



## **Submission to the Senate Inquiry into Children in Institutional Care**

**Jenny Glare, John Honner, Zoe London, Terri Scott**

**MacKillop Family Services**

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Practice and Policy Unit  
MacKillop Family Services  
237 Cecil Street  
South Melbourne  
Victoria 3205  
(03) 9699 9177

[john.honner@mackillop.org.au](mailto:john.honner@mackillop.org.au)

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## 1. EXECUTIVE SUMMARY

MacKillop Family Services welcomes the Senate Inquiry into children in institutional care. MacKillop is a relatively new organization, having been incorporated in 1997, but it is historically linked with seven services that provided care for many thousands of children and young people for over a century in Melbourne and Geelong. It is a privilege to work for the well-being of children and young people who are unable to live with their families as well as to support families and relinquishing parents. In the long history and tradition of care there are achievements to be proud of and there are also, sadly, actions to be regretted. There is much to learn from previous generations who have been in care and worked in care, and there is more to learn today.

We acknowledge that the policies and practices in institutional care in the last century had a detrimental impact on many of those who grew up in these institutions, particularly through separation from family, through all that is entailed in growing up in large institutions, and through lack of attention to the importance of identity. It is time to bring some closure to the lives of those affected by these practices and policies, and to ensure that resources and supports are in place to redress any injustice or failure of care from the past. It is also important to record the positive contributions of the past, given the danger of broad generalizations and stereotypes.

Our submission addresses in particular the following terms of reference:

- 1 (b) ...the adequacy of existing remedies and support mechanisms;
- 1 (g) (iii) ...any necessary changes in current policies, practices and reporting mechanisms.

The first major section of this submission, section **3** below on heritage and information services, is concerned with outlining some of the ways in which support can and should be provided to help adults who grew up in care reclaim their identity and their connection to family through a guided exploration of their history. We argue that such services are of great value to former residents and hence should be supported and properly resourced.

The second and third major sections of this submission, **4** and **5** below, are concerned with raising issues about policies and practices that have a detrimental effect on children in care today and with drawing attention to practices that will have a beneficial effect instead. These sections are based both on both broad research and on the particular experiences of children and young people in MacKillop's care today.

Section **4** is concerned with the problems of identity and attachment that are experienced by the inordinately large percentage of children in out of home care who experience multiple placements today. The mistakes of the past are likely to be continued into the future unless the problem of multiple placements is addressed. These problems can best be addressed through better resourcing of all forms of care (typically foster care and residential care). This section also recommends practical ways in which a child's personal story and identity can be nourished and preserved.

Section 5 below addresses the lack of support that young people currently have access to once their time in care is ended. At the age of 18 they leave the care system with few resources or supports in place. Many are doomed to social exclusion as a result. Much research has recently been done on issues around leaving care, and there is considerable consensus on what steps need to be taken to improve this situation.

Our submission concludes with a set of recommendations for supporting those who grew up in care and relinquishing mothers, and also for improving the care currently provided children and young people today.

## 2. INTRODUCTION

MacKillop Family Services was established in 1997 as a refounding of seven long established Catholic services. MacKillop is a specialized provider of child, youth and family services to some of the most marginalized 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. Much of our work is with children and young people who have been placed in out of home care, either in home based care or residential services.

The seven Catholic services that preceded MacKillop Family Services were:

- Mercy Family Care Centre, North Geelong
- St Anthony's Family Service, Footscray
- St Augustine's Adolescent and Family Services, Geelong
- St Joseph's Babies and Family Services, Glenroy
- St Joseph's Homes for Children, Flemington
- St Vincent's Boys Home, South Melbourne
- St Vincent de Paul Child and Family Service, Black Rock

These seven founding agencies had themselves evolved out of larger institutions, and represent a shift from large scale residential care to family support, foster care and group homes.

These services were managed by three founding religious congregations: the Sisters of Mercy, the Christian Brothers, and the Sisters of St Joseph. The services had a long history of engagement in the care of children and young people in Victoria, dating back to 1854.<sup>1</sup> MacKillop's Heritage Service now manages more than 100,000 individual client records.

This submission consists of three major parts:

- (a) Support services for adults who grew up in institutional care
- (b) Addressing attachment and identity issues
- (c) Supporting young people leaving care

MacKillop Family Services is concerned to find the best possible outcomes for the children and young people in its care, and is currently engaged in three related research projects

- Engaging families in substitute care
- Leaving care
- Preserving identity

The various findings of these research projects have been incorporated into this report.

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<sup>1</sup> For more information on MacKillop Family Services and its history, go to [www.mackillop.org.au](http://www.mackillop.org.au)

This submission has been prepared by the following MacKillop Staff:

- Jenny Glare, Coordinator of Heritage and Information Service
- John Honner, Director of Practice and Policy Unit
- Zoe London, Leaving Care project worker
- Terri Scott, Coordinator of Practice Development

### **3. SUPPORT SERVICES FOR ADULTS WHO GREW UP IN INSTITUTIONAL CARE**

Past practices in children's homes and other institutions that provided care for children did not usually provide services for adults who were seeking information about their childhood history. Adults who were in care as children were not encouraged to find answers to questions, such as:

- Who placed me in care and why?
- Did anyone visit me?
- Who were my real parents?
- Do I have any brothers and sisters?
- Who arranged for my foster parents to care for me?
- Was the child welfare department involved?
- How were decisions made to keep me in care?

In hindsight, it is clear that the answers to these questions are vitally important, and support should be provided to help find these answers. These questions need answering, and the present Inquiry has come about partly as a result of the demand for answers. This section of our submission reports on what has been learnt from MacKillop Family Services' Heritage and Information Service, and what needs to be put in place to support adults who were placed in care as children.

#### **3.1 MacKillop's Heritage and Information Service**

##### *3.1.1 The Heritage and Information Service*

The Heritage and Information Service of MacKillop Family Services began in March 1998. When MacKillop Family Services was established on 1 July 1997, the new Board was keen to create a place in the new organization to preserve the heritage of the past and to learn from the past to inform practice today. The new Heritage and Information Service was funded internally through donations and contributions from the founding religious congregations (Sisters of Mercy, Christian Brothers, Sisters of St Joseph). It was set up to help former residents, and/or the families of former residents from the seven founding agencies, to access information from their time in care. It was also commissioned to establish archives as the repository for organizational records, including client records, from the seven founding agencies. Over 100,000 individual records of former clients are now noted on an electronic data base. In 2001-02 there were 283 new requests for information to the service, and in 2000-01 there were 281 requests.

The development of the Heritage and Information Service drew on the earlier work of the Sisters of St Joseph, who had established a Background Information Service for former residents of the Babies Home at Broadmeadows. This work was itself a parallel service to other services provided for adults who had been adopted as babies or children, developed following the 1984 Adoption Act, which provided for information to be released to adopted persons when they reached 18 years of age.

In establishing the Heritage and Information Service, the following issues were judged to be of paramount importance:

- (a) Archiving of records
- (b) Releasing of records
- (c) Supporting former clients
- (d) Searching for separated family members.

The Heritage and Information Service is now firmly established as a core service at MacKillop Family Services. The Service is guided by a committee which includes three former residents and reports directly to MacKillop's Board. There are significant benefits to us as an organization but also to the wider community. This includes the catholic community of Victoria, each of the three religious congregations, the child and family welfare service system in Victoria and, perhaps most importantly, the generations of families whose lives have been touched by a family member's experience in the care of one of our founding agencies.

The Service also receives, and responds to, many inquiries from adults who grew up in care in institutions that have no connection with MacKillop. For example, recent questions asked include:

- Which Melbourne infant asylum commenced its operation in Hanover Street?
- How would you find the records for the Ballarat Female Refuge and the Alexandra Babies and Toddlers Home in Ballarat?
- Were holiday hosts paid and how were they selected?
- How would you get records for a Franciscan orphanage in New York called St Clare's?

Such questions demonstrate both the needs that adults who grew up in care and relinquishing mothers have, and the limited resources there are to meet those needs. Many have little knowledge of the history of care or of how to find the information they are looking for.

Finally, the Heritage Service has been able to assist members of the Stolen Generation find more about their history and records through its participation in the work of the Koorie Records Taskforce.

### *3.1.2 Histories and reunions*

In recent years the Service has developed further ways of supporting former clients:

- MacKillop Family Services History Project: this has been a mammoth project covering almost 150 years, three Catholic religious congregations and eight institutions providing care to children and families in Victoria since 1854. The project has looked at the institutional care of children from a social history perspective and sought to capture both the organizational and the individual viewpoint.
- Oral History Project: two oral history projects have been completed. The first focused on capturing the stories of elderly religious and the second on the experiences of former residents of the founding agencies. Over 80 former residents and staff were interviewed in these projects, which will help former residents remember details about where they grew up and what they did when they were living in care.
- The Reunion Project: in 2001, during a significant time of remembering for the nation, the centenary of Federation and Victoria's 150<sup>th</sup> anniversary, six gatherings were arranged for former residents of the institutions preceding MacKillop Family Services

When the idea of the series of reunions was first discussed, the aim was very simple, namely to give adults who had grown up in one or more of the founding agencies of MacKillop Family Services the opportunity to reconnect with the place and the people of their childhood. All but two of the original orphanage/home sites and their buildings remain and the reunions provided the opportunity to re-visit five of the original sites. Although the focus of the work conducted at each of the former sites is now different, the buildings that do exist provide a tangible link with the previous purpose and function of the places.

On the other hand, there was considerable sadness and sense of loss experienced by the former residents of St Catherine's in Highton and St Anthony's in Kew, where none of the original buildings remain and both sites have been re-developed in such a way that it is difficult to get one's bearings as to where the original buildings may have been. For some former residents the loss of their former home and their attachment to that place as a significant part of their growing up are quite profound.

A central focus of each reunion was the commemoration ritual to dedicate a plaque to be placed at the site of each of the former homes. The wording on each plaque describes briefly the history of each site, includes an acknowledgment of the traditional owners of the land and records the numbers of former residents at each site. The common wording on each plaque reads: 'this plaque commemorates and honours the lives of these children [and women where mothers were resident] and acknowledges this site as a special and significant place.'<sup>2</sup>

Many of those attending the reunions commented on the significance of the wording on the plaques and the positive effect this has had on them. They feel that they are now remembered and acknowledged. Many also found participation in the commemoration ritual to be sad but also very empowering for them. It is hoped that these plaques will become permanent markers to the former homes and orphanages whose purpose and function no longer exists, but more importantly that they are an acknowledgment and a recognition of the lives of the thousands and thousands of former residents who lived there.

