

COMMUNITY SERVICES COMMISSION



Changing the face of community services



Finding a Place:

A forum on the role and future of residential care in out-of-home care

**Summary of Proceedings
October 17, 2001**

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Finding a Place

Summary of proceedings

1. Background and Aims

Finding a Place was convened and hosted by the NSW Community Services Commission ('the Commission') and the Association of Children's Welfare Agencies (ACWA). The aim of the forum was to promote discussion of the role of, and way forward for, residential care for children and young people in out-of-home care. The forum program was designed to allow speakers and participants to canvass a range of issues around residential care, including the needs that residential care can and cannot meet; achieving good practice in residential care; and safeguards to promote quality care. Appendix 1 provides the forum program.

The forum was attended by some 120 people from a range of organisations and interest areas, primarily NSW government agencies, non-government providers of out-of-home care and Supported Accommodation Assistance Program (SAAP) services.

2. Presentations

Invited speakers presented an assessment of the role and future of residential care from a range of perspectives. Full copies of papers are available through the ACWA website, <http://www.acwa.asn.au/acwa/news/ResCare2001.html>.

Speakers to the forum were:

- Rhonda Stien, Executive Director of Child and Family Services, Department of Community Services (DoCS)
- Jane Woodruff, Chief Executive Officer, UnitingCare Burnside
- Michelle Caldwell, Young Consultant, CREATE Foundation
- Howard Bath, Director, Thomas Wright Institute (ACT)
- Narelle Clay, Chief Executive Officer, Southern Youth and Family Services

The following provides a brief overview of key points raised in presentations.

Rhonda Stien

- Major historical shifts in out-of-home care have been:
 - the closure of large congregate care facilities
 - most children and young people being cared for in families
 - acknowledgement of the support needs of young people leaving care.
- The Care 2001 Reference group (DoCS with Community Partners) is currently working on a funding/purchasing framework for out-of-home care. Preliminary work has commenced on the residential care component of this framework.
- DoCS is committed to residential care which is:

- High quality
- Small scale
- Integrated into the community and broader service system
- The out-of-home care budget has increased over the past four years. The budget for 2001/2002 is \$165.5M. Of this, 25 per cent is allocated to DoCS out-of-home care; 24 per cent to non-government out-of-home care; and 43 per cent to allowances and contingencies. A further 6 per cent is applied to policy and administration, and 2 per cent to AfterCare.
- Of the 8,517 children and young people in out-of-home care, only 2.8 per cent are currently in residential care. 1.3 per cent are in supported accommodation, and a further 0.2 per cent are in DoCS family group homes.
- The Care 2001 Reference Group is keen to consider the role of residential care, its place in the service mix and the purchasing framework within the available budget.
- Major challenges in out-of-home care are:
 - ready accessibility to a range of out-of-home care placements
 - planning in an environment where we cannot control demand
 - placing children and young people as close to their community as possible
 - flexible service delivery options to meet changing needs
 - meeting the needs of children and young people with challenging behaviours.

As a final point, Rhonda noted the Department needed to work in partnership with the sector, and is committed to an ongoing dialogue with the sector to achieve that.

Jane Woodruff

UnitingCare Burnside has been providing residential care since 1911. Jane's presentation focused on how changes to a number of UnitingCare Burnside's residential services had occurred; what had prompted review and evaluation; and the lessons that had been learnt.

In considering "what have we learnt?" Jane raised the following:

- UnitingCare Burnside's residential care programs have undergone changes and review. A number of the agency's residential services were evaluated, leading to a reform process based on some key questions: was residential care too problematic? Too expensive? Moreover, what were the outcomes for young people? What other models are there? What is happening in the rest of the world? These questions prompted the agency to pool its residential care expertise and practice knowledge, in a series of meetings to look at the way forward.
- In hindsight, it seems that the evolutionary nature of residential care has meant that program changes have been reactive rather than planned: changes have focused on accommodating requests for change, rather than resulting from decisions to change aspects of programs.

