



**Submission into the House of Representatives Standing Committee on
Family and Community Affairs Inquiry into
Improving Children's Health and Well Being**

Suzanne McManus and John Honner

MacKillop Family Services

April 2003

Practice and Policy Unit
MacKillop Family Services
237 Cecil Street
South Melbourne
Victoria 3205
(03) 9699 9177
suzanne.mcmanus@mackillop.org.au
john.honner@mackillop.org.au

1. Executive Summary

MacKillop Family Services works with children, young people and families with special needs. This submission is a response in particular to the fifth area of the terms of reference. It is based on the experience of our practitioners, and it argues that the current service system is inadequate to meet the special needs of marginalized children. It argues for long term early intervention in marginalized families and for a social vision that will enable the inclusion of their children into the mainstream of community and society.

2. Introduction

MacKillop Family Services¹ welcomes the House of Representatives inquiry into improving children's health and well being. In particular we welcome the invitation to comment on the fifth of the inquiry's terms of reference:

“5. What additional effort is required to meet the needs of Indigenous children, children from diverse cultural backgrounds, children with disabilities, children in jobless families, children known to be ‘at risk’ and children in foster care?”²

This submission rests on the premise that community service organizations working with marginalized families and individuals are the early warning indicators of the success and failure of social policies. The submission is primarily based on “reports from the field”. It consists of an edited collation of comments from MacKillop's workers who are involved in the direct delivery of services, followed by a discussion of enhancing parenting capacity and making communities more child and family friendly.

MacKillop staff and volunteers were invited to respond to the fifth term of reference. Some workers responded via email, some by telephone. Some attended focus groups that were held at various MacKillop sites.

Their responses are gathered below under headings drawn from the fifth term of reference. Our workers' responses indicate, however, that these headings are somewhat arbitrary, as the most marginalized children often come under several headings – for example, ‘at risk’, disability, jobless families.

While this is not a statistical or quantitative survey, it represents the experience of an organization with over 300 staff working with marginalized children, young people and families. This submission has been prepared by Suzanne McManus and John Honner, of the Practice and Policy Unit at MacKillop Family Services.

¹ MacKillop Family Services, established in 1997 as a refounding of seven long established Catholic services, is a specialised provider of child, youth and family services to some of the most marginalised families in Melbourne and Geelong. Key areas of support include family preservation, specialist education, residential services, disability services, youth services and foster care. This work is coordinated through over 80 services and the efforts of some 350 staff and a further 350 volunteers. We work together to foster hope in every person by awakening them to an appreciation of their self-worth. Through a diversity of creative programs we resource children, young people and families who have particular needs, to empower them to achieve their full potential within the wider community. We stand with those who struggle for justice, peace and hope, and, in partnership with those on the margins, advocate for positive social change and a just society. For more information, go to www.mackillop.org.au

² *Inquiry into Improving children's health and well being*, Terms of reference.

3. Responses to the Fifth Term of Reference

3.1 Jobless Families

MacKillop Family Services works with many families through Strengthening Families, Family Preservation, Family Support, and Parenting programs. The families we work with are typically isolated and excluded. They may avoid accessing key services for a variety of social and financial reasons: lack of transport, unstable housing, and fear of “the welfare” interfering in their lives, and embarrassment at not being “different”. Thus, for example, maternal and child health services need specialized outreach to enable all children to receive this essential input from early infancy, especially in cases where parents are unable, or for a variety of reasons, unwilling, to go to a Centre. Having a capacity to follow these children up is essential, given the importance of the first 12-18 months of life in terms of overall brain development. Similarly, the decline in bulk billing medical practices impacts very much on low income families and their children being able to afford appropriate medical treatment and medical follow up. Even items such as head lice treatment can be too expensive for families on low incomes and pensions. As a result the condition is not properly treated and the children continue to be re-infected, disrupting school attendance and social activities. Lack of money also means that children in these families are much less likely to access groups and activities that will foster a sense of community belonging, as well as self confidence and personal skills.

In these technologically advanced times, children who do not have the means or ability to access computers are becoming severely disadvantaged in the educational system. The reality of the cost factor can be a cruel blow to families that struggle to house, feed and clothe the children and who can see the difficulties the children and young people face in keeping up with their peers with computer skills. Many young people, who are not able to access technology, develop a negative attitude towards schooling, which in turn reflects on their social skill development within the schooling system. The waiting lists for programs such as “PCs for Kids” are long. Perhaps some thought could be given to encouraging the commercial sector to renovate, restore and recycle their old computers themselves for distribution to families, and young people living independently, for educative purposes.