The first reunion, combined with the Sisters of St Joseph's commemoration of the centenary of the establishment of St Joseph's Babies Home at Broadmeadows, was attended by almost 800 people. The success of this reunion gave us the confidence to continue, knowing that what we were doing had been appreciated and in many instances longed for by former residents. At the end of the series of reunions, more than 2,000 people have attended. We have been overwhelmed with feedback following each reunion. This has taken the form of letters, telephone calls, e-mails and thank you cards. Former residents have expressed their gratitude in the following ways:

- 'It was wonderful to attend with my three adult children to show them where I grew up.'
- 'Thank you for the reunion, in the days leading up to the reunion, I was very apprehensive and nervous, not sure if I would know anyone, or if anyone would remember me, thank you for welcoming me and linking me up with others from my era.'
- 'The day was a source of healing for me, I now feel a whole person, I have closed that chapter my life and I can move forward.'
- 'It was wonderful to walk around the old babies home and to see the transformation into a beautiful school. Although I have no memories of the babies home, as I was too young to remember, it was good to walk into the former nursery, thank you for a wonderful day.'

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<sup>2</sup> See the appendix to this submission for sample copies of the ritual and the wording of the plaques.

- ‘I now feel at peace with myself knowing I have returned to the place where my life first started.’
- ‘Walking around the home brought back so many memories for me, some things I had forgotten about, it was good to see the old classrooms, the dormitories but especially the yard where we spent so much time playing and having fun.’
- ‘Thank you for the reunion. For many years I had resisted the idea of talking with my children about where I grew up. The commemoration ritual was both sad and very moving for me, I now feel that I can acknowledge my past and talk with others about it.’

People who attended the reunions commented very positively on the transformation of their former home into what it is today. At all sites, the welcome of the current owners was warm, supportive and encouraging. It was obvious that the history and heritage of their site was appreciated, if not fully understood.

One of the significant aspects of each reunion was the photographic display. Group photographs were mounted on display boards and collections of albums were made available for people to look through. There were photographs of buildings, of religious personnel, of carers and of the children. There were group photos with formal and informal poses, happy and sad facial expressions. The photographs of the children attracted the most interest.

Some of the photographs on display identified the children by name but many did not. People attending the reunions were desperately looking for photos of themselves as children. Many had never seen a photo of themselves as a child and many had no idea what they might have looked like when younger. Growing up separated from parents and other family members means there are no reference points to know what to look for, no familiar facial features or expressions to guide one, no map of what constitutes a family likeness or resemblance. Whenever someone found a photo of themselves, or was directed to a photograph by a former carer, there was great excitement.

Many who attended the place of their childhood for the first time after many years were then ready to take the next step in finding more about their past. The reunions underlined the fact that the past should not be forgotten, as well as the importance of maintaining the history of children and young people in care today.

The future development of the service includes the establishment of a Heritage Centre, which will preserve the memories of the past and inform visitors about the past. The displays will tell the story of both the system of caring for children and the experiences of the care on the individual child. It is important to acknowledge the painful as well as the joyful, the sad as well as the happy, the dark and the light experiences that growing up in care provided. Ideally, it would be wonderful to have an internal space linked to an external space, perhaps a remembering wall, a paved area where people who grew up in care may like to record their names, or place a piece in a mosaic.

The establishment of the Heritage and Information Service sought to build community with former residents, and the reunion project and the current history project have further strengthened building community with former residents. It is hoped that the development of the Heritage Centre will have the same sense of spirit. We have now been able to develop our story as a shared one. Through the work of the Heritage and Information Service we have begun to understand more about the individual experiences of loss and pain associated with separation from family members and the pain for many of never knowing about one’s origins (see section 4 below on the importance of attachment and identity).

### 3.1.3 *A personal service*

Our service is personal. We try to meet each person where he or she is at, to work with them at their pace and to explore areas with them as requested. Some people have a very clear expectation from the outset of the questions they hope to have answered. Some people are hoping for a lot of information. People who contact our service are usually trying to recreate their childhood memories, to search for missing pieces of the puzzle, to see if there are some facts to back up what they remember and also for some people with no memory at all, it is to use what records we may hold to create their story. Some people have their story in their heart and know it, for others, the process is one of recovering the story.

It is difficult to always predict when the need to access records will occur and the reasons why people decide to access information vary from individual to individual. Our experience has been that it is important for people to be emotionally ready to undertake the search. This usually means that they are older rather than younger when they decide to contact for information. People are also older, because in the past there was little encouragement to search for records and there was a lack of easily accessible information as to how and where to search.

People who make the decision to apply for their records are on a journey of self discovery. They are dealing with the unfinished business of their childhood. People searching want to understand more about the circumstances that led to their placement in care, who their parents were and whether or not they have brothers or sisters. In addition some people have recollections about their time in care, and are keen to see if there is any verification of the experiences they remember. We have an obligation to assist in this journey and to help these adults complete what has been unfinished for them, often for many years.

The following is a typical story:

‘Molly’ (not her real name) was 76 years old when she first contacted our service. Although she lives some distance away, with the support of her daughter she came to Melbourne to talk through her situation and to explain what she wanted to find out.

Molly was delighted to receive her birth certificate and to learn of her mother’s name and also to receive copies of her records from the Homes in which she had been a resident.

Molly asked lots of questions. She wanted to know why she had been placed in care, why no-one had ever visited her and why she had not been adopted or fostered to a family.

Molly decided that she wanted to find out what happened to her mother.

Over the next few weeks, we helped locate Molly’s mother’s death certificate. She had lived to her early nineties and had died in a nursing home only a few years ago. The death certificate showed that Molly’s mother had four children at the time of her death, two daughters and two sons.

When Molly and her daughter next came to Melbourne, we visited her mother’s grave. This was a moving experience, to witness a person visiting the grave of the mother she has never known and could not recall.

After the visit to the grave, Molly decided she would like to see if it would be possible to meet the children of her mother’s marriage.

After a few more months of searching, two of the four children were located. These were the eldest two daughters. They recalled their visits to their mother in the nursing home towards the end of her life and how she kept talking about 'my baby Molly'. They thought their mother was referring to her younger sister, also called Molly, but they now believe it was her first-born daughter.

Since that time, Molly has been embraced by her sisters and their families. One of her brothers had died before Molly had commenced her search, and the other has since died.

Molly says that meeting her sisters is like looking in a mirror. She finds it hard to believe how alike the three of them are and how their mannerisms and demeanours are so similar.

Meeting Molly has explained so much about their mother to her sisters. Although their mother never told them about Molly when they were younger, they think their mother thought about her a lot, as they would often find their mother crying for no apparent reason.

We encourage people to visit us, but if this is a geographical impossibility we spend a great deal of time on the telephone. Everyone who contacts our service is spoken with over the telephone. Many people now use emails in conjunction with telephone contact. The central component of our service is the relationship that we are able to build with each person who makes contact. Meetings are usually conducted over morning or afternoon tea, and visitors are free to meet with us for as long as they need.

A proportion of children, usually babies who began life in care, were later adopted. These people are able to access records according to the Victorian Adoption Act (1984). We work closely with the two largest providers of Adoption Information in Victoria, the Department of Human Services and Centacare. Once people have completed the access requirements as set out under the Adoption Act, they are encouraged to contact the Heritage and Information Service to get more information about the particular Home they were at. More often than not, this will be St Joseph's Home, Broadmeadows. Our photo albums, which include 8,000 photographs, are a way of assisting these people to connect with the place, as is a visit to the former site.

The people who use our service consistently comment on the healing aspect for them, and how it enables them to close off a chapter in their life and move to the next phase. There is a lot of wisdom in learning from our Aboriginal brothers and sisters, *you need to know where you have come from to know where you are going*.

## **3.2 Issues to be considered in providing support services for former clients**

### *3.2.1 Ownership and access to client records*

A major issue to be considered is ownership and management of client records and how this impacts on the release of records. The organization releasing client information may not be the original agency that made the arrangements for the care of the child. For example, the original agency may no longer exist, or has been subject to an amalgamation, or the agency has changed its name.

At MacKillop Family Services, client records remain the property of the three founding religious congregations who operated the agencies out of which MacKillop Family Services evolved. MacKillop Family Services is the custodian responsible for the maintenance, care, preservation and the release of records, but not the owner of client records. Records come in a variety of formats, depending on the record keeping practices of a particular era or institution. Our records include admission cards, registers of admission and discharges, paper records in manila folders, pieces of paper tied up with string and all sorts of other bits and pieces, in varying states of repair and disrepair.

Policies for access by former clients have been agreed to by the religious congregations. There has been cooperation between MacKillop Family Services and the religious congregations in terms of the development of the access policy. The development of the MacKillop Family Services policy was initially guided by the spirit of the Victorian Freedom of Information Guidelines, and is consistent with the recommended access standards of the Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. The release of information is also consistent with recently introduced state and federal privacy legislation (2000 and 2001). In this regard, MacKillop has a more liberal interpretation about what should be released than what may have been practised in the past. Sometimes the view of withholding information, rather than releasing information relates to a fear of what a former client may do with the information, or that the information may be too distressing for a former client to read.

Records are only released to the person to whom they refer, unless they have provided written permission to authorise another person to access their records. Information can be released to relatives of a deceased person, providing the relationship of the person seeking the information to the deceased person can be established. Typically, children, grandchildren and great grandchildren apply for records of their relatives.

Because of the likelihood that the original agency in which a person grew up no longer exists, or the original foster care service no longer exists, or the name of the program or service has altered, it is vital that there be some simple mechanism established for persons searching for records to know where they are located. The New South Wales *Guide to Searching for Records for Children placed in Care* and *A piece of the Story*, produced by the Australian Catholic Welfare Commission are excellent examples of comprehensive listings.

### 3.2.2 *Storage and archival facilities*

Client records need to be stored in a way that ensures their preservation, safe from destruction by disasters such as flood or fire. This requires significant financial investment. In addition to client records, photographs and other memorabilia need to be labelled and stored with client information or indexed on a database. Former clients are usually keen to look at photographic memorabilia and sometimes people are even able to recognise themselves in photographs that have survived over time. Photographs are often unnamed and undated so identification is difficult. Other records that an agency may hold are baptism records, sacramental records, school reports, birth certificates, certificates of achievements, and children's life books. If these records are not stored on the original client file, it is important that they are cross-indexed, otherwise it is easy to lose information. This requires an investment in time and resources.

### 3.2.3 *Interpreting the records*

It is not enough just to store the records and to develop policy and procedures for the release of client information. It is essential to provide a commitment to interpreting the content of the client records and assisting with searching for additional records. In interpreting the records, it is also

important to be able to provide an understanding of the social, political and economic history of the times and in order to place a person's time in care in a historical context. In trying to organize the records, we needed to be mindful of the way in which children in previous eras had come into care of our founding agencies and the culture and policy of earlier eras.

People searching for their records usually have lots of questions that need to be answered. They need to understand and clarify why some children were adopted, some were placed in institutional care and some were fostered. They will also need help with the language they encounter in their records. Many of the client records are written in a manner which may appear harsh or judgmental by the standards of today. Terms used to describe intellectual functioning have included 'imbecile', 'idiot' and 'dull'. Such terms may have been common in past psychological assessments and may have determined whether a child remained in institutional care or was placed with a foster parent, but they cannot be read neutrally today. 'Disposal of the child' is another phrase that people accessing their records view find most offensive, because it reduces their life to a that of commodity that can be disposed of like something that no longer has any worth.