- What the agency has learnt is that successful residential care relies on good planning; a research basis to service provision; a clear philosophical basis to underpin the work; good leadership of the team, where the leader is clear about the programs direction and philosophy; and suitably qualified, experienced and skilled staff who share the values and philosophy of the program and organisation. It is critical that all layers of management in the organisation are focussed and “ in sync”, in driving successful residential care. Referrals of young people need careful assessment, to determine if residential care is within their social and emotional abilities. Also important is taking a balance of older residents and younger residents, within the age target of the program.

In conclusion, Jane summarised a range of factors that can make residential care work, noting that exactly the same requirements apply for a successful system of residential and other out-of-home care:

- Infrastructure
- Adequate resources
- Planning
- Clear philosophical underpinning based on good research
- Leader
- Shared commitment across agency
- Time to think and reflect
- Range of options or ways of providing options
- Participation of young people in decisions that affect their lives
- Appropriate staff
- Only young people who will benefit from residential care
- External evaluation
- Capacity to change as needs, environment etc, change.

Michelle Caldwell

(paper as presented in full)

Hi, I'm Michelle, Young Consultant for CREATE Foundation and I feel that it is important today for me to express my experiences of being in care and one of those experiences was when I was nine, in an Aboriginal Residential group home. At the time I thought that it was crap. But now when I look onto it, a bit more mature minded, it was one of the best things to happen to me. Why? It was like I was in a family, getting to choose what I wanted for dinner and "no I wasn't allowed McDonalds every night". It was also like having two brothers and a sister, with a close bond, we still keep in contact today. A really important thing for me was that we were encouraged to do our schooling and participate in schooling events. I felt special knowing that I was being treated as a "normal" kid - not that I'm not normal but I was in care. I thought that it was an excellent thing for when I was younger, but I don't think I would benefit from it now at this age.

More recently I've stayed in female only refuges and have experienced similar things to the group home. The refuge prepared me to becoming independent and taught me things I needed for my age. It wasn't always 'peaches and cream' to me, there was a huge thing of privacy and trust which lacked.

I was really lucky to have had a good experience in a group home. I don't think it should be about luck. We need lots of different kinds of care for kids. We need to make sure that kids aren't treated like numbers, that workers need to actually care for children and that children are safe both inside and outside care. Thank you for listening to me and taking the opportunity to listen to other children. Thanks.

Narelle Clay

Narelle put forward the view that residential care can and does work, and while the option is costly, this cost has to be balanced against the benefits of the support and sense of connection it can provide for young people. Her presentation canvassed the main factors in why residential care can fail, and in making residential care work. The following summarises some of the factors put forward as making residential care work:

- *Staff:* There must be adequate staff numbers, including necessary clinical staff, and direct care staff must be appropriately trained, experienced and skilled. The Award in NSW should be implemented and funded, and short term reliance on casual staff – partly a result of reliance on Individual Service Planning funding – should cease. Narelle also questioned payment to for-profit agencies in the context of inadequate funding to community agencies.
- *Client wishes:* We need to respect the wishes of clients. Some young people will prefer residential care and for some families, it will be the best option to re-engage them with their children. Residential care should not only be for those with highest need.
- *Service Mix and Economy of Scale:* Residential services need to be equipped and funded to a sensible scale of economy. Attachment to other services can enhance economy of scale and provide some exit points and specialist supports. We need to be able to offer all service model types in every region. Competition and tendering are counter-productive to co-operation and should be discarded.
- *Specialist Services:* should be available to clients, through either provision within the service or through formal links and arrangements with relevant providers. For very high need young people, specialist services may be best provided by government.
- *Leaving Care/Intersection With SAAP:* We must stop using SAAP as a defacto Substitute Care Service. Those SAAP services that have proven they can work well with substitute care clients should, however, be encouraged to continue operating in the residential substitute care legitimately. Better processes must be developed for the leaving care period and there is much to learn from SAAP in that.

- *Resources, Infrastructure and Capacity:* There must be investment in finding what's working and build on it. ISP funds and other short term funding solutions should not be used to replace services and service infrastructure must be adequately funded.

