

Consultation Paper on Out-of-Home Care.

This response will focus upon four issues that are raised in the Discussion Paper before providing some more general observations. The four issues are:

Regulation and oversight mechanisms

Improving support for children and carers

Therapeutic frameworks

Placement stability

The organisation has some experience in relation to these four issues and we feel that attention to these can, over time, bring about significantly better outcomes for persons who enter and experience situations of out-of-home care.

Regulation and oversight mechanisms.

In responding to the matters raised on page 59, it is our view that the goal should be to establish over time a set of national standards against which all institutions and organisation that were dealing with children would be accredited. A number of these standards would be mandatory and the number of standards that might apply could vary depending upon the degree of interaction with the children. That is, the number of standards applying say to a sporting club would not be the same as an organisation that was providing residential child care. With an independent and nationwide auditing system, big changes could be achieved in a relatively short period of time.

We suggest that the Commission could examine the accreditation process that now operates across all mental health services in Australia that are provided either publicly or privately. It is by the Australian Council on Health Standards (ACHS). Over the past 10-15 years there have been major improvements in the way that all psychiatric services are provided and run, whether they are acute or community-based services. Commensurate with this has been massive changes organisational and staff culture, major improvements in patient outcomes and significant decreases in sentinel events including physical injuries and suicides.

There is another potential benefit that would come from this sort of auditing process. It relates to the matter identified on page 68 – the sharing of information across jurisdictions. The ACHS system involves full-time assessors who are accompanied by sessional assessors. These are suitably trained people who are employed in either public or private mental health services. They conduct the on-site visits outside of their own state and this way people build up an appreciation of what is working well and what is not.

Improving support for children and carers.

The lives of too many children in Australia are being adversely compromised by the limitations, and some systemic failures, in child protection and related services that are provided through State and Territory governments. Despite the situation that is reflected in national data sets, these same governments jealously guard their powers in these areas.

It is our firm belief that there is a need for new policy thinking and a re-arrangement of responsibilities that would involve the three levels of government. Overall, far greater government resources need to be put into place at the front of family life and early education. This approach contradicts the current mantra where vast resources are directed (often out of necessity) towards patching up emergent problems that when appreciable numbers of children enter adult life. The costs are incurred in the provision of public housing, public health services, prisons, drug and alcohol treatment services etc. A change in the new direction is taking place although it is moving too slowly.

Therapeutic frameworks.

The consequences of child sexual abuse must be seen as a significant public health problem in Australia. Despite the disturbing frequency with which it takes place across our society, large-scale, long-term clinical studies are absent from the psychiatric literature. There are a number of factors that summate to account for this that don't need to be dealt with in this submission. What is known is that this experience has a devastating impact upon the psychological wellbeing of a large proportion of victims and many of them transition into severe adult psychiatric illness that becomes more difficult to treat as the person progresses in age.

What needs to come out of this Royal Commission is a recommendation for a National Early Intervention Program directed at children aged 3-13 years. The Program could be set up in a way similar to HeadSpace, the National Mental Health Early Intervention Program for persons 14-25 years. It could spread out from one children's hospital in each state and territory and it would offer evidence-based, early intervention and treatment to affected children. The program would be linked to other entities such as Children's and Family courts, Child Protection Services, Education Departments and services offering support to families. Over time there would be a lowering of the numbers of young adults presenting to adult mental health services for treatment. The life-prospects for many children would be turned around and the savings to the community would be enormous.

These suggestions were made to Commissioners when Dr Chamley and Ms Christina MacIsaac appeared at the Public Hearing about Redress (March 2015).

Placement stability.

Time spent in OOHC is the strongest predictor that a person will become homeless at some stage or stages during adult life. Placement stability is one of the strong risk factors. One of the opportunities that we believe is underutilised is the support and encouragement of kinship care. Such arrangements need particular levels of resources with opportunities for respite etc because often, the support person will be from the generation before the child's parents.

General observations.

A number of the faith-based institutions that have been the subject of Public Inquiry by the Commission continue to operate in the area of OOHC, child care etc. they are doing this through re-badged, not-for-profit businesses that have become major service providers to governments (Anglicare, Catholic Social Welfare, Methodist Mission etc). This "tradition" is strong and we believe that it prevents secular NGOs from getting a foothold in this area and then being able to build up capacity. Considering the ethnic and cultural diversity of society and the large secular component, we question why the Christian institutions should have such a hold and we believe that state governments should be encouraged to further diversify their contracting with service providers.

What is also apparent is that the existing organisations compete for contracts and undercutting can create a race towards the bottom situation. We are aware of cut-price contracts being accepted and situations of inadequate supervision having arisen as a consequence.

Prepared by Wayne Chamley.