Former residents are keen to try and reconstruct the daily routines of their life in care, to match their memories with recorded information, and to question particular procedures and practices. Most are very keen to try and understand the social history of the times, the involvement of the church in the placement of children, to talk about the shame and secrecy associated with becoming pregnant when not married and so on, and most have a great capacity to express their feelings about the difficulties their birth mothers were likely to have experienced at the time of placing their babies in care.

For others who came into care as a consequence of child protection intervention, much of their focus is on trying to understand the reasons why they were placed in care, how their circumstances came to the attention of the child welfare authorities and why they remained in care for so long.

For some people it can come as a shock to discover that their parents or a parent was alive at the time of their admission. Many people have assumed they were orphans and recall that this was the explanation given to them throughout their childhood by their foster parents. Equally, others are shocked and amazed to discover that they had siblings admitted with them, but had never known of this until they commenced their own search for records. This discretion may have been maintained for the best of reasons, but like many aspects of child welfare, the future consequences of such discretion were not realised at the time.

#### *3.2.4 Provision of mediation and search services*

Once people have obtained their client records, many will be keen to search for separated family members. We believe that it is important to provide support not only in accessing records, but also in searching for families. MacKillop supports people through this process, undertaking the searches for relatives, and facilitates telephone linkages and face-to-face reunions. Another option, however, is to refer people to other support services, usually self-help services that have been set up to assist adopted persons. It is important also to understand that many former clients will prefer to use an intermediary to make contact with their biological relative. Some people may need time to prepare for this phase of their search and it is important to be mindful of this fact.

### 3.2.5 *Support to workers*

It is important to consider how to support the workers to provide the service, because the work can be difficult and challenging. It will often be with older people and with people who need considerable assistance with the interpretation of records. In many instances, people will disclose their innermost feelings about their abandonment as a child and will raise issues about their time in care which they may have never previously disclosed to another person.

Many of the persons seeking information will present in a distressed state, some people will have been coping with their distress for many years. What we have consistently found, is that many of the people that we work with aged over fifty years bring much wisdom and life experience with them which enables them to cope with a detailed and frank discussion about the time they were in care. People require that information be disclosed to them in an open and honest way. Sometimes the very nature of the information will be confronting and difficult to deal with. However, if people ask a question about the past, then we should try and help them find the answer, not shy away from assisting. People are often more resilient than we think.

The very nature of this work is not for the faint hearted or the inexperienced. The work requires great skill, sensitivity and an appreciation and understanding of past practices in child welfare and an ability to put past practices in a social context.

The other important aspect to be aware of is that persons seeking access to information, have individual needs and expectations about the search process and it is vital to be able to recognise their needs and to proceed at their pace. Many people will need to search over a period of time and at a pace comfortable to them, so as not to be overwhelmed by the information that is being uncovered.

### 3.2.6 *Policy and procedures to deal with disclosures of abuse*

From time to time, people seeking information, will make disclosures of abuse that occurred when they were in care. Many of the people may express a certain level of complacency and acceptance of physical punishment shown to them or to others, and speak with some degree of wisdom and experience as to the acceptance in society of physical punishment to children in past eras and do not appear to see what happened to them as particularly out of the ordinary. Most people can make a very clear distinction between what they perceived as physical punishment compared to abuse.

For some, however, their memories of their time in care are marked by ongoing cruelty and physical and sexual abuse to themselves or to others. For some people, their experience of some form of abuse or cruelty remains very real to them today and continues to affect them.

One can never predict or have preconceived ideas about what may be disclosed. Each person's story and experience is unique and each will have dealt with a similar form of care in a different way. Some people have a proud sense of their heritage and of how they grew up, others are ashamed and embarrassed of the fact that they were brought up in a home and it has not even been a topic that they have discussed with their own partner or children.

People who make disclosures of abuse, may have repressed their memories of the abuse for many years. Some may have not spoken with their partners or another person about their experiences, except in a fairly superficial way.

Given the importance of these issues, it is essential to have policies and processes in place to respond to such disclosures. MacKillop Family Services is bound by *Towards Healing*, the

policy adopted by the Catholic Church in Australia through the Professional Standards Resources Group. Each person who makes a disclosure of abuse in the course of accessing records is provided with information about how to access *Towards Healing*.

#### 4. ADDRESSING ATTACHMENT AND IDENTITY ISSUES TODAY

If the downside of institutional care was that it separated children from their families and the wider community, it must also be recognized that institutional care offered stability and a place of belonging. The current services for our most challenging children and young people, however, offer little stability or sense of belonging. This section of our submission reflects on the risk of systemic abuse of children in care today through identity and attachment disorders arising from multiple placements. If the mistakes of the past are not to be repeated in the future, then these issues must be addressed through providing for stability of placements and relationships, together with greater attention to identity support, post placement support and family connections.

##### 4.1 The data on multiple placements

There were 18,880 children and young people in out of home care in Australia at 30 June 2002 (see figure 1 below). 38% of these children had been in their placement for less than 12 months, 42% had been in their placement for over 12 months and 20% had been in their placement for 5 years or more.<sup>3</sup>

Type of placement	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
Foster care	2798	2259	2385	784	985	200	138	119	9668
Relatives/Kin	4600	1031	824	508	159	225	63	29	7439
Other home based care	-	146	-	-	8	10	-	-	164
<i>Total home based care</i>	<i>7398</i>	<i>3436</i>	<i>3209</i>	<i>1292</i>	<i>1152</i>	<i>435</i>	<i>201</i>	<i>148</i>	<i>17271</i>
Residential care	269	445	48	154	44	70	21	6	1057
Independent living	115	37	-	43	-	23	1	2	221
Other	302	-	-	5	-	16	1	7	331
<b>Total</b>	<b>8084</b>	<b>3918</b>	<b>3257</b>	<b>1494</b>	<b>1196</b>	<b>544</b>	<b>224</b>	<b>163</b>	<b>18880</b>

Figure 1. Children in out of home care: type of placement, by State and Territory, at June 2002<sup>4</sup>

A recent report by the Department of Human Services in Victoria reports that children and young people in out of home care have a very high number of placements over time. Of all clients in placement at 30 June 2001, 7% had just one placement, 65% had four or more placements and 11% had 10 or more placements. The document also reports that the average number of placements for children and young people in home based care was 5.7, and for young people in residential care was 4.2. It stated that ‘more than half of all residential care clients (55%) had

<sup>3</sup> AIHW, *Child Protection Australia 2001-2002* (Canberra: Child Welfare Series No.32), Table 4.6, p. 43.

<sup>4</sup> AIHW, *Child Protection Australia 2001-2002*, Table 4.4, p. 41.

experienced three or more residential care placements in the current period of child protection involvement'.<sup>5</sup>

The problem of multiple placements has been an ongoing concern within the out of home care system for a number of years. The high number of multiple placements can be partly explained by the following features of the current out of home care system:

- We are working with young people with increasingly complex and challenging concerns.<sup>6</sup>
- There has been a reduction in the availability of residential care in all States.
- We have lost the dedicated reception and assessment facilities that were once funded to support the residential care system, and the more therapeutic role that the residential system used to play.
- The majority of out of home care placements are with volunteer care givers within the community, but the system is having difficulty with the recruitment and retention of suitable care givers on a voluntary basis.
- Finding and keeping care givers who have the skills required to manage the often very complex issues and difficulties of the children and young people in out of home care can often be a very difficult task for foster care agencies.
- With the demand for placements often not being met by the supply of available placements, the capacity for foster care agencies to be able to match a child or young person with the most appropriate placement is significantly limited and, as a result, placements that are not the most suited are likely to and do often break down.

With placement instability featuring significantly in the out of home care system, children and young people are exposed to a number of different placements which can have a significant effect on all aspects of their development. They are likely to develop emotional and behavioural problems or attachment disorders, and often these very problems lead to further changes of placement because care givers are not able to tolerate the difficulties and disruptions on themselves and their family life.<sup>7</sup> Research has shown that it is usually the acting out children with attachment disorder who are moved and are most difficult to place.<sup>8</sup>

So emerges a cycle which the system perpetuates.

The length of time a child or young person spends in a placement provides a second indicator of placement instability. Consistent, stable placements are not the norm for the children and young people in out of home care. For example, the recent Victorian Audit – see figure 2 below – shows that out of the sample of 630 children and young people, 61% (or 369) had been in their current placement for less than one year. 18% (or 106) had been in the current placement for 1-2 years and 21% (or 128) had been in the current placement for more than two years.<sup>9</sup>

<sup>5</sup> DHS, *An Integrated Strategy for Child Protection & Placement Services*, p. 52. See also the discussion of stability and permanency in foster care in DHS, *Public Parenting*, pp. 58-65.

<sup>6</sup> See the report and information on client complexity in DHS, *Public Parenting: a review of home-based care in Victoria* (Melbourne: Department of Human Services, 2003), pp. 29-33; or on changes in demand in DHS, *An Integrated Strategy for Child Protection and Placement Services* (Melbourne: Department of Human Services, 2002), pp. 9-54.

<sup>7</sup> Quoted in M. Levy Terry and M. Orlans, *Attachment, Trauma and Healing – Understanding and treating Attachment Disorder in Children and Families* (Washington: CWLA Press, 1998), pp. 225-226.

<sup>8</sup> Levy Terry and Orlans, *Attachment, Trauma and Healing*, pp. 225-226.

<sup>9</sup> DHS, *The Audit of Children and Young People in Home Based Care Service* (Melbourne: Service Development Unit, Child Protection and Juvenile Justice Branch, Community Care Division, Department of Human Services, 2001), p. 24.

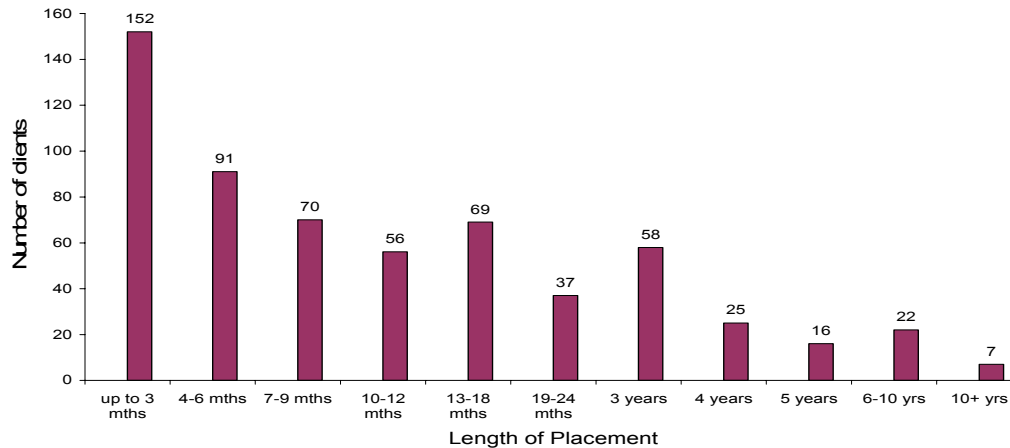


Figure 2. Length of current placement of children and young people in care in Victoria<sup>10</sup>

Further studies of placement instability, such as the study of placement disruption and dislocation in SA foster care during 1998-1999, highlights the prevalence of multiple placements. Delfabbro, Barber and Cooper found in their study that only 16.7% of children and young people studied had never been placed into care before. Of the remaining 82.9%, only about 20% had had two or less placement changes, with 37% having between three to nine changes and almost a quarter having had over ten changes. Further to this, Delfabbro reports that out of 235 children in their study, 15 had had between 20 and 34 placements during their lifetime.<sup>11</sup>

Investigation of a typical case-load of children and young people of a Specialized Home Base Care case manager working for MacKillop Family Services in the Western Region of Melbourne (see figure 3 below) shows more detail about the pattern of placement instability. Specialized home based care provides intensive case management to young people in foster care with marked emotional and behavioural difficulties. This table also demonstrates, in the last column, that stable placements can be achieved. The problem, however, is that the stability comes too late in the child's life and needs special support.

