ROYAL COMMISSION INTO THE VICTORIAN MENTAL HEALTH SYSTEM

Formal Submission

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For further information in relation to this submission contact:

Leanne Roberts

Head of Public Policy & Media

lroberts@berrystreet.org.au

03 9421 9311 / 0439 271 043

Berry Street believes children, young people and families should be safe, thriving and hopeful.

Berry Street has provided services to children, young people and families for over 140 years to address the effects of violence, abuse and neglect.

We are one of Victoria's largest out- of- home care (OOHC) providers. We provide a range of family support, parenting, education and family violence programs for vulnerable families, children and young people, working with partners across sectors and the community.

Since 2002, Berry Street has been funded by the Department of Health and Human Services to provide a specialist statewide intensive therapeutic service for children who have experienced trauma, neglect and disrupted attachment - Take Two.

Take Two provides an intensive multidisciplinary therapeutic response using evidence-informed clinical practices and expertise in child development to address the underlying trauma and mental health issues of children (under 18 years).

Take Two has been evaluated by La Trobe University resulting in several peer-reviewed publications describing its practice model and outcomes. Its therapeutic service model has been found by the Murdoch Children's Research Institute to be a Promising Program and its Community Wellbeing Program (CWP) that works with early childhood and school staff to strengthen the social and emotional wellbeing of children aged 3-12 years, has also qualified as a Promising Program. Take Two is currently being evaluated by Harvard University. The evaluation is using a randomised control trial methodology, with the goal of being shown to be an evidence-based program.

Berry Street continues to innovate and introduce evidence-informed and evidence-based practice in the work we do every day to improve the lives of families, children and young people. From introducing the Teaching Family Model in residential care settings to delivery of the Child-Parent Psychotherapy model and application of the Neurosequential Model to work with children at risk, we continue to use best knowledge available to make a lasting positive impact on the lives of the families, children and young people we work with.

In 2017-18, we provided services to over 28,000 families, children and young people, including over 1,000 service users though our therapeutic services, over 12,000 through our family violence services, and over 1,850 through residential and foster care arrangements.

Berry Street welcomes the opportunity to provide this second submission to the Royal Commission into Victoria's Mental Health System.

This submission builds on Berry Street's preliminary submission submitted in May 2019. (attachment 1).

It is informed by Berry Street's extensive experience working with families, children and young people who experience a range of disadvantages including trauma and poor mental health. It also complements the submission submitted by Berry Street's Lived experience consultants.

Terminology:

For the purposes of this document, we have used the term 'children' to refer to infants, children, adolescents and young people aged 0-18 years. Where we have specifically used the term young people, we are referring to people aged 16-25 years.

Executive Summary

The cost of poor mental health in Australia is significant. In 2016, the National Mental Health Commission estimated the cost to Australia at four per cent of gross domestic product – or around $60 billion to the economy[i].

The social cost is even more devastating, with a complex interrelationship with other factors of disadvantage, including family violence, childhood trauma and family separation, homelessness, interactions with the justice system, poverty and unemployment.

Numerous studies have highlighted the strong correlations between childhood trauma and developmental disorders with increased risk of mental illness, mental ill-health and suicide. Stark figures have already been presented to the Commission regarding the prevalence of mental ill-health amongst children and families involved with child protection systems. The Victorian Auditor General's recent report on Child and Youth Mental Health[ii] found that children in out- of- home care had up to 5 times higher rates of mental health problems and double the rate of serious suicide attempts compared to the general population.

As statutory parent, the Victorian Government has responsibility for ensuring children in OOHC are healthy and well, including having good mental health. Yet, the mental health and child protection systems are currently failing to secure good mental health for many children and young people in its care.

For too many children and families, the child protection system compounds, rather than ameliorates, experiences of trauma and mental illness. The mental health system is then ill-equipped to respond to the complex experiences of trauma amongst this group.

The current failure to effectively respond to this small but significant cohort results in a substantial economic and social cost to the Victorian community. This includes:

- High social costs associated with poverty, vulnerability and disadvantage
- substantially higher risk of mental illness and suicide in adolescence and adulthood
- disproportionate use of high-cost homelessness, justice, emergency and alcohol and other drug services.

In Victoria, over 10,000 children have experienced significant neglect, abuse and complex cumulative traumas and are in Victoria's statutory care system, growth of 41 per cent since 2013-14. Without government action, the numbers of children in out-of-home care are projected to grow to 25,000 by 2025-26[iii].

