

R-a-p-i-d Response

Whole of government services for
children and young people under
the guardianship of the Minister

Minister for Families and Communities



Government
of South Australia

Acknowledgement

Rapid Response was produced under the auspices of the Across Government Guardianship Steering Committee. We acknowledge the contribution of young people, foster carers and service providers.

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2005

> Contents

Foreword	2
Executive summary	3
Rapid Response: Whole of Government Services	5
1. Introduction	5
2. The case for change	6
3. Scope	8
4. Developing Rapid Response: the process	10
5. Major findings	12
PART 1: THE FRAMEWORK	13
Principles	13
Service guidelines	15
Strategic areas	16
1: Case management	16
2: Assessment	16
3: Service response	16
4: Information sharing and privacy	18
5: Regional Guardianship Service Networks	19
Accountability	20
PART 2: ACTION PLAN	21
Strategy area 1: Case management	22
Strategy area 2: Assessment	23
Strategy area 3: Service response	24
Strategy area 4: Information sharing and privacy	32
Strategy area 5: Regional Guardianship Service Networks	34
Appendix 1: Working Group for the Rapid Response Service Framework	35
Appendix 2: Across-Government Guardianship Steering Committee	38
Appendix 3: Progress Report	41
Glossary	47
References	51
Bibliography	52

> Foreword

Rapid Response: Whole of Government Services will help children and young people under the care of the Minister to receive the necessary supports and services to ensure their health, education and wellbeing.

The government is committed to providing excellent care for the ‘Minister’s’ children: those children and young people who have been placed under the guardianship of the Minister to provide a living environment to allow them to grow and develop in safety. As part of this commitment the government has agreed that they will receive the highest priority in service provision from all government agencies.

We need to be conscientious ‘parents’ and ensure the Minister’s children have a parent figure who takes responsibility for the overall management of their needs. We need to know how well they are doing emotionally, psychologically and physically. We need to know how well they are developing as they grow up, how well they are learning at school, and how prepared they are to make the transition to successful adulthood.

Children and young people under the Minister’s care will be provided with opportunities to do their best in school and recreational activities. They will be provided with services that respond to the psychological and emotional trauma and physical effects that often result from abuse, neglect and separation from family. They will also have appropriate housing and support, and training and employment services to maximise their opportunities to live successfully when they have left the Minister’s care.

No single government agency or department can look after these children. They require a whole of government approach to ensure that services are coordinated and focused on their needs within the context of their care.

Rapid Response: Whole of Government Services provides a unique road map to maximise opportunities for a whole of government response to children and young people under the guardianship of the Minister.

Hon Jay Weatherill MP
Minister for Families and Communities

October 2005

> Executive Summary

Introduction

Rapid Response: Whole of Government Services is part of the SA Government's Keeping Them Safe¹ commitment to the reform and renewal of South Australia's child protection system. Its aim is to ensure that children and young people under the guardianship of the Minister for Families and Communities do not miss out on the supports and services available to children with strong family networks.

Children and young people under guardianship often have difficulty in accessing health, housing, education, welfare services and employment. They may have significant medical, psychological, developmental, educational and behavioural problems as well as other disabling conditions. Reduced and interrupted access to services means that early intervention and effective delivery of services may not take place, with an impact on both their immediate needs and long-term outcomes.

Rapid Response follows from a Cabinet directive of April 2004. Its development was overseen by an Across-Government Guardianship Steering Committee and involved extensive consultation with service providers and the young people under guardianship.

Part 1: The Framework, describes its genesis, and includes the scope, findings, principles and strategic areas. Part 2: The Action Plan, details the recommendations and actions that agencies will need to carry out to put Rapid Response into place.

Scope

Rapid Response places children and young people under guardianship firmly at its centre. Its focus is on providing a holistic, coordinated approach to all

aspects of their lives including:

- > physical health
- > psychological and emotional health
- > developmental progress
- > disability needs
- > education
- > housing needs
- > transition out of state care, that is post guardianship supports and services.

Alternative care placement and placement support largely sits outside the parameters of this Framework, but its implementation will have a positive flow-on effect for many alternative care placements.

Key findings

In the development phase of Rapid Response, it was found that the establishment of the following services is central to improving the present system:

1. Consistent case management, case planning and review.
2. Comprehensive psychological, developmental and physical health assessments for all children and young people in the care of the Minister.
3. A network of multidisciplinary allied health services addressing developmental delay particularly in the 5 to 12 year age range.
4. Therapeutic services providing a holistic response specifically to address the effects of abuse, neglect and separation from family.
5. Therapeutic services that assist foster carers to understand and respond to the psychological, emotional and behavioural disturbances of children placed in their care.
6. Continuity of health care coupled with coordination and information sharing between agencies responding to the needs of children and young people in guardianship.

7. Stable and consistent schooling to improve results and achievement in literacy, numeracy and adaptive behaviours.
8. Appropriate housing and support services to help young people make the transition from care into independent living.
9. A holistic coordinated service response that addresses the major life areas of the child or young person.

The identification and filling of service gaps is essential in improving the service system.

Aims

The aim of Rapid Response is to address the health, housing, wellbeing and educational needs of children and young people under guardianship of the Minister in five strategic areas:

1. Case management
2. Assessment
3. Service response
4. Information sharing and privacy
5. Regional Guardianship Service Networks.

Principles

Rapid Response is underpinned by a commitment to:

1. Priority access to services
2. Participation by children and young people and providing them with information
3. The best interest of the child
4. Equitable outcomes
5. Choice
6. Access
7. Responding to diversity
8. Cultural respect
9. Normalisation
10. A smooth transition to adulthood.

A collaborative approach

Rapid Response moves away from a service model in which individual agencies provide unconnected, separate responses to children and young people towards one in which:

- > services work collaboratively as a 'service network'
- > there is a shared understanding that:
 - > is child-centered
 - > fosters the strengths of the child
 - > takes into account the context of their care.

Overarching strategy

We will provide collaborative, holistic, multi-agency service responses to children and young people under guardianship of the Minister through the following strategies:

1. Case management

Provide a system of robust case management, case planning and review.

2. Assessment

Increase the system's capacity to provide psychological, developmental, physical health and educational assessment.

3. Service response

Increase the system's capacity to provide services for children and young people under guardianship through all relevant government departments.

4. Information sharing and privacy

Increase information sharing and continuity of information relevant to the child's health, wellbeing and life opportunities.

5. Regional Guardianship Service Networks

Establish collaborative, holistic, multi-agency regional service networks responding to children and young people under guardianship.

Rapid Response: Whole of Government Services

> 1. Introduction

Our legal obligation

Under the *Children's Protection Act 1993*, the State of South Australia has the highest duty of care to children and young people who come under its guardianship. The state must ensure that children under its guardianship receive optimum levels of support and care. A profile of these children is contained in section 3 (Scope) of this report.

Child protection reform

As part of its reform agenda, in 2004 the SA Government released a child protection reform program called *Keeping Them Safe* with a vision that all South Australian children should:

- > enjoy good physical and mental health in a safe and healthy physical environment
- > get the most out of life, including play, leisure and access to recreation and sport
- > develop skills for adulthood
- > have a strong sense of self and are connected to learning, opportunity and the community
- > can take up their citizenship rights and make a positive contribution
- > are not being prevented by disadvantage from achieving their full potential.²

The need for improved outcomes for children and young people under guardianship of the Minister is identified as a key government reform priority:

We are committed to improving significantly the standards of care for the Minister's children, that is, those children who have been placed under the care and guardianship of the Minister to keep them safe. These children are core to our responsibilities but often are missing out.³

The reform program outlined the following goals for these children:

We need to be conscientious 'parents' to ensure the Minister's children have a stable living environment; a lifestyle that is the same as can be expected by most children in South Australia; opportunities to do their best in school and recreational activities; and appropriate connections with peers, families and communities.⁴

In April 2004, Cabinet took up this challenge, directing that children under guardianship, 'will be given the highest priority in all relevant services and support mechanisms'. As part of this process, Cabinet asked all government agencies to report on:

- > the supports and services they currently provide
- > additional services that could be provided
- > services used by children and young people under guardianship of the Minister for Families and Communities.

The Steering Committee

Cabinet also supported the establishment of a Across-Government Guardianship Steering Committee (see Appendix 2 for membership) to provide quarterly reports to the Minister for Families and Communities on the care and protection service use by children and young people under guardianship, and to oversee the development of a rapid service response Framework for the future direction of services. The process included:

- > extensive consultation with service providers and young people
- > two rapid response demonstration projects to inform the establishment of Regional Guardianship Service Networks
- > an extensive review of national and international literature on the needs and responses to children and young people in out of home care.

> 2. The case for change

It is widely recognised that children and young people removed from their family of origin have much higher levels of need than other children. They are likely to have suffered serious developmental delays or significant trauma associated with physical or sexual abuse and neglect. They may have experienced serious dysfunctional family relationships or abandonment.⁵

Developmental delay

Abuse and neglect in the early years frequently mean significant cognitive and physical developmental delays manifested in:

- > speech delays
- > impaired sensory perceptions
- > impaired minor and gross motor skills
- > intellectual deficits
- > significant behavioural disturbances
- > learning difficulties.

Children and young people experiencing developmental delays need timely access to multidisciplinary health services to address these difficulties.

Emotional, psychological and behavioural disturbances

Children and young people who are in care are likely to have experienced a level of abuse and neglect that may give rise to severe psychological disturbances evidenced by:

- > depression
- > extreme emotional outbursts
- > difficulty in relating to others
- > significant behavioural disturbances.

They must be able to access therapeutic services to deal with disturbances resulting from the trauma associated with abuse and neglect. It is important that such services work

with carers and within educational settings to resolve and manage behavioural disturbances.

Access to private health care

Children and young people in guardianship and foster carers often have reduced or no access to private health care. They are entirely reliant on government-funded services except where specialised psychological and speech pathology services are purchased by Children, Youth and Family Services (CYFS). Children and young people under guardianship usually have direct access to a Medicare and Health Care Card to access health services in their own right.