Client	Age	Time in care	No of placements	Ave length of placement	Length of time in current placement
1	15	15yrs	24	7.5months	5 years
2	9	3yrs	19	2months	5 months
3	10	4yrs	6	8months	2.5 years
4	9	4yrs	6	8months	2.5 years
5	8	4yrs	6	8months	2.5 years
6	7	4yrs	6	8months	2.5 years
7	5	5yrs	1	5yrs	5 years
8	15	5yrs	5	1yr	4 years

Figure 3. Placement histories of one group of children and young people in specialized home based care<sup>12</sup>

<sup>10</sup> DHS, *The Audit of Children and Young People in Home Based Care Service*, p. 24.

<sup>11</sup> P. Delfabbro et al, 'Aboriginal and non Aboriginal children in out of home care', *Children Australia* (2000) p. 18, quoted in Jan Carter, *Towards better foster care – reducing the risk* (Melbourne: The Children's Foundation, 2002), p. 78.

<sup>12</sup> These figures are taken from case files and FACTS data from DHS and MacKillop Family Services records.

## 4.2 The consequences of multiple placements

Clients 1,2,3,4 in the sample in Figure 3 are a sibling group who all demonstrate great difficulty in managing any change in their environments. Of particular significance is the adverse negative effect on all four children when there is a change in caregiver. Difficult, challenging and defiant behaviour are the most obvious effects with stealing, absconding and bullying behaviours most evident. This behaviour can be understood, however, given the inconsistent and disrupted nature of these children's early years of being in care and in different placements.

From the same sample, client 1 has experienced a range of difficulties that could be attributed to the significant disruption experienced while in care. Of significant concern is the diagnosis of a severe learning disorder that has greatly affected the young person's ability to perform academically and sees the young person well below the expected academic level. This young person had 20 changes in placement prior to starting school. Given the well researched importance of stability and consistency in the early years of development, including achieving full potential academically, the disruption and constant change during those early years has most likely been a significant contributing factor to the problems this young person now faces just in the area of academic achievement.

All the children and young people in the sample group noted above experienced difficulties with attachment, with some displaying indicators of attachment disorder. Other common areas of concern included low self esteem and confidence, poor skills in personal relationships, a lack of connectedness with family and community, a reduced capacity to reach educational potential, emotional and behavioural disorders, a lack of identity formation resulting in identity issues particularly in adolescence, anger and mistrust of adults and a vulnerability to further abuse.<sup>13</sup>

Many of these difficulties experienced in the sample group are experienced by many children and young people in out of home care. As Jan Carter noted, 'unstable placements and placement moves increase the quantum of uncertainty for children to ill effect and cannot by any criteria be conceived to be supportive of any child's proper development, especially for those children who are already vulnerable and distressed.'<sup>14</sup> Carter goes on to report that because of issues of placement instability, children and young people have adverse experiences in foster care. This is a notion also supported by research into the effects of multiple placements on child development and in particular attachment. Levy and Orlans comment that 'children in the foster care system who are subjected to multiple placements are deprived of stability, continuity of caregivers and the opportunity for developing secure attachments'.<sup>15</sup>

A change of placement also often leads to a change of school because with the shortage of suitable carers it is usually difficult to find a placement in the same area as the child's original school. This lack of educational stability may also lead to academic and social potential being negatively affected. Opportunities for contact with birth parents and family could also be affected by changes in placement, especially if the child or young person is placed out of their local area. From the Delfabbro study of 235 children, almost half had needed to change schools because of the placement and 43% were placed more than twenty kilometers away from their birth parents.<sup>16</sup>

<sup>13</sup> DHS and MacKillopFamily Services files

<sup>14</sup> Carter, *Towards better foster care – reducing the risk*, p. 19.

<sup>15</sup> Levy Terry and Orlans, *Attachment, Trauma and Healing*, p. 215.

<sup>16</sup> Carter, *Towards better foster care – reducing the risk*, p. 78.

### 4.3 The importance of attachment and stability

All children require stability and consistency to assist in the development of their full potential, but this is especially important for children who have been separated from their families and have experienced the trauma of this combined with abuse or neglect.

Much research has been conducted into attachment and the importance of attachment from infancy right through to adulthood. This stage of development has far reaching effects on future development. Attachment to a secure, consistent and warmly nurturing care giver is seen by contemporary researchers as being the initial foundation for a child; an essential requirement for child development is for parents (and care givers) to be appropriately responsive to needs.<sup>17</sup>

Multiple placements disturb the opportunity for attachment to occur, leading to attachment disorders and emotional and behavioural disturbances. As noted by Levy and Orlans, ‘losses are psychologically traumatizing and interrupt the necessary tasks of child development. Abrupt, unplanned moves are most traumatic for children and adults alike.’<sup>18</sup> As in the sample studied above, the effects of multiple placements may go beyond problems with attachment (although many of the effects are often connected to problems related to disruptions in attachment potential). Cashmore and Paxton argue, for example, that ‘research has substantiated the ill effects on children and young people of a lack of continuity in care giving. They include poor school performance, chronic depression, antisocial and asocial behaviours, and an impaired capacity to form and maintain intimate relationships.’<sup>19</sup> Delfabbro and Barber have also recently demonstrated that repeated placement disruption can be anticipated with considerable accuracy and when foster care can become psychologically harmful.<sup>20</sup>

All children who have been able to progress successfully through their developmental stages will have formed appropriate attachments and be able to establish meaningful relationships. To reduce the risks to children and young people in out of home care placement stability needs to be a priority. Once a child or young person is in a stable, consistent placement then they are able to begin to address some of the issues that were outlined in the above sample. Seven out of the eight children/young people in the sample are now in stable long term placements that have enabled them to form attachments to caregivers and start addressing some of the issues they are facing as a result of the disruption they have experienced with multiple placement changes. Cashmore and Paxton found that young people in NSW who had spent 75% of their time in care in one placement usually had positive outcomes.<sup>21</sup>

Government reports themselves note the need for stable placements:

Placement stability is associated with better outcomes for children and is considered internationally to be an important standard for placements. A child’s life will necessarily be disrupted by being taken into care but it is important that any further disruptions be

<sup>17</sup> Carter, *Towards better foster care – reducing the risk*, pp. 51-52.

<sup>18</sup> Levy Terry and Orlans, *Attachment, Trauma and Healing*, pp. 225-226.

<sup>19</sup> J. Cashmore and M. Paxman, *Longitudinal Study of Wards Leaving Care* (Sydney: UNSW Social Policy Research Centre, 1996), as quoted in *Guidelines for interpretations of child protection and out of home care – report on government services* (Canberra: Productivity Commission, 2003),

<sup>20</sup> See P. Delfabbro, P. and J. Barber, ‘Before it’s too late: Enhancing the early detection and prevention of long-term placement disruption’, *Children Australia* 28 (2003), pp. 14, 17.

<sup>21</sup> Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, as quoted in Carter, *Towards better foster care – reducing the risk*, p. 78.

kept to a minimum. This is a principle that applies not only to the number of different people caring for a child but to factors such as maintaining familiar environments, with familiar social networks and some forms of continuity in their lives.<sup>22</sup>

Without stability of placement a child has little chance of establishing their identity.

#### 4.4 Identity formation

##### 4.4.1 *The importance of identity*

Identity is the development of a sense of self and belonging that is based on an individual's experiences, their interpretation of these experiences, other's reactions to that individual, and the significant role models the individual identifies with. Identity includes a range of features, including religion, culture, language, sexuality, intellectual functioning, physical appearance, politics, history and social environment.<sup>23</sup> Identity development and formation is a fundamental aspect of growing up that is instrumental in achieving optimal psychological functioning and well being. Identity is strongly influenced by attachment as a person grows and develops from infancy through to adolescence, crystallizing across an individual's lifespan.

Identity development can be greatly affected by the experiences that children and young people have in out of home care and the experience of multiple placements is not favourable on children and young people's concepts of themselves and how they belong and connect to the world around them. Jan Carter: 'According to review research in foster care, children incur substantial damage from multiple placements, as these prevent identity formation, sense of belonging and capacity to form meaningful relationships.'<sup>24</sup>

Having a sense of identity is very important to all human beings: it comes from having an understanding of where we have come from, our families, communities, how we fit into these, who we are. Having those special things that help build the picture of self, or that tell a special story or trigger a memory are invaluable and very important. For children and young people in out of home care who often experience multiple placements, this information, memories, stories, photos and other memorabilia are often lost as they move from one placement to the next.

This important aspect of development has too often been overlooked among the other 'more important' issues related to children and young people being in out of home care. More attention needs to be given to understanding the significance of identity formation and fostering best practice with regards to capturing and keeping those important things related to identity. The following discusses ways in which identity can be nurtured and preserved.

##### 4.4.2 *Helping children in care develop identity*

One of the ways currently being used in out of home care agencies to document, record and keep very special identity pieces for children is through the use of specially designed lifebooks for children and scrapbooks for young people. Lifebooks package a child's special things and memorabilia and keeps them together, and can move with a child or young person as they move.

<sup>22</sup> Productivity Commission, *Guidelines for interpretations of child protection and out of home care*, p. 24.

<sup>23</sup> See D. R. Shaffer, 'Developmental Psychology Childhood and Adolescence' (3<sup>rd</sup> edn.: Brooks Cole, 1993); NSW Office of the Children's Guardian, Accreditation Benchmark Policy Statement (2002).

<sup>24</sup> J. G. Barber and K. Gilbertson, 'Fostercare: The State of the Art' (2001), quoted in Carter, *Towards better foster care – reducing the risk*, p. 78.

Important and special things to incorporate in lifebooks include family trees, photos and letters from parents, siblings, previous and current caregivers, photos of past houses lived in and schools or kindergartens that have been attended, a school history and growing up memorabilia and information, photos and stories of first days at school, details of what children/young people were like as babies, birth information, certificates, school reports, photos of family members and important friends and carers. A practitioner reports:

Children and young people in the care of MacKillop Family Services have been involved in developing their own life books. Seeing them work creatively to produce their own stories and a record of their own lives is a moving experience for all those involved.