The situation is even more stark for Aboriginal children and young people, with:

- growth of 77% since January 2015 and
- a 20 times higher likelihood of being in the OOHC than non-Aboriginal children, the highest rate ratio in Australia[iv]..

Without taking immediate action, over 6,000 Aboriginal children could be in Victoria's OOHC system by 2025-26.

This is not sustainable. More action and investment is required immediately.

There is a need to reimagine the future. This requires action and investment of around $1billion over 4 years to reorient toward early intervention across the child protection, mental health and related service systems for these children in or at risk of OOHC and their families. Evidence suggests investment at this scale will deliver significant dividends, in the form of avoided costs, across the justice, health and community service systems.

For these reasons, Berry Street calls on the Royal Commission to:

- acknowledge the need to significantly reduce the number of children in OOHC to

address the high prevalence of mental ill-health amongst this group;

- examine the unique needs of children at risk or in OOHC and the reform opportunities that will reduce and address incidence and impact of trauma from abuse and neglect.

Berry Street's preliminary submission called for:

1. Increased investment in well-targeted, evidence-informed early intervention services that focus on family strengthening and preservation to prevent trauma and neglect and reduce reliance on OOHC.

2. Better connected, and more responsive and effective mental health and child protection systems to improve mental health outcomes for families, children and young people

3. Stronger system and workforce capability across the mental health and child protection systems to intervene early and effectively to prevent the cycle of disadvantage.

The recommendations below build on these priority reform directions.

Recommendations

Recommendation 1 – Adopt evidence-informed interventions that actively find, engage and support vulnerable families and children who may be disconnected or are difficult to engage with the services they need.

Recommendation 2: Strengthen the Families of a Parent with a Mental Illness (FaPMI) framework by including guidance on access, referral and family-focused practice for parents with a mental illness and families involved with child protection and OOHC systems.

Recommendation 3: Undertake further research to identify:
a) prevalence of children of a parent with a mental in care and
b) mental health and child and family service models that specifically respond to this group with the aim of preventing abuse, neglect and other traumatising events that lead to child protection involvement.

Recommendation 4: Invest in support and advocacy programs that help parents navigate the child protection system.

Recommendation 5: Significantly increase investment in a holistic suite of evidence-based and evidence-informed family preservation and strengthening programs that:
a) help parents to address the challenges they face which prevent them from positive parenting and supporting their child's development.
b) build parents' capacity to quickly and effectively deal with their child's challenging behaviours.
c) provide intensive therapeutic responses to families who are at imminent risk of child protection involvement.

Recommendation 6: Scale up and continue to strengthen the evidence base for effective leaving care support and accommodation models (such as Foyers, HomeStretch and GOALS), providing young people leaving care with a robust foundation for good mental health.

Recommendation 7: Update and adequately fund implementation of the Chief Psychiatrist's Guideline on Priority Access for Out -of- Home Care, ensuring that public mental health and OOHC services are positioned to respond quickly and effectively to the needs of children in OOHC.

Recommendation 8: Increase and expand capacity of Take Two – Victoria's specialist trauma-focused mental health service and a recognised Promising Program currently being evaluated by Harvard University using a randomised-control-trial methodology - for children and young people exposed to abuse and neglect. Additional funding should recognise that funding to Take Two's regional and Secure Welfare program has not increased since 2003, despite growth in the number of children in care and the increasing complexity of presenting issues.

Recommendation 9: Invest in the roll-out of evidence-based trauma-informed therapeutic service models, such as the Teaching Family Model and the Circle Program across Victoria's out- of- home care system, to minimise incidents that accumulate to create complex trauma and significantly impact on a child's mental health and functioning and to create opportunities for family reunification.

Recommendation 10: Build a stronger evidence base of effective mental health responses to children in OOHC within the mental health service system.

Recommendation 11: Build foundational knowledge across the mental health and related workforces (including emergency department and ambulance staff) of the child protection system and the effective responses for children who have experienced significant trauma, neglect and abuse.

Recommendation 12: Invest in actions to build trauma specialist capacity within public and private mental health services to respond to those in the child and family services system.

Recommendation 13: Invest in actions to build carer and child and family worker capacity to navigate the mental health service system and advocate on behalf of children in OOHC.

Recommendation 14: Pilot the introduction of a range of evidence-based programs, such as Secure Base, to build the confidence and capability of foster and kinship carers to parent children with challenging behaviours to reduce trauma and disruption of multiple placements in care.

Recommendation 15: Strengthen data collection, analysis and outcome-focused reporting across the child protection and mental health systems to support more effective service planning, collaboration and accountability.