Access to government funded health care

It has been evident for the past decade that children and young people under guardianship have difficulties in accessing government health and community services, either because demand on services has placed them on long waiting lists, or because the required services do not exist in any sustainable way.⁶

Compounding disadvantage

The inability to get access to required services has resulted in poor quality outcomes in many areas including:

- > physical, emotional, psychological and dental health
- > educational attainment
- > sense of identity (including cultural identity)
- > life skills development.

This means that many of these young people are over-represented in population groups involved in serious drug and alcohol misuse. They experience mental health difficulties,

homelessness, family violence and are more likely to experience relationship difficulties.

Disrupted and discontinuous health care

Children and young people under guardianship of the Minister often experience disrupted and discontinuous health care for a range of reasons. Their birth families may have been unable to manage health care and records of their health history may not be available or well maintained. This happens because of placement breakdown, social worker turnover, and the lack of a 'parent advocate' for their health needs. It often means that their needs in terms of health and wellbeing are not met.

Education

Education is critical to the development and wellbeing of children and young people, and to their future access to employment and life opportunities. Education is a significant gateway through which children can pass from care to adulthood, to employment and effective participation in community life.

Children and young people under guardianship often require special help to participate in educational programs. Lack of access and lost opportunities have a cumulative impact through the various stages of education and development, from pre-school, primary school and secondary school to vocational and tertiary education.⁷

Independence and housing

Many young people under guardianship of the Minister who are discharged from care on their eighteenth birthday face isolation, loneliness, low levels of education, unemployment, inadequate housing and lack of support.

These hardships, and the lack of a safety net that most parents provide for their children, often result in a life drifting from place to place and possibly into homelessness.⁸ In line with their legal obligations, it is important that adequate housing and ongoing housing support provided by government agencies address these issues.

Indigenous children and young people

Research results indicate that Indigenous children and young people are over-represented in this area and given their multiple disadvantages need special attention.

> 3. Scope

Rapid Response: Whole of Government Services applies to children placed by the Youth Court (following Section 38 of the *Children's Protection Act 1993*) under a Care and Protection Order including:

- > 12-month guardianship orders
- > 12-month custody orders
- > guardianship until 18 years old.

Unaccompanied refugee minors without parents, for whom the Commonwealth (Australian) Government has transferred guardianship to the state under the Immigration Act are also included. An additional small group consists primarily of Aboriginal children, following a Family Care Meeting Agreement via the Courts Administration Authority. These children would otherwise be under guardianship.

For these children and young people, Rapid Response addresses:

- > physical health
- > psychological and emotional health
- > developmental progress
- > disability
- > education
- > housing
- > transition out of state care, that is, post-guardianship supports and services.

Alternative Care placement and placement support largely sits outside the parameters of Rapid Response. The availability, quality and viability of alternative care requires a specific and dedicated focus in its own right within the Department for Families and Communities and alternative care service providers. However the relationship between alternative care placements and support and the provision of other government services is recognised in Rapid Response. It is expected that implementation of Rapid Response will provide

support to carers and children and young people in a way which will have a positive flow on effect for many alternative care placements.

The fundamental position underpinning Rapid Response is that:

- > services must be coordinated and holistic
- > the needs of the child or young person are paramount
- > service responses take into account the context and circumstances in which the child lives.

Profile: 30 June 2005

Types of Orders

- > There were 1447 children and young people under guardianship of the Minister. Of those 299 (20.7%) were Aboriginal.
- > Of the total number of children 1046 were under guardianship until 18 years of age. Of those under guardianship until 18 years, 209 (20%) were Aboriginal.
- > 401 children were on 12-month orders. Of those 90 (22.4%) were Aboriginal.
- > 21 children were unaccompanied refugee minors.
- > 15 children were under a Family Care Meeting Agreement; they would otherwise be under guardianship.

Gender

Of the 1447 children and young people 747 are male and 693 are female. Of those, 145 (10%) were Aboriginal males and 154 (10.6%) were Aboriginal females.

Location

One thousand and two children and young people under guardianship are in the metropolitan area and 445 are in the country.

The highest numbers of children are attached to Modbury District Centre (136) followed by Noarlunga District Centre (128) and Elizabeth District Centre (117). The highest numbers of Aboriginal children are attached to Murray Bridge District Centre (40).

Age

Most children on 12-month orders are aged between one and four (181). Most children under guardianship until 18 are from 10 to 14 years old (392).

There were 284 children under guardianship between one and four years old, 381 between five and nine and 475 between 10 and 14 and 307 young people over 15.⁹

Disability

One hundred and forty seven children and young people under guardianship of the Minister were identified as meeting the Commonwealth, State and Territories Agreement definition of disability and are therefore eligible for services from Intellectual Disability Services Council, Novita Children's Services or Townsend House. This represents 10.2% of all children under Guardianship.¹⁰

Specific objectives

To assist the state to fulfill its parental obligations to children and young people under guardianship, Rapid Response will ensure that:

1. Every child and young person under a Care and Protection Order will have his or her health and education needs fully assessed to ensure that the government is aware of those needs.
2. The spiritual and cultural needs of Aboriginal and Torres Strait Islander children and young people will be identified.
3. Following assessment, children and young people will be provided with the services they require.
4. Foster carers, relative carers and young people will feel supported in using and finding their way around the health system.
5. Practical support, advice and assistance will be available to foster carers to better equip them to care for children with challenging behaviours and to understand children's and young people's behaviour in the context of past abuse and neglect.
6. Children and young people will be suspended or excluded from school only as a last resort, and only after other support measures have been put in place, such as counselling, additional support for the child or young person and family, and child conferencing involving other key service providers.
7. Young people will have access to health services, accommodation, housing and assistance with life skills as needed, as they make the transition to independence from state care.
8. A complete and accurate record of the child's health history will be available to them upon request as they make the transition from care.
9. Health information will be communicated in a timely way to carers, children, young people and other service providers both when a child enters care and on an ongoing basis.

> 4. Developing Rapid Response: the process

Rapid Response: Whole of Government Services was developed through:

1. An extensive review of national and international literature on the needs and responses to children and young people in out of home care.
2. Consultation and collaboration with:
 - > the departments of Families and Communities, Health, Education and Children's Services, Further Education, Employment, Science and Technology, Administrative and Information Services
 - > service providers
 - > foster carers
 - > young people under guardianship of the Minister.

Working group

A Working Group for Rapid Response was established to assist in developing the Framework and action plan and to ensure its integration within the branches of Health, Housing, Disability, Children, Youth and Family Services, Community Services and Education (See Appendix 1 for membership and Terms of Reference). The Working Group included representatives from Connecting Foster Carers and the CREATE Foundation, the peak bodies for foster carers and young people in care.

Steering committee

On Cabinet's direction an Across-Government Guardianship Steering Committee was formed in May 2004. The committee endorsed the development of *Rapid Response: Whole of Government Services* to:

- > provide advice to the Minister for Families and Communities on priorities for additional services and responses to enable

children and young people to reach their full potential

- > develop specific across-government initiatives
- > develop arrangements for appropriate exchange of information between agencies. (See Appendix 2 for membership and Terms of Reference.)

Consultation

Extensive consultation took place with key service providers and young people under guardianship (See Appendix 2 for agencies consulted). Service providers, foster carers and young people were instrumental in developing the recommendations of the Action Plan (see Part 2).

Guardianship Regional Service Networks Demonstration Projects

Two Guardianship Regional Service Network demonstration projects were established to test a multi-agency service response to children and young people under guardianship, thus providing evidence to assist in the Action Plan.

Agencies involved in the Inner Southern Demonstration Project:

- > Child and Adolescent Mental Health Service, Southern
- > Inner Southern Community Health Service
- > Children, Youth and Family Services, Marion District Centre
- > Intellectual Disability Services Council, Southern
- > South Australian Housing Trust, Marion
- > Connecting Foster Carers
- > Department of Education and Children Services, Inner Southern District
- > CREATE Foundation.

Agencies involved in the Northern
Metro Demonstration Project:

- > Child and Adolescent Mental Health Service, Northern
- > The Second Story, North
- > Department of Education and Children Services, North, North East and Eastern Districts
- > Children, Youth and Family Services, Elizabeth, Salisbury and Modbury District Centres
- > Intellectual Disability Services Council, Northern
- > Shine (sexual health)
- > Northern Metropolitan Community Health Service
- > Shopfront Youth Health and Information Service
- > Connecting Foster Carers
- > South Australian Housing Trust, Northern Region
- > CREATE Foundation.

> 5. Major findings

In the development phase of Rapid Response, it was found that the establishment of the following services is central to improving the present system:

1. Consistent case management, case planning and review of children and young people under the guardianship of the Minister.
2. Comprehensive psychological, developmental and physical health assessments for all children and young people the care of the Minister.
3. A network of multidisciplinary allied services responding to developmental delay particularly in the 5 to 12 year age range.
4. Therapeutic services providing a holistic response specifically to address the effects of abuse, neglect and separation from family.
5. Therapeutic services that assist foster carers to understand and respond to the psychological, emotional and behavioural disturbances of children placed in their care.
6. Continuity of health care, coupled with coordination and information sharing between agencies responding to the needs of children and young people under guardianship.
7. Stable and consistent schooling to improve results and achievement in literacy, numeracy and adaptive behaviours.
8. Appropriate housing and support services to help young people make the transition from care into independent living.
9. A holistic coordinated service response that addresses the major life areas of the child or young person.

The identification and filling of service gaps is essential in improving the service system.

> Part 1

The Framework

Rapid Response: Whole of Government

Services framework provides:

- > common principles
- > service guidelines
- > strategic directions.

> Principles

Ten principles provide the basis for a rapid response to service provision for children and young people under guardianship of the Minister.

1. Priority access

Priority access is not simply 'queue jumping'. Many services required by children and young people under guardianship do not exist, so there are no queues to jump. To address these gaps, some agencies are asked to provide services to children under guardianship in addition to those they normally provide to children and young people.

2. Participation and information

Children and young people under guardianship of the Minister have a right to be informed in a developmentally appropriate way about any health, wellbeing and educational issues they experience and the likely short, medium or long-term consequences.

Young people will be actively supported and listened to, to give them maximum opportunity to assertively guide their own health care. To do this they need a good knowledge of their own health issues and health care history. They may need to be more independent in their own care at an earlier age and will need to be their own health care historians. Social workers and foster carers should be involved in these communication processes to ensure that they fully understand the issues affecting the health and wellbeing

of children and young people and their care requirements.