As a practitioner, seeing a child's enthusiasm in creating their own book about themselves and their family, experiencing a child's joy at seeing themselves as babies or toddlers and making connections of how they fit and where they belong in their families is a truly amazing experience.

For a young person leaving care, receiving a life book was a significantly important event. Having been in care since she was a baby and with her parents both deceased, receiving her life book was really moving. The young person was able to communicate just how important that this was for her, saying that she felt so valued and that her story and her family's story were important and respected. She says that she will treasure and cherish this life book, her collection of photos, memories and stories of herself and her family which she will continue to add to.

With the implementation of Looking After Children (LAC) in Victoria on the 1 July 2003, a child or young person's identity will be given much greater attention than in the past. LAC is a comprehensive system for recording and maintaining information about children in care, their needs and achievements and life stages. LAC's design includes attention to identity formation, with the goal being that the child in care develops a sense of self as a separate and valued person. They will know their family background, will be connected as far as possible in positive ways to their immediate or extended family, and have an understanding of and connection to their own ethnic and cultural background. While LAC provides the prompts to make sure a child's needs are being met with regards to identity formation, practitioners need to be creative with regards to how this is actually done, for example using lifebooks, scrapbooks, videos and recordings.

#### *4.4.3 Connecting with families*

The value of children and young people being connected and reconnected with members of their family has been demonstrated over and over again as practitioners experience just how important and vital this has been in providing for better outcomes for children and young people in out of home care. For example, a MacKillop practitioner reports:

For a 9 year old boy and his three younger siblings to have regular phone contact with their father whom they had had limited and sporadic contact with over the last five years was an incredible event to be involved in. Their father, who was residing in a psychiatric hospital interstate, was found, engaged, supported and encouraged to make the regular contact via phone. As a result the children responded with excitement and there appeared to be a sense of relief for them as they were able to speak to dad and clear some of the confusion that had been causing much anxiety about where their father was and if he still loved them. The 9 year old boy has a very strong loyalty towards his father and has articulated on many occasions that he intends to return to live with his father.

Many children in out of home care will at some stage return to their parent's care. This return will not always be of substantial duration. It is therefore important that they already have a connection made with their families while they are in care. Post-placement support and family connections are also vital in ensuring that a child or young person's time in care has beneficial outcomes (issues around leaving care are discussed in greater detail in 5 below). The importance of family connections and maintaining these connections when a child or young person is in care has been shown to be key to better placement outcomes, identity development, and the young person seeking to return to family post placement. Barber and Gilbertson, for example, report that 'placement outcomes are better when the birth parent/s are involved in the transition to foster care and are consulted and involved about the placement of a child'.<sup>25</sup> This finding is supported by the Looking After Children project in the UK, where similar outcomes have been documented.

Robin Clark observed that 'most child and youth legislation emphasizes the importance of allowing parents to exercise their rights and participate in decisions about their children. This has resulted from an increasing emphasis on the need to take account of the young person's origins, their family and community networks. This has led to the view that young people should be located near their own homes wherever possible and to maintain as much continuity in their lives as possible such as school, sporting clubs and friendship networks provided they are positive'.<sup>26</sup> Clark then notes that family connectedness has been identified as one of the factors associated with reducing the risks for troubled young people: 'research on risk and resilience provides compelling evidence of the need to keep young people connected to family'.<sup>27</sup>

Similarly, Cashmore and Paxton identified the importance of family connections, and how this contact can provide a sense of continuity and family identity together with assisting in the lessening of feelings of being rejected: 'research confirms the significance of children's contact with their birth family indicating that it is one of the most important factors affecting placement outcome and children's development and wellbeing'.<sup>28</sup>

And yet, as we have seen, it is common for children and young people to experience multiple placements or placement instability whilst they are in out of home care. This means that not only are children and young people having to cope with the separation from their birth families and the abuse or neglect that may have resulted in the separation, but they also have to live in a number of different living situations, new houses, new rules, new routines and possibly a new school and community.

#### 4.5 Conclusion

In the past, for those children and young people who managed to make a home there, the enduring institutions provided a sense of place. Where the institutions have been demolished, photographs and records provide an important point of connection. In the contemporary system of care, with properties constantly being turned over, and young people moving through multiple placements and multiple workers, it is very difficult for them to develop a sense of belonging to a group or to a place.

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<sup>25</sup> Barber and Gilbertson, 'Fostercare: The State of the Art' (2001), quoted in Carter, *Towards better foster care – reducing the risk*, p. 78.

<sup>26</sup> Robin Clark, *It has to be more than a job: a search for exceptional practice with troubled adolescents* (Melbourne: Deakin University Policy & Practice Research Unit, 2000), p. 24.

<sup>27</sup> Clark, *It has to be more than a job*, p. 31.

<sup>28</sup> Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, p. 49.

Because many children who enter out of home care today have multiple placements, multiple service providers and multiple caregivers, there is a greater need than ever to ensure that attention is given to the importance of keeping accurate records and to their safe storage. Adults accessing their records in the future are likely to gain access to a much greater volume of material, but the trail they may need to follow to locate and access their records is likely to be across different organizations and services. It is important to develop practices to ensure not only the preservation of historical records, but also the preservation and storage of current and future records. This is particularly important where there is an increased use of technology such as computerized client databases, digital recording for photographs and electronic file storage. This requires the development of additional security and disaster prevention methods to ensure preservation for the future.

Recently introduced state and federal legislation ensures that client information is collected, recorded and stored in a way that protects the privacy of the person to whom it refers. There are also additional requirements for the release of client information. Client records are not for the present but can, and are likely to, be accessed at any time in the future. This means that significant consideration needs to go into the quality of case recording so that what is recorded is accurate at the time of recording but also in a form that enables interpretation in the future. Decisions that we make today and actions that we take on behalf of children will continue to be interpreted in years to come.

One of the significant benefits of learning from the work of the Heritage and Information Service has been a change in the type of records which MacKillop Family Services now keeps for young people and children in our care today. We have begun to keep identity or memorabilia boxes for each child in care. These are large archive boxes in which pieces of personal memorabilia are stored, certificates, sport's day ribbons, birthday cards, baby photos and other items of interest. This box can then be placed in our Archives for safekeeping or remain with the child or young person.

Children and young people need to be able to develop and maintain relationships with their family and their community. This is extremely difficult if they are experiencing placement changes. The high turnover of placements is an indicator that there is a cycle which the system perpetuates. The cycle creates high turnover of placements which cut across development and attachment. Children and young people who have attachment difficulties often show difficult behaviour and then experience placement breakdowns as a result. The cycle continues. Multiple placements need to be reduced, and practices need to be put in place which will help children preserve their identity and create meaningful attachments.

## **5. LEAVING CARE**

This section reports on the need to provide support for young people when they leave care.

### **5.1 Overview of Issues**

A great deal has been written about the issues in relation to the preparation of young people to leave out of home care over the past twenty five years. Early work came primarily out of the

British experience and was in the form of small studies detailing the situations of young people leaving care. These studies found that ‘care leavers were not an homogenous group in terms of their case histories, needs, cultures and ethnic backgrounds’.<sup>29</sup> They highlighted the impact of the experience of being in care, particularly multiple placements and loss of identity on the future of the young person, and the importance of a *flexible* and *individualized* approach to the preparation of young people to leave care.

In Australia and overseas, a growing body of work from the 1990s to the present time highlights the negative life paths of young people who have been in out of home care. These young people exhibit a disproportionate amount of experiences such as unwanted pregnancies, homelessness, poverty, unemployment, non-completion of education, prostitution, criminal activity, substance abuse, psychiatric care and suicide.<sup>30</sup>

Sometimes the reasons for needing to leave care are not made clear to the clients. In research that MacKillop is currently conducting with former clients on leaving care processes, the following conversation with two former clients illustrates this point:

YP 1: The fact is I was told my time was up at MacKillop – I don’t know why my time was up – I was never really told – it was just I was there two years – I had been there since I was about 14.

YP 2: He turned 16 – as soon as you turn 16 they boot you out as soon as possible at MacKillop.

YP 1: I remember one of the care workers saying “once you hit 16 you have to move off elsewhere”.

Mendes and Goddard note that ‘In contrast to the accelerated transition to independence of wards leaving care, most young people still live at home until their early twenties’.<sup>31</sup> Maunders et al note that ‘unlike their peers, young people leaving care are deprived of the opportunity to return to their former accommodation if and when they need to’.<sup>32</sup> Young people leaving out of home care are thus significantly disadvantaged compared to *both* their peers who remained in their family, *and* those who became homeless at earlier ages and not been involved in the care system.<sup>33</sup> Young people leaving care are often worse off than peer counterparts who have been homeless in relation to issues such as independent living skills and dependency. They are therefore not able to survive within traditional homeless services.<sup>34</sup> Mendes and Goddard note that ‘Many (young people) have experienced, and are still recovering from considerable abuse or neglect prior to entering care...many have experienced inadequacies in state care, including

<sup>29</sup> L. Owen et al., *Pathways to Interdependence and Independence: The Leaving Care Initiative*, (Melbourne: Latrobe University, Department of Social Work and Social Policy, 2000), p. 37.

<sup>30</sup> M. Clare, *Reflections on Leaving Care Policy and Practice – preparation for in(ter)dependent living* (Perth: University of Western Australia, Department of Social Work and Social Policy, 2001); S. Green and A. Jones, *Improving outcomes for young people leaving care in Victoria* (Melbourne: Children’s Welfare Association of Victoria, 1999); P. Mendes and C. Goddard, ‘Leaving care programs locally and internationally’, *Children Australia*, 25.3 (2000), pp.11-16; P. Mendes, ‘Leaving Care and Homelessness’, *Parity*, 15.1 (2002), pp 4-5; St Luke’s Youth Service, *Young People Leaving Care and Housing Project: Nowhere to Go* (Bendigo: St Luke’s Youth Service, 2002); Owen et al., *Pathways to Interdependence and Independence*.

<sup>31</sup> Mendes and Goddard, ‘Leaving care programs locally and internationally’, p. 12.

<sup>32</sup> D. Maunders et al, *Young People Leaving Care and Protection* (Hobart: Australian Clearinghouse for Youth Studies, 1999), p. 9.

<sup>33</sup> See J. Cashmore and M. Paxman, *Longitudinal Study of Wards Leaving Care* (Sydney: UNSW Social Policy Research Centre, 1996).

<sup>34</sup> St Luke’s Youth Service, *Young People Leaving Care and Housing Project: Nowhere to Go*, p. 12

systems abuse...most can call on little, if any, direct family support to ease their movement into independent living.<sup>35</sup>

These factors all combine to exacerbate the disadvantage once the care experience is over. Green and Jones therefore argue that ‘there is a need to provide “affirmative action” rather than merely “reasonable care” to overcome the effects of deprivation and disadvantage in the short and longer term’.<sup>36</sup>

Recent studies have directed the community to look not only at its responsibility to protect children by placing them in out of home care and caring for them in that environment, but also at its responsibility to prepare those young people to leave care and support them after they do so.<sup>37</sup>

## 5.2 Data on areas of vulnerability

### 5.2.1 Education

In Cashmore and Paxman’s longitudinal study of care leavers in NSW, it was found that young people who had previously lived in care were more likely to leave school early than young people of the same age who were still living at home (see figure 4 below).<sup>38</sup> Lack of completion of school is linked to lack of stability of placements.<sup>39</sup> As well as obvious consequences in terms of limited career options, it also means that young people in care miss out on potential valuable sources of support and ‘non-care’ networks.