Recommendation 16: Take a social investment approach to prevent and address poor mental health outcomes amongst children and families engaged or at risk of engagement with the child protection system. This includes the need to inject an immediate $1 billion over four years in a suite of initiatives to prevent or minimise impact of trauma, developmental delays and behavioural issues and avoid significant demand and expenditure across high-cost justice, health and other community services.

Recommendation 17: Ensure that funding is reflective of true cost of service delivery, specifically taking account of factors that add to delivery costs, including additional travel costs and demand for language services.

Context

Victoria's child protection system seeks to safeguard and protect children under 18 years from abuse and neglect in accordance with legislated best interest principles.

For children unable to live with their families due to abuse, neglect and other traumatising incidents, Victoria's out- of- home care system provides alternative care arrangements. This includes:

- Kinship Care – placement with relatives or significant others in the child's life
- Foster Care – non-related accredited caregivers who care for the child in their home
- Residential Care – residential homes with paid staff providing care to children unable to be accommodated in more family-like settings.

Children have a right to the protection and care necessary to support their wellbeing, including good mental health. Despite good intentions, the system is not supporting good mental health and wellbeing for too many of Victoria's most vulnerable children, young people and families.

The connection between adverse experiences in childhood of physical, emotional and sexual abuse, neglect, disadvantage and mental ill-health is profound. For many children and families, the experience of separation and loss is an additional trauma, building on the complex traumas which led to the separation in the first place.

Compared to their peers, children who have been in care are at significantly greater risk of poor physical and mental health, mental illness, drug and alcohol misuse, homelessness, early pregnancy, becoming involved in juvenile offending, criminality and incarceration.[v] VAGO's report on Child and Youth Mental Health highlighted that 42 per cent of children in youth detention were registered mental health clients[vi], which is significant given the Sentencing Advisory Council also found

significant cross over between children in the youth justice system and the Child Protection System[vii].

This intersectionality of disadvantage contributes to a cycle of intergenerational trauma and disadvantage.

"People need to understand how trauma affects people, it literally interrupts health development. Being mentally unwell is not something I or anyone else can just turn off" – Kaitlyne, 22, Berry Street lived experience consultant

The Royal Australian and New Zealand College of Psychiatrists has highlighted that children in OOHC experience high rates of developmental and mental health problems warranting special attention and priority access to multi-disciplinary mental health care.[viii] Multiple studies have found high prevalence of clinical-range behavioural problems in children, requiring more attention on screening assessments and timely and effective responses[ix].

The Victorian Government's record investment in services aimed at preventing family and childhood disadvantage is a step in the right direction.

Investment in the significant expansion of early parenting centres, 3-year-old kinder, and enhanced maternal and child health services are critical prevention endeavours. A range of early intervention services, including Restoring Childhood, are also showing benefits. They provide a strong platform in the early years to support healthy childhood development and positive parenting capabilities; a critical phase in child development.

Berry Street's preliminary submission highlights other positive policy directions that will contribute to preserving and strengthening vulnerable families and children, thereby minimising risk and impact of trauma, developmental disorders and broader disadvantage impacting on family mental health and wellbeing.

There are, however, continued challenges in the system that are not met by the current reforms.

Berry Street's preliminary submission highlights challenges being experienced by: (1) families at risk, including families with parents with unmanaged mental illness; (2) families involved with child protection; and (3) children in long-term care or transitioning from care.

These challenges range across:

- Accessibility and availability of mental health and child and family-focused trauma-informed therapeutic services
- Gaps in effective treatment/service availability and design of the mental health, child and family, and child protection service systems (the systems)
- Poor alignment of investment to evidence
- Weaknesses in system infrastructure across the systems, including funding mechanisms, supports for workforce and data and evidence systems.

The Royal Commission has an opportunity to examine and highlight system changes that will make a significant impact on the mental health and wellbeing outcomes of these vulnerable Victorian families and children.

Opportunities to make impact

Invest in well-targeted, evidence-informed early interventions to help strengthen and preserve families

Overview

To make a significant impact on the number of children experiencing complex traumas, there needs to be a focus on more effective early intervention.