3. Best interest of the child

The principle of the 'best interest of the child' means that the child or young person's interest will always be the central consideration for services. This means that any presenting problem will be viewed in relation to the overall circumstances, needs, family setting and history. Decisions and actions will be child-centred and family focused. This will lead to interagency and multidisciplinary service development.

4. Equitable outcomes

The primary principle underpinning a timely response for children and young people under guardianship of the Minister is to provide opportunities for equitable outcomes in education, health and development. Recognising previous and current disadvantage, they will be provided with services that will align their level of education, health, emotional, and psychological development with the population average. For this to occur, affirmative action is required.

5. Choice

In order to bring the level of education, health and wellbeing up to community standards, children and young people under guardianship have the right to access government-funded or private services depending on their specific needs. To ensure this access, education, health,

housing, Disability Services and Children, Youth and Family Services will have systems, agreements and the financial means in place to enable them to have the appropriate choice of provider.

6. Access

Children and young people under guardianship must be able to get access to services with minimal disruption to their lives and with minimal barriers. This means that where possible services will be available in locations that suit them. It also means that for Aboriginal children, young people, their families and communities, services will be provided in a culturally acceptable way.

7. Responding to diversity

Not all children and young people under guardianship have the same needs. They may have physical, psychological, emotional or behavioural health issues, learning problems or other disabilities. The chronicity and severity of such conditions or disabilities need to be identified and appropriate support and access to specialist services provided in line with individual needs.

8. Cultural respect

Approximately 20 per cent of children and young people under guardianship in South Australia are Aboriginal or Torres Strait Islanders. Given this significant over-representation, mainstream services need to improve their performance and accountability in providing services that are safe and that respect cultural differences. They will commit to the principle that services will not wittingly compromise the legitimate cultural rights, practices, values and expectations of Aboriginal people and Torres Strait Islander peoples. Mainstream services will respond

assertively from the understanding that: Health is not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.¹¹

Access to Indigenous community support also needs to be available.

9. Normalisation

Children and young people under guardianship have the right to service pathways in the same way as their non-guardianship counterparts. Service systems will be developed in a ways that minimise stigmatisation.

10. A smooth transition to adulthood

Young people leaving state care often need assistance that in the general population is usually provided by parents. A smooth transition to adulthood may mean effectively connecting them into adult health and housing systems, or providing emotional, financial or 'family' support. There should be opportunities for them to gradually take greater responsibility for themselves, to acquire necessary life skills and link with their local community. Preparation for independence needs to occur in an age appropriate manner well before a young person turns eighteen. A smooth transition also means providing support after they have turned eighteen. Young people who are not equipped to manage their lives as independent adults must not be abandoned by the state when they leave care.

> Service guidelines

Rapid Response: Whole of Government Services is based on service guidelines designed to:

- > reduce waiting times
- > reduce ineligibility because of criteria restrictions
- > improve communication between key players, especially the service provider, the carer and the child or young person
- > address gaps in services.

> Strategic areas

Strategic areas

The aim of Rapid Response is to address the health, housing, wellbeing and educational needs of children and young people under guardianship in five strategic areas:

1. Case management
2. Assessment
3. Service response
4. Information sharing and privacy
5. Regional Guardianship Service Networks.

The recommendations for actions relating to the strategic areas are contained in the Action Plan, at Part 2 of this document. They are made on the understanding that children and young people under guardianship will receive priority access to services.

Case management

Strategy 1: Provide a system of robust case management, case planning and review. (See Part 2: Action Plan Recommendation 1.)

Case management rests with Children, Youth and Family Services (CYFS) as the delegate of the Minister for the Department for Families and Communities. As pre-requisites for a holistic service, staff of CYFS will ensure consistent case management, case planning and review. Carers, children and young people will be informed of and will be able to participate in the case planning process.

Case planning for Aboriginal children and young people will:

- > include their spiritual and cultural needs (connection to family, community, stories and land)
- > encourage a strong sense of self, wellbeing and belonging.

To avoid duplication and confusion, the case management model used by CYFS will

recognise and complement case management models used by Disability Services.

Assessment

Strategy 2: Increase the capacity of the system to provide psychological, developmental, physical health and educational assessments. (See Part 2: Action Plan Recommendation 2.)

It is important that a comprehensive psychological and developmental assessment determines the psychological and emotional harm experienced by the child or young person, and identifies issues of attachment, trust, loss, grief and confusion.

It is equally important to know whether children are reaching, or have reached their developmental milestones in speech, cognitive development, learning ability, intelligence, sensory perception, fine and gross motor skills; and for older children, academic abilities.

When children or young people first come into care their basic health status, including vision, hearing, dental care and immunisation, as well as the physical effects of abuse and neglect need to be assessed. Their physical activities and sporting potential should be assessed on an ongoing basis.

For Aboriginal children it is important that their need and desire to establish stronger spiritual and cultural links are explored.

Service response

Strategy 3: Increase the capacity of the system to provide services required by children and young people under guardianship through all relevant government departments.

The Rapid Response process found that children and young people under guardianship

have a particular need for the following services.

Therapy services, psychological (See Part 2: Action Plan Recommendation 3.1.)

Therapeutic services are essential for children who have experienced serious abuse, neglect and major dislocation. They must be broad enough to support carers in understanding and managing the challenging behaviours of children and young people under guardianship.

Medical and allied health services (See Part 2: Action Plan Recommendation 3.2.)

The ability of many children under guardianship to learn, develop and grow properly has been significantly impaired. A multidisciplinary team is required to provide a holistic response to all children under guardianship who experience developmental delay. A system will be put in place to ensure continuity of health care between general practitioners, paediatricians, other specialists and allied health services particularly when children move between placements. The health system will address the lack of availability of multidisciplinary health services to address developmental delay.

Country services (See Part 2: Action Plan Recommendation 3.3.)

The issues for children and young people under guardianship are the same in country areas as in metropolitan areas, but services vary greatly from region to region. Local networks, based on the availability of service providers, and the needs and demographics of children and young people will provide a coordinated service response.

Hospitals (See Part 2: Action Plan Recommendation 3.4.)

Public hospitals have a significant role in providing priority access to children and young people under guardianship, especially emergency departments and outpatient clinics. Hospital staff need to recognise their additional vulnerability and compounded disadvantage.

Dental services (See Part 2: Action Plan Recommendation 3.5.)

Public dental clinic services are available to all children attending school in South Australia but in the past many children and young people under guardianship often fell out of the system, because of frequent changes of carer and caseworker or because they were not attending school. This situation has been recently remedied by the South Australian Dental Service.

Disability services (See Part 2: Action Plan Recommendation 3.6.)

Children and young people under guardianship with intellectual and physical disabilities are some of the most vulnerable in our community. They need a comprehensive, integrated case management service and will be provided with:

- > parent/care giver management service
- > parent/carer giver support
- > respite
- > care workers.

Education (See Part 2: Action Plan Recommendation 3.7.)

Rapid Response proposes that agencies work in partnership to provide a comprehensive approach, ensuring that children and young people learn successfully, remain at school and have their educational needs met.

A key element of this is an individual education plan. This will provide a way to monitor their educational attainment,

attendance and retention, enabling schools to use a more targeted approach to address issues.

The plan will cover:

- > the transition between key points in the education system
- > personal development and social and emotional wellbeing
- > appropriate curriculum development
- > engagement with school and education
- > post-compulsory education and pathway planning.

Because suspension and exclusion have such negative consequences, the individual education plan will identify strategies to make sure they are used only as a last resort. Aboriginal young people will need additional support to encourage participation in school, training and employment.

Physical activity (See Part 2: Action Plan: Recommendation 3.8.)

Assessment of physical fitness and sporting potential is often neglected for children and young people under guardianship. It is important that they have the same opportunities as other children and they should be encouraged to participate in sport and recreation activities.

Opportunities to harness the physical and social benefits of recreational and sporting programs need to be provided in order to help establish lifelong patterns of physical activity and a sense of achievement.

A successful transition to adulthood (See Part 2: Action Plan: Recommendation 3.9.)

A long term focus on successful adulthood should begin when a child or young person first enters care. It is essential that they develop the necessary competencies at critical times, and for these to translate into the skills and abilities

needed to live successful independent lives.

Planning with young people in care will include the assessment of their levels of self-care, education, social and life skills. This will specifically occur during early adolescence to provide enough time and opportunity for the young person to develop competencies needed for independence and adulthood.

Young people consulted in the development of Rapid Response emphasised the need for a planned, holistic approach in which they can acquire the skills, abilities and connections necessary to live independently well before leaving care.

Particular attention needs to be paid to the establishment of long term community and family support to minimise the young person's sense of abandonment and isolation on leaving care. Appropriate and affordable housing and support will be available to young people leaving guardianship to facilitate the smooth transition from care. Ongoing government support and assistance will be provided during this process.

Information sharing and privacy

Strategy 4: Increase information sharing and continuity of information relevant to the child's and young person's education, health, wellbeing and life opportunities. (See Part 2: Action Plan Recommendation 4.)

Information sharing, communication, record keeping and associated confidentiality and consent are of critical importance to children under guardianship, particularly where placement and case worker changes occur. Specific and explicit measures need to be put in place to ensure that health and education information is not fragmented, discontinuous or lost.

Agencies providing services need to develop mechanisms to identify and record guardianship status. Agencies must also report service use by children and young people in care to the Inter Ministerial Committee for Childhood Development. Information sharing will be guided by the *Statement of Intent: Information Sharing and Client Privacy Statement Regarding Children and Young People under the Guardianship of the Minister*.¹²

Regional Guardianship Service Networks

Strategy 5: Adopt collaborative, holistic, multi-agency regional service networks responding to children and young people under the guardianship of the Minister. (See Part 2: Action Plan Recommendation 5.)

Rapid Response: Whole of Government Services is aiming for a model in which services work collaboratively as a network, considering all the relevant aspects of the child or young person's life—a model that builds on the strengths of the child, within the context of his or her care.

Regional Guardianship Service Networks will be established to plan, provide and evaluate service provision across their regions. Agencies will ensure that their services respond to the unique context of the child or young person under guardianship.