Highest Education attainment	Young people leaving care	Young people at home
Below year 10	24.5 %	5 %
Year 10	28.9 %	10 %
Year 11	11.1%	5 %
Yr 12	35.6 %	80 %

Figure 4. Comparative educational achievements of young people leaving care and at home<sup>40</sup>

### 5.2.2 Mental health

Cashmore and Paxman asked their respondents about depressive states that resulted in thoughts of suicide. They found that 57.7% of young people who had been in care had thought about suicide, compared with 29.4% of young people who had not been in care. They further found that 35.5% of young people who had been in care had actually attempted suicide, while none in the comparison group of young people at home had made an attempt.<sup>41</sup>

### 5.2.3 Poverty

Cashmore and Paxman found that 12 months after discharge from care, 46 per cent of young people said that they could only “make ends meet” sometimes, or not at all. Compared with

<sup>35</sup> Mendes and Goddard, ‘Leaving care programs locally and internationally’, p. 12.

<sup>36</sup> Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 4.

<sup>37</sup> See C. Griffin, *Young People’s participation Strategy. Consultations with young people about leaving care in Victoria* (Melbourne: The Create Foundation, 2000) and the research from Cashmore and Paxman, Green and Jones, Mendes and Goddard, Owen et al, and Maunders et al. noted above.

<sup>38</sup> Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, p. 124.

<sup>39</sup> Note should be made of the recently released Victorian policy, *Partnering Agreement: School Attendance and Engagement of Children and Young People in Out of Home Care* (Melbourne: Department of Education & Training and Department of Human Services, 2003), which will attempt to track the education performance of young people in out of home care.

<sup>40</sup> Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, p. 124.

<sup>41</sup> Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, p. 149.

young people living at home, items that care leavers reported cutting back on, or going without, were medicine (15.8% compared with 11.8%), personal items/toiletries (17.7% compared with 5.9%), use of electricity (24.4% compared with 0%), haircuts (26.6% compared with 5.5%), food (28.9% compared with 11.7%), heating 33.3% compared with 0%), dental services (44.4% compared with 29.4%), use of telephone (48.9% compared with 11.7%), clothes (68.9% compared with 23.5%), social life (68.9% compared with 41.2%).<sup>42</sup>

A number of young people in the MacKillop research into leaving care have spoken of the importance of learning how to budget and deal with money. One young person left care at age 18 and was simultaneously responsible for his own income, and able to access money for loans from lending institutions. On a minimal income he was able to get a loan for \$5000 and to procure three mobile phones. In one month he had phone bills over \$2000, and eventually became bankrupt.

#### 5.2.4 Homelessness and transience

Maunder et al interviewed 43 care leavers and found that, at the point of discharge from care, 35% were living in youth refuges and SAAP programs, or living temporarily with friends.<sup>43</sup> Cashmore and Paxman note that 75% of young people who had been in care had moved from their pre-discharge place of living within a year or so of their orders being discharged. During this year they lived at an average of three different places, with some young people living in up to 12 different places.<sup>44</sup>

Many young people leaving care move into transitional and supported accommodation, with attendant problems.<sup>45</sup> The temporary nature of the accommodation means that young people will have to move again in a relatively short period of time. This goes against the principle of teaching the young people to value stability. Whereas it may be appropriate for young people who have been homeless and transient to be provided with accommodation for 12 months to enable themselves to look for something stable, it is inappropriate to put young people who may have been in relatively stable accommodation into a transitory system.

One difficulty in the current system in Victoria is that the responsibility for providing housing to young people leaving care falls on the Office of Housing, rather than Protective Services. The Supported Assistance Accommodation Program (SAAP) system, however, does not have a specialist understanding of the issues for young people who have been in out of home care, and was not created with their needs in mind. Young people in SAAP are required to be quite independent in terms of rental payments, managing appointments and interpersonal living skills. Young people who have been through the out of home care system are often not at the same level as their counterparts who have been homeless, and as a result lose their accommodation fairly quickly.<sup>46</sup> Finally, young people leaving care often find themselves sharing transitional accommodation with people who have been homeless for quite some time, and have developed destructive behaviours and networks. This further disadvantages the young people leaving out of home care. Worse still, young people who are evicted from transitional housing often find themselves accommodated at a crisis service, where this issue is greatly magnified.

<sup>42</sup> Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, p. 133.

<sup>43</sup> Maunder et al, *Young People Leaving Care and Protection*, p. 52.

<sup>44</sup> Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, p. 111.

<sup>45</sup> Maunder et al, *Young People Leaving Care and Protection*, p. 43, Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 33; and St Luke's Youth Service, *Young People Leaving Care and Housing Project*, p. 8.

<sup>46</sup> See example cited by Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 33.

### 5.2.5 Early parenthood

Cashmore and Paxton and Green and Jones note that a third of young women leaving care have either had a child, or have one soon after leaving care.<sup>47</sup> This compares with less than five percent of the general population at a similar age. This has been attributed to

“...lack of sex education, lack of a person to trust to talk to about sexual health and relationships with, and the loneliness and isolation experienced after leaving care leading to a more powerful and urgent need to be part of a family.”<sup>48</sup>

## 5.3 Data on pathways from care

A significant number of young people move from care back to living with their parents. Owen et al found 40 % of young people returning home after they left care, while St Luke’s Youth Services identified 50%.<sup>49</sup> Examination of MacKillop data over the past 12 months has identified approximately one third of young people who return home immediately after leaving care. These figures highlight the importance of family of origin to the young people and the need to ensure that family reconnection work occurs during placement.

Cashmore and Paxman found that at some point 17.7% of young people who left care stayed in a refuge, 13.3% stayed on the street, 26.7% stayed in supported accommodation or boarding houses, and 37.2% stayed with friends or friend’s families. Some young people experienced a number, or all of these types of accommodation on a number of occasions.<sup>50</sup> Project i, in Melbourne, surveyed 691 young homeless people (recruited from 73 services) and found that 24% of those young people had previously been involved with child protection placements.<sup>51</sup> Maunders et al have identified over a third of young people that they interviewed being discharged into insecure or temporary accommodation, and half had experienced homelessness at some time.<sup>52</sup>

Young people seek independent accommodation as a pathway from care, but they face issues of lack of references, discrimination, lack of funds to secure housing, and poverty as a result of disproportionate amount of income spent on housing.

## 5.4 The political context

Governments have been urged to be flexible about the age that young people are discharged from care (usually fixed at an upper limit of 18 years) to ensure that the needs of the young person and not external guidelines are the basis for decision making.<sup>53</sup>

<sup>47</sup> Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, p. 194; Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 16.

<sup>48</sup> Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 16.

<sup>49</sup> Owen et al., *Pathways to Interdependence and Independence*, p. 75; St Luke’s Youth Service, *Young People Leaving Care and Housing Project*, p. 8.

<sup>50</sup> Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, p. 113.

<sup>51</sup> B. Rossiter et al, *Project i Broadsheet. Supported accommodation: Entry and Exit Points for Homeless Young* (Melbourne: La Trobe University, The Australian Research Centre in Sex, Health and Society, 2003), p. 4.

<sup>52</sup> Maunders et al, *Young People Leaving Care and Protection*, p. 79.

<sup>53</sup> Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, p. 166; Maunders et al, *Young People Leaving Care and Protection*, p. 77; Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 6.

Mendes has noted the essential differences between the UK and Australia in legislation relating to young people leaving care:

in the UK the national government takes responsibility for passing laws pertaining to child protection and leaving care practice...local authorities retain considerable autonomy regarding actual service delivery...in contrast, Australia has a federal model whereby child protection is the responsibility of the community services department in each State and Territory. Each department has its own legislation, policies and practices in relation to child protection. There are no uniform in care or leaving care standards.<sup>54</sup>

The result, in Australia, is an extremely patchy response to the needs of young people leaving care, with NSW the only State to have introduced legislation acknowledging the responsibility of the State to provide ongoing support to a young person, and in ensuring appropriate standards for such support. Various states, including Victoria, have introduced pilot projects that assist young people to leave care,<sup>55</sup> but until there is uniform legislation, development of this vital area will remain at the whim of the government of the time and the response of individual agencies.

Although there is no uniform Australian legislation, there are recognized standards. The National Base Line Out of home Care Standards state that ‘Each young person leaves the out of home care service in a planned and supported manner to enable a successful and sustainable transition.’<sup>56</sup> Associated supporting standards require agencies to develop written exit policies and procedures, as well as an exit plan for each person that details post placement support arrangements. Green and Jones surveyed 55 agencies and found that only 41% had written exit policies, and for only 22% of the agencies the exit policy incorporated policies or procedures for leaving care. Further, only 20% of agencies had exit policies or procedures that incorporate policies and procedures for aftercare support. This does not mean that the agencies do not plan for leaving care with the young people or support them afterwards. One in four services surveyed said that they provided support for up to six months, despite only being funded to do so for three months. Others said that they provided ongoing support for as long as the young person needed. However the issue is that, in the main, these policies and procedures are not documented, and so the practice is dependent upon the skill, resources and inclination of various workers, the culture of the workplace, and the confidence and assertiveness of the young person.<sup>57</sup> Clare has proposed 17 Leaving Care Standards that would ensure young people leaving care are given optimum support. The standards range from policy documents to individualized leaving care plans and aftercare support.<sup>58</sup>

In relation to the timing of the cessation of care, there were three recommendations from the CREATE Foundation consultation with young people who were in care or who had left care:

- For young people to have a say and to have flexibility about when they leave care
- To be supported to stay with the carer after the young person’s order has finished
- To have stable placements and to feel part of the family.<sup>59</sup>

<sup>54</sup> P. Mendes, ‘Graduating from the child welfare system: A comparison of the UK and Australian leaving care debates’, paper presented at CWAV forum, 2003, p. 1.

<sup>55</sup> Mendes and Goddard, ‘Leaving care programs locally and internationally’, p. 13.

<sup>56</sup> Standing Committee of Community Services and Income Security Administrators 1995, *Baseline Out of Home Care Standards*, Canberra: Commonwealth of Australia, 1995), p. 9.

<sup>57</sup> Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 38.

<sup>58</sup> M. Clare, Standards for Young People Leaving Care for In(ter?)dependent Living, Unpublished document. 1999.

<sup>59</sup> C. Griffin, *Young People’s participation Strategy*, p. 26.

There has long been concern that the lack of ongoing placement funding for young people past the age of 18 results in some young people having to move out of their placements in the middle of their final year at school. The Victorian Department of Human Services has recently (2003) agreed to continue the caregiver payment for the school year for young people in home based care who turn 18 years of age and who are in full time secondary education.