Over 4,000 Victorian children were admitted to out- of- home care in 2017-18 at a rate of 2.4 per 1,000 children for non-Indigenous children and 39.9 per 1,000 for Indigenous children. This is three times the rate of non-Indigenous children and five times the rate for Aboriginal children in New South Wales[x]. Of those Victorian children who exited care in 2017-18, over 34 per cent were in care for over 1 month but less than 6 months.[xi]

The best interests of the child must be paramount. While separation is a necessary process for some children, a stronger focus on preserving and strengthening family relationships is needed. A strong body of evidence has now developed to support interventions that specifically address issues of trauma, traumatising events, family violence, developmental disorders and poor mental health both with children and with families. This range of initiatives must be approached as a suite of interventions that operate together in order to deliver system-level impact.

Recommendations

Effective identification and engagement of families at high-risk is a key foundation for early intervention. Yet the service systems designed to address disadvantage and support good health and well-being are complex to navigate, and as demand has escalated, the systems have focused on gate keeping - prioritising those in the highest level of crisis. The impact for people is disengagement, a feeling of hopelessness and frustration with the systems that should be designed to assist.

As part of its Restoring Childhood program (that provides a tailored service response based on need), Berry Street has trialled the Brief Relational Intervention Screening program. This evidence-informed and innovative model targets mothers and children (0-17 years) who have experienced a potentially traumatising family violence event in the recent past. Amongst other objectives, it seeks to: decrease initial distress in the child and prevent trauma; and increase mothers' and children's uptake of other support options to promote health and wellbeing.

A pilot evaluation of Berry Street's Brief Relational Intervention Screening by the Murdoch Children's Research Institute has shown the brief intervention assisted women to develop new skills in supporting their children to regulate challenging behaviours linked to traumatising events, while also leading to improvements in the women's own mental health.

This is one example of an evidence-informed brief intervention approach.

> **Recommendation 1** – Adopt evidence-informed interventions that actively find, engage and support vulnerable families and children who may be disconnected or are difficult to engage with the services they need.

Most parents with a mental illness provide a positive foundation for their children to be safe and thrive. However, evidence shows parents with a mental illness are at higher risk of involvement with child protection. The risk increases where there are multiple stressors, such as family violence and drug and alcohol dependence[xii].

The Families of Parents with Mental Illness initiative (FaPMI) has sought to ensure that

specialist mental health services are equipped to provide a family focused response to parents and their children. However, the high prevalence of children within these families who are engaged with child protection and the high number of adverse incidents amongst these children means the initiative is not working effectively for Victoria's most vulnerable families. There is an opportunity to strengthen the access and referral arrangements between the FaPMI coordinator and the OOHC system. There is also an opportunity to strengthen understanding of family-focused practice with a parent in cases where the child has been placed in OOHC. There are, however, still gaps in knowledge on how to best respond effectively and in a way that is in the best interests of the child. Stronger attention on the intersections between FaPMI, the mental health service systems and the child protection and OOHC systems needs to be complemented by further research to better understand and respond effectively to this cohort.

> **Recommendation 2:** Strengthen the Families of a Parent with a Mental Illness (FaPMI) framework by including guidance on access, referral and family-focused practice for parents with a mental illness and families involved with child protection and OOHC systems.

> **Recommendation 3:** Undertake further research to identify:
> a) prevalence of children of a parent with a mental in care and
> b) mental health and child and family service models that specifically respond to this group with the aim of preventing abuse, neglect and other traumatising events that lead to child protection involvement.

Neglect, abuse and separation is traumatic for children, but often also for their parents and families.

For parents engaged in the child protection process, the system is poorly geared to ensuring they are well informed and supported. The adversarial nature of the court system, structural and cultural biases and high stakes involved can result in greater harm for some families, particularly Aboriginal families impacted by the intergenerational trauma from colonisation and dispossession.

While parents may engage legal counsel in Victoria (for most families, this is through Legal Aid), this can be cost prohibitive and an intimidating process where families report that they feel threatened and unsupported. This can particularly be the case for parents living with mental ill-health, drug or alcohol dependence, family violence or other disadvantage.

Jurisdictions, such as South Australia, Tasmania, the Australian Capital Territory and New York, have examined supports to help parents navigate the child protection system to reduce stress and trauma from the process and ensure that opportunities are maximised to preserve and reunify families.

> **Recommendation 4**: Invest in support and advocacy programs that help parents navigate the child protection system.

Presently, only around one quarter of the Child Protection and Family Services output budget is directed to family services. In 2017-18, this included an investment of around $137 million (just 10 per cent of the Child Protection and Family Services output budget) in intensive family support services to strengthen, preserve and reunify families at risk of engagement in the child protection system [xiii].