> Accountability

Part 2: Implementation of the tasks outlined in the Action Plan should be completed by July 2006. Implementation of Rapid Response will be monitored and evaluated by the Across-Government Guardianship Steering Committee who will report regularly on progress to the Inter Ministerial Committee for Child Development.

> Part 2

Action Plan

June 2005 - July 2006

Part 2 of *Rapid Response: Whole of Government Services* details (under each of the strategies outlined in the previous section) the recommendations for action required from each agency to build a systematic and functional service response for children and young people under guardianship of the Minister.

The Action Plan is designed as an evolving process in which agencies will identify recommendations they can implement in the short term and those they can implement in the longer term. However implementation of all recommendations should be completed by July 2006. Agencies are reporting to the Inter Ministerial Committee for Child Development through the Across-Government Guardianship Steering Committee to:

- > identify recommendations which are difficult to implement because of barriers
- > work towards solutions to overcome these barriers.

Progress on the implementation of recommendations for each strategic direction at June 2005 is contained in Appendix 3.

Action Plan

> Strategy 1: Case Management

Provide a system of robust case management, case planning and review.

Recommendation 1

Lead agency

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|-----|--|---|
| 1.1 | Children, Youth and Family Services (CYFS) will complete and implement a case management model that takes into consideration the cultural and spiritual needs of Aboriginal children and young people. | Department for Families and Communities (DFC): CYFS |
| 1.2 | The CYFS case management model will complement the case management models used by Disability Services. | DFC: CYFS |
| 1.3 | CYFS will endorse and implement the Life Domain Tool for all children and young people under guardianship as part of the case planning process. | DFC: CYFS |
| 1.4 | Children and young people under guardianship and their carers will be able to participate in case planning, and at a minimum, be informed about their case plan. | DFC: CYFS |
| 1.5 | Formalised case planning will take place every six months at a minimum. | DFC: CYFS |
| 1.6 | The statutory annual review on the circumstances of the child will be open to external examination by the Office of the Guardian. | DFC: CYFS |
| 1.7 | All children and young people under guardianship can view the contents of their case file on request. | DFC: CYFS |

Action Plan

> Strategy 2: Assessment

Increase the capacity of the system to provide psychological, developmental, physical health and educational assessments.

Recommendation 2

Lead agency

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|-----|--|--|
| 2.1 | DFC will increase the capacity of CYFS psychological services to ensure a comprehensive psychological and developmental assessment is completed as part of the court ordered assessment. | DFC: CYFS |
| 2.2 | Where required, relevant staff from pre-schools and schools will provide input to the CYFS psychologist to assist in the assessment of the child/young person. | Department for Education and Children's Services (DECS) |
| 2.3 | CYFS psychologists will provide strategies where necessary to education staff enabling them to work effectively with the child or young person. | DFC: CYFS |
| 2.4 | For Aboriginal children and young people Aboriginal education coordinators and training case managers will be directly involved in the arrangements for and administration of educational assessments. | DECS/Department of Further Education, Employment, Science and Technology (DFEEST): Aboriginal Education and Employment Strategies Unit |
| 2.5 | The SA Division of General Practice will be approached to identify a register of General Practitioners with specific interest in child development, abuse and neglect who are willing to provide the basic health assessment of children and young people entering care. | Health Regions |
| 2.6 | DECS will actively support engagement in the health and physical education curriculum and in school sport. DECS will work with CYFS to support engagement in community sport and recreation. | DECS |

Action Plan

> Strategy 3: Service response

Increase the capacity of the system to provide services required by children and young people under guardianship through all relevant government departments.

Therapeutic services, psychological

Recommendation 3.1

Lead agency

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| 3.1.1 Priority attention will be given to a more assertive response to the therapeutic needs of children and young people under the guardianship of the Minister. | Health Regions |
| 3.1.2. Health Regions will provide therapeutic services to children, young people and foster carers where there are psychological, emotional or behavioural disturbances and provide ongoing support to assist foster carers to provide effective and responsive parenting to children whose behaviours reflect attachment disturbances and issues of loss and grief. | Health Regions |
| 3.1.3 DFC will increase the numbers of CYFS psychologists to enable them to provide therapeutic services. These services will be specifically targeted to guardianship children under 10 where there is a history of placement instability and to children and young people under guardianship who are unwilling to engage with another agency. | DFC |
| 3.1.4 Health Regions will arrange for the transition of young people leaving therapeutic psychological services for children and young people to adult mental health services where required. | Children, Youth and Women's Health Service |

Action Plan

Medical and allied health services

Recommendation 3.2

Lead agency

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|---|--|
| 3.2.1 General practitioners will be approached to systematically facilitate annual health care plans for children and young people under guardianship (links with 2.5). | Health Regions |
| 3.2.2 Health service provision for guardianship children and young people will be incorporated under the Memorandum of Understanding work plan between the Division of General Practice and the Department of Health. | Health Regions |
| 3.2.3 Regional allied health services will be available to provide a multidisciplinary, holistic response to children and young people under guardianship who have developmental delay. | DH and Health Regions |
| 3.2.4 Health Regions and the Across-Government Guardianship Steering Committee will monitor the efficacy of health services for children and young people under guardianship. | Children, Youth and Women's Health Service |
| 3.2.5 An effective communication and recording system will be established to enable the easy transfer of information between health agencies for children under guardianship particularly those moving between regions and providers. | DFC: CYFS |
| 3.2.6 The health status of children and young people under guardianship will be provided on a regular basis to the case manager in CYFS as the central holder of the child's health history. | Health Regions |

Action Plan

Country services

Recommendation 3.3

- 3.3.1 Each health region will actively manage the health response to children and young people under guardianship living within their geographic boundaries.
- 3.3.2 Regional service networks comprised of local and state wide service providers will be established to provide holistic, coordinated and collaborative service responses to children and young people under the guardianship.
- 3.3.3 Aboriginal education coordinators and training case managers located in country areas will be directly involved in cross-agency assistance networks.

Lead agency

Health Regions

DFC: CYFS

DECS/DFEEST: Aboriginal Education and Employment Strategies Unit

Hospitals

Recommendation 3.4

- 3.4.1 Hospital executives will develop and implement a policy of 'rapid response' within hospital units, particularly out-patient clinics and Accident and Emergency for children and young people under guardianship.
- 3.4.2 Brokerage money will be available for purchasing specialist health services that are not available within the hospital setting.
- 3.4.3 Hospitals will develop an identifier for children and young people under guardianship.

Lead agency

Health Regions

Health Regions

Health Regions

Action Plan

Dental services

Recommendation 3.5

- 3.5.1 SA Dental Service (SADS) will develop and implement a policy to provide priority access for orthodontic treatment to children and young people under guardianship who meet SADS level 1 and 2 criteria.
- 3.5.2 SADS will provide details of recall appointments and failure to attend appointments to District Centre supervisory staff within CYFS.

Lead agency

- SADS
- SADS and DFC: CYFS

Disability services

Recommendation 3.6

- 3.6.1 As a priority, Intellectual Disability Services Council (IDSC) and Novita Children's Services will accept referrals based on the CYFS psychologist developmental assessment, where it meets the Commonwealth, States and Territories Disability Agreement definition of disability.
- 3.6.2 Where a referral made to IDSC or Novita is more appropriate for relevant non-government organisations, IDSC or Novita will actively facilitate access to the appropriate agency.
- 3.6.3 IDSC or Novita will notify the CYFS case manager of the outcomes of any referrals to non-government agencies.
- 3.6.4 Service responses will be developed to meet the specific therapeutic needs of children and young people under guardianship who have an intellectual or physical disability and who have experienced psychological trauma.
- 3.6.5 CYFS and Disability Services will exchange relevant information to support and monitor the transitional services required for children and young people under guardianship who are case managed within the disability sector.
- 3.6.6 IDSC and Novita will case manage the transition of young people under guardianship with a physical or intellectual disability into the adult disability sector.

Lead agency

- DFC: Disability Services Office (DSO), IDSC and Novita
- DFC: DSO, IDSC and Novita
- DFC: DSO, IDSC and Novita
- Health Regions and DFC: DSO
- DFC: CYFS, DSO, and Novita
- DFC: IDSC, Novita

Action Plan

Education

Recommendation 3.7

	Lead agency
3.7.1 DECS and DFEEST, in partnership with CYFS, will ensure that the guardianship status of children and young people under guardianship is identified and recorded upon pre-school, school and post-compulsory education enrolment.	DECS and DFEEST
3.7.2 Pre-schools, schools and post-compulsory education agencies will develop an individual education plan for all children and young people under guardianship to identify appropriate strategies to improve their educational outcomes and achievements.	DECS or DFEEST as appropriate.
3.7.3 DECS or DFEEST or both will ensure that all avenues for pre-school, school and post-compulsory education-based supports are explored before suspension or exclusion (or their equivalent in pre-schools and DFEEST) are considered.	DECS and DFEEST
3.7.4 CYFS and DECS will share and analyse data to track education outcomes for children and young people under guardianship. DECS will use this for developing targeted service responses to meet their needs.	DFC: CYFS and DECS
3.7.5 CYFS will explore with the Senior Secondary Assessment Board of SA (SSABSA) the possibility for similar data and information exchange.	DFC: CYFS
3.7.6 DECS and DFEEST will provide additional support for young people who are or have been under guardianship to acquire the South Australian Certificate of Education or its vocational equivalent through training or work (or both).	DECS and DFEEST
3.7.7 DFEEST will track training and employment outcomes for young people under guardianship.	DFEEST
3.7.8 For children and young people who have disengaged from the education sector DECS or DFEEST will explore all avenues for re-entry to school or entry into vocational or further learning programs.	DECS, DFEEST

Action Plan

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| 3.7.9 Aboriginal education coordinators in the school sector and training case managers in TAFESA will take a leading role in the education needs of Aboriginal children and young people. | DECS, DFEEST (Aboriginal Education and Employment Strategies Unit) |
| 3.7.10 Aboriginal education coordinators will report six monthly to the Executive Director of the Aboriginal Education and Employment Strategies Unit on initiatives they have taken to meet the educational needs of Aboriginal children and young people under guardianship in their region. | DECS, DFEEST (Aboriginal Education and Employment Strategies Unit) |
| 3.7.11 Fees for education and training in TAFE will be waived for all young people who are or were under guardianship of the Minister. | DFEEST |
| 3.7.12 Advertising for TAFE courses will include a statement to the effect that young people or adults who are or were under guardianship are encouraged to apply. | DFEEST |

Recreation and sport

Recommendation 3.8

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|---|---|
| 3.8.1 Case managers will encourage and support (financially if required) children and young people to participate in recreational and sporting activities. | CYFS |
| 3.8.2 The Office for Recreation and Sport will provide information to community-based organisations about the availability of funds through the 'Move It' program to provide physical activity, recreation and sporting programs for children and young people under guardianship of the Minister | Department for Administration and Information Services (DAIS):
Office for Recreation and Sport |

Action Plan

Preparation for successful transition from care to independence

Recommendation 3.9

3.9.1 Case planning will occur during early adolescence to specifically assess and address the young person's:

- > emotional and social wellbeing
- > level of self care and living skills
- > physical health
- > education and employment skills
- > career aspirations and associated training needs
- > long term community and family supports.

