arrangements’. It does not include any rigorous measures of the quality or effectiveness of the service being delivered. (See Appendix 7 for a copy of this document.)

6.49. The *ACT Performance Measures for Administration of Grants* was produced by a central agency, the ACT Chief Minister’s Department. While it does not enable a sufficient performance monitoring of the quality and effectiveness of grants administration, it is a start. The Committee considers that there is scope for more central agency involvement in the design of rigorous generic measures of quality and effectiveness in grants administration.

6.50. The Committee understands that each contractual agreement includes certain requirements for reporting to the funding agency and for funding agencies to report through their annual reports. The quality of information in annual reports of non-government organisations varies considerably and even if it were of a consistently high standard, it may not be very accessible to public and parliamentary scrutiny. The Committee considers it is important that public funds be accounted for to the public through a transparent process. This process ideally should involve publication of information on the performance monitoring processes for contracts, performance targets of funded organisations and their success in meeting these targets, and how these are linked with an overall strategic plan for children at risk.

### **Recommendation 31**

**6.51. The Committee recommends that the 1997/98 annual report of the Children’s, Youth and Family Services Bureau include significantly more detail on performance information and reporting requirements for funded agencies and more rigorous performance indicators measuring the quality and effectiveness of services.**

## **Training**

6.52. Many non-government agencies are apprehensive about changes to funding and accountability procedures. While accepting that all government-funded programs must be accountable, agencies need detailed information on any new procedures and requirements to enable them to meet them. Agencies also need to have input into their development.

6.53. In times of change, training is of critical importance. The Committee acknowledges that some training has already been provided. The Committee considers that all non-government agencies as well as staff in government agencies must be resourced and provided with training in new procedures and requirements to equip them to meet the challenge.

### **Recommendation 32**

- 6.54. The Committee recommends that the ACT Government provide:**
- **training on the purchaser/provider model to funding agency staff; and**
  - **adequate resources to meet the ongoing training needs of non-government agencies on new requirements for service funding and reporting.**

## **Social planning**

6.55. Most of this report's recommendations relating to issues of coordination have been made in response to dealing with crisis situations—for example, the recommendation on the management of complex cases in Chapter 4 and the recommendations of this chapter. There is no mechanism in the ACT to address the issues in a holistic way.

6.56. In correspondence to the Committee the Government stated:

*The principles of social planning in the ACT have been outlined in Canberra: A Capital Future as well as in the Government's Outcomes Statement in the Budget Paper and implementation policies in the relevant line agency.*<sup>277</sup>

6.57. What are outlined in *Canberra: A Capital Future* are very brief statements on planning for the social needs of the community; housing; social

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<sup>277</sup> Correspondence from the Minister for Education and Training, dated 3 November 1997.

infrastructure; and access and equity in service delivery. The Outcomes Statement in the Budget Paper is also very brief and general. These two statements fall far short of a comprehensive social plan.

6.58. Furthermore, in terms of implementation policies in line agencies, this inquiry and others such as the Inquiry into the Adequacy of Mental Health Services have demonstrated that policies are not always developed and implemented on the basis of a thorough needs assessment and are not always part of an overall plan.

6.59. Unlike many other jurisdictions, the ACT has no social plan which identifies needs and strategies to address those needs at a whole-of-government level. Consequently decisions to establish and fund services are often made without a comprehensive needs assessment and knowledge of projected need or information on any effects on existing services or planned services.

6.60. The NSW Department of Community Services advised ‘there needs to be a planned approach to NSW and ACT SAAP programmes to address a poor service mix’.<sup>278</sup>

6.61. ‘Social planning is the process of investigating and responding to the needs and aspirations of the people who live or work in a community.’<sup>279</sup>

6.62. A community the size of the ACT can no longer accept decisions about the provision or withdrawal of social services made on an ad hoc basis. This community deserves no less than to have decisions made in line with the recommendations of a well-researched and widely disseminated plan, a plan with which the community has been involved. Without a social plan it is impossible to make informed decisions which are consistent with identified criteria to meet community need.

6.63. Social planning has become increasingly necessary because:

- the increasing demand for local community services, coupled with scarcity of funds, means that planning of community services is important for allocating funds fairly and efficiently; and
- awareness that communities can be isolating and non-supportive for many residents has created support for community development as a technique for improving local quality of life.

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<sup>278</sup> Submission 9.

<sup>279</sup> Local Government Association of New South Wales, *Ground Rules: Social Planning for Local Government*, 1993.

6.64. Part of the process of developing a social plan is to identify existing services, gaps in service provision and the needs of the community through a consultation process based on sound research methods.

6.65. Some have criticised social planning as being inflexible. This is not the case. A social plan is not a blueprint which prescribes the future, but a plan flexible enough to be revised when circumstances change. The final stage of the development of a social plan is the review phase, which ideally provides for comprehensive annual reviews and ongoing monitoring of the implementation of the plan.

6.66. The Committee considers that a clear plan with a focus on preventive mechanisms is ultimately less expensive than the uncoordinated crisis management approach currently in place.

### **Recommendation 33**

**6.67. The Committee recommends that the ACT Government:**

- **progress the development of a comprehensive social plan; and**
- **provide the Assembly with a timetable for its development by July 1998.**

## **7. Children's advocacy services**

7.1. This chapter explores the opportunities available to children to participate in decision-making and policy development processes when they are living in substitute care.

7.2. It also evaluates the avenues currently available for children to make complaints about individual matters and examines the bodies responsible for recognising systemic problems relating to children at risk.

### **The need to encourage consumer participation**

7.3. Children are 'consumers' of services such as child protection services, youth accommodation services, counselling services, youth justice services and substitute care services. The Committee examined the extent to which these 'consumers' were given opportunities to participate in decision making and policy development and found this opportunity to be lacking in most services.

7.4. This is in contrast to the active encouragement by government and non-government organisations of consumer participation in such areas as mental health and disability services.

7.5. The Committee invited the Executive Officer of the State Network of Young People in Care (SNYPIC) to advise on progress in other States in consumer participation and to explain how participation of children in care helps the children themselves as well as improving the quality of decision making and policies. SNYPIC is the NSW organisation which advocates for children living in substitute care.