Through its focus on reform, the Victorian government invested $6.9 million in 2017-18 to test an intensive family services response (200 hours per family) to better meet the needs of over 300 families. The program has been informed by evidence and is targeted to children who are subject to a family preservation or family reunification order. This investment is crucial. However, apart from not

being at scale, it is limited to families already well engaged in the Child Protection System.

The investment and focus is commendable but is insufficient to make a significant impact.

A range of evidence-informed responses along a continuum of interventions is needed; from building parental capacity to support their child's development and constructively responding to challenging behaviours and stressors, through to intensive therapeutic responses that work with families to address their own and/or their child's mental health problems, including those which present as significantly challenging behaviours. A myriad of evidence-based and evidence-informed interventions exist along the continuum of responses but are yet to be introduced and scaled across Victoria to make significant system-level impacts.

Evidence-based group programs, such as Triple P - Positive Parenting Program, Tuning into Kids and Tuning into Teens, have been shown to strengthen parents' capacity to respond to their children's needs and increase their capacity to parent effectively. Such programs help parents develop parenting skills and address personal barriers to effectively supporting the emotional and developmental needs of their children. They have limited reach for those on the brink or already involved with child protection but play an important role along a continuum of interventions.

Stronger Families, currently funded and evaluated by DHHS, complements these group-based programs by working directly with families to prevent family breakdown. Despite positive evaluation findings, the program is not available in all areas of Victoria. Also, the effectiveness of this multi-agency program could be enhanced by including specialist mental health services and drug and alcohol services in the partnerships, to deal with the frequent co-occurrence of mental health and

alcohol and drug difficulties in family breakdown.

Building yet again on these interventions are a range of evidence based therapeutic programs, such as Family Functional Therapy and Multi-Systemic Therapy, that work with families experiencing multiple, significant challenges which put children at imminent risk of OOHC placement. These programs have been successful at preserving and restoring families, thereby reducing the number of children in OOHC, in various international and Australian jurisdictions. They successfully apply therapeutic approaches that work with children and families to reduce entry to out- of- home care, substance abuse, poor mental health, family violence and offending and recidivism.

Recommendation 5: Significantly increase investment in a holistic suite of evidence-based and evidence-informed family preservation and strengthening programs that:

a) help parents to address the challenges they face which prevent them from positive parenting and supporting their child's development.

b) build parents' capacity to quickly and effectively deal with their child's challenging behaviours.

c) provide intensive therapeutic responses to families who are at imminent risk of child protection involvement.

The transition from adolescence to adulthood presents challenges for all young people. For young people leaving care, the experience can be more challenging because of past trauma and disadvantage. They are more likely to experience homelessness, engage with the criminal justice system and experience poor mental and physical health than the general population.

A 2009 survey[xiv] indicates 35 per cent of young people in care were homeless in the first year of leaving, while 46 per cent were involved in the juvenile justice systems – both are risk factors

for mental ill-health. Another report has indicated as many as 65 per cent of care leavers experience mental ill-health, including depression, anxiety, PTSD, panic attacks and sleep disorders. [xv] These experiences build on and entrench trauma and disadvantage.

Significant evidence exists to demonstrate the cost effectiveness of supporting successful transitions from care. A range of accommodation and support models have emerged in response. Evidence supports the importance of investing in accommodation and support models to support the transition of young people from care into adulthood.

Recommendation 6: Scale up and continue to strengthen the evidence base for effective leaving care support and accommodation models (such as Foyers, HomeStretch and GOALS), providing young people leaving care with a robust foundation for good mental health.

Invest and reform to create more connected, responsive and evidence-informed mental health and child protection systems

Overview

Seventy-five per cent of all mental illnesses manifest in people before the age of 25. Yet multiple reviews have highlighted that escalating demand and system gaps mean that many children are not getting the support they need[xvi].

The situation is even more stark for children in care, despite their higher risk of mental ill-health[xvii]. VAGO highlighted DHHS linked data from 2014-15 that showed 19 per cent of children in care were registered mental health clients[xviii]. Given the reports of poor life-time mental health outcomes amongst children in care, this data strongly suggests the mental health and child protection systems are not giving children in OOHC the support they need.

The *Children Families and Youth Act 2005* provides a legislative framework to guide child placement decisions in the best interests of the child. Despite the robust placement principles, their practical application and the current service gaps and barriers across service system are often exacerbating rather than addressing harm. The only option for some highly vulnerable children facing multiple issues, including poor mental health, drug or alcohol dependence and justice engagement, is to be place inappropriately without access to the services they need. The result is an escalation of harm.