3.9.2 DECS will ensure that each young person has access to an appropriately skilled career adviser to support informed decision-making. This will be documented in the individual education plan.

3.9.3 Aboriginal children and young people will have access to Aboriginal education coordinators at school level and career development officers at post-school level who work in tandem to ensure a smooth transition to training and employment.

3.9.4 The South Australian Housing Trust will develop appropriate housing models and options for young people making the transition from the guardianship of the Minister to independent living.

3.9.5 A home loan product specific to the needs of young people who have previously been under the guardianship of the Minister will be developed.

3.9.6 Youth Support Teams in CYFS will work in partnership with housing agencies to determine the best housing options for young people under guardianship.

3.9.7 Youth Support Teams in CYFS will be a recognised pathway for young people to housing options both within and outside of government.

Lead agency

DFC: CYFS

DECS or DFEEST depending on the age of the young person.

DECS, DFEEST: Aboriginal Education and Employment Strategies Unit, DFC:CYFS

DFC: SA Housing Trust

Homestart and the Office of the Guardian.

DFC: CYFS

DFC: CYFS

Action Plan

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|---|-----------------------|
| <p>3.9.8 As a matter of policy the Southern and Northern Youth Support teams within CYFS, in collaboration with the District Centre case manager, will actively target each young person under guardianship in their metropolitan region when they reach 15 to assess their needs for housing, ongoing housing support and life skills.</p> | DFC: CYFS |
| <p>3.9.9 Prior to leaving care, all young people who are under guardianship will have a coordinated transition plan in place which will:</p> <ul style="list-style-type: none"> > identify education and employment pathways > include information and assistance in making the transition to adult services needed. > identify the housing and ongoing housing support available once they have left care. > identify ongoing support and assistance once they have left care. | DFC: CYFS |
| <p>3.9.10 CYFS case managers will hold exit interviews with each young person prior to leaving care.</p> | DFC: CYFS |
| <p>3.9.11 When sought by the young person, District Centres in CYFS will provide or facilitate the provision of social work support from within government or outside government to young people once the guardianship order is discharged.</p> | DFC: CYFS |
| <p>3.9.12 The Anti Poverty Programs within CYFS will formally establish their role as providers of financial management and budgeting support to young people prior to leaving care and post-guardianship where required</p> | DFC: CYFS |
| <p>3.9.13 The Office for Youth will improve the marketing and promotion of the Dame Roma Mitchell Trust Fund to young people under the guardianship.</p> | DFC: Office for Youth |
| <p>3.9.14 The Office for Youth will amend the application process to ensure easier access by young people.</p> | DFC: Office for Youth |
| <p>3.9.15 The Office for Youth will disseminate specific information statewide on programs and initiatives managed by the Office to children and young people under guardianship.</p> | DFC: Office for Youth |

> Strategy 4: Information sharing and privacy

Increase information sharing and continuity of information relevant to the child and young person's health, education, wellbeing and life opportunities.

Recommendation 4

Lead agency

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| 4.1 | An Information Sharing Agreement for children and young people under the guardianship of the Minister will be established to facilitate the sharing of relevant information between agencies. | DFC: CYFS |
| 4.2 | Guidelines on the transfer of records between agencies on the health and educational history, assessments, interventions and expected outcomes for the child or young person will be developed. | DFC: CYFS |
| 4.3 | CYFS case managers will keep accurate and up to date records of the child and young person's health, educational and family history. | DFC: CYFS |
| 4.4 | The consent of the child or young person (if they are able to form and express them) will be sought when disclosure of sensitive personal information is contemplated. | DFC: CYFS |
| 4.5 | The child or young person will be informed of the purpose and occurrence of any medical, psychological or additional educational support services and appointments by the CYFS case manager or carer. | DFC: CYFS |
| 4.6 | CYFS will provide carers with the level of information necessary for them to provide effective and safe parenting for the child or young person in their care. | DFC: CYFS |
| 4.7 | Information will be shared with the child or young in a way that is respectful to them and is appropriate to their age and development. | Whole of Government |
| 4.8 | An electronic information and recording system will be developed to enable the easy transfer of information between health agencies and CYFS. (see 3.2.5) | DFC: CYFS |

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| 4.9 Agencies will, in partnership with CYFS, establish an identifier for children and young people under the guardianship of the Minister. | Whole of Government |
| 4.10 Agencies providing services to children and young people under guardianship will record and report to the DFC on: <ul style="list-style-type: none"><li data-bbox="393 708 636 743">> service demand<li data-bbox="393 746 574 780">> service use<li data-bbox="393 783 596 815">> service gaps. | Whole of Government |

> Strategy 5: Regional Guardianship Service Networks

Adopt collaborative, holistic, multi-agency regional service networks responding to children and young people under guardianship of the Minister.

Recommendation 5	Lead agency
5.1 Regional Guardianship Service Networks, consisting of agencies that provide services to children and young people under guardianship, will be established within regional geographical boundaries. They will provide a forum for planning and monitoring service provision.	DFC: CYFS
5.2 To avoid duplication the Regional Guardianship Service Networks, where appropriate, will be linked to existing networks, such as multi-agency forums or Round Tables.	DFC: CYFS
5.3 Under the scope of Rapid Response, Regional Guardianship Service Networks will establish a memorandum of understanding detailing their commitment and understanding of providing a rapid response to children and young people under guardianship.	Whole of Government
5.4 Agencies providing services to children or young people under guardianship will develop policies and guidelines that are responsive to their needs. In particular these will include reduced waiting times, and more flexible entry criteria.	Whole of Government
5.5 Each agency represented on the Regional Guardianship Service Network will articulate a rapid response to children and young people under guardianship in their service agreements.	Whole of Government
5.6 Regional Guardianship Service Networks will ensure that their regional service system remains responsive to the needs of children and young people under the guardianship of the Minister.	Whole of Government

> Appendix 1

Working Group for Rapid Response Service Framework 2003-04

Name	Position	Branch	Division
Angela Chooi	Manager	Financial Services	Corporate Services
Tamsin Dancer	Coordinator		CREATE Foundation
Chris Dayman	Manager	Service Development	Community Services
Dharshini Devasagayam	Senior Financial Analyst	Resource Management	Metropolitan Health Division
Marguerite Dissinger	Project Manager	Disability Services	Disability Services Office
Mary Freer	Principal Health Planner	Country Health	Country Health Division
John Forward	Manager	Primary Health Care Branch	Metropolitan Health Division
Leeanne Head	Manager	Primary Health Care Branch	Metropolitan Health Division
Steve Hodges	Coordinator		Connecting Foster Carers
Shelly Horne	Team Leader	Mental Health Unit	Metropolitan Health Division
Darren Bowd	Senior Project Officer	Mental Health Unit	Metropolitan Health Division
Karen Hughes	Senior Project Officer	Corporate Services	South Australian Housing Trust
Maureen Maddern	Foster Carer		Connecting Foster Carers

Name	Position	Branch	Division
Di Maguire	Team Leader,	Alternative Care Unit	Community Services
Raina Nechvoglod	Senior Consultant	Mental Health Services	Metropolitan Health Division
Margaret Nippert	Project Manager	Primary Health Care Branch	Metropolitan Health Division
Tracy Ritchie		Services and Programs	Aboriginal Services Division
John Schluter	Policy Advisor	Learning Improvement and Support Services	Education and Children's Services
Robyn Skilbeck	Principal Project Officer	Programs and Quality Services	Family and Youth Services
Val Smyth	Principal Consultant	Clinical Planning and Hospital Services	Metropolitan Health Division
Nicole Stasiak	Lead Project Officer	Program and Quality Services	Family & Youth Services
Lyn Jones	Senior	Alternative Care	Aboriginal Family Support Services
Heather Wood	Project Officer	Acute Care and Clinical Services	Metropolitan Health Division
Keith Evans	Chair, Director	Primary Health Care Branch	Metropolitan Health Division

Terms of reference

Purpose

The purpose of the Working Group is to provide assistance and advice in developing the Rapid Response Service Framework for children and young people under the guardianship of the Minister and for the recommendations to be presented to Executive in 2004. In developing the recommendations the Working Group recognises its dual responsibilities as parent and service provider to these children and young people.

It is envisaged that Working Group members will:

- > share expertise from different fields across departments
- > provide an open exchange on service models and funding development and directions
- > provide linkages back to connected work, directions and information in other divisions
- > provide entry into networks for consultation
- > undertake or facilitate specific pieces of identified work as required
- > support the pilots that accompany and inform recommendations for services provided to children and young people under the guardianship of the Minister.

