Children Australia
Volume 40 | Number 4 | pp. 290–297 | © The Author(s) 2015 | doi:10.1017/cha.2015.53

Out-of-Home Care – Where to Next?

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■ **Keywords:** out-of-home care, children, foster care, residential care

In the light of Dave Vicary's review of 40 years of publications addressing out-of-home care (OOHC) issues and current concerns about both the systemic context of child protection and the comparatively narrow range of options for the delivery of care in the sector, a range of people from Australia and beyond were asked for their responses to the question: *Where do you see OOHC going in the next 40 years and what do you think our priorities need to be?*

We are indebted to those who prepared detailed responses and have published these in full, each with acknowledgement of the author, but also to those who made brief comments or were prepared to have a conversation about the issues of concern to them and share their vision for the future. We had, at first, thought there might be enough comments from experts to develop a short paper summarising a few key issues. However, it soon became apparent that the passion and depth of knowledge and expertise our correspondents brought to this exercise warranted reproducing their contributions in full. This paper, then, is a series of short commentaries concluding with a summary of key issues in the OOHC sector. It is followed by further commentaries from Howard Bath (Australia), Anna Gupta (UK), and John Diamond (UK) whose work on the topic was substantial.

I have commenced this compilation of ideas about the future of the sector with David Lane's astute observation that the question "... contains two meanings: Where is it anticipated that out of home care will go next? and Where should it go next?" This means also looking back to where we have come from, as David points out.

David was formerly Director of Social Services in Wakefield, West Yorkshire, England, and has, more recently, been a member of the Historical Institutional Abuse Inquiry which was formally established in January 2013 by the Northern Ireland Executive with the purpose of investigating child abuse which occurred in residential institutions in Northern Ireland over a 73-year period up to 1995. David's comments are reproduced in full as our first response to the question.

A study of the history of OOHC shows that some developments in care services for children and young people have arisen from a better understanding of their needs and improved ways of meeting them, but all too often the influences which have shaped services have been conflict, financial pressures, the availability of carers, trade union demands or cultural issues. The needs of children are, unhappily, too often well down the political agenda; after all, children are not wealthy, influential or even physically strong, and they do not have votes. Professionals may have excellent ideas of ways in which services should develop, but history tells us to be sanguine about what will actually happen in the next 40 years.

In trying to project forward, it is worth looking back first, partly to see what has worked and what has not worked, in order to find out why and, in part, to identify trends in order to judge their direction and likely trajectory. For the purpose of these notes, I am picking four examples.

Thomas Coram

Most western countries have their childcare heroes from the past, who first drew attention to the plight of children, especially in the large cities created by industrialisation. In 18th-century England, Thomas Coram was one of the great pioneers, with his concept of the Foundling Hospital. He was motivated not only by compassion for the babies left to die in the gutter but also by the need of the burgeoning British Empire for manpower, and he saw the babies' deaths in part as a waste of a valuable resource.

The format of the care programme for the children taken into the Foundling Hospital was placement with wet nurses

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and foster mothers in their early years, before admission to the institution for the rest of their childhood. There was a high death rate among the babies, and it is not a pattern of care we would advocate today, but it was better than what had gone before, and it laid the foundations for future services.

Another message from Thomas Coram's work is that, having failed to impress the male gentry with his ideas for several years, he talked to the duchesses and ladies and it was they who persuaded their husbands to put up the necessary money and get the legislation through Parliament.

The Big Institutions and the Little Ones

Following Coram, other philanthropists and religious organisations built big homes for children. Their heyday was probably the late 19th century, but they were still being built in the early 20th century (including a Coram Foundation replacement in the Hertfordshire countryside). But by the middle of the 20th century, the large homes were being closed and they were looked on as Dickensian dinosaurs.

A movement grew up which said that foster care was good and residential care was bad. A major influence was John Bowlby's work emphasising the importance for little children of bonding with a parent figure, a virtual impossibility in a large institution. Small group homes were developed to provide family care. Goffman's work on asylums put the hat on it, though, being read as damning all institutions.

Today in England, there are only four children's homes with more than 20 residents, and 20% are registered for only one or two children. The nature of the care they offer is obviously poles apart from that provided in any of the earlier homes. It is not like foster care as the care workers presumably do shifts, but unlike homes in the past, the resident children have no opportunity to relate to a peer group, to learn social behaviour or to develop life-long friendships. If the trend of reducing size is followed, residential care will disappear.

Margaret Thatcher

In the early 1980s, a group of senior professionals drawn from the field of childcare met Margaret Thatcher to argue for the creation of a national institute to give a lead in the development of high-quality services for children in England, and they spelt out their reasons. The Prime Minister reached a speedy conclusion, and she told the group to their faces that it was a stupid idea and that they were "ninnies with no nous".

Adoption for All?