In conclusion, Narelle noted that there needs to be the political will by Government to fund residential care, because good quality care for children will cost. If we are serious about meeting the needs of young people in the care system, and about meeting our responsibilities to young people, then we must strongly assert to decision makers that the system must be fixed but that this cannot be done in a resource neutral environment.

Howard Bath

Howard's presentation considered changes in approaches to residential care over past decades and provided an analysis of trends and challenges in out-of-home care, particularly in residential care. Key points made included:

- There has been a decline in the overall numbers of children being placed into out-of-home care. Increases in demand have been taken up in foster care, with decline in the usage of group care.
- There has been a clear decline in residential care. The SAAP system is increasingly being used (or misused) as a default care system for younger children; none of the older institutions remain; family group homes are no longer a significant option; and group care with rostered staffing is an expensive option in decline. The more recent one-to-one arrangement for young people with particularly high needs and challenging behaviours is a high cost and ad hoc coping option, generally used when all else has failed. While brokerage approaches offer realistic options for some young people, they are limited by the availability of specialist services in the community and cannot provide the continuity or the 'security of place' that many young people need.
- Residential care used to be an option of choice. Today there is a distilling process at work and it is the very last stop in the process. Residential care is generally considered only after multiple foster care failures. Clearly, the vast majority of young people in residential care today, and especially those in one-to-one arrangements, need *treatment* and care.
- As they are currently configured and with their current referral patterns, there is no longer-term future for residential care services. They do not meet the needs of clients, service providers, statutory agencies or communities and their environments are often unstable, abusive and dangerous. However, there is a future for residential options that seek to actually address the needs of the young people that come to them. This is not about re-institutionalisation, but about a diversification that may include some new, smaller, focused, residential treatment options.

In conclusion, Howard noted that while we all recognise the need for a continuum of care options, there is really only one option available for most children/young people who need out-of-home care, and that is foster care. It is used and abused even when it is quite clear that a young person needs something more. The high placement breakdown rate in foster care and the number of placements some children experience attest to the misuse of this valuable resource.

What is needed are:

- more options not fewer;
- options that address the behavioural and mental health needs of young people who have them, and an exploration of the possibilities of 'treatment' or 'forensic' foster care.
- a place for residential services that are designed to meet the needs of children and young people for whom care alone is not enough.
- a new focus on treatment (along with care), acknowledging the attendant implications for program development, case management, funding, staff qualifications, and specialist training.

3. Questions and comments to speakers

Questions from the floor following presentations focused on DoCS' support for residential care and the 'mixed messages' being received by services about the Department's position, in both out-of-home care and SAAP areas.

In response, Rhonda Stien noted:

- Inconsistent messages need to be addressed and there needs to be a clear and consistent position. There is a commitment to having a component of residential care within out-of-home care, but this has yet to be closely considered in the work of the Care 2001 team. What has to be worked out at both Central and Area level is where services are located, what they are, whether they are treatment or care, and what children they should be targeted to.
- There may be some perception that community placement options will provide more flexibility, individualised options and so on for children than residential care. What people want to understand is the underlying philosophy and principles that will guide residential care, if we are going to have this as a component in the system. If it is to be a component of the system, residential care must be a quality option.

4. Small group discussion

In order to enable participants to explore some of the key issues around residential care in more detail, a session was allocated to facilitated small group discussion. The

aim of groups was to promote discussion, rather than reach a group consensus on issues. All 16 groups were provided with key questions to prompt discussion:

What are the needs that residential care can and cannot meet for children and young people in out-of-home care?

Who should provide residential care and what range of options are needed within the system?

What particular aspects of service delivery or qualities of providers are needed to ensure good practice in residential care?

The following summary is based on notes taken by small group facilitators.

What are the needs that residential care can and cannot meet for children and young people in out-of-home care?

Consistent themes across groups

The one consistent theme across groups—regardless of views expressed regarding the desirability or otherwise of placing children and young people in residential care—was that it should be a defined component of the out-of-home care system. The importance of determining placement type in the context of client need, and better matching the needs of clients with available options, was also noted in a number of groups.