> Appendix 2

Across-Government Guardianship Steering Committee 2005

Name	Position	Department
Sue Vardon, Chair	Chief Executive	Families and Communities
Gary Bennet	Manager FAYS System Information Technology Services	Families and Communities Child Youth and Family Services
Stephen Blight	Director Office for Youth	Families and Communities Office for Youth
Shirl Chartrand	Action Zone Coordinator	Premier and Cabinet Aboriginal Affairs and Reconciliation
Andrew Coidan	Chief Planning Officer	Families and Communities Disability Services
Greg Cox	Policy Adviser Student Behaviour Management	Education and Children's Services
Julia Cranney	Project Manager Child Protection Planning	Families and Communities Child Protection Planning Unit
Marguerite Dissinger	Manager Disability Planning and Program Evaluation	Families and Communities Disability Services Office
Tiffany Downing	Manager Public Sector, Industry and Indigenous	Further Education, Employment, Science and Technology (DFEEST)
John Forward	A/Assistant Director Primary Health Care	Health
Anne Gale	Director Regional and Outer Country	Families and Communities. SA Housing Trust
John Gregory	Director Policy and Planning	Families and Communities and Aboriginal Affairs and Reconciliation

Name	Position	Department
Janine Harvey	Assistant Director, Child and Student Wellbeing	Education and Children's Services
Alison Kimber	Principal Policy Officer	Premier and Cabinet
Jenny Lee	Principal Policy Officer Education Services and Programs	Further Education, Employment, Science and Technology (DFEEST)
Sandy Miller	Director Strategic Policy and Planning	Health Aboriginal Health Division
Margaret Nippert	Executive Officer	Health
Jillian Paull	Director Guardianship and Alternative Care	Families and Communities Children Youth and Family Services (CYFS)
Pat Pearson	Executive Officer to the Child Protection Task Force	Children, Youth and Women's Health Service
Peter Sandeman	Director	Transport and Urban Planning Office for the North
Mike Schetter	Director, Recreation and Sport Development	Administrative and Information Services (DAIS) Office for Recreation and Sport
Pam Simmons	Guardian for Children and Young People	Office of the Guardian
Liz Wilson	Director Social Inclusion	Families and Communities Chief Executive Office
Lynn Young	Director Regional Services South	Families and Communities South Australian Housing Trust

Terms of Reference

To facilitate the Cabinet direction that, as a governing principle, children under the guardianship of the Minister for Families and Communities will be given the highest priority in all relevant services and support mechanisms by:

- > reporting on supports and services currently provided and what additional services could be provided to support children under the guardianship of the Minister for Families and Communities by the end of June 2004
- > providing quarterly reports to the Minister for Families and Communities and the Inter-Ministerial Committee on the Care and Protection of Children on service use by children and young people under the guardianship of the Minister and how this is contributing to their wellbeing and development
- > providing advice to the Minister for Families and Communities on priorities for additional services and responses that enable children and young people to achieve their potential, and how this can be achieved in future planning
- > developing specific across-government initiatives
- > developing arrangements for the appropriate exchange of information between agencies.

Consultations

Consultations with the following organisations and professionals were part of the development of the Rapid Response.

Anglicare SA	CYFS Statewide Psychologists forum
Aboriginal Services Division	CYFS Statewide Senior Practitioners forum
Child and Adolescent Mental Health Services Southern	CYFS Program and Quality Services
Child and Adolescent Mental Health Services Northern	CYFS Youth Support Team, Southern
Child and Youth Health	CYFS Youth Support Team, Northern
Children's Interest Bureau	Demonstration Project multi-agency steering committee, Inner Southern
Community Health Centres, Inner Southern, Northern, Noarlunga, Central Western	Demonstration Project multi-agency steering committee, Northern Metro
Child and Family Forum, Southern	Department of Education and Children's Services
CREATE Foundation	Intellectual Disability Services Council
Child and Adolescent Child psychiatrists	Ministerial Alternative Care Advisory Committee
Country Pilot committee, Mt Gambier service providers.	South Australian Housing Trust
Country Pilot committee, Whyalla service providers.	Youth and Juvenile Justice Unit
CYFS Marion District Centre CYFS Statewide Supervisors forum	

Note: the names of some of these agencies reflect the Department of Human Services structure prior to its separation into the Department of Health and the Department for Families and Communities in 2004.

> Appendix 3

Progress Report - June 2005

Strategy 1: Case management

Provide a system of robust case management, case planning and review.

Progress report: June 2005

DFC (CYFS) has commenced developing a case management model to facilitate a consistency of approach to managing the needs of children and young people under guardianship within the Department of Families and Communities and partner agencies. The model encourages a participative and partnership focus. The Life Domain Tool is awaiting endorsement and implementation.

Annual reviews of the circumstances of these children and young people are on target to be 100 per cent completed by 30 June 2005. The Guardian attends, at a minimum, six annual reviews per quarter.

Strategy 2: Assessment

Increase the capacity of the system to provide psychological, developmental, physical health and educational assessments.

Progress report: June 2005

Psychological assessments

Commencement of recommendations to ensure all children and young people coming into care have their psychological and developmental needs assessed is still to occur. This is because CYFS is having difficulty in filling existing vacancies in their psychological services. As assessments ordered by the Youth Court remain a high priority, psychological services cannot provide psychological and developmental assessments for all children and young people coming into care. CYFS is currently identifying a range of workplace strategies to address this issue.

Health assessments

The availability of health services to provide comprehensive health assessments for children and young people coming into care has been identified as an area of high need.

Children, Youth and Women's Health Service is working with SARDI and the Divisions of General Practice to explore how regional lists of general practitioners, who will take a specific role in these assessments, can be established. This has been identified as a priority for implementation. This is linked to Recommendation 3.2.1.

Educational assessments

Children under guardianship in the school system can have their educational and learning needs assessed as a priority by guidance officers, who will provide a copy of their assessment to CYFS upon request.

DFEEST and CYFS are working together to involve Aboriginal education coordinators within DFEEST in assessment and case planning for young Aboriginal people under guardianship to ensure that educational assessments occur.

Engagement in physical education and recreation is specifically targeted in children's and young people's individual education plans.

Strategy 3: Service response

Increase the capacity of the system to provide services required by children and young people under guardianship through all relevant government departments.

Therapeutic services, psychological

Progress report: June 2005

Following the Keeping Them Safe Reform funding, Health Regions have extended therapeutic services to children and young people involved in the child protection system including children and young people under guardianship.

Southern Region CAMHS is providing additional direct client services with children and their families between the ages of 2 and 12 where abuse has been confirmed and the child is under guardianship. CAMHS has accepted 55 new referrals of guardianship children since March 2005. CAMHS is also planning therapeutic groups to begin in the second half of 2005 for children under guardianship on both short term and long term Orders.

Child Protection Services are providing direct client intervention with children aged 2 to 12, some of whom are under guardianship. CAMHS, Inner Southern Community Health Centre and Child Protection Services are providing training for foster parents and schools on the needs of children under guardianship.

Children, Youth and Women's Health Services: Since March 2005 an additional 51 children identified by CYFS have been allocated to Northern Region CAMHS. Northern CAMHS is currently creating a liaison position to be attached to each metropolitan CYFS office in the northern area to provide consultation and informal training on mental health issues to CYFS staff.

Liaison between agencies has been significantly improved through relationship building between key people. This model will be developed for the Northern CAMHS country

sites and relevant CYFS offices.

Therapeutic groups for children under the guardianship of the Minister have been negotiated with CYFS offices with the first to commence shortly.

A small number of youths aged between 16 and 18 under guardianship are now receiving counselling through the newly established sexual assault counselling service. Some of these are Aboriginal.

The recommendation that the numbers of CYFS psychologists be increased to enable them to provide therapeutic services particularly targeted to children under 10 where there is placement instability or where they have engaged with CYFS but are unwilling to engage with another agency is still to occur. (See also recommendation 2.1.)

Protocols to systematically facilitate arrangements for young people leaving mental health services into their adult counterpart have not yet been developed, but should be in the near future.

Counselling has been identified as a priority area of need by the Office of the Guardian.

Medical and allied health services

Progress report: June 2005

The Children, Youth and Women's Health Service is working with SARDI and the Divisions of General Practice to ensure that children under guardianship have their health needs addressed and monitored in a coordinated fashion. This includes identifying a registry of GPs to provide annual health care plans (see recommendation 2.5).

A multi-agency allied health response to developmental delay, identified as a priority, has commenced.

The Department of Health will soon be developing an implementation plan to integrate the *Rapid Response: Whole of Government Services* with the implementation of

the Keeping Them Safe Child Protection reform occurring within Health.

Country Services

Progress report: June 2005

Port Augusta and Whyalla hospitals and the South East Regional Community Health Service are actively providing priority access to services for children and young people under guardianship, albeit in an informal manner. Port Augusta Hospital notifies CYFS social workers of children and young people failing to attend appointments. The issue of the hospitals not being notified of guardianship status is still to be resolved.

Discussions on the strategic implementation of a rapid response to health services across country regions have commenced. The main issue highlighted is the capacity of health services to undertake initial assessments of all children under guardianship, and more analysis is required to determine any long term impact on resources.

CYFS is currently collecting data on services availability and need in country regions.

Hospitals

Progress report: June 2005

To ensure a rapid response, the Children, Youth and Women's Health Service has begun developing a flagging system that will enable easy identification of children and young people under guardianship when they enter the health system.

Planning for the implementation of rapid response in hospitals is due to begin in the near future.

Dental services

Progress report: June 2005

The South Australian Dental Services has been prioritising access for orthodontic services and for dental clinic services for the past 12

months. SADS has expanded eligibility to dental clinic services for all children under 18, irrespective of school status. The Office of the Guardian reports that access to dental services is working very successfully.

Disability services

Progress report: June 2005

The Disability Service Office and CYFS are currently undertaking a joint service review for children and young people with disabilities under guardianship. This involves identifying clients who are mutual to CYFS and the disability sector to set up a register of children who require additional supports and identify pathways into care and service gaps and system issues.

The interview process and data collection phase should be completed by the end of June 2005. A report with recommendations for improvements in service delivery is scheduled to be finished by December 2005. The Rapid Response recommendations for children and young people under guardianship with a disability will commence on completion of the review.

Education

Progress report: June 2005

Identification

To enable the identification of children and young people in schools, DECS has modified its enrolment forms so that a carer or social worker can nominate a child as being under guardianship. The DECS school electronic recording system will record guardianship to 18 status from July 2005 and guardianship for 12 months by March 2006.

Individual education plans

DECS and CYFS have completed the processes and protocols for developing individual education plans (IEPs). This work includes piloting their use and an IEP package to assist school and CYFS staff. Training staff in implementing the IEPs has started. DECS will soon have an IEP website available.