There have been several calls to ensure that the current minimum aftercare support requirements of three months actually be met and funded. There are also suggestions to extend the current funded period of post care support from three months to the young person's twenty first birthday.<sup>60</sup> Maunders et al have argued for ongoing support and counseling until at least the age of twenty five.<sup>61</sup> Mendes and Goddard have argued for an unlimited time frame to support young people leaving care.<sup>62</sup>

In Victoria, government has received many recommendations for legislation change, for the development of leaving care policy statements, and for the establishment of aftercare services for young people who have left care, similar to the model that exists in the UK and New South Wales.<sup>63</sup> There are arguments for changes to the Social Security system to ensure that young people leaving care are provided with a level of income adequate for basic survival.<sup>64</sup> There are suggestions that young people leaving care should have priority access to services such as housing, income security, education services and employment services.<sup>65</sup> Governments are yet follow through on most of these recommendations.

## 5.5 Supporting young people in leaving care

### 5.5.1 Some practical responses

At local and more practical levels, a number of creative responses have been developed by services to meet the needs of young people leaving care.

As early as 1986, a project was developed in London called The Battersea Bedsit Project.<sup>66</sup> This project provided congregate but independent accommodation and support for young people who had been in care and who were between 16-20 years old. The aim was to provide support at a distance during a vulnerable period while they were first confronted with the demands of living independently after leaving care. Young people had responsibility for maintaining the property, managing their own affairs and living harmoniously with others. The project used an easy to understand model that they called the 'stool approach' to assist young people to understand the need to focus on four distinct areas to achieve a positive and balanced life; practical, physical, spiritual and emotional.

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<sup>60</sup> Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 59; see also research by Cashmore and Paxman, p. 177; St Luke's Youth Service, p.40, noted above.

<sup>61</sup> Maunders et al, *Young People Leaving Care and Protection*, p. 76.

<sup>62</sup> Mendes and Goddard, 'Leaving care programs locally and internationally', p 14.

<sup>63</sup> Owen et al., *Pathways to Interdependence and Independence*; Maunders et al, *Young People Leaving Care and Protection*.

<sup>64</sup> Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, p. 153; Maunders et al, *Young People Leaving Care and Protection*, p. 75.

<sup>65</sup> Owen et al., *Pathways to Interdependence and Independence*, p. 144.

<sup>66</sup> See The Children's Society, *Preparing Young People for Independent Living* (London: The Children's Society, 1992).

Within MacKillop Family Services several attempts have been made to help young people prepare for independent living. A formal independent living skills program was tested in 1994. Since then ‘Kids under Cover’ have provided self-contained units attached to MacKillop’s residential units where young people can participate in some but not all of the activities of the residential unit (eating, recreation). Over time this participation tapered down to very little involvement, while still being supported by MacKillop staff. Finally, MacKillop manages six Lead Tenant Houses which are specially designed to prepare young people for independent living.<sup>67</sup>

More recently, the Department of Human Services in Victoria commissioned the production of an independent living skills manual to assist young people to transition from care to living independently. The manual/model is called ‘Zoom’.<sup>68</sup> Eight areas are identified (e.g., health, money, transport) and suggestions are given as to how workers can address each of the areas with the young people. It also includes a worker checklist and young person quiz as a starting point for assessing which areas a young person may need to focus on in their preparation for leaving care.

In Western Australia a project was piloted that provided young people leaving care with a life skills training and education program comprising seven workshops with experts in the field as trainers (e.g., banking, accommodation, legal issues). Parallel to this, young people were provided with peer supports to assist them with the transition to independence.<sup>69</sup> The findings from this project have been utilized in the development of an aftercare support service that has secured government funding in that state that aims to ‘support young people in the transition to independent status in the community by helping them to navigate the service system, and by working with key service providers to better coordinate service provision to the target group’.<sup>70</sup>

The young people interviewed by MacKillop who had recently left care spoke of the importance of having someone “give you a go”. An example was a landlord who would allow rent not to be paid when times were hard, with the expectation that it would be paid back over time, but without repercussions for not paying. At least one of the MacKillop services has provision for young people to approach them for a considerable time after leaving care to get a cash grant if they are in trouble (for example, for rent or a utility bill). As much as the money itself, the value of such activity appears to be in the messages that it sends to the young person: “you are valued”, “you are not alone”.

A number of other models have been documented in the literature, each of which includes at least one element of preparation for leaving care and aftercare support. Components include linking in to community supports, assisting the redevelopment of links within the young person’s own family network, provision of independent living skills programs, mentor programs, assistance with education/training or employment and assistance with housing. A computer program designed for young people to work through the issues pertinent to leaving care exists in New South Wales.<sup>71</sup>

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<sup>67</sup> See Tina Baldwin et al, *It’s made a big difference: A Best Practice Study of the Lead Tenant Model* (Melbourne: Wesley Mission, 2001).

<sup>68</sup> C. Fox and B. Masinkas, *Zoom*, Unpublished document, 2001.

<sup>69</sup> M. Clare, *Reflections on Leaving Care Policy and Practice – preparation for in(ter)dependent*, p. 8.

<sup>70</sup> Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 51.

<sup>71</sup> See Owen et al., *Pathways to Interdependence and Independence*, p. 60; Maunders et al, *Young People Leaving Care and Protection*, p. 71.

### 5.5.2 *Mentoring and support*

The value of mentor relationships for young people in care has been frequently noted,<sup>72</sup> although not significantly explored. Gilligan has strongly suggested that ‘achieving improvements in some parts of a young person’s life may have spill over effects to other areas, especially resilience’. Gilligan focuses on the development of mentor relationships as a means of enhancing this. Mentoring relationships are described as ‘the encouragement and support of a young person-in-care’s talents, interests and leisure activities by a committed adult.’ Gilligan argues that ‘the value for the young person of being involved lies not just in the pursuit of the activity, enjoyable though that may be. The value also lies in the recognition that the performance may earn, the relationships it may open up, and the confidence it may generate.’<sup>73</sup>

Gilligan suggests that it is preferable (although not essential) for this relationship to be with someone other than the care giver or social worker, as it then provides another adult relationship in their life. In selecting mentors, Gilligan notes that the carers and social workers in the young person’s life need to be creative in taking notice of and nurturing activities and interests that the young people are already involved with. Further, he notes a preference for kith and kin mentors, or people already within the young person’s networks. He suggests using a tool such as a social network map to identify possible mentors.

David White, of Big Brother Big Sister Australia, supports the importance of mentors, but cautions that for the mentoring to be successful, the mentors must be able to commit themselves for a long term. This requires that mentors be well screened, well trained and well supported.<sup>74</sup>

Young people who have left MacKillop care have all commented on the value of ongoing support from their workers. This can just be in the form of a telephone call every now and then, or of visiting the young person during a lunch break. At some MacKillop residential units clients have an open invitation to return for meals, and many take up this offer from time to time. The current residents see this, and become aware that they too can have ongoing support, and so a culture is developed.

One young person commented on the importance of utilizing the support offered while in care:

“If you want to get a job, get it organized now while you are in care – it is going to be harder to do when you leave care. When you are in care it is like being in home – you have your mother there or your father there to help get you organized. When you are out of care you are out on your own two feet – you may have the willingness to do it, but you won’t have the support behind you to help you push through it. That’s probably the hardest thing of all.”

## 5.6 **Best practice models for leaving care**

Griffin asked young people who had left care what their ideal vision was for leaving care. ‘The overriding theme of their vision was “not to be dumped”. Their vision was “To be supported until I become an adult both emotionally and physically and am ready to live independently.”’<sup>75</sup>

<sup>72</sup> Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 49; Maunders et al, *Young People Leaving Care and Protection*, p. 55; Cashmore and Paxman, *Longitudinal Study of Wards Leaving Care*, p. 176; Griffin, *Young People’s participation Strategy*, p. 27.

<sup>73</sup> R. Gilligan, ‘Enhancing the resilience of children and young people in public care by mentoring their talents and interests’, *Child & Family Social Work* 4.3 (1999), p. 187.

<sup>74</sup> Conversation with David White, CEO Big Brother Big Sister, 2003.

It has been recommended that leaving care should be seen as a process, not an event.<sup>76</sup> The process should begin with preparation a long time before the young person leaves, and continue long after they physically leave. Young people who have not been in out of home care eventually move from the family home, but return for meals, birthdays, special events, at difficult times, and to do the washing. Similar support should be available for young people leaving care. In light of the fact that a high proportion of young people leaving care eventually return to their family attention should also be given to family reconnection work and ongoing family contact throughout the placement, as well as development of independent living skills and contingency plans.<sup>77</sup>

A common model of support for young people leaving care has three components:

1. Preparation for leaving care, through high quality, stable care with case planning;
2. Transition through effective support programs, independent living programs, information and the involvement of suitable mentors;
3. Aftercare support offering continuing access to support, resources and interest from care agencies.<sup>78</sup>

Alongside this, a process of assisting a young person and their family to plan for the young person's future has been suggested.<sup>79</sup> Elements of the process are:

- **Placement** of the young person in a stable environment from which more detailed plans can be made.
- **Maintenance** of placement in a manner that meets the child's basic developmental needs. This is achieved by ensuring that LAC processes are completed thoroughly in all seven dimensions, and ensuring the maintenance of connections to family and extended support networks, as well as the development of new support networks/mentors and social relationships as appropriate.
- **Protection** of young people, both within the family and the placement context using the Victorian Risk Framework. Include referral to specialist services such as mental health or drug and alcohol to address risk factors.
- **Compensation and affirmative action** in order to correct some of the imbalances and inequities that the young person may be experiencing as a result of the events leading to being in care, and of the experience of being in care. Examples of this include grief counselling, development of special relationships with carers, tutoring, purchasing of equipment needed for schooling or leisure activities, and additional financial resources toward educational or employment pursuits. Activities designed to build resilience are important in this process.

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<sup>75</sup> Griffin, *Young People's participation Strategy*, p. 24.

<sup>76</sup> Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 60; Mendes, 'Leaving Care and Homelessness', Maunders et al, *Young People Leaving Care and Protection*, p. 69; Clare, 'Reflections on Leaving Care', p. 8.

<sup>77</sup> Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 58; Owen et al., *Pathways to Interdependence and Independence*, p. 155.

<sup>78</sup> Maunders et al, *Young People Leaving Care and Protection*, p. ix and Green and Jones, *Improving outcomes for young people leaving care in Victoria*, p. 57.

<sup>79</sup> Owen et al., *Pathways to Interdependence and Independence*, pp. 142-144; R. Clark, "It has to be more than a job" – a search for exceptional practice with troubled adolescents (Melbourne: Deakin University, Deakin Human Services, 2000), p. 21. This proposal has also been considered in the DHS document, *Leaving Care: Options and Recommendations Paper for Consultation* (Melbourne Department of Human Services, Child Protection and Juvenile Justice Branch, 2000), p. 16.