7.6. The Executive Officer of SNYPIC informed the Committee that there is a need for a systemic approach which actively encourages consumer participation. He advised that, since the establishment of SNYPIC and the Australian Association of Young People in Care (AAYPIC), the service providers who have worked with the consumer groups have benefited from decreasing levels of disruptive behaviours and decreasing conflict and communication problems as the services have become more responsive to consumer needs.

7.7. AAYPIC is a consumer association totally run and managed by people who are or have been in care.<sup>280</sup>

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<sup>280</sup> Uncorrected Proof Transcript, 9 October 1997, p 42.

7.8. In a paper on consumer participation for children and young people in care, the Executive Officer of SNYPIC argued:

*Consumers should be involved in everything from individual case management decisions all the way through to helping formulate government policies which affect them.... Consumer participation will also increase the accountability to consumers from the service provider.*<sup>281</sup>

7.9. He went on to point out that historically service provision for children has been paternalistic, controlling and disempowering and stated:

*Much of the service provision has been based on the perception of children and young people as victims who are in need of care of protection. Upon entering the care system the victim mentality is often reinforced which interrupts the normal cognitive and psychosocial development of a child or a young person.*<sup>282</sup>

7.10. This point was also identified by NAPCAN, whose representative stated:

*It has interested me talking to some young teenagers I have known over a period in care and there is almost a tendency to blame the welfare system for where they are at.*<sup>283</sup>

7.11. The Committee is aware of the potential for systems abuse as identified in the 1994 report *Systems Abuse: Problems and Solutions*.<sup>284</sup> This report identifies how some children suffer abuse once removed from their family and placed into care. The Executive Officer of SNYPIC indicated that much of this can probably be attributed to the lack of responsiveness to consumer needs and involvement in decision-making processes.

7.12. The Executive Officer of SNYPIC distinguished between children having a voice and children being able to participate. In his view having a voice is mostly a one-way process by which children express their views and wishes only, whereas:

*Participation is a two way process where all parties express their views and wishes with decisions being made jointly... if children in care are not given more control over their lives*

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<sup>281</sup> O'Brien A *Consumer Participation for Children and Young People in Care: What it really means* (unpublished), p 1.

<sup>282</sup> *ibid*, p 2.

<sup>283</sup> Uncorrected Proof Transcript, 8 October 1997, p 39.

<sup>284</sup> NSW Child Protection Council, *Systems Abuse: Problems and Solutions*, 1994.

*then they come to view themselves as having problems only professionals can cure ... therefore they end up learning not to be responsible for decisions that they make.*<sup>285</sup>

7.13. The Committee is also aware of recent recommendations made by the Australian Law Reform Commission and the Human Rights and Equal Opportunity Commission in their report *Seen and heard: priority for children in the legal process*. This report states:

*Australia's children are the nation's future. Australia's legal processes have consistently failed to recognise this fact by ignoring, marginalising and mistreating the children who turn to them for assistance. Much must be done to provide for children's access to and appropriate participation in the legal processes that affect them.*<sup>286</sup>

7.14. This report also stated:

*Children do not have political power. They have a limited say in decisions affecting their lives and generally are unable to obtain redress when decisions are taken contrary to their interests.*<sup>287</sup>

## **Models for consumer participation**

7.15. The SYNPIC suggests that service providers:

- create regular opportunities for children to come together to identify, discuss and resolve issues of concern to them (for example, weekly house meetings in refuges and residential care and short-term care could have an open forum each time a new group of children enters);
- state the importance of consumer input and willingness to make changes for consumers;
- provide training for direct care workers in how to involve children in care in decision making;
- allow children from a geographically defined area to come together to create an opportunity for consumer monitoring of the care system,

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<sup>285</sup> O'Brien A, op cit, p 3.

<sup>286</sup> Australian Law Reform Commission and Human Rights and Equal Opportunity Commission, *Seen and heard: priority for children in the legal process*, Recommendation 3, p 5.

<sup>287</sup> *ibid*, p 118.

this should be open to all consumers, not just representatives from a few individual services;

- encourage representatives from area-based groups to be involved in the planning process and provide input on a range of policy issues with low-cost support (for example, transport to meetings, photocopying and access to a meeting place and a phone);
- encourage children to take advantage of training in communication, conflict resolution skills, media skills, lobbying and presentation skills provided by AAYPIC so they can develop skills; and
- create a structure by which children can participate in ongoing activity (for example, an ACT-based organisation affiliated with AAYPIC).

## **Children's advocacy group**

7.16. The Committee was most disappointed to discover that the ACT is the only mainland State/Territory in Australia which does not have a mechanism for consulting with children in care and in which children in care do not have any type of group through which they can advocate for themselves and provide feedback to government and to other organisations.

7.17. Such groups affiliated with the Australian Association of Young People in Care have been established in New South Wales, Queensland, Victoria, South Australia, the Northern Territory and Western Australia. They are funded by the State governments at varying levels.

7.18. The Executive Officer of SNYPIC has had some discussions with government and non-government representatives about the establishment of an ACT organisation. He advised that although there is a philosophical commitment, not much action has taken place to date and there has been no commitment of government funding. The establishment of an ACT-based organisation would also require some children in care to show interest and commitment.

7.19. The Committee recognises that the establishment of a group to represent the interests of children in care could involve a small amount of money and time but believes it is well worth the investment.

### **Recommendation 34**

**7.20. The Committee recommends that the ACT Government ensure the establishment and resourcing of a group to represent children in care based on the State Network for Young People in Care model and affiliated with Australian Association of Young People in Care.**

## **Consultation with youth**

7.21. The ACT Youth Strategy is an important initiative which provides a consultative, strategic approach to the coordination of programs for young people. The Committee hopes that, with the establishment of a representative organisation for young people in care, this group will be able to have more input into the development of the 1998 Youth Strategy. The Committee would also like to see more youth representation on ministerial advisory bodies which deal with youth issues.