The IEP is the vehicle by which, among other things, the use of suspension and exclusion as a last resort is clarified and strategies for encouraging physical activity and recreation are developed.

Data sharing

Systems have been established between DECS and CYFS for data sharing to track educational outcomes for guardianship children in government schools. So far there have been three rounds of data exchange on the results of the Literacy and Numeracy (LAN) tests and the use of suspension and exclusion.

SSABSA has agreed to provide CYFS with aggregate data on the participation and performance of senior secondary students in SACE and Vocational Education and Training (VET) subjects. Data will also be provided on Tertiary Entrance Rank (TER) and tertiary admissions for guardianship students.

Support for Aboriginal students

DFEEST and CYFS have commenced planning strategies to involve Aboriginal education managers in DFEEST with young Aboriginal people under guardianship (link to Recommendation 3.9.3). The involvement of student services officers in TAFE SA to provide support to non-Aboriginal young people under guardianship is still to occur.

Training and employment

Strategies to assist young people to acquire year 12 or vocational training and work are yet to commence. These include tracking training and employment outcomes for young people under guardianship and planning employment and training plans for them.

Advertising to encourage these young people to attend TAFE courses and free TAFE courses have still to be put in place.

Recreation and sport

Progress report: June 2005

CYFS has included the encouragement of children and young people under guardianship to participate in recreational and sporting activities as a standard in its draft *Standards for Children and Young people in Out of Home Care*.

The Office for Recreation and Sport has included these children and young people as a population group for consideration for special funding in relevant grant program applications, for example the 'Move It Program'. They will also receive special consideration in the next round of Active Club.

Preparation for successful transition from care to independence

Progress report: June 2005

Case planning for young people in care already occurs within CYFS, but procedures and guidelines explicitly addressing their emotional and social wellbeing, level of self-care and living skills, physical health, education and employment skills, career aspirations and training needs and long term community and family supports are still to be developed.

Educational assessments

Planning has commenced between DFEEST and CYFS to involve Aboriginal education coordinators in DFEEST in the assessment and case planning of young Aboriginal people under guardianship to ensure educational assessments occur (link to recommendation 2.4).

Housing

SAHT and CYFS are establishing a pilot 'Stepping Stones' in the Marion area to test a multi-agency planning model assisting young people's access into public housing and housing support as they leave care. SAHT is investigating opportunities for improving access to the range of services and programs it provides for young people leaving care. A proposal for streamlined access has been

developed in consultation with operational staff and will now be discussed with CYFS staff.

A home loan product specific to the needs of young people who have previously been under guardianship is being investigated. It should be available by early 2006.

CYFS Youth Support Teams have started planning to become a recognised pathway for young people to housing options, and to provide support and life skills training to live independently both within and outside government. Planning for housing is occurring in partnership with SAHT.

The Office of the Guardian identifies adequate and appropriate housing and support as a priority need.

Transitional support

CYFS Youth Support Teams currently offer some transitional assessment and support for leaving care and after care, but this is not routinely provided. In collaboration with CREATE, a Leaving Care Kit has been developed to assist young people to independence. Its implementation is subject to funding and endorsement. The Leaving Care Kit will ensure that each young person has a transition plan and exit interview prior to exiting care.

The Dame Roma Mitchell Fund

The Office for Youth is providing executive support for a review of the Dame Roma Mitchell fund to improve its marketing and promotion and simplify the application process and dissemination of information to young people under guardianship. The review should be completed by July 2005.

Strategy 4: Information sharing and privacy

Increase information sharing and continuity of information relevant to the child and young person's health, education, wellbeing and life opportunities.

Progress report: June 2005

Information Sharing

The *Information Sharing and Client Privacy Statement Regarding Children and Young People under the Guardianship of the Minister* has recently been completed. It clarifies the position that government and non-government agencies and individuals will share information in the best interests of the child. It also covers the expectation that information will be shared with young people and carers to optimise service provision and successful day to day care.

Website

CYFS is establishing a Participate! Website to enable children and young people under guardianship to share their views on important areas of their life, eg school, employment, relationships with welfare and foster carer family, health, connections with friends and family, and their emotional and social wellbeing.

Information systems

CYFS is exploring opportunities for developing an electronic information and recording system to enable the transfer of information between general practitioners and CYFS. This will be part of the CYFS case management system also being developed (link to recommendation 1.1).

The identification of guardianship status is essential to agencies to enable them to provide priority access to services. Many agencies have or are in the process of developing identifiers within their organisation.

DECS has developed an electronic guardianship identifier that links in with the CYFS child file number. This identifies the guardianship population in schools and provides the means for data exchange between DECS and CYFS.

Guardianship identifiers have also been established in the electronic systems of the South Australian Dental Services and Southern CAMHS. Northern CAMHS is in the process of altering its data system to record guardianship status electronically.

Child and Youth Health is exploring ways to extend its unique identifier for all children to identify children and young people under guardianship.

Strategy 5: Regional Guardianship Service Networks

Adopt collaborative, holistic, multi-agency regional service networks responding to children and young people under guardianship of the Minister.

Progress report: June 2005

CYFS has commenced the establishment of Regional Multi-Agency Guardianship Networks in the Southern Area and in the Northern Region. They will build on the foundations laid by the Inner Southern and Northern Region demonstration project.

> Glossary

Alternative care

A system involving a range of services for children, young people and families including support for families (for example, respite care), supplementing the care provided by families (for example, placement in short-term care) or at times substituting for that care (for example, placement under the guardianship of the Minister). The services provided include intensive family support services and alternative care placements.

Anti-poverty

This is the provision of a range of financial support and counselling services by CYFS; for example, community education, financial counselling, concessions, funeral assistance, and direct financial assistance to families in crisis. It includes assisting sections of the community to develop services to help them to become self-sufficient.

Caregiver

A person who has the responsibility of providing the day-to-day care for a child or young person. It includes carers who are relatives, foster carers, residential care workers, child care workers or youth workers.

Case management

A cyclical process that includes assessment, case planning, service delivery, case review, service coordination, service monitoring, transition planning and evaluation. These processes are used to deliver and coordinate services to meet individual needs. Case management requires a holistic approach that takes into account all the circumstances and needs of the client. Case managers work

in partnership with children or young people under guardianship and those involved in their care.

Case manager

Social workers in CYFS usually have the case management responsibilities for children and young people under guardianship. Children under guardianship who have a disability may have case managers in both CYFS and Disability Services.

Child abuse and neglect

This occurs when a child has been or is being subjected to sexual, emotional or physical actions or inaction resulting in, or likely to result in, significant harm or injury.

Child protection

This is investigation and assessment of safety, risk, and the needs of children and families where children have been or are at risk of abuse and neglect. It also involves the coordination of services to strengthen and preserve families, reunification and family contact, and the placement of children and young people in alternative care where appropriate.

Child and young person

Child is used to encompass all children and young people up to the age of 18. Where the term young person is specifically used it refers to children over the age of 12.

Children and young people under guardianship

These are children under the age of 18 whose legal guardianship has been transferred by the Youth Court from the parent to the Minister for Families and Communities.

Community health services

Health services for individuals and groups delivered in a community setting, rather than through hospitals or private facilities.

Connectedness

This refers to a person's sense of belonging or relationship with others. A sense of connectedness can be with family, school or community.

Continuum of care

This is a seamless service delivery system provided by the Department of Health portfolio incorporating a range of primary, secondary and tertiary services to address the health and wellbeing of individuals, families and communities.

Early intervention

Health: the early years

Early childhood intervention is the process of providing specialised support and services for infants and young children who have developmental delays or disabilities and for their families, in order to promote their development, wellbeing and community participation.

Child protection: the early years

Early childhood intervention includes services provided to children from 0 to 8 years to promote attachment and resilience by maximising their learning and development and developing family strengths and parenting capacity.

Evaluation

Evaluation is the analysis of the value or worth of a program or service according to its intended outcomes.

Evidenced-based practice

This is the process in which professionals use the best available evidence integrated with professional expertise to make decisions. It is a concept that requires practitioners to seek the best evidence from a variety of sources; critically appraise that evidence; decide what outcome is to be achieved; apply that evidence in professional practice; and evaluate the outcome. Consultation with the client is implicit in the process.

Family, kin

There is wide variation in the composition of Australian families and families can include combinations of mother, father, stepmother, stepfather, other family members, and non-related carers. Regardless of the combination or relationship within families they have a profound influence on child development and mental health.

Kin is the broad family group incorporating extended family throughout the generations and consists of blood relatives and in-laws bound together by defined relationships, roles and responsibilities.

Foster carer

A foster carer is an approved and trained person (not a guardian or relative of the child) who, with the assistance of a regular allowance, provides care and support for a child or young person in their own home.

Good practice guidelines

Good practice is the benchmark against which programs can be evaluated. Good practice guidelines are statements based on the careful identification and integration of the best

available evidence in a particular field. They are intended to assist both practitioners and consumers, and make the best use of available evidence.

Greatest need

This term refers population groups who demonstrate high levels of need to fulfil the basic wellbeing of the individual and community.

Health and wellbeing

Health is not just the physical wellbeing of an individual, but the social, emotional and cultural wellbeing of the whole community in which each individual can achieve their full potential as a human being thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.

Outcome

This is a measurable or observable change in the circumstances of an individual or group of people or population which is attributable to an intervention or series of interventions.

Partnership

This is a collaborative approach between parties, to achieve an agreed outcome in the best interest of the community, individuals and families. Partnership is not categorised by equitable distribution of power but rather is the cooperative and purposeful relationship between parties who share common goals.

Population-based interventions

Population-based interventions are targeted at populations, rather than individuals. These interventions include whole population activities as well as activities deliberately targeted to population sub-groups, such as rural communities.

Population groups

These are groups of people who have special needs and are vulnerable due to social, economic, and political factors. They include: Aboriginal people, children and young people under guardianship of the Minister, people with disabilities, people with mental health needs, and homeless people.

Primary care

This refers to community-based services delivered by a wide range of providers across the entire spectrum of human services. The primary care system is seen as the usual point of contact for people seeking assistance with: health or social problems; living and chronic illness or disability; housing and accommodation.