"A lot of reasons for my anxiety and depression are childhood trauma. That will always have happened to me. It can't be treated like it's been washed away. So what's important is that I'm well-supported to work through what I've experienced" – Emilie, 19, Berry Street lived experience consultant

Recommendations

The Chief Psychiatrist's *Guidelines on Priority Access for OOHC* (the Guidelines) recognise that infants, children and young people involved with Child Protection and placed in out- of- home care are a highly vulnerable group, with many experiencing complex loss and trauma that profoundly impacts on every aspect of their development. The Guidelines were designed to support mental health services to implement priority service access to children in OOHC[xix], yet came without additional investment.

The Guidelines echo the position of the Royal Australian and New Zealand College of Psychiatrists, which has also called for special attention and priority access to multidisciplinary care by this group[xx].

Yet, while there have been pockets of good practice built on the commitment of workers, knowledge and application of the guidelines are variable across Victoria. VAGO recently found that only one of the five mental health services reviewed as part of the audit had documented procedures to implement these guidelines[xxi]. Implementation has relied on commitment of staff, given the Guidelines were issued without additional investment. As demand pressures have impacted the mental health and child protection systems, so has the capacity to give life to the guidelines.

The need to give special attention to the mental health needs of children in care has not dissipated. There is a pressing need to:
- refresh and recommit to the Guidelines, taking a collaborative approach between mental health, child protection and out- of - home care providers and informed by people with lived experience
- ensure the Guidelines are appropriate to Aboriginal and Torres Strait Islander children

- reinvigorate governance and accountability mechanisms
- ensure adequate funding is available to implement the Guidelines in a meaningful and sustainable way.

Recommendation 7: Update and adequately fund implementation of the Chief Psychiatrist's *Guidelines on Priority Access for Out -of- Home Care*, ensuring that public mental health and OOHC services are positioned to respond quickly and effectively to the needs of children in OOHC.

"The trauma and mental health issues my family and I have are so severe. What makes me really angry is that we have to deal with the repercussions of past trauma we've all experienced because none of us got the help we needed when we were in the system" – Tash, 23, Berry Street lived experience consultant

Specialised knowledge and skills are needed to address the mental health issues of children who are traumatised and feel disconnected and unsafe. This is particularly so for children in statutory care.

Take Two provides evidence-informed clinical practice and expertise to address developmental trauma and mental health issues of children who have suffered severe abuse, neglect or disrupted attachment.

While the number of children requiring Take Two's specialist response has grown along with the significant growth in children in care, Take Two's reach has effectively reduced in the absence of funding growth in its regional and Secure Welfare program.

When first funded, Take Two's regional and Secure Welfare program responded to eight per cent of children with substantiated reports, who present with significant mental health and behavioural issues associated with trauma. Take Two now sees approximately three per cent of children with Child Protection substantiated

reports each year. There has been additional funding for program enhancements and specific roles to address emerging issues, but this has not addressed the demand on Take Two's regional and Secure Welfare program.

A 2018 review of Take Two identified that 79 per cent of Take Two's activities were focused on placement support, advisory assessment and interventions. The review also found the interventions were successful with children experiencing, on average, experiencing a 30 per cent average reduction in the children's presenting symptoms.

However, the vast majority of children with substantiated child abuse and neglect do not receive such services. The result is that developmental delays and the mental health of children escalate and incidents occur which produce an additional cumulative harm, rather than maximising the capacity to address the harm and support needs of the child (and family) to reduce trauma and set the foundation for a healthy and well life.

As such, opportunity is lost to intervene early to prevent or minimise trauma experienced by children, young people and their families.

Recommendation 8: Increase funding and expand capacity of Take Two – Victoria's specialist trauma-focused mental health service and a recognised Promising Program currently being evaluated by Harvard University using a randomised-control-trial methodology - for children exposed to abuse and neglect. Additional funding should recognise that funding to Take Two's regional and Secure Welfare program has not increased since 2003, despite growth in the number of children in care and the increasing complexity of presenting issues.

Specialist responses need to sit alongside robust placement practice and decisions as well as therapeutic service delivery and practice models that treat childhood trauma, mental

health conditions and support children's emotional and behavioural development.

Presently, at any one time, there are over 10,000 children in care in Victoria; approximately 400 are living in residential care, 7,000 in kinship or foster care and the remainder are in other forms of care, including third-party permanent care[xxii]. For those in residential care, they are often placed inappropriately with other highly vulnerable children, exacerbating harm and trauma issues, due to a lack of suitable alternative options with well-trained carers and connections to adequate mental health, drug and alcohol and other specialist services.