In the majority of groups, the view was stated that residential care is unlikely to be able to meet the needs of younger children. For those that provided an age ‘cut-off’, 10 years was the minimum age put forward, with most stating residential care should not generally be for those under 12 years of age. Most related this age cut-off to the developmental needs of children, but a number also noted the difficulty in obtaining foster care options for older children.

Areas of difference across groups

Groups expressed a wide range of opinions on the role of residential care. Key areas raised were:

⇒ *Residential care as a viable option or a ‘last resort’?*

In a number of groups, it was put forward that residential care cannot replace a family setting and is not a place to grow up in. In this sense, residential care was seen as being the ‘poor cousin’ to placement with individual/family carers and often, only required after the breakdown of multiple foster care placements. However, in other groups the view was expressed that residential care can provide a sense of belonging and long-term attachment and for some young people, and is not necessarily a last resort option but the only appropriate option or choice.

⇒ *To whom should residential care cater?*

In some groups, it was put forward that more 'difficult' or 'damaged' children and young people are the group best targeted by residential care programs. In others, however, there was some view that those with more challenging behaviours have a higher need for a one-on-one or family care situation. Further, while some believed that services should cater to a 'mix' of young people, others noted that mixing 'care only' children with those demonstrating difficult behaviours would create difficulties within a service and could influence vulnerable children to act out. In two groups, concerns were raised about the potential for further abuse of vulnerable children placed in a residential situation with young people with behavioural issues.

⇒ *Short or long term?*

Some felt residential care was best utilised as a short-term care option, for instance, as a 'stabilising' model between placements or the last step before independence. Others supported a mix of long and short term options, to meet individual need.

⇒ *Specific groups whose needs can and cannot be met through residential care*

Target groups specifically identified in discussions as being most appropriate for residential care options included:

- Older young people moving toward independence.
- Children and young people with a strong bond to their own family and those for whom family reconciliation is likely.
- Sibling groups, who may have to be separated if placed in foster care
- Children and young people who do not wish to live in a family environment.

Across groups, there was a clear acknowledgement that residential care services, as currently provided, could not meet the range of needs of some young people in care who may benefit from a residential option. Groups specifically identified included:

- Children and young people needing a therapeutic or treatment approach. Currently, services are unable to cater to this level of need.
- Children and young people with behavioural or mental health issues, drug and alcohol issues, or those with a history of sex offences. The lack of involvement of NSW Health and health-related services in residential out-of-home care was noted as a significant issue in a number of discussion groups

Who should provide residential care and what range of options are needed within the system?

Consistent themes across groups

⇒ *Range of options*

There was an acknowledgement in the majority of groups that availability of a range of care options, including residential care, should characterise the out-of-home care system. Most specifically noted that residential care should be a defined component within the system. The need for adequate resourcing of residential care models was raised consistently as a key issue. In many groups, a clear link was made between appropriateness of models and adequate and equitable levels of funding. Current funding was generally not seen as being sufficient to provide the level and quality of residential care required.

The need for options to provide, or promote, permanency and continuity was put forward in a number of groups. The capacity for organisations to provide a range of options to ensure continuity, agencies taking responsibility for children and young people as they move through the system, and client-focused case planning were key factors raised.

Those groups which considered the issue more closely identified a range of sub-components for residential care services, including:

- Group homes
- Family group homes for siblings
- Therapeutic services (with properly funded staff, security and facilities)
- Intensive support services
- Options for specific groups whose needs are not currently being met (mental health, those in contact with juvenile justice, sex offenders)

Areas of difference across groups

⇒ *Government or non-government?*

Views on whether there are specific roles or aspects of residential care that might be best fulfilled by either NGOs or government varied significantly. There were three main positions put forward in group discussions:

- There should be a mix of government and non-government providers. In one group, it was pointed out that what matters is that the agency is well resourced to provide the service, and if there are agreed standards and accreditation, the question of who actually provides it is less pressing. Another group raised the issue that each Area required a range of service options, and if NGOs were unable to provide this, then DoCS should step in to ensure provision of the range of options.
- NGOs alone should provide residential care, with DoCS focusing on administrative matters, such as funding and accreditation. In a number of groups, it was said that NGOs were 'better' at providing residential care, and history of government provision in this area showed that it had not worked.
- There should be a clearly defined separation of responsibility, with NGOs providing residential care and DoCS providing assessment and specialist support services or services for 'difficult' children and young people. Some view was expressed that NGOs were unable to cater to children and young people with very high needs.