7.22. The Committee especially endorses the implementation strategy aimed at promoting youth participation which states that ‘Government will ensure, wherever possible, management structures of government services delivering services to young people will include meaningful youth representation.’<sup>288</sup>

7.23. The Ministerial Youth Advisory Council, which advises the Minister for Children’s, Youth and Family Services on youth matters, consists of 14 members, including the Chair, Mal Meninga. The other members are three employer representatives, three government representatives and seven youth representatives. Of the youth representatives, two are in full-time employment, one is from Canberra Grammar, one is a tertiary student, one is a youth peak body representative, one is a youth worker, and one is an Aboriginal project officer. The council appears not to be representative of the young unemployed and young people in care.

7.24. The Committee suggests that, following the establishment of an organisation representing young people in care, a representative from this group be appointed to the Ministerial Youth Advisory Council.

7.25. The representation of children and young people on the Children’s Services Council is also lacking. All members of this body are adults. The Committee suggests that representation on this body should be expanded to include at least one youth representative.

## **Charter of rights for children in care**

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<sup>288</sup> ACT Capital Territory Government, *ACT Youth Strategy*, February 1997, p 21.

7.26. The Committee is aware that the South Australian young people's organisation, Future Echoes, in conjunction with the South Australian Government, has developed a children's charter which sets out the following information for children in care on what they can expect in care: how to select their own workers; rights to freedom of speech, freedom of religion, maintaining of culture; and rights relating to education.

7.27. AAYPIC has not decided whether to use the South Australian model as a model for other charters to be developed by other States or to use it as a national charter. If AAYPIC does not go ahead with a national charter the Committee considers a locally developed charter would be an excellent project for young people in the ACT to participate in. Perhaps a project worker could assist the young people in this work.

### **Recommendation 35**

**7.28. The Committee recommends that the ACT Government initiate work towards the development of a children's charter for children in care in the ACT.**

## **Consumer feedback and performance monitoring**

7.29. As well as empowering children by giving them more control over their lives and encouraging them to take more responsibility, the input of children provides a tool for evaluating and improving the effectiveness of services.

7.30. The opinions of children who are consumers of substitute care services are not currently reflected in performance indicators in the Children's, Youth and Family Services Bureau's annual report. The Committee noted the contrast between other sections of the Department of Education and Training's report—for example, where there are surveys measuring parent satisfaction with children's progress in early intervention placements.<sup>289</sup>

7.31. Officials from the Children's, Youth and Family Services Bureau advised the 1997/98 Estimates Committee that children's views cannot be considered because children in care do not have a formal group with which they can consult.<sup>290</sup> In the Committee's view this is a poor excuse. Even without a formal group it would be possible to send out surveys to children involved with the substitute care system or have focus groups as a means of obtaining feedback.

### **Recommendation 36**

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<sup>289</sup> ACT Budget Estimates 1997/98, *Budget Paper Number 4*, Volume 2, Output 5.3, p 610.

<sup>290</sup> Estimates Committee 1997/98, Transcript, 17 October 1997, p 538.

**7.32. The Committee recommends that the Children's, Youth and Family Services Bureau develop appropriate performance indicators in their annual report to represent consumer feedback on substitute care services.**

## **Young people and mandatory reporting**

7.33. With the introduction of mandatory reporting in the child protection field the Children's, Youth and Family Services Bureau advised that they have taken the views of young people into account in the development of the mandatory reporting process in the ACT. They stated:

*We took lessons from various reports which surveyed the attitudes of young people around mandatory reporting. We were mindful of the fact that while young people were not opposed as such to the idea of a report being made and something happening to keep them safe, they were very opposed to the notion of having no say in that, that it would be a decision made by adults and confidences could not be kept.<sup>291</sup>*

7.34. Whilst the Committee is very concerned that children in care do not have any formal mechanisms through which to input into policies and provide feedback on systems, the Committee has received no complaints that children do not have opportunities to express their views and preferences in individual cases.

## **Role of the Official Visitor**

7.35. The Official Visitor's role is defined in sections 19A and 19B of the *Children's Services Act 1986*. The duties of the Official Visitor include inspections and visits to shelters (Marlow Cottage) and institutions (Quamby). This involves hearing any complaints from children in those shelters and institutions. After investigating a complaint or following an inspection, the Official Visitor makes a report to the Minister and a recommendation to the Director of Family Services.<sup>292</sup>

7.36. The Committee believes the Official Visitor performs an important function and provides young people in juvenile institutions and shelters with opportunities to make complaints. It would be useful if young people in these settings had an opportunity to provide feedback on how they believe the Official Visitor function is working for them and how it could be improved.

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<sup>291</sup> Transcript, 26 September 1997, p 17.

<sup>292</sup> Correspondence from the Minister for Family Services, dated 5 March 1997.

## Role of the Community Advocate

7.37. The Community Advocate has functions under the *Community Advocate Act 1991* and the *Children's Services Act 1986* relating to children. The functions under the *Community Advocate Act 1991* include the following: to promote the protection of children from abuse and exploitation; to protect their rights; to monitor the provision of services for the protection of children; and to advocate for the rights of children and represent them in courts and the Guardianship Tribunal.<sup>293</sup> The Deputy Community Advocate takes responsibility for matters involving children which come under the functions of the Community Advocate.

7.38. The Committee was advised that there are currently three staff working with children's issues in the Office of the Community Advocate.<sup>294</sup> Due to resource restrictions the Community Advocate has introduced a systemic approach through auditing of Family Services' files rather than advocating on an individual basis.<sup>295</sup> The audits will result in a six monthly report, the first due in December 1997. The office also maintains some individual representation of children in courts and other forums.

7.39. Some concerns were expressed about the current role of the Office of the Community Advocate in relation to children and young people. One organisation asserted that the amalgamation of the children's advocate position into the Community Advocate's position was 'unfortunate symbolically'.<sup>296</sup>

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<sup>293</sup> Uncorrected Proof Transcript 30 October 1997, p 1.

<sup>294</sup> *ibid*

<sup>295</sup> Uncorrected Proof Transcript, 30 October 1997, p 2.

<sup>296</sup> Submission 8.