- **Preparation** for adulthood, which includes practical skill development (e.g. budgeting, accessing services) as well as long term goal setting, decision making, problem solving and planning. These skills may be acquired quite naturally by the young person, but elements of the out of home care system (e.g. staff and carer turnover) combined with personal factors such as low self esteem can result in the skills not being developed unless attention is given to them.

Following on from recent research and the development of models in relation to leaving care, the Department of Human Services in Victoria has funded two 12-month pilot projects which ‘will aim to achieve better outcomes for young people leaving care by assisting in the development of life skills, providing links to educational and training options and preventing homelessness through the creation of pathways to sustainable long term housing options’.<sup>80</sup> The proposal is for stand alone projects to which 6-8 young people in care are referred up to three months prior to their leaving care. The project service has access to transitional housing, and funds for private rental brokerage, and is required to develop links with education and training providers and develop appropriate plans for the young person’s move to independence. It is expected that participants will be assessed as at risk of long term homelessness, but able to move into sustainable independent living within the 12-month period of the pilot project. The project brief states that

These projects, therefore, are not aimed at young people who would require case managed support for a longer period of time to achieve sustainable independent living than is available under the pilots or who have complex needs which have been recognized through the provision of high cost packages whilst in care.<sup>81</sup>

Unlike the DHS funded pilot projects, the MacKillop Family Services Leaving Care Project aims to develop a model that will be utilized *within* existing services and that will be applicable to all young people leaving care. It will focus around an individual assessment of the young person against the components suggested in the literature as being important for successful transition. The assessment will result in a transition plan being developed for each young person involved in the project. Another critical item will be the development of ongoing support networks as appropriate to each young person, as well as ways for the young person to remain connected with MacKillop if desired. The project will aim to work with young people at varying stages of orders to develop a model that truly reflects the recommendations to embed the preparation for independence and interdependence within all work done in out of home care services. Alongside this, feedback from previous residents who have left MacKillop care will inform the direction of the project. Avenues to enhance the transition process (e.g. social network mapping, mentor programs, life skills building groups, transition rituals etc) will be actively explored.

## 6. CONCLUSION AND RECOMMENDATIONS

As stated at the outset of this submission, it is a privilege to work with children and young people and families in special need. Over the past 150 years MacKillop Family Services and its predecessors have tried in various ways to provide them with security, shelter, education and

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<sup>80</sup> DHS, *Submission Brief for Provision of Homelessness Assistance: Application for Leaving Care Housing and Support Initiative*, (Melbourne: Department of Human Services, Child Protection and Juvenile Justice Branch & Homelessness Assistance Unit, 2002), p. 3.

<sup>81</sup> DHS, *Leaving Care: Options and Recommendations Paper for Consultation*, p. 6. Two successful applications have been funded, one in the Southern Region auspiced by PYFFS and one in Gippsland auspiced by Quantum Support Services.

support. Today we know we need to do more to support former residents and relinquishing mothers, and more to help young people grow in a sense of identity, belonging and purpose, and to leave care with support, dignity and good prospects. Our submission has addressed these issues, and concludes with the following recommendations.

## 6.1 Heritage and Support Services

- 6.1.1 Support and Search Services should be developed in all states of Australia to assist adults who grew up in care. In some states, this will mean the development of new services, in other states, the strengthening of existing services.
- 6.1.2 There should be at least two support services in each state, one connected with a past provider of care, and one independent of past providers and perhaps managed by former residents, for those who do not wish to have contact with past providers. There should be strong protocols governing the provision of these services, so that applicants receive a common quality of service regardless of the pathway they follow. Where services provide access to information about a person's past, it is preferable that they also be able to provide support for the next steps of the journey in locating further records and making contact with families.
- 6.1.3 Services must be client focused and staffed by experienced practitioners who are sensitive to issues faced by people who grew up in care, who are aware of the long term effects of separation and loss, and who have an understanding of the history of separation of children in Australia and the development of services to care for children.
- 6.1.4 The development and management of services is to incorporate advice from people who grew up in care, either through a committee of management or an advisory committee.
- 6.1.5 An Australia wide directory of information about where to search for records should be developed. This will include a listing of all past providers of care, the names of past institutions that provided care and a listing of where records are now held and how to access records. Examples of current directories are: *A Piece of the Story*, *National Directory of Records of Catholic Organizations Caring for Children Separated from Families* (Australian Catholic Welfare Commission) and *Connecting Kin: a Guide to Records* (DOCS, New South Wales).
- 6.1.6 Persons who grew up in institutional care or separated from their family of origin should have access to records through the Registries of Births, Deaths and Marriages in each state of Australia in the same way as adopted persons do.
- 6.1.7 Past providers of care to children should be encouraged and supported to take all necessary steps to preserve historical records relating to children in care and to make these records accessible. A fund should be established to provide seeding grants to enable these organizations to preserve the records they hold.
- 6.1.8 Organizations that hold records relating to children in care should develop appropriate policies to guide access to information to the information they hold.
- 6.1.9 The child and family sector should be challenged to establish a nationally consistent code of access based on rights to access personal information, compliance with privacy and confidentiality requirements, and an understanding of the historical and cultural context in which records were originally written.

## **6.2 Reducing Multiple Placements and Attending to Identity and Attachment Issues**

- 6.2.1 Increase specialist prevention and early intervention services to work with, support and resource at-risk families to reduce the need for children to be placed in care in the first place and to reduce the need for ongoing placements in care.
- 6.2.2 Professionalize caring by increasing payments and training to expand the pool of available skilled carers and to retain these carers.
- 6.2.3 While family reunification must remain a priority, the number of attempts made at family reunification may have to be limited if children's attachment and identity needs are to be protected.
- 6.2.4 Develop minimum standards with regards to multiple placements, with limits on the number of placements and attempts of family reunification.
- 6.2.5 Streamline court processes so as to avoid necessity of temporary placements during hearings.
- 6.2.6 Increase resources to support existing placements (where various incidental costs and needs – e.g. transport – would otherwise lead to placement breakdown).
- 6.2.7 Where these are State issues, Federal standards should be set.
- 6.2.8 Establish an office of a Commissioner for Children to include advocacy for current and former children in care, with a view to the development of national standards.
- 6.2.9 Develop the option of assessments and therapeutic services within residential settings for children with challenging behaviours.

## **6.3 Improving Processes for Young People Leaving Care**

- 6.3.1 Legislate for uniform leaving care services, including funded services to provide graduated support to age 25.
- 6.3.2 Review requirements that young people leave placements and orders at age 18, and allow for flexibility of orders that enable an assessment to be made of young person's readiness to leave care, with action accordingly.
- 6.3.3 Where appropriate, make ongoing contact and reconnection work with birth family a priority component of case plan while young person is in care.
- 6.3.4 Funding agreements to stipulate the development of a comprehensive transition plan at least 12 months prior to the date of leaving care, with funding bodies to provide necessary resources / materials.
- 6.3.5 Government to develop standardized procedures for providing adequate financial assistance to assist young people leaving care in their move to independence (the current \$1000 grant to the most needy is inadequate).
- 6.3.6 Agencies to be funded to continue support for young people leaving their care for at least 12 months.
- 6.3.7 Government Housing Departments, in cooperation with Protective Services, to investigate the establishment of specialized services for young people who are not able to live at home or live independently. These services are to have a high level of worker support available, and to be able to accommodate young people until the age of 25, if necessary. They are also to have a strong focus on the development of independent living skills.

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## Appendix Reunion Ritual

### Commemoration Service: It is Good to be Here Today

*As part of the "Remember When – Reunions 2001" series, a small ritual was held at the beginning of each reunion. The following ritual was for the reunion of staff and former residents of St Joseph's and St Anthony's held at St Joseph's Home, Surrey Hills in 2001.*

#### **Acknowledgement: Sisters of St Joseph**

"We represent the Sisters of St Joseph, who began the work here, at St Joseph's Home in 1890, helped by our founder, Mother Mary MacKillop. We also represent those who have worked at St Anthony's Home in Kew between 1922 and 1976. There have been many children in need of a home over these years, and we have tried to give them love and shelter and food and warmth and education. Sometimes we have been hard pressed and sometimes we have failed. It is good to be here today, representing generations of those who have lived and worked and cared at St Joseph's and St Anthony's. It is good to be here today, welcoming all of you who have so many childhood memories of St Joseph's and St Anthony's."

#### **Response: Former residents**

"It is good to be here today, to remember our childhood and meet old friends. It is sad to be here today, too, knowing that we were once separated from our parents and families. Yes, it is good to be here today, knowing that we still care for one another."

#### **Response: MacKillop Family Services**

"It is good to be here today, to acknowledge the sadness and pain of many and the years of service and care for many. It is good to be here today to bring so many together again, and to ask for healing and to pray for hope. We endorse our ongoing work with former residents and we commit ourselves to doing our very best for the children who are brought into our care today."

#### **Response: Everyone**

"It is good to be here today, to see the journeys of so many coming together again at the places from which they began. It is good to see the photographs of the past and to hear the stories of childhood and witness the reunion of old friends. We give thanks for today. We ask especially for the healing of pain and courage in life. We ask a blessing on all who lived here at St Joseph's and at St Anthony's, those here with us today and those who are not with us."

#### **Ritual action:**

A group of people representing former residents of St Anthony's Kew and St Joseph's Surrey Hills and the Sisters of St Joseph come forward. They lift and hold each plaque.

**Residents and Sisters together:**

“May these plaques bear witness to the joys and hopes, the griefs and anxieties, of all the children and all the Sisters and staff and all the volunteers who lived and worked in this place.”

**Response: Everyone**

“We will remember them and we will stand with them.”

**Residents and MacKillop Family Services**

“May these plaques bear witness to the first custodians of this land, and our support for all people in claiming their rights and their identity.”

**Response: Everyone**

“We will remember them and we will stand with them.”

**Ritual action:**

Each plaque is passed to Sr Mary Duffy, who reads the wording.

**Response: Everyone**

“It is good to be here today. Let us celebrate and share our gifts together.”

## The working of the plaques

*As part of the “Remember When – Reunions 2001” series, a plaque will be placed at each of the former sites to commemorate and honour the lives of the children in care. Each plaque also acknowledges the traditional Aboriginal landowners. Each plaque records the date of the Reunion and the MacKillop Family Services logo is shown. The plaques are made of cast bronze and it is hoped they will remain as permanent reminders. The wording below is for the plaque to be placed on the site of St Joseph’s, Surrey Hills.*

### **St Joseph’s Home, Surrey Hills**

St Joseph’s Home for Destitute Children was established in South Melbourne by the St Vincent de Paul Conference in 1888 and moved to this site in May 1890. In the same month, the Sisters of St Joseph became responsible for the Home. In 1980, the Sisters relocated the work to Flemington.

Between 1890 and 1980 more than 5,530 children were resident at the Home.

This plaque commemorates and honours the lives of these children and acknowledges this site as a special and significant place.

We also acknowledge that the land upon which this Home was established is the traditional land of the Wurundjeri people of the Kulin Nation.

MacKillop Family Services

14 July 2001