⇒ *The role of SAAP and brokerage*

Views on the role of SAAP agencies in providing residential care to children and young people in out-of-home care also varied widely. One view was that SAAP should be integrated into residential care provision, rather than remaining a parallel system to out-of-home care. Conversely, another view was that SAAP needs to be available to children and young people who are homeless, and that there has been an abandonment of child welfare responsibilities to SAAP services. Some saw risks in reliance on SAAP due to lack of clinical support, scrutiny, safeguards and accountability, while others saw SAAP as an appropriate exit point for children leaving out-of-home care. Where SAAP was seen as an appropriate residential care option for children and young people in care and/or leaving care, the need for increased cooperation between the programs was acknowledged. Proposals included the possibility of transfer of funds between SAAP and out-of-home care,

and SAAP being an auspice for services, as put forward in the Commission's paper *Out-of-home care and the role of SAAP*¹.

In most groups that discussed brokerage, there was a view that it had some role within the overall model of out-of-home care. However, there were a number of qualifications, with questioning of the role of 'for profit' providers; the lack of evaluation and safeguards in applying ISP funds; and issues around lack of permanency planning and long term case management.

What particular aspects of service delivery or qualities of providers are needed to ensure good practice in residential care?

Consistent themes across groups

In the majority of group reports, there was consistency in the types of qualities recognised as necessary for good practice in residential care. Key aspects identified were:

- ⇒ *Paid and qualified staff*, with service capacity to attract and retain committed workers. It was noted that good practice in service provision does not occur without systems for supporting workers, including professional supervision.
- ⇒ *Collaboration and partnerships* between government and non-government sectors and between the range of service providers. Partnerships were envisaged as working together to ensure availability of a range of resources and services, and teamwork between DoCS and agencies. One group noted that while agencies can't be forced to cooperate, networking, discussion and joint ventures should be encouraged.
- ⇒ *Adequate service infrastructure*, including clear philosophy and policy; long term planning; consistent casework practice; and secure funding / resources to implement policies and plans and ensure integration between policy and practice. One group advocated a mapping of the out-of-home care sector, in order to identify exactly what exists and what is needed.
- ⇒ *Evaluation and monitoring* as key components of service quality. Strategies identified by groups included annual reviews and in-service and independent evaluation; seeking the views of clients; action research; and community visitors.

Areas of difference across groups

- *Standards and accreditation*. Reports from a number of groups noted the danger presented by lack of standards within the sector, and the difficulty in judging good practice in the absence of accreditation. Within these groups, there was

¹ Community Services Commission *Out of home care and the role of SAAP: Meeting the needs of unsupported children and young people*. Issues paper 1, September 2001

some view that advocated consistent application of these systems. However, other groups' discussion included the opinions that standards should not 'drive' the service to a point where responses lack flexibility, and that accreditation is problematic and quality assurance should occur through workplace assessment and employment of staff with competency based qualifications.

5. Facilitated open discussion

The final session of the forum was an open discussion facilitated by Robert Fitzgerald.

Key areas of focus for the session included:

- For whom is residential care appropriate?
- The cost of residential care and funding issues in out-of-home care
- Concepts of a continuum of care and consumer choice in the system
- Consumer participation
- The need for therapeutic models of residential care

The following highlights some of the views put forward by the speakers panel in the open session, generally in response to comments and questions raised by participants.

On the appropriateness of residential care:

- *Rhonda Stien* noted a conundrum, in that a residential service with six staff and six residents will require a young person to negotiate some 36 relationships. However residential care is put forward as an option where foster care fails due to an inability of the child or young person to form attachments.
- *Narelle Clay* noted the value of residential care for the children of some families, where support is focused on re-engaging the family with their child. While families may feel they are in competition with a foster family, they don't tend to feel this way in regard to youth workers.