While promoting children's safety, OOHC also provides an opportunity to address complex trauma, behavioural and development issues, that often manifest because of neglect and abuse.

The Circle Program, a therapeutic approach to the provision of foster care, has built a promising evidence base to respond to the complex behavioural, developmental and mental health needs of children by improving the stability of their placement experience and improving the retention of foster carers. The program has been successfully piloted by DHHS across multiple sites but is yet to be rolled out more broadly across the state.

Similarly, the Teaching Family Model is an evidence-based model that has been rolled out successfully internationally to help families support children with:

- trauma from physical, emotional and sexual abuse, and;
- behaviours described as concerning, maladaptive or emotionally-disturbed

because of trauma and developmental disorders.

There is a need to ensure evidence-based trauma-informed practice models are taken to scale across residential and non-residential settings to promote and maximise good mental health outcomes for children in care.

Recommendation 9: Invest in roll-out of evidence-based trauma-informed therapeutic service models, such as the Teaching Family Model and the Circle Program across Victoria's out- of- home care system, to minimise incidents that accumulate to create complex trauma and significantly impact on a child's mental health and functioning and to create opportunities for family reunification.

Because of the lack of attention to date, there has been little attention given to developing a strong evidence base of effective specialist mental health service responses to children in care with complex experiences of trauma, abuse and neglect. Take Two has led the development of specialist evidence-informed therapeutic response to children in child protection with complex experiences of trauma, abuse and neglect. However, there is a need to build on this understanding of what works, with a focus on building an evidence base of effective responses through the specialist mental health service system.

Recommendation 10: Build a stronger evidence base of effective mental health responses to children in OOHC within the mental health service system

Overview

An effective service system requires a strong foundation: a strong outcomes focused culture; a well-trained and supported workforce and network of carers; good data systems enabling effective analysis of system issues and emerging gaps, and strong governance and leadership to steward the system. However, presently, there are system infrastructure gaps creating challenges in stewarding an effective, outcomes focused response to children in OOHC with emotional and behavioural issues and mental health problems.

Recommendations

The Royal Australasian and New Zealand College of Psychiatrists (RANZCP) has highlighted that "children in care often present with complex psychopathology"[xxiii]. The complex cumulation of trauma from multiple disadvantage and developmental delays adds to the complexity of effective assessment and intervention[xxiv]. To deliver effective responses that meet the special needs of these children, there needs to be strong workforce capacity and understanding.

Priority access to the specialist mental health system needs to be complemented with both:

- Increased awareness across the mental health and related workforce (including emergency department and ambulance staff who may be the first point of contact for a child in care with an acute mental health issue or experience of suicidal ideation) of the child protection system and the specific needs and effective responses for this group
- Specialist capacity to lead delivery of effective interventions that respond to the psychopathological complexities of children in OOHC.

> **Recommendation 11:** Build foundational knowledge across the mental health and related workforces (including emergency department and ambulance staff) of the child protection system and the effective responses for children who have experienced significant trauma, neglect and abuse.

> **Recommendation 12:** Invest in actions to build trauma specialist capacity within public and private mental health services to respond to those in the child and family service system.

Carers and the child and family services workforce are at the forefront of ensuring children in care can navigate and access the mental health service system, to get timely access to the treatment and support they need. This requires carers and workers to have skills in mental health first aid and understand how to navigate and advocate within the complex and fragmented mental health service system.

While training in mental health first aid has been increasingly undertaken across the carer and child and families workforces, foundational understanding of the mental health service system to build capacity of carers and workers to advocate for children has not.

> **Recommendation 13:** Invest in actions to build carer and child and family worker capacity to navigate the mental health service system and advocate on behalf of children in OOHC.

"You can't expect someone who is living in unstable conditions to support themselves and deal with the severe mental health and trauma that comes with being a person in care" – Tash, 23, Berry Street lived experience consultant

Presently, more than 50 per cent of children who have been in statutory care for more than 6 months will experience two or more

placements[xxv]. VAGO's review of residential care services found that around one-third had experienced 10 or more placements[xxvi].

Capacity of kinship and foster carers to care for children presenting with increasingly complex mental health and behavioural issues has a significant impact on placement stability.

Instability in OOHC placements can exacerbate trauma of the care experience for children. They also can make it extremely difficult to address the trauma, developmental delays and behavioural issues that are due to the initial experience of abuse and neglect. In addition, it places greater strain on kinship and foster carers, who play a fundamental role in the child protection system.