Families on allowances or pensions are often unable to provide access to educational support, activities and opportunities, for example books, computers, camps, excursions. The parents often lack literacy and numeracy skills and are unable to help their child with homework and may not see great value in education. These children therefore begin with a disadvantage compared with children in families with better incomes. They then find themselves marginalized in schools, feeling they do not fit in, and this often leads to behaviour that culminates in the young people being excluded from education, and ultimately from society.

“One young man has returned to school, after being a school refuser for 5 years. He is having difficulty with his sight, and mum is on a supporting parents benefit and cannot afford glasses. I have managed to find a few dollars in a few different areas to assist this young man, as the waiting list at the Smith Family’s Education Fund is prohibitively long. He has been getting a lot of headaches, which are keeping him from attending school and we are hopeful that by obtaining corrective eyewear this will alleviate the problem. The issue for me is the difficulties faced by jobless families in being able to provide all the necessary

requirements for their children to participate in education. This young man was at risk of being excluded from school due to lack of attendance.”

3.2 Children with disabilities³

MacKillop Family Services offers residential, home-based and respite services for families with children with moderate to profound disabilities and complex needs. Disability Services are administered by the State from federally funded money under the terms of the Commonwealth-State Disability Agreement. In our experience, the service system for people with children with disabilities is very fragmented. There is different funding for different services and providers. This makes it very difficult and tedious for families to keep track of these funding areas. There is a Child Disability Allowance of approximately \$70/fortnight for children under the age of 16. But there is no substantial money until the child is 16, which then comes in the form of a Carer’s Pension. Further, there has been no growth funding and there is already a lack of resources.

*“Everything is all such a fight and there seems to be a lot of luck involved”.
“What is not ‘normal’ always requires additional effort.”*

Children with disabilities are also children in a family, and therefore their needs should be addressed holistically, including the needs of the family. From the point of view of the family, it should be recognized that there are great pressures on parents and siblings when there is a child with severe or profound disability in the family. The child constantly needs attention, being tube fed, incontinent, and with nappies needing constant changing. Families find that their informal networks shrink and that the support they once had disappears. Families want help, but don’t know how to get it. These families need respite. They also need financial assistance, as one parent will inevitably have to give up work to care for their disabled child. A single parent cannot work and has to live off a carer payment. The Carer Respite Centre (not just for disabilities but for all carers) is federally funded through FACS and is very flexible and responsive. There is good staffing and good brochures and good planning, and they are able to deliver on what they promise.

Other funding is not so good. All families need specialized equipment, nappies, and other special supplies. While the State government provides some funding for equipment, it is totally inadequate – for example, a support chair may cost \$3000, but the parent can only expect \$1100 in terms of government support. The Aids and Equipment Program is not individualized, yet families need individual funding to buy the correct equipment, the right wheelchair as opposed to the standard wheelchair that the government is prepared to fund. There are gaps in what government is prepared to fund and there is no budgetary commitment to fill these gaps.

Funding is generally insufficient to meet needs: in our programs there are more families on waiting lists than there are in the services: who is going to support these families? In the Shared Supported Accommodation program the “urgent” status wait is two years.

Children with a disability do not have practical access to childcare, as payments for extra workers to help with disabled children have been put on hold, and childcare centres will not take disabled children if they do not have funding for the extra worker needed. Similar issues occur in

³ MacKillop made a substantial submission to the Victorian Government on disability funding: see “Making a Difference to Making a Difference” under “Publications” at www.mackillop.org.au

kindergartens, where allocations for kindergarten aids are inadequate and have recently been reduced.

Mental health services for children are scattered and patchy. They are often needed when there have been protective issues and abuse, but there are long waiting lists and parents are often unable to access these services, meaning that these children miss out on essential assistance.

Children who have borderline disability are not catered for. They fall through the gaps because their disability is not considered severe enough, yet they are unable to fit in to mainstream systems. For example, a child with Asperger's Syndrome may have a normal IQ and the disability will not be regarded as severe, but such children and their families require support.

There is an urgent need for

- an increase in funding
- planning for children who are growing older and who will need special accommodation in a suitable setting.

All these constraints further isolate and place stress on parents and families where there is a child with a disability.

Where there is a family breakdown, the child often needs to be placed in shared supported accommodation, where the waiting list is long and the placements may not be suitable (that is, with young people of their own age or similar disability). There needs to be greater effort in more flexible respite care for families so they will stay together. Most of the families with children with a disability that we work with are sole parents, and this is partly due to the marriage breaking down because of the disability. There is no space and time for parents to deal with the emotional difficulties. Once again, community education is required.

"I worked with a parent that said she felt like she was drowning. She had no time to address how her and her son were going to live."