On the cost and funding of residential care:

- *Rhonda Stien* raised the issue of residential care being the highest cost form of care (noting also the cost of Individual Service Plans) and the general expectation that highest cost services will be provided for the highest needs children - which creates issues for residential care services. Rhonda also addressed issues around competitive tendering, noting that there has been some move away from this in the human services area, particularly in child welfare. There is a move to have negotiated agreements around purchasing that can assist in building service capacity around specific needs.

- *Jane Woodruff* raised the issue of the difficulty of creating a supported care system within current funding models. Gaining capacity for a flexible range of services with so many different 'buckets of money' in key areas such as juvenile justice, health and CSGP was a key issue for government to resolve. Jane drew attention to the value of the non government sector's contribution, in terms of volunteer hours, capital and additional money channelled into the sector, and the need to highlight and use this in negotiations with Treasury.
- *Narelle Clay* expressed some caution over merging 'buckets of money', in that it could result in community development and strengthening funds being re-allocated to the 'hard end' of child protection. Narelle did not accept that there was not enough money for residential care, and that the key issue was government decisions about where money should be spent.

On provision of a continuum of care and consumer choice:

- *Jane Woodruff* put forward the view that rather than representing a 'continuum of care' model, the current system is a 'cascade model'. A cascade model starts with the easiest option and cascades from there. For example, start with respite care, if that doesn't work, move to foster care, if that doesn't work, move to wherever – until you get to the end of the line and all that is left is residential care. What should happen is good needs assessment and appropriate placement from the start.
- *Michelle Caldwell* noted that for a young person, choice was sometimes a good thing, sometimes not. In her experience, there were times where there was no choice in placement, but in hindsight, it turned out to be a positive thing.
- *Narelle Clay* observed that for young people, choice can be difficult, as they haven't experienced the services available and don't know what the choices may be.
- *Robert Fitzgerald*, referring to comments from the floor, noted that for some groups – particularly children and young people with disabilities – the absence of choice was even more profound, due to lack of availability of a range of options and lack of understanding about the options that do exist.

On consumer participation:

- *Michelle Caldwell* drew attention to the fact that she was the only young person in care represented at the forum, and that there should have been more young people present and participating. Decisions on the future need to be made in the context of the views of children and young people in care.

On the need for therapeutic services:

- *Howard Bath* proposed that residential care is not the only option for children and young people who are unable to attach in foster care, and reiterated the need for therapeutic services. He noted emerging evidence that therapeutic and forensic foster care may be powerful environments for young people and children with

difficulties like attachment. In this country, there is really no clear example of intensive therapeutic support – what we have is limited to foster programs where there is a little more casework involved, or a little more payment to carers. Howard stated that while the US has a whole field of residential treatment, we don't have it at all. Even so, the residential care sector is getting young people who need treatment by default and they are having to provide treatment but are neither resourced nor supported to do it properly.

- *Jane Woodruff* observed that the danger with treatment services, if we are not extraordinarily careful about how they are established, is that they can end up taking more and more people, stigmatising young people, and replicating the situation we had previously with institutions.
- *Narelle Clay* noted that currently, some residential care services are already operating as treatment services, but without the necessary resources and support. She reiterated the need for improved support systems.

6. Concluding comments

Robert Fitzgerald concluded the forum by highlighting a number of additional issues requiring close consideration and further action.

Robert acknowledged the deficiencies in the discussion regarding issues surrounding children from Aboriginal and Torres Strait Islander backgrounds. These issues have been clearly highlighted in the Commission's report *New Directions: from Substitute to Supported Care Final Inquiry Report* (2000) and a significant group review recently released by the Commission, *A question of safeguards: Inquiry into the care and circumstances of Aboriginal and Torres Strait Islander children and young people in care* (2001).²

Further, Robert noted that the sector often does a great disservice to children and young people with disabilities. The split in the system between out-of-home-care and disability services for children and young people has to be rectified, and this must be addressed not only within the government but also with the sector itself. He stated that one of the things the Commission's substitute care inquiry did was to challenge the sector, both government and non-government, to their responsibility for children and young people with disabilities and how we might collectively respond to their extraordinary needs. He noted that such work is ongoing and urgent, and that there are still several hundred children and young people with disabilities in residential care, the majority of whom are still in large institutional care. Even more children with disabilities are waiting at home, and their situations are both vulnerable and precarious.