Programs, such as Secure Base and Keeping Foster and Kin Carers Supported and Trained (KEEP), have been found to be promising in increasing the positive parenting skills of foster and kinship carers in responding to children's difficulties. Through increasing the confidence and tools for carers, program such as these have helped reduce placement disruption and help provide stability within which to undertake therapeutic interventions that assist children to deal with trauma from abuse and neglect.

Recommendation 14: Pilot the introduction of a range of evidence-based programs, such as Secure Base, to build the confidence and capability of foster and kinship carers to parent children with challenging behaviours to reduce trauma and disruption of multiple placements in care.

Victoria's current investment, funding, reporting and accountability mechanisms often do not support delivery of cost-effective interventions that successfully respond to increasingly complex social problems.

Current investment, funding, data analysis and reporting mechanisms often fail to:

- monitor and anticipate projected local demand, emerging issues and service needs of whole communities and specific cohorts; resulting in a 'postcode lottery' where service availability and response is based on location rather than presenting need.
- support a social investment approach that directs funding to cost-effective interventions that secure the wellbeing and prosperity of all Victorians.
- reflect true costs of effective, outcome-focused service delivery, including encompassing the additional costs of regional service delivery, flexible 24/7 service availability, translation services to respond to increasingly linguistically diverse community.
- encourage and support collaboration and flexibility across providers and service systems, to maximise individual and system-level outcomes from available investment.

This is particularly evident in current investment, reporting and accountability frameworks for children and families at risk of abuse, neglect, trauma and poor mental health. For example, despite recognising that children in OOHC are a priority for specialist mental health services this has not reflected in funding, reporting and accountability approaches.

A social investment approach would start to orient new investment toward early intervention initiatives. This submission includes recommendations for a range of early intervention initiatives across a continuum of responses to children, young people and families in or at risk of OOHC. Berry Street estimates that investment of $250 million per year is required in these early intervention initiatives. Investment of this scale will deliver system-level impacts and provide dividends across government through avoided costs in the

health (including mental health), justice and other community service systems.

Recommendation 15: Strengthen data collection, analysis and outcome-focused reporting across the child protection and mental health systems to support more effective service planning, collaboration and accountability.

Recommendation 16: Take a social investment approach to prevent and address poor mental health outcomes amongst children and families engaged or at risk of engagement with the child protection system. This includes the need to inject an immediate $1 billion over four years in a suite of initiatives to prevent or minimise impact of trauma, developmental delays and behavioural issues and avoid significant demand and expenditure across high-cost justice, health and other community services.

Recommendation 17: Ensure that funding is reflective of the true cost of service delivery, specifically taking account of factors that add to delivery costs, including additional travel costs and demand for language services.

Conclusion

Childhood is a significant life stage. Experiences in childhood can considerably impact their physical and mental health and wellbeing during adulthood.

The Government has acknowledged that Victoria's current mental health system does not adequately respond to the mental health needs of children. This is particularly true for children who have experienced abuse and neglect.

For children and families involved with child protection, the fragmented mental health system and traumatising experiences in the child protection system can contribute to life-long disadvantage. This includes higher prevalence of homelessness, engagement with the justice system, experiences of family violence, chronic health issues and serious mental health problems. The result is substantial economic and social costs to the Victorian community.

As statutory parent, the government responsibility for the health and wellbeing of children in OOHC. An essential component is ensuring the system designed to keep children safe and well achieves this aim, and ensures they receive timely access to effective mental health services.

Leading mental health practitioners, including the Chief Psychiatrist, have recognised the need for priority access for children in OOHC to high-quality, trauma-informed mental health services. Yet practice across Victoria's mental health services falls short.

More broadly, the current child protection and OOHC systems have a traumatising impact on too many children and families, which is compounding on trauma of abuse and neglect. With an unacceptable increase in the number of children entering child protection and OOHC, Berry Street asserts investment of around $1 billion over four years is needed across a range of early intervention services.

Given the current system gaps in responses to children and young people, the Victorian Government's submission invites the Royal Commission to specifically examine opportunities to improve children and youth mental health responses. Berry Street supports the Victorian Government's position.

Berry Street also calls on the Royal Commission to examine the particular needs of children in OOHC in light of current cross-system failures. This includes examining opportunities to intervene early to prevent and address childhood trauma that can lead to life-long mental health problems and disadvantage.

Berry Street welcomes the Royal Commission's examination of Victoria's Mental Health Services and appreciates the opportunity to provide this submission.

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