Primary prevention, secondary prevention and tertiary prevention

(as they are currently used in the field of child abuse and neglect).

Child abuse and neglect prevention activities generally occur at three basic levels that reflect the audience targeted to receive the service:

- > *Primary prevention:* Activities are directed at the general population with the goal of preventing maltreatment before it starts. For example, parent education programs teaching parents age-appropriate expectations.
- > *Secondary prevention:* Activities focus efforts and resources on children and families known to be at higher risk of maltreatment. Several risk factors such as substance abuse, young maternal age and poverty are associated with child maltreatment. Programs may direct services to communities or neighbourhoods that have a high incidence of any or all of these risk factors, for example, substance abuse treatment programs for mothers and families with young children, and family resource centres offering information and

referral services to families living in low-income neighbourhoods.

- > *Tertiary prevention:* Activities focus efforts on families where abuse or neglect have already occurred. The goal of these programs is to prevent maltreatment from recurring and to reduce its negative consequences (for example, social-emotional problems in children, lower academic achievement, decreased family functioning). These prevention programs may include:
 - > intensive family preservation services with trained mental health counsellors available to families 24 hours per day for a short period of time (for example, 6-8 weeks)
 - > parent mentor programs with stable, non-abusive families acting as role models and providing support to families in crisis
 - > mental health services for children and families to improve family communication and functioning.

Primary, secondary and tertiary prevention services are necessary for any community to provide a full continuum of services that decrease the devastating effects of child maltreatment.

Priority access

Priority access is not simply a matter of queue jumping. In its broader sense it is the reorientation of focus and resources to address gaps in services required by children under guardianship.

Quality of life

This means the health, wellbeing and level of contentment of individuals, families and communities.

Resilience

Resilience refers to capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place that person at risk of adverse health outcomes. Factors that contribute to resilience include personal coping skills and strategies for dealing with adversity, such as problem-solving, good communication and social skills, and optimistic thinking.

Risk factors

Risk factors are those characteristics or variables that, if present for a given population, (individual or family) make it more likely that this individual or family rather than a group selected at random from the general population will develop difficulties.

Social and cultural diversity

This refers to the wide range of social and cultural groups that make up the Australian population and Australian communities. It includes groups and individuals who differ according to gender, age, disability and illness, social status, level of education, religion, race, ethnicity and sexual orientation.

Values

Values are fundamental beliefs that underpin behaviour and determine a preferred way of working. For example, values will determine what constitutes a good working environment, including our relationship with colleagues.

Vision

A statement about what we want our organisations to achieve over the next three to five years.¹³

> References

1. *Keeping Them Safe: the South Australian Government's Child Protection Reform Program*, May 2004.
2. *ibid.*
3. *ibid.*
4. *ibid.*
5. Stevenson, Tracey, *Literature review: health and wellbeing status and outcomes for children and young people under guardianship*, Child, Youth and Family Services, Department of Human Services, 2000. Unpublished.
6. Harper, J and Hardy, M 'Care for kids: do we? A psychological study of state wards in NSW', *Australia Journal of Social Issues*, vol. 20, Nov. 1985.
7. Create Foundation. Australian Children and Young People in Care. *Report Card on Education*. September 2003.
8. Sue Green and Amanda Jones, 'Improving outcomes for young people leaving care. Which way forward?' *Children Australia*, vol. 24, (4) 1999: pp. 64-68.
9. Department for Families and Communities. CYFS Data Warehouse. Unpublished.
10. Report from IDSC and Disability Services. Unpublished.
11. *The National Aboriginal Health Strategy*, National Aboriginal health Strategy Working Party 1989 (quoted in Cultural Response Framework Feb 2003).
12. *Draft Information Sharing and Client Privacy Statement Regarding Children and Young People under the Guardianship of the Minister*. Government of South Australia
13. *Social Welfare Services Planning Framework 2002-2005*. Government of South Australia.

> Bibliography

- Allen, Maggie, October 2003, *Into the mainstream: care leavers entering work, education and training. Factors that influence young people leaving care.*
<http://www.jrf.org.uk/knowledge/findings/socialpolicy/053.asp>
- American Academy of Pediatrics, *Developmental issues for young children in foster care* (RE0012), vol. 106 (5), November 2000, pp. 1145-50.
- American Academy of Pediatrics, *Health care of young children in foster care*, vol. 109 (3), March 2002, pp. 536-41. <http://www.aap.org/policy/re0054.html>
- American Academy of Pediatrics, *Policy statement, health care of children in foster care* (RE9404), vol. 93, (2), February 1994, pp. 335-8.
- American Academy of Pediatrics. State Insurance Program (SCHIP) *The State Children's Health Insurance Program*. Title XXI of the Social Security Act (PL 105-33, August 5, 1997)
<http://www.aap.org/advocacy/schipsum.htm>
- Australian Family Briefing No. 11, October 2001. How should family services respond to 'Children in need?' Australian Institute of Family Services.
<http://www.aifs.org.au/institute/pubs/briefing11.html>
- Australian Government – Taskforce on Child Development, Health and Wellbeing. National Agenda for Early Childhood, 2003 *Towards a National Agenda for Early Childhood –what you told us*. Feedback from the consultation paper 'Towards the Development of a National Agenda for Early Childhood.'
- Australian Institute of Criminology, 2003, *Trends and issues in crime and criminal justice. Youth Justice; Criminal Trajectories*. Vol 265.
- California Voter – Juvenile Justice in California, 'Addressing issues surrounding child abuse and neglect'. <http://ca.lwv.org/voter/jj/20littlehc.html>
- Clare, M, 2003, 'Good enough parenting when the government is the parent?' Paper Presented at the 8th Australian Institute of Family Studies. <http://www.aifs.gov.au/institute/afrc8/clare.pdf>
- Clare, M and Murphy, Paul, 2000, *Peer mentors as partners in the leaving care process: evaluation of a Western Australian Initiative*. Australian Institute of Family Studies.
- Connections–Uniting Care–Central Office. 2003, *Getting off the roundabout, troubled children moving through the care system*.
- Create Foundation. *Australian Children and Young people in care. Report card on education*. September 2003. www.create.org.au

- Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2003–2008*, February 2003, prepared by the Australian Health Minister's Advisory Council's (AHMAC) Standing Committee for Aboriginal and Torres Strait Islander Health Working Party (Comprising the Northern Territory, Queensland and South Australia).
- Dicker, Sheryl, Gordon, Elysa, Knitzer, 2002, 'Improving the odds for the healthy development of young children in foster care'. Promoting the Emotional WellBeing of Children and Families Policy Paper No 2. National Centre for Children in Poverty.
- 'Ethics Forum: ethical issues in paediatric rehabilitation', 2003, *Journal of Paediatric Child Health*, vol. 39, 219-23.
- 'Good enough parenting when government is the parent', 2003, *Children Australia*, vol. 28, (4).
- Government of South Australia, 2002, *Social Welfare 2002-2005 Services Planning Framework*.
- Guest Voice: 'Foster and adoptive parents: essential advocates for the healthy development of children in foster care'. Sheryl Dicker and Elysa Gordon. The Coalition Voice/Selected Articles - Spring 2001. <http://www.nysccc.org/Voice/sp01/healthydev.htm>
- Harper, J and Hardy, M, 1985, 'Care for kids: do we? A psychological study of state wards in NSW', , *Australian Journal of Social Issues*, vol. 20.
- 'Helping foster carers, helping children', 2003, *Adoption and Fostering*, vol. 27 (2).
- 'Improving outcomes for young people leaving care, which way forward?' 1999, *Children Australia*, vol. 24 (4).
- Institute for Research on Women and Families – Code Blue, Health Services for Children in Foster Care 1998. California State University.
- Juvenile Justice in California Part II: Dependency System. Prepared by the League of women Voters of California. Chapter IV: Health care for foster children, children in the foster care system have overwhelming health and emotional needs. <http://ca.lwv.org/jjds/chap4.html>
- Keeping Them Safe: the South Australian Government's Child Protection Reform Program*, May 2004, Government of SA, Adelaide,
- Leahy, Roslyn et al., 1999, 'What makes good outcomes for children in foster care', *Children Australia*, vol. 24 (2).
- The mental health of looked after children*. (Bright futures: working with vulnerable young people), 2002, Summary of a Report commissioned by the Mental Health Foundation based on research by Jo Richardson, Focus, Royal College of Psychiatrists, The Mental Health Foundation.
- McHugh, Marilyn, 2003, *Paying for care: The state of affairs in fostering*. Report into the cost of child abuse and neglect in Australia – Kids First Foundation.
- 'A model of professional knowledge for social work practice. Practice Forum', *Australian Social Work*, September 1997, vol. 50 (3).

- Promoting the health of looked after children: guidelines.* DH Department of Health. UK.
<http://www.dh.gov.uk/assetRoot/04/06/04/24/04060424.pdf>
- Rashid, Sonja, 2004, 'Evaluating a transitional living program for homeless, former foster care youth, San Francisco State University'. *Research on Social Work Practice*, vol. 14 (4) pp. 240-8.
- Schneiderman, M .et al., 1998 'Mental health services for children in out of home care,' *Child Welfare*, vol. 77 (1) pp. 29-40.
- Stephenson, Tracey, research by Cookes, Dagmar, 2000, 'Health and wellbeing status and outcomes for children and young people under guardianship'. Unpublished.
- Stephenson, Tracey, 2000, *Literature review: health and wellbeing status and outcomes for children and young people under guardianship*, Child, Youth and Family Services, Department of Human Services, Unpublished.
- Steven. D. et al., 1997, *Program development. A comprehensive, multidisciplinary approach to providing health care for children in out of home care.* Child Welfare League of America.
- Understanding and improving the provision of general practice service to children in state care*, 1999, University of Western Australia. <http://database.phcris.org.au/cgi-bin/db.dll/lib?doc=GP705>
- Watson, Kenneth, 1994, *Substitute care providers: the needs of abused and neglected children.*
<http://nccanch.acf.hhs.gov/pubs/usermanuals/subscare/needs.cfm>
- Wise, Sarah, 2001, 'A framework for responding to vulnerable children and their families'. Australian Institute of Family Studies. *Family Matters*, No. 59.