A sub issue is that some families are missing out on valuable help and financial assistance. The more independent a family is, the less they may know about available help, and the less help they receive. In other words, getting assistance can be a hit and miss process.

Loss and grief issues are particularly important. Families live with, and are reminded at every developmental stage in the child's life, the realization that they do not have a "normal" child. This occurs when the child is born, first birthday, kindergarten, first school day and so on: there is continuous grief experienced throughout these major times in the child's and parent's life together. In particular, there is no service for loss and grief issues for families with children under six years. The early intervention area focuses on physical and developmental problems but not the emotional support. They focus on the child's disability rather than the whole child who belongs to a family.

Parents continually have to deal with ignorant and judgmental attitudes from the community: "Why are you still complaining about your child who is now six? You should be used to having a disabled child by now." There needs to be a lot more community education around the disability area and how family lifestyles are changed permanently by this. They are also blamed for being bad parents – in the worst cases the child is taken away and then at a later stage the child is diagnosed with Tourette's Syndrome.

Parents have to cope with a great deal of intrusion. Sometimes when working with a family there can be five different individuals coming into their home. The family is also being constantly asked to fill in forms. As well, there is the issue of being “public parents”, for example when a child is in hospital and the parent is seemingly stressed with an “uncontrolled” child, nurses tend to write this on official hospital records which then remain on public record.

When children with a disability come under Child Protection attention, further difficulties emerge. Protective Services will sometimes say that the issues have arisen because the child has a disability and therefore should be handled by Disability Services. The first difficulty is that there is no mandatory reporting associated with child disability as there is with child abuse, so the children once again “fall through the gaps” and no action is taken. When our workers know there are protective concerns and fear for the safety of the child, and while the disability may well impinge on how a family copes or does not cope, workers have to continue to give support as best they can with the services when really the child may need to be removed from the source of abuse. A second and worse difficulty occurs when workers have been able to help the parent realize they really are not coping, that maybe they are unable to care for their child, and that a placement has been found for the child, but then Protective Services fails to act and follow up with the necessary funds to assist. The inevitable consequence is the placement breaking down and the child being returned home before the parent is ready to cope. Children with or without a disability can have protective issues, and in some cases the disability is not the pivotal factor so much as poor parenting skills, poverty, or lack of supports.

3.3 Indigenous Children

MacKillop Family Services works with about 40 Indigenous families and 30 Indigenous children who have been separated from their families. Indigenous children are over-represented in welfare services. We strongly support the work of the Aboriginal Child Care Agencies, but these agencies do not have sufficient funding to attend to all the cases that come under their umbrella. There is a great risk that the “Stolen Generation” may be followed by a “Lost Generation” as many Aboriginal young people are in danger of being separated from their communities and culture. These young people have a special need to be reconnected with their culture and given a positive sense of identity and belonging. There are some young people who choose not to identify as Aboriginal, for a variety of reasons, but this is fraught with risk for their sense of identity in later years.

We have funded Koori Liaison Workers out of our own resources to help in this work, and established a Koori Issues Steering Group. We have supported the local Melbourne West community in the establishment of a program to give young people time out in their own communities and culture. We have not been able to get funding for these projects.

There is room for some optimism as more Koori workers are given roles in welfare, but there is much to be done and learnt, including a greater understanding of culture and community. Employment and training programs should be of high priority, but shaped in a way that acknowledges and builds on the strengths of the local Aboriginal communities.

3.4 Children Known to be “At Risk”

MacKillop Family Services works with hundreds of “at risk” children and young people through residential and special education programs. The “at risk” assessment is developed from consideration of many contributing factors, and indeed “at risk” young people display many contributing difficulties. On the surface these may have to do with challenging behaviour, poor mental and physical health, learning difficulties, transitory living, child abuse and so on, but beneath these categories there is the single issue of a young human being seeking belonging and meaning. Many services and treatments address the contributing factors, but belonging and meaning are only achieved through stable and secure relationships. Tragically, our system is unable to provide young people with a stable placement at the outset (usually because a series of court procedures are involved) and hence they pass through a series of placements and a clutch of semi-anonymous workers. Placements are never sufficiently resourced to allow for continuing care, yet without an abiding relational character to the engagement with the “at risk” young person there is little chance of real growth.⁴

Young people “at risk” need a circuit breaker to give them a change of perspective and a chance to imagine themselves differently and develop a sense of their own worth. We are currently researching the effectiveness of placing young people in a semi-rural setting where they have access to constructive activities and professional therapy in a community setting. More mentoring programs like Big Brother Big Sister would also be of great assistance in linking these children and young people back into the wider community.