7.40. Another submission expressed concern about their visibility:

*We have not seen them at a case conference this year and have no record of them contacting us to advocate on behalf of a young person.*<sup>297</sup>

7.41. Another submission suggested that that the Office of the Community Advocate assume its original role as ‘advocate’ for children and discontinue its role of second-guessing Family Services in court matters. This submission stated that the Office of the Community Advocate never adds value to any case and that ‘they don’t meet the children (except incidentally) yet maintain a vociferous view about what should be done with their lives; they add enormously to court costs’.<sup>298</sup>

7.42. SNYPIC suggested that advocates should be accountable to children.<sup>299</sup> As with the Official Visitor, the Committee believes that it would be useful if young people had an opportunity to provide feedback to the Community Advocate on how they feel the child protection and care system is working.

## **Role of the Ombudsman**

7.43. The Ombudsman’s role is to investigate complaints from members of the public about ACT Government administration. Since the introduction of the *Health Complaints Act 1993* the Ombudsman has been precluded from investigating action taken by an agency in relation to the provision of health services.

7.44. The Ombudsman advised the Committee that the office had received 50 complaints relating to children’s or youth issues in 1996/97. Of these only about 20 related to children who could be defined as ‘at risk’.<sup>300</sup>

7.45. The Ombudsman’s Office advised that its service is not really well known among children. It has taken some steps to increase its visibility. However, it indicated a dilemma about having the capacity to provide increased services following increased publicity.

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<sup>297</sup> Submission 21.

<sup>298</sup> Submission 19.

<sup>299</sup> SNYPIC Submission to NSW Inquiry into Children’s Advocacy Services.

<sup>300</sup> Transcript, 1 October 1997, p 90

7.46. The Ombudsman has recently conducted a number of inquiries into issues affecting youth in the ACT. These include an inquiry into aspects of Quamby (not completed at the time of printing), an ‘own motion’ investigation into ‘the interaction between the Australian Federal Police and Youth in the ACT’ and an inquiry into the closure of the School without Walls.

7.47. The recent report on children and legal services by the Australian Law Reform Commission et al recommended that the Commonwealth Ombudsman ensure that ‘complaints processes are suitably adapted for children’.<sup>301</sup> The report specified principles which should be followed by the Ombudsman in handling complaints from children, such as using promotional material which is specifically designed for children (comics stickers etc), training staff on children’s issues, avoiding forms, using support people (to be chosen by the child), and making timely decisions.<sup>302</sup>

7.48. As with the Community Advocate, the Ombudsman’s Office is limited in its activities by resource constraints. The Committee is disturbed that resource limitations severely restrict these two key offices in dealing with issues relating to children.

### **Recommendation 37**

**7.49. The Committee recommends that the ACT Government conduct a thorough review of the impact of resourcing levels on the capacity of the Community Advocate and the Ombudsman to carry out their functions in relation to children at risk.**

## **Do we need a Children’s Commissioner?**

7.50. Defence for Children International (DCI) submitted that a Commissioner for Children is necessary at the State/Territory level and the national level and that ‘nothing short of statutory independence and accountability to Parliament is satisfactory’.

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<sup>301</sup> Australian Law Reform Commission and Human Rights and Equal Opportunity Commission, op cit, Recommendation 5, p 650.

<sup>302</sup> ibid, Recommendation 13, p 652.

7.51. DCI also advised:

*A position which is limited in focus to child welfare issues and lacks a child's rights framework (the Queensland Commissioner for Children) which is responsible to a Minister rather than parliament or worse still, directed in the performance of its duties by a Minister (the Tasmanian proposal) is mere lip service and is unacceptable.*<sup>303</sup>

7.52. DCI recommended that an ACT Commissioner for Children be established. In their view:

*Providing statutory independence and accessibility to children and youth is not comprised, it may be efficient for this position to be located within the Office of the Community Advocate or the ACT Human Rights Office. The Commissioner should listen to and consult with children, conduct community education projects on children's rights, consider and report on children's complaints except where these are more appropriately dealt with by other complaints mechanisms (eg Ombudsman) advise government and private organisations about the fulfilment of children's rights and report annually to the Legislative Assembly. He/she would be an ex-officio member of the ACT Council on the Rights of the Child.*<sup>304</sup>

7.53. DCI also recommended the establishment of an Office of Children to coordinate and develop ACT Government policy, conduct child/youth impact assessments of proposed policy and legislation, and service the ACT Council for Children and Youth.

7.54. Woden Youth Centre supports the need for a Children's Commissioner to advocate on behalf of children at risk. Agencies could be accountable to the commissioner for their actions and they could identify young people at risk and develop a coordinated system of checks and progress reports.<sup>305</sup>

7.55. The Australian Education Union stated, 'There is strong evidence that the ACT may not be fulfilling its obligations to a small but significant group of children. This is something which may be hard for many ACT residents to comprehend'.<sup>306</sup>

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<sup>303</sup> Submission 22.

<sup>304</sup> *ibid*

<sup>305</sup> Submission 13.

<sup>306</sup> Submission 33.

7.56. The Grandparents Support Group notes that commissioners are very limited in their power to enact policy and legislation. They suggest that the upgrading of the present role and resourcing of the Youth Advocate in the Community Advocate's Office, together with the provision of forums for the greater involvement of family members, would probably achieve a similar effect. The money is better spent at the grass roots.<sup>307</sup>

7.57. The Committee notes that there is no independent statutory body at either State or Federal level charged with responsibility for promoting the UN Convention on the Rights of the Child (CROC), monitoring and reporting publicly on compliance.<sup>308</sup> This could be rectified by the establishment of an Office for Children within the Department of the Prime Minister and Cabinet as recommended by the Australian Law Reform Commission.<sup>309</sup>

7.58. The Committee cannot make a recommendation on whether a Children's Commissioner should be created in the ACT, as this inquiry has not had the time to thoroughly explore all the issues. It is a matter for further community discussion as part of the review of the *Children's Services Act 1986*. The Committee suggests that the Social Policy Committee of the Fourth Assembly or its equivalent monitor this matter.

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<sup>307</sup> Submission 27, p 9.

<sup>308</sup> Submission 22.

<sup>309</sup> Australian Law Reform Commission and Human Rights and Equal Opportunity Commission, *op cit*, Recommendation 3, p 649.

## 8. UN Convention on the Rights of the Child

8.1. The UN Convention on the Rights of the Child (CROC) defines standards for human rights for children throughout the world. CROC encompasses civil, political, social and cultural rights for children as well as provisions regarding their care and protection. It also recognises their evolving rights to participate in legal and administrative processes.<sup>310</sup> Australia ratified the UN Convention on the Rights of the Child in December 1990.

8.2. CROC affirms the child's right to:

- express an opinion;
- freedom of thought, conscience and religion;
- freedom of association;
- protection from abuse and neglect;
- the highest level of health possible and access to health and medical services;
- education directed at developing the child's personality and talents;
- enjoy their own culture and to practise their own religion and language; and
- protection from sexual exploitation and abuse

8.3. CROC obliges state parties to ensure their laws are consistent with its treaty provisions and to promote the existence of CROC to children.

### Role of the family

8.4. When Australia ratified CROC, some community representatives expressed concern that it would take away rights from parents. In fact, CROC 'emphatically endorses the proposition that the family is the fundamental environment for the growth and well-being of children and states that, for the well-being of society, the family should be afforded protection and assistance so as to fully assume its responsibilities'.<sup>311</sup> Justice David Malcolm, AC, Chief Justice of Western Australia, has commented:

*Those who have criticised CROC as an attack on parental rights and the institution of the family fail to appreciate the role which the concept of the family plays in CROC. It recognises that, in the ordinary course of events, the child should be brought up in a family environment. A good family is*

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<sup>310</sup> *ibid*, p 75.

<sup>311</sup> *ibid*

*viewed as the best environment for the development of a child. However CROC recognises that not every child is fortunate enough to have a good family environment. It is in this context that the State acquires responsibilities.*<sup>312</sup>

## **Legal status of CROC**

8.5. CROC occupies a special but not totally clarified position in the Australian statutory framework. The Australian Law Reform Commission states:

*Australia has not incorporated CROC in its entirety into domestic law, and does not propose to do so. Its provisions are not directly enforceable in law.*<sup>313</sup>

8.6. The Australian Law Reform Commission has pointed out the two ways in which ratified international treaties influence the development of Australian legal thought. The first is where international treaties are taken into account by the judiciary in their interpretations of statutory and common law. The second is based on a High Court decision which held that, by ratifying an international treaty, the Australian Government provided grounds for persons to expect that the Executive will act consistently with the treaty's provisions and, where it is not met, judicial review is available. However, through ministerial statements and in the proposed Administrative Decisions (Effect of International Instruments) Bill 1997, the Federal Government has attempted to remove any legitimate expectations that may be based on ratification of international treaties such as CROC.<sup>314</sup>

8.7. The status of CROC in Australian domestic law was also considered by the Full Court of the Family Court of Australia, which concluded that, although ratified by Australia, in the absence of specific statutory recognition, CROC could only be used to resolve ambiguities and to fill gaps in domestic legislation and in the common law.<sup>315</sup>

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<sup>312</sup> Defence for Children International, *Australia's Promises to Children-the Alternative Report*, p 38.

<sup>313</sup> Australian Law Reform Commission and Human Rights and Equal Opportunity Commission, *op cit* p 77.

<sup>314</sup> *ibid*

<sup>315</sup> Submission 32, p 78.

8.8. It has been incorporated into law by virtue of it being declared a relevant international instrument to the *Human Rights and Equal Opportunity Commission Act 1986*. This means the Commission can refer to CROC when it is looking at complaints concerning alleged breaches of law in Australia. But CROC is not automatically part of Australian law.

## **Implementation of CROC**

8.9. The Commonwealth Government has so far not initiated national legislation and national mechanisms to make CROC effective and monitor its observance in Australia. DCI submitted that, in the absence of specific legislation, CROC lacks full legal force.

8.10. The Australian Law Reform Commission has recommended that all Australian domestic legislation should be reviewed to ensure it is consistent with CROC.<sup>316</sup> Defence for Children International (DCI) has recommended that the ACT take the initiative to ensure ACT legislation is consistent with CROC and the Committee agrees with this.

## **Australia's progress reports to the UN Committee on the Rights of the Child**

8.11. The UN Committee on the Rights of the Child monitors each nation's progress through official and unofficial reports provided to them. The official report for Australia is compiled by the Commonwealth Government. The most recent official report was widely criticised for lack of consultation and lack of input from non-government organisations.

## **The Alternative Report**

8.12. The Alternative Report, *Australia's Promises to Children*, included the views of non-government organisations and presented quite a different view to Australia's official report to the Committee on the Rights of the Child.

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<sup>316</sup> Australian Law Reform Commission and Human Rights and Equal Opportunity Commission, *op cit*, p 78.

8.13. The Alternative Report criticised the lack of community consultation invited for the official report and the lack of government commitment to CROC itself. It reported the exclusion of young people from policy planning, service delivery and monitoring of relevant areas of government; mounting concern about abuses in the care system and failure of authorities to exercise their duty of care to young people; paedophilia and the protection of paedophile rings; regressive laws in some States relating to punishment of young offenders; physical and sexual abuse of children in the home; neglect of children of drug-addicted parents; denial of rights of Aboriginal and Torres Strait Islander young people in the legal and welfare sectors; lack of services for the disabled, mentally ill and those in remote areas; denial of rights to children of asylum seekers; youth homelessness; increased poverty associated with high unemployment; and a rise in youth suicides.

8.14. The Alternative Report noted the absence of a national agenda or plan of action for children and stated that children and their advocates were largely excluded from policy planning, service delivery and monitoring of relevant areas of government.

### **ACT coverage in the official report**

8.15. DCI submitted that the coverage of the ACT in Australia's report to the Committee on the Rights of the Child was 'incomplete and lacked coherence, analysis and vision.'<sup>317</sup> They drew attention to the lack of input from children and lack of consultation with non-government organisations.

8.16. DCI suggested that in the future reporting in the ACT must be prepared in consultation with children and non-government organisations. They suggested that the ACT report be presented as a separate document and disseminated widely in the ACT. The Committee agrees with this suggestion.

### **Children at risk and CROC**

8.17. The ACT Government advised the Committee that they fully support the implementation of CROC and that, 'the ACT, and indeed Australia as a whole, has had a very good record in this area compared with other nations'.<sup>318</sup> They also advised that in the ACT, the majority of provisions are included in appropriate legislation which is aimed at protecting the rights of children whatever the sphere of application.

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<sup>317</sup> Submission 22.

<sup>318</sup> Submission 32, p 78.

8.18. DCI submitted that non-government organisations had highlighted the following breaches of CROC in the ACT:

- extensive failure to protect children from violence, neglect, sexual exploitation, discrimination, emotional abuse (Articles 2, 19, 34);
- chronic failure to consider the child's point of view and take account of the child's best interests in decision making (Articles 3, 12);
- lack of adequate measures to ensure the protection of rights in schools, substitute care, detention, health services and other services to children and their families (Articles 28, 29, 40);
- absence of a sustained and systematic commitment to teach children about CROC and human rights generally (Articles 17, 42, 44.6); and
- failure of protection and support services to cater appropriately for young people over 12 in relation to their evolving capacities.

8.19. Woden Youth Centre stated that, like other Australian governments, the ACT Government is clearly not meeting its obligations under CROC, particularly in the case of Aboriginal and Torres Strait Islander young people and refugee and homeless people. They stated that access to appropriate education options, secure long-term accommodation, youth-specific detoxification programs and legal services is particularly lacking. They advised that 'in terms of meeting the rights to education for all young people in the ACT there is a serious shortfall in responsibility for at-risk and homeless people'.<sup>319</sup>

8.20. The Grandparents Support Group also raised concerns about the role of grandparents and suggested that CROC supports these rights through its emphasis on the best interests of the child and its recognition of the child's wishes.<sup>320</sup>

8.21. The Ombudsman's Office advised they have had complaints about the failure of the Federal Police to adhere to the provisions of the law relating to having adults present when police question a child. They drew attention to inconsistencies between AFP practices and procedures and the principles expressed in the Child Convention. Examples are the moving of children placed at Marlow backwards and forwards between there and Quamby. They also expressed concern about young people serving sentences in Quamby for juvenile offences being inappropriately transferred to Belconnen Remand Centre due to violent behaviour. The Ombudsman also advised that ACT laws

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<sup>319</sup> Submission 13.

<sup>320</sup> Submission 23.

do not uniformly recognise that children are vulnerable and need special care and protection in dealing with adults in authority.<sup>321</sup>

8.22. The Foster Care Association pointed out possible breaches of CROC in the ACT.<sup>322</sup> These include:

- Article 12 (the child’s right to form his or her views and to be able to express those views)— in some cases more credence has been given to the rights of the parents or other interest parties at the expense of the child’s rights;
- Article 18.3 (access to child care)— the recent cutbacks to child care could affect families in crisis being able to access child care and so minimise the risk of abuse; and
- Article 26.1 (the child’s right to benefit from social security).

8.23. Open Family considers the plight of students from the closed School without Walls highlights an instance where the ACT Government is not meeting its obligations under the Child Convention.<sup>323</sup>

## **Implementation of CROC to improve situation for children at risk**

8.24. The ACT Government advised that the current review of the *Children’s Services Act 1986* was one of a number of ACT initiatives aimed at enhancing the Territory’s compliance with CROC.<sup>324</sup>

8.25. The ACT Government advised that ‘implementation of CROC would be better carried out through a coordinated national approach developed in conjunction with the States and Territories’.

8.26. NAPCAN advised that they endorse all of the recommendations in the Alternative Report. They believe the main focus of CROC in Australia should lie with whether the following have been achieved: protection from abuse and neglect; protection of children without families; protection from child labour; protection from sexual exploitation and other forms of exploitation; and protection from torture and deprivation.<sup>325</sup>

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<sup>321</sup> Submission 6.

<sup>322</sup> Submission 20.

<sup>323</sup> Submission 21.

<sup>324</sup> Submission 32, pp 78-9.

<sup>325</sup> Submission 29.

8.27. DCI urged the Committee to recognise that children at risk will not be adequately protected by the Territory unless their rights are assured. DCI submitted that CROC provides an invaluable and practical set of baseline standards by which to protect children, especially children at risk. The Committee agrees with this view and would like to see the ACT Government referring to these standards as part of the process of evaluating programs for children at risk.

8.28. DCI suggested that the Children's Services Council be abolished and an ACT Council on Children and Youth composed of government, non-government, business, child and youth representatives be created in its place. The council could advise the Minister for Children's and Youth Services and assist in developing and revising an ACT Agenda for Children and Youth.

8.29. The Parent Support Service suggested that the ACT Government should institute the following measures to coordinate monitoring of the Child Convention: review ACT legislation to assess whether it is meeting CROC standards; set up effective channels to make input into the UN Committee on the Rights of the Child; and disseminate information through community consultation and education of the people of the ACT.<sup>326</sup>

8.30. The Committee believes that CROC represents excellent standards for basic human rights for children and that our policies, programs and legislation should reflect and uphold these standards. For this reason, the Committee supports the need to review ACT legislation to ensure it complies with CROC.

### **Recommendation 38**

**8.31. The Committee recommends that all ACT legislation and regulations be reviewed to ensure compliance with the UN Convention on the Rights of the Child. Any non-compliance identified should be rectified. All future legislation should be drafted to comply with the UN Convention on the Rights of the Child.**

8.32. The Committee also believes that the ACT Government should take more initiative in monitoring compliance with CROC through the publication of an annual report. This would help raise consciousness about children's rights throughout the bureaucracy and in non-government organisations.

### **Recommendation 39**

**8.33. The Committee recommends that the ACT Government, in full consultation with the non-government sector and with input from children, compile an annual report, detailing compliance by the ACT**

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<sup>326</sup> Submission 10.