² Community Services Commission 2000 *New directions-from substitute to supported Care*. Final Inquiry Report.

Community Services Commission 2001 *A question of safeguards. Inquiry into the care and circumstances of Aboriginal and Torres Strait Islander children and young people in care*

Finally, Robert pledged that he and the Commission staff would continue to ensure that the issues of supported care and out-of-home care remain at the top of the agenda.

Appendix 1 Forum Background

Presenters' papers are available on the ACWA website:
<http://www.acwa.asn.au/acwa/news/ResCare2001.html>

This summary of proceedings is available on the ACWA and Commission websites <http://www.csc.nsw.gov.au>. Hard copies are available on request

COMMUNITY SERVICES COMMISSION



Changing the face of community services

Finding a place – a forum on the role and future of residential care in out-of-home care

The Community Services Commission and the Association of Children's Welfare Agencies (ACWA) invite you to participate in this important forum on the role and future of residential care in out-of-home care:

**When: 9.00am – 1.00pm, Wednesday 17 October 2001
(Registration from 8.30am)**

**Where: Ionic Room, Masonic Centre
Cnr Goulburn and Castlereagh Streets, Sydney**

The aim of the forum is to promote discussion of the role of, and way forward for, residential care for children and young people in out-of-home care. The forum will canvass a range of issues around residential care, including the needs that residential care can and cannot meet; achieving good practice in residential care; and safeguards to foster quality care.

Invited speakers will present a range of perspectives on the role and future of residential care. Audience participation will be encouraged and facilitated.

Invited speakers are:

- ◆ Rhonda Stien, Executive Director, Child & Family Services, Department of Community Services (Child and Family Directorate)
- ◆ Jane Woodruff, Chief Executive Officer, *UnitingCare* Burnside
- ◆ Colleen Moran/Michelle Caldwell, CREATE Foundation
- ◆ Narelle Clay, Chief Executive Officer, Southern Youth and Family Services
- ◆ Howard Bath, Director, Thomas Wright Institute (ACT)

Cost for forum attendance is \$44 per person, inclusive of GST. The cost includes morning tea and lunch. Individuals who are unwaged/not being supported by an organisation to attend may register free. To register for the forum, please complete and return the attached form to Josephine Formosa at the Community Services Commission.

The forum will be followed by the **ACWA AGM**, starting at 2pm. Forum participants are welcome to attend. Guest speaker will be Margaret Allison, Director General, Department of Ageing, Disability and Home Care. ACWA Members will receive formal notice of the AGM by separate flyer.

Finding a Place: The role and future of residential care in out-of-home care Program

8.30 - 9.00	Registration and coffee
9.00 - 9.10	Opening welcome and introductions <i>Nigel Spence, CEO ACWA</i>
9.10 - 10.30	Speakers <ul style="list-style-type: none"> ◆ Rhonda Stien, Executive Director, Child & Family Services, Department of Community Services ◆ Jane Woodruff, CEO, <i>UnitingCare</i> Burnside ◆ Colleen Moran / Michelle Caldwell, CREATE Foundation ◆ Narelle Clay, CEO, Southern Youth and Family Services ◆ Howard Bath, Director, Thomas Wright Institute
10.30 - 10.50	Questions and comments to speakers
10.50 - 11.15	<i>Morning Tea</i>
11.15 - 11.50	Small group discussion: Key questions and issues in residential care
11.50 - 12.50	Facilitated open discussion and group feedback

	<i>Robert Fitzgerald, Commissioner for Community Services</i>
12.50 - 1.00	Summation and closing <i>Robert Fitzgerald</i>

PAPERS from the forum will be available on the ACWA website : acwa.asn.au in LATEST NEWS/CURRENT ISSUES