Many “at risk” young people have major health issues that compromise their learning abilities severely as well as having a considerable impact on their behaviors. We have found that even though young people have been checked by doctors for the usual childhood ailments as well as behavioral issues, their hearing and sight has never been checked by specialists. It is imperative that both hearing and sight checks be done on all young people coming into care, and repeated at their transition to secondary school. Many young people “at risk” also have intellectual disabilities and need information on human relations and sex education pitched at a level that they can understand, and reiterated as often as required until they “get it”.

In Victoria we are about to introduce the Looking After Children (LAC) system for managing and maintaining all the necessary information on children and young people in care. The introduction of LAC should see much improvement in the continuity of care, but it will also place a greater burden on workers. Hopefully, it will reduce the number of professionals that are involved in the life of a young person and prevent unnecessary repetition of assessments and care planning processes.

We encounter several young people who have either been diagnosed with or show increasing signs of depression and who are either contemplating, or have attempted, suicide. Poverty seems to have played a role in the choices they are making, as their families have been struggling to provide resources for the children, and this has been contributing to the depressive states they enter and the increased stress on the family in general.

⁴ See Robin Clark, *‘It has to be more than a job’: A search for exceptional practice with troubled adolescents* (Deakin University, 2000); CAFWAA, *A Time to Invest in Australia’s most disadvantaged children, young people and their families* (CAFWAA, 2002).

3.5 Children in Foster Care

MacKillop Family Services operates foster care programs in Melbourne and Geelong, and on any one night will have around 100 children placed in foster care. Children come into the care system at a later age than they may have done a decade or so ago, and the system no longer is suited to meet many current needs. It is more difficult to place a child successfully in foster care at nine or ten than it is at one or two. These young people may have missed out on many normal developmental supports and stages.

Children placed in foster care need stable placements and special support. So also, their carers need greater support, as has been well documented.⁵ It may be that the time for establishing professional foster care programs has arrived, as the demands and training expected of foster carers continues to increase.

4. Concluding Reflections

In the course of collecting information for this submission, four general conclusions emerged:

- i. the current service system does not adequately meet the needs of marginalized children and young people
- ii. residential care and foster care services, designed to meet the needs of children several decades ago, need to be re-imagined and re-developed if they are to meet the different needs of “at risk” children and young people today
- iii. marginalized children and young people are likely to become marginalized from society as adults because they are already disadvantaged and marginalized in terms of health, education and socialization
- iv. a professional service system runs the risk of diagnosing and treating young people’s problems rather than enabling and supporting stability of placement and continuity of care.

Responsibility for many of these services may in the first instance be sheeted back to state governments. However, there is room for the federal government to implement standards for the states to follow.

There is also need for a vision of Australian Society that will lessen the exclusion that we impose on children with disabilities or children from marginalized families. For example, the competitive pressure on the education system to produce graduates who will be “productive” for the economy (as opposed to human beings who are skilled in working together to build community) means that children with special needs never get included in mainstream schools. In this sense the community is fundamentally not “family friendly” – at least to a family that is not “normal”.

Ideally, there should not be a special service system for children with special needs. Rather, the existing mainstream system should be adapted to include these children.

While much of our work is with children and young people who have been placed in care as a result of intervention from Protective Services, we would much prefer to be able to focus on

⁵ See Marilyn McHugh, *The Costs of Caring: A Study of Appropriate Foster Care Payments for Stable and Adequate Out of Home Care in Australia* (SPRC/UNSW, 2002).

working with families in early intervention programs in local communities of interest. Recent government initiatives at state and federal level aimed at strengthening families and communities are heading in the right direction, but other government economic and welfare reform policies cut across the thinking behind community strengthening and render them less able to bring about change.

All children need to experience a developmentally successful childhood, and this can best be achieved in a family setting. The family, however, must also have options for belonging in the broader community. Long term problems need long term solutions, and only long term strategies like extended family preservation programs with a focus on child development are going to be successful in this regard.⁶

5. Acknowledgements

Chris Storm, Education Mobile Unit
Liz Wieland, McAuley Child and Family Services
Helen Boots and the St Anthony's Family Preservation Service team
Chris Oosthuizen and the St Anthony's Disability Services team
Karyn Hobday and the Bayview Disability Services program
Jenny Glare, Heritage and Information Service
Jenny Brown, School Focused Youth Service
Lisa Quinsee, Children in Residential Care Education Support Service

⁶ See John Honner et al, "The Value of Multiple Engagement Long Term Family Preservation Services", a paper given at the 2003 Australian Institute of Family Studies Conference, accessible on www.aifs.org.au under "papers" from the conference.