**government and non-government programs with the UN Convention on the Rights of the Child. This report should be presented as part of the annual report of the Children's, Youth and Family Services Bureau.**

Kerrie Tucker MLA  
Chair  
5 December 1997

## Appendix 1 Submissions

1. Maxwell J McGregor
2. Bill Aldcroft
3. Special Needs Team, Flynn Primary School
4. Name withheld
5. Belconnen Community Service Inc.
6. The ACT Ombudsman
7. Galilee Inc
8. Centacare
9. NSW Department of Community Services - Queanbeyan Community Service Centre
10. Parent Support Service
11. Forrest School Board
12. Barnardos Australia
13. Woden Youth Centre
14. Confidential
15. Child, Youth and Family Agencies of the ACT
16. Marymead Child and Family Centre and The Richmond Fellowship of the ACT
17. Mrs Margaret Kobier
18. Dr M C Barreda-Hanson
19. Confidential
20. Foster Care Association of the ACT (Inc.)
21. Open Family Australia Inc
22. Defence for Children International
23. Grandparents Support Group (ACT)
24. Inanna
25. Lowana Young Women's Service
26. Confidential

27. Grandparents Support Group (ACT)
28. The Aboriginal and Torres Strait Islander Community in the ACT
29. National Association for Prevention of Child Abuse and Neglect - ACT
30. Tuggeranong Preschools Sub-branch of the ACT Australian Education Union
31. Australian Education Union, ACT Branch
32. ACT Government
33. Australian Education Union, ACT Branch
34. Office of the Community Advocate
35. Ms Audrey Guy
36. Ms Maria Huhsmann

## **Appendix 2 Witnesses at public hearings**

### **26 September 1997**

#### Barnardos ACT

Ms Jenny Kitchin, Executive Director

#### ACT Government

Mr Michael White, Executive Director, Children's, Youth and Family Services Bureau

Ms Christine Healy, Director Family Services

Ms Gail Winkworth, Training Coordinator, Mandatory Reporting

Dr Sue Packer, Paediatrician, Child at Risk Assessment Unit

### **1 October 1997**

#### Marymead

Dr Diana Boswell

#### Richmond Fellowship of the ACT

Mr Wilf Rath

#### Galilee

Mr Craig Webber

#### ACT Foster Carers' Association

Mr Dave Rugendyke

Ms Beverley Orr

#### Australian Education Union

Mr Clive Haggar

Ms Fiona MacGregor

ACT Ombudsman's Office

Mr Peter Maywald

ACT Legal Aid Office

Mr Chris Staniforth

Ms Colleen Duffy

Woden Youth Centre

Ms Kim Sattler

**2 October 1997**

Southside Youth Refuge

Mr Budge Kirby

Tumladden

Mr Greg Carrigan

Rape Crisis Centre

Ms Ruth Christie

Ms Genevieve Ward

Welfare Rights and Legal Centre

Ms Nadine Behan

Lowana Young Women's Service

Ms Imogen Prior

Ms Veronica Wensing

**8 October 1997**

Australian Federal Police

Mr Ed Bailey, Aboriginal Liaison Officer

National Association for the Prevention of Child Abuse and Neglect

Dr Sue Packer

Ms Anne Greenwood

Centacare

Mrs Faye Green

Mrs Margaret Callaghan

**9 October 1997**

As an individual

Mr Bill Aldcroft

Official Visitor

Ms Janet Rickwood

Migrant Resource Centre of the ACT

Ms Polly Keightley, Coordinator

For Parent Support Service

Ms Nancy Miller, President

Ms Robin Alderson-Smith, Co-Coordinator

Ms Margaret Anderson, Co-Coordinator

Australian Association of Young People in Care

Mr Andrew O'Brien, Executive Officer

ACT Government

Mr Michael White, Executive Director Children's, Youth and Family Services  
Bureau

Ms Chris Healy, Director Family Services

Ms Gail Winkworth, Coordinator Mandatory Reporting Training

**7 November 1997**

Open Family of Australia Inc

Mr Bert Huber, Social Worker

Canberra Youth Outreach Support Service

Ms Kate Barnett, Youth Worker

Mr John Gregg

**19 November 1997**

Law Society of the ACT

Mr Greg Burnett, President

Mr David Nimmo, Chair Children's Services Committee

A number of witnesses gave evidence in camera during the course of the inquiry.

## Appendix 3 Acronyms

AAYPIC	Australian Association of Young People in Care
ABS	Australian Bureau of Statistics
ADFACT	Alcohol and Drug Foundation of the ACT
ADP	Adolescent Development Program
ADU	Adolescent Day Unit
AEU	Australian Education Union
ALO	Aboriginal liaison officer
ATSIC	Aboriginal and Torres Strait Islander Commission
CAMHS	Child and Adolescent Mental Health Service
CCHYP	Canberra Community Housing for Young People
CHADS	Child Health and Development Service
CROC	Convention on the Rights of the Child
CSG	Community Services Grants Program
CYFAACT	Child, Youth and Family Agencies of the ACT
DCI	Defence for Children International
DEETYA	Department of Education Employment and Training and Youth Affairs
DRIC	Drug Referral and Information Centre
DVCS	Domestic Violence Crisis Service
HACC	Home and Community Care
MAP	Management Assessment Panel
NAPCAN	National Association for Prevention of Child Abuse and Neglect
SAAP	Supported Accommodation Assistance Program
SNYPIC	State Network of Young People in Care
TCH	the Canberra Hospital
TRANSACT	Torture Rehabilitation and Network Service ACT
YSG	Youth Services Grants

## **Appendix 4 SAAP services for children and young people under 18 years**

LASA Youth Centre  
Canberra Youth Refuge  
Southside Youth Refuge  
Lowana Young Women's Service  
Canberra Community Housing For Young People  
Castlereagh House  
Tumladden Medium Term  
Barnardos Australia: Transition & Housing Outreach Program  
George Lloyd House  
Galilee Inc  
Barnardos Young Mums  
Doris Women's Refuge  
Beryl Women's Refuge  
Caroline Chisholm House  
YWCA Northside Family Housing Service\_  
St Judes Family Housing Service  
Lucille Half Way House (Doris)  
Monica House  
Niandi Half Way House (Beryl)  
Northside Transit Flat Program  
Weston Creek Community Service