Patterns of adoption have changed dramatically within living memory. In the mid-20th century, unmarried motherhood was a source of shame, and there were babies available for adoption. As it became more acceptable for single mothers to bring up their children, the number of babies available for adoption was reduced dramatically, but adoptive parents were encouraged to take on older children and children with disabilities.

Then, things seemed to plateau. Adoption clearly had a high success rate, and intriguingly three recent British Prime Ministers took a special interest in this relatively narrow field. Tony Blair even personally chaired a Cabinet Subcommittee on the subject. Did they see it as a subject which they as politicians could understand and put right by banging the heads together of under-enthusiastic professionals?

It is hard to see where this will end. There is a real risk of increased breakdown if the matching is not careful enough, or if the demands of the children are beyond the adopters. Certainly, adoption is not a panacea.

Lessons to be Learnt

These four examples are all drawn from the history of childcare in Britain, but they could no doubt be matched in other countries which face the same or similar issues. There are, for example, many large homes for children being opened today in cities in developing countries because it is their only way of trying to meet the needs of large numbers of street children. Or again, there are countries in Eastern Europe which are now developing foster-care services which did not exist under communist regimes.

I suggest that there are four main lessons to be learnt, which affect what can be achieved in the future.

The first is that social and political expectations sometimes have to be changed if the needs of children and young people are to be met. This can entail long-term campaigns and the creation of "games" which enable people to view problems and solutions differently; simply arguing the case rationally will not necessarily win.

The second is that there is no single pattern of services which is right. In Thomas Coram's day, it was right to build large institutions, but by the mid-20th century it was right to close them down.

The third is that, as every adult has been a child and has experienced being brought up and as many adults have cared for their own children, parenting is often underrated as a professional activity. Politicians and others in power may consider themselves just as expert as the professionals. One consequence is that childcare professionals are often poorly trained, poorly paid and of low status. The fact that bringing up someone else's children after there have been problems is a complex and subtle task goes unrecognised.

The fourth is that, unlike some fields of human endeavour where progress can be linear and the next stage of development can be based on what has been learnt to date, childcare seems to lurch. Sometimes it goes forward, for example as a result of Bowlby's work. Sometimes it fails or moves laterally and, in part, this is because of the weakness of the profession and the intervention of politicians who impose their own ideas of parenting.

Putting these points together, if childcare professionals form a vision of the services which children require, they need to be canny in devising ways of getting their ideas over, changing legislation, obtaining resources and changing the thinking of politicians and the public.

Straws in the Wind

Looking at OOHC in Britain, I identify a number of straws in the wind.

First, it is most unlikely that residential care in the form of children's homes will become a major element in the care spectrum again. It is interesting to note that public schools and therapeutic residential schools remain, but residential childcare will probably serve small niche groups of young people with specific acute needs.

Secondly, foster care is likely to remain the main option for OOHC and it is to be hoped that it will become progressively more professional, with carers trained to meet the needs of children who are having to cope with difficulties.

Thirdly, kinship care is likely to grow. When children leave care, they often turn to an adult relative whom they trust; if this had been done at the start, they might not have required other more expensive and disruptive forms of care, and it leaves the family in control.

Fourthly, I suspect that there will be a backlash in adoption if the number of breakdowns increases. To have problems with your birth family is bad enough, but when a child experiences rejection by the parents who chose to adopt him or her, this must be devastating.

Fifthly, child protection has been the dominant mode of childcare for about 40 years, and I hope that in the next 40 it is recognised as a spent force. It is, of course, necessary to protect children from abuse, but can we not improve preventive measures? Is seeking to prosecute abusive parents the best solution, when it is so rarely successful and dissuades some abused children from wanting to disclose because of the inevitable damage to the family? And will we come to terms with the fact that a large percentage of physical and sexual abuse is perpetrated by peers? We need a positive philosophy, focusing primarily on children's strengths and development (as in *Every Child Matters*), rather than a negative one which aims mainly to counter their problems.

Sixthly, we have to accept that over coming decades there are likely to be massive population movements, as people in their millions seek safety, economic betterment, education or leisure opportunities. This will impact on children in all sorts of ways. Perhaps, the most obvious are exploitation and second-generation rootlessness. The consequences are hard to guess.

And seventhly, a field of real promise. The recent research on the development of babies' brains, as described in Sue Gerhardt's *Why Love Matters*, needs to be turned into ways of assessing and meeting the needs of individual children, so that the neglect and suffering they have experienced can be countered in plans of care and treatment to match their individual needs. In the 1950s and 1960s, there was excellent therapeutic writing, based on the work of Freud and others. Now, the research on brain development provides a stronger platform for real advances. Who knows? Childcare might even come to be seen as a high-status professional task, requiring knowledge, skills and a real love of children.

A second response to our question about the future comes from Professor Thom Garfat in Canada who has been involved with troubled children and their families, and the staff who work with them for 40 years as a practitioner, supervisor, director, teacher, trainer, consultant and writer. