OOHC Philanthropic Funders Network

Ideas for reform Survey Findings

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Building a better working world

We acknowledge the traditional custodians of the land on which we work together, and pay our respects to elders past, present and emerging.

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Background

The Out-of-Home Care Philanthropic Funders Network (OOHC Network) is a collaborative group of philanthropic organisations with a shared interest in improving the outcomes of children and young people at risk of entering, or with an experience of, out-of-home care (OOHC).

The OOHC Network is facilitated by The Centre for Excellence in Child and Family Welfare (The Centre), and meets to share learnings, evidence, and innovation in OOHC in Victoria and other jurisdictions. This information sharing forum supports OOHC Network members to collaborate and fund innovation grants in community service organisations to improve outcomes for children and young people with an experience of OOHC, focusing on systemic change and collaboration within, and across sectors.

Overview of OOHC Network Innovation Grants

A purpose of the OOHC Network is to facilitate collaborative philanthropic grants. These grants drive:
- a focus on improving outcomes for children and young people at high risk of entry, or with an experience of OOHC
- innovation in the OOHC service sector
- collaboration amongst not for profit community service organisations that deliver OOHC and sharing of learnings across the sector
- collaboration amongst philanthropic funders

Ideas for Reform Survey

A Call for Ideas

In order to foster the opportunity for innovation and cross-sector collaboration, an 'Ideas for OOHC reform Survey' was provided to individuals and organisations to identify what the most pressing area of need or where innovation or system change could be implemented within the OOHC system.

The Ideas for OOHC reform Survey had multiple aims, including:

- to gather ideas that would drive systemic change and/or respond to the impacts of COVID-19 on children, young people and families experiencing vulnerability
- to hear the voices of children, young people and families with lived experience of the OOHC and the child and family service system
- to encourage individuals, those with lived experience and organisations to think innovatively about the issues and design a solution
- to inform the design of the Innovation Grant round 2021-22

This survey provided a unique opportunity for involvement, to influence an area of need within OOHC and to design an idea to affect systemic change.

Four key themes identified for innovation and collaboration

Through analysis of qualitative responses, the following were identified as key areas in need of innovation and collaboration

1. Carer support

2. Mental health and therapeutic care

3. Education and participation

4. Transitioning from OOHC

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Theme 1: Carers support (Kinship Carers)

Government service delivery opportunities signalled in survey results

- An acknowledgment at both State and Federal levels of government of the number of children living in informal kinship care arrangements.

- Development of an accompanying strategy of support including, financial support and access to services that families can utilise on an as-needed basis. Areas the strategy should consider are:

  - Financial support for full-time informal kinship carers (including NZ citizens)

  - Consistency between states

  - Kinship carers located rurally

  - Financial support based on the individual's income level and working status (not altered based on de-facto relationship income)

  - Annual assessment of children in kinship care on a national scale to revise Carers allowance

  - Accessibility to required and recommended medical services, therapies and assessments.

Innovation ideas for Philanthropic Funders group

- Independent Carer Concern Committee for Carers in each region established with representatives for carers, children and young people, the statutory body and any regulatory body, such as the Office of the Children's Guardian. This will enable carers and children to have their collective and individual concerns heard in a fair and timely manner, while also protecting children and young people from being targeted and used as a threat against carers and hold agencies accountable.

- Build a kinship aware community; integrate the needs of kinship families, to encourage development of specialist services (as per Kinship Navigator program in New York) and educate and equip the workforce to enable better targeted support for carers. In an effort to provide more positive outcomes for the increasing number of children in kinship care.

- A definite move away from the current Organisational Power Structure of the various bodies involved in OOHC, to a more Carer user-friendly role, built instead on a structure of generous appreciation. This structure would allow for greater understanding of the carers perspective (including how hard Carers work, how much they sacrifice, and how much the Carers lives have been permanently altered, seldom for the better).

- A recognized and valued Career could be instituted, as an Interim Carer for OOHC children, to go further to help support the Carers who are constantly at the coal face (including a worthwhile remuneration structure), ensuring the employment of suitably trained and appropriate people.

- Give each child and Kinship Carer a list of things that they can get funded, e.g. access to respite or swimming lessons. Similar to a bucket list that can be filled on an annual basis.

Theme 1: Carer support (Carer and staff upskilling)

Government service delivery opportunities signalled in survey results

- OOHC organisations need to be restructured and require more funding to ensure workers can do the best work they can. More preventative IFS type supports rather than statutory intervention. Residential care requires more therapeutically trained individuals.

- Create a professionalised model of foster care. Specialisation of social workers/trained therapeutic specialists/nurses to care for children requiring care services.

- Comprehensive trauma-informed assessments to help educate carers to the need of each child and how to meet them.

- Kinship carers and Foster carers should receive equal funding.

Innovation ideas for Philanthropic Funders group

- Foster care need to consider "professional" home based carers, who are well trained and remunerated but also able to provide a home environment.

- Leadership and Career progression pathways for residential care workers.

- Integration of local, national and international knowledge about kinship care to provide training to workers and information to communities. Community agencies are in a good position to both hone their support for local carers, while supporting the development of a kinship aware community.

- Employment of trained clinicians in the Neurosequential Model (NMT, Bruce Perry) either by OOHC management agencies/NGOs to conduct such assessments and provide intervention plans and education to other workers and carers.

- Quality standards and performance reporting to include client experience outcome measures and workforce profile. All care plans to have KPI of a family member connection.

- Mentoring programs for carers - facilitating individual regular learning and support opportunities for carers through mentors.

- A shift towards workforce development and learning culture; e.g. residential care provided on a smaller scale and dedicated to learning opportunities and community development. Development of staff positions relevant to the purpose and needs of out of home care - a multi-skilled workforce.

Theme 2: Mental health
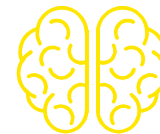
Government service delivery opportunities signalled in survey results

- To 'roll out' therapeutic foster care to all children placed in out-of-home care via child protection, involving better training for carers and workers (one-to-one support, group training) and access to therapeutic clinicians in every care team.

  - Access to supports at schools for all children who have an OOHC experience including PCO and adoption (Developmental trauma is not fixed by a different order).

  - Transition meetings with carers, DHHS and permanent care post placement supports to ensure continuity of support Continued case management after PCO/adoption granted (elderly carers with teenage children from OOHC results in placement crisis).

  - Peer support/ face-to-face clinics including regional on-site for carers which validates experience and feeling of connection and support especially to those who do not access web-based supports.

Innovation ideas for Philanthropic Funders group

- State-wide network of health navigators with a clinical health background, that work with CP practitioners to ensure an integrated approach to health assessment, recommendations for referrals or therapy are implemented, and there is regular review.

- A large scale roll-out of a state-wide network approach of health navigators (small pilots have already taken place in Victoria) to demonstrate that such a role would be acceptable and assess the number of clinicians required, with rigorous evaluation (e.g. a stepped wedge cluster randomised trial) to gather evidence for funding support.

- A state-wide roll-out is needed of multi-disciplinary assessment clinics that can provide timely comprehensive assessment, for at a minimum those children and young people identified on initial health screening to be most at risk (ideally for all children) in both metro and regional areas of Victoria to meet demand.

- Recent changes to health practice with COVID-19 and the uptake of telehealth provide an opportunity to be creative regionally with how to support such health assessments where they are few clinicians.

- Establishment of specialist therapeutic residential services developed within an NMT framework with on site educational facilities and therapeutic care teams.

- Residential houses that are 1 or 2 bed facilities with high level staffing to ensure a nurturing and therapeutic environment. Matching client's needs is almost impossible and contributes to the reasons young people escalate in their behaviours, as they feel unsafe and anxious about the other kids they are living with.

Theme 3: Education

Government service delivery opportunities signalled in survey results

- Financial support to facilitate extra educational activities such as sports and arts.

- Education assistance for all children in OOHC such as ongoing tutoring, provided in addition to the current programs that are available, to assist them to learn the basics that so many have missed.

- Education assistance such as tutoring should be provided to all children/youth in OOHC and across all placements - kinship, foster and residential to ensure equality of educational service provision.

- The Education department instilling a multidisciplinary team (e.g. psychologists, occupational therapists and speech pathologists) to work directly with OOHC experiencing children to support their abilities to learn in school.

Innovation ideas for Philanthropic Funders group

- Building capacity of schools to work with family around engaging in learning. Including trauma informed practice for all teachers using relational experiential interactive model of learning with mentors from community organisations.

- Capitalise on the use of evidence-based, best practice mentoring programs, such as the Young Warrior Woman Program. Provide one-to-one mentoring and group mentoring with those who have lived experience in the OOHC system and have successfully transitioned to adulthood to provide a sense of community.

- Stronger cross-sectoral collaboration, requiring a shared and consistent practice approach and program that seeks to involve young people in decisions and aligns opportunities, resources and connections that enable mainstream education pathways and a sustainable livelihood beyond OOHC.

- Transitional support to keep young people in school and working part-time, and programs for building social skill development.

- Brotherhood of St Laurence has developed and refined a youth focussed model and approach for working with young people, particularly those experiencing disadvantage, operationalised through the Developing Independence program. The program provides a framework for guiding the way services and the community works with and invests in young people differently and provides a structure for educators, carers and young people to collaborate in the establishment and pursuit of goals around six broad life domains. Developing Independence has the potential to be co-delivered by Residential Care staff with local education providers and support services and is compatible to be delivered as an accredited Certificate I, as part of a VCAL or as a non-accredited program.

Theme 4: Transitioning out of OOHC

Government service delivery opportunities signalled in survey results

- Extended support for those transitioning out of OOHC to develop independent living skills and obtaining sustainable and safe accommodation. In first year post-care there high levels of unemployment and homelessness and low levels of further study.

- Both Federal and State level of government commitment to provide young people leaving care with support they need until 21.

- Provision of a suite of housing options for young people transitioning from care that are specifically designed for young adults and their presenting needs.

- Youth transitioning from OOHC provided with life-skill education and the support of trained trauma informed mentors.

Innovation ideas for Philanthropic Funders group

- A move towards Advantaged Thinking in transition from care services is well received by young people as it shifts focus from what is 'wrong' with them, to what they can aspire to and achieve. This approach is far more motivating and equips young people to work towards aspirations.

- Involve care-experienced young people in co-designing mental health and wellbeing initiatives that recognise trauma but also support young people to identify their unique interests and talents and the opportunities for them to build education, career and lifestyle pathways that complement them as a person.

- Early planning and an investment in diversified OOHC housing exit options. If there are enough diverse housing options post OOHC, then OOHC providers can support young people and plan from a young age - what their housing exit will be and what needs to occur to transition into this. Too often is this left until 17.5 years of age and no plan.

- More resources or potential investment in a step-up/step-down model of Lead Tenant for young people aged 17-20.

- Victoria is well placed to examine the outcomes of different approaches to extended care after a series of pilots and reforms have been in varied levels of progress around the state, and in metropolitan, regional and rural settings over the past 5-10 years. Qualitative data from Australia is rich with insights into policy implementation problems and practical implications of the ways that our systems have been organised through economic rationalist and managerial approaches to service accountability and compliance.

- We need to understand issues, measure outcomes and put in place accountability measures that accurately reflect the work that professionals and services do instead of relying on output reporting of sometimes irrelevant variables and measures. These measures should be informed by evidence from people with lived experience of services and of the realities of service provision and engaging practice.

- Opportunities for young people aged15-25 to attend local community groups designed for youth transitioning from care.

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