## **Appendix 5 Community Services Grants**

### **1997/98 funding by sub program**





## Appendix 6 Youth Services Grants Program 1997/98

<b>Organisation</b>	<b>Service Level</b>	<b>Description</b>
Scouts Association	Primary	Recreation, personal development and outdoor activities for young people
Girl Guides	Primary	Recreation, personal development and outdoor activities for young women
Duke of Edinburgh Award	Primary	Recreation, personal development and outdoor activities for young people
Narrabundah Residents Group	Primary	Support and recreational activities
Police and Citizens Youth Club	Primary	Sports and recreation activities for young people
Belconnen Youth Centre	Secondary	Personal, welfare support and recreational services
Civic Youth Centre	Secondary	Personal, welfare support and recreational services
Erindale Youth Centre	Secondary	Personal, welfare support and recreational services
Majura Youth Centre	Secondary	Personal, welfare support and recreational services
Tuggeranong Youth Centre	Secondary	Personal, welfare support and recreational services
Weston Creek Youth Centre	Secondary	Personal, welfare support and recreational services
Woden Youth Centre	Secondary	Personal, welfare support and recreational services
Gungahlin Youth Centre	Secondary	Personal, welfare support and recreational services
Pathways Information Service	Secondary	Information and referral service
Gugan Gulwan Aboriginal Youth Corporation	Secondary	School holiday program for ATSI young people
Migrant Resource Centre of Canberra and Queanbeyan	Secondary	English language and homework tuition to young of non English speaking background
Youth Support Service	Tertiary	After hours support to 'at risk' young people
YWCA AXYS Program	Tertiary	A mobile community health service for young people
Youthline	Tertiary	Telephone counselling service for young people
Youth Coalition of the ACT	Indirect	Provides sector development and service coordination for youth focused organisations

**Appendix 7 ACT Government grants  
administration performance  
measures**

## **Appendix 8 Additional comments**

### **Mrs Littlewood MLA**

I wish to have recorded my view that due to a number of factors not all the facts are at hand. Given the timeframe of this report the Committee has not been able to have an in depth look into some areas. I am of the opinion that at this time recommendations to spend \$2 million could be a little premature. I therefore suggest this document on its own should only be utilised as a priority setting document for establishing future needs and the resources required.

I would like to recommend that the next Assembly Social Policy Committee undertake an inquiry into the impact of illicit drugs on young people and the subsequent pressure that usage places on services for those young people. Such an inquiry should also endeavour to offer possible methods of addressing the use of illicit drugs by young people. I am sure there is no single answer but a mosaic of solutions which may be of use.

I also wish to place on record that the quote (para 4.100) by the Australian Education Union could not be tested as the person to whom they referred could not be identified.

My other general comments are:

#### **HOUSING**

The impact of recommendations from this Report on Housing would result in a requirement for increased funding from the ACT budget. In addition, some criticism is unjust as the objective of public housing is to provide long-term rental accommodation and therefore may not always be the most suitable form of housing for younger people aged 15 to 24.

The Report includes recommendations in relation to funding for refuges and supported accommodation. While this is primarily an issue for the Supported Accommodation Assistance Program, I am sure that the Department would support a study examining a range of innovative options for the delivery of support services. It should be noted that any agreement to fund additional support services may require an increase in capital funding for crisis accommodation.

Currently, the Crisis Accommodation Program which is funded under the Commonwealth-State Housing Agreement provides capital funding for SAAP services. However, current levels of CAP funding would not be able to meet all

requests from supported accommodation services therefore additional funds would have to be found from the ACT Budget.

The need to investigate, develop and implement housing models that meet the needs of younger people (between the ages of 15 and 24) is supported.

**However, it should be noted that the housing solutions are more likely to be short-term rather than longer-term with different solutions possibly needed beyond this age group.**

Public housing provides long-term rental accommodation and therefore may not always be the most suitable form of housing for younger people aged 15 to 24. While young people over the age of 16 are eligible to apply for housing assistance, public housing is not always appropriate for meeting the immediate housing needs and mobility requirements of many young people.

I believe that ACT Housing is not aware of any evidence that substantiates the comment presented to the Committee which cites a case where 20 people have shared a bedsit. **What is evident is the need for ACT Housing to better communicate its services to potential applicants and support services to ensure that people who are not adequately housed can have their needs - including a priority need - assessed.**

The Committee refers to a five-year wait period for one-bedroom stock. **It should be noted that this is the waiting time in one location only.** There are other locations with wait periods of under 12 months if applicants prefer to nominate these areas. While bedsit accommodation is not desired by some applicants, it does nonetheless offer a quick housing solution to meet their priority needs.

I understand that ACT Housing does refer tenants experiencing difficulties with their financial management to financial counselling services such as CARE and informs tenants of their appeal rights and the services that the Welfare Rights and Legal Services provide. I am sure that ACT Housing would be pleased to make brochures, fact sheets and other information on services available to its tenants either through its shopfronts or the ACT Housing Newsletter.

A range of payment services is available to public tenants, including bank direct debit, cash and cheque and electronic funds transfer through the Austouch booths. Negotiations are near completion for the introduction of direct deduction from pensions and benefits for Department of Social Security clients. This new service should assist tenants avoid rent arrears and will allow additional payments to be made to recover maintenance debt.

I understand that the strategic directions for housing in the ACT is to be released on Monday and any relevant information contained therein should be

included in any further consideration of housing young people as highlighted in this report.

**FAMILY SERVICES:**

The following recommendations would require substantial additional funding in order to be implemented:

- a. Recommendation 9: Establishment of a drug and alcohol rehabilitation service;
- b. Recommendation 14: Additional funding to Youth refuges;
- c. Recommendation 15 & 17: Accommodation services for young women;
- d. Recommendation 21: Establishment of a child day unit;
- e. Recommendation 23: High risk young people; and
- f. Recommendation 29: A new Children's Magistrate.

I would like to thank my Committee colleagues for accommodating my views and the Secretariat staff for their support.

Louise Littlewood MLA  
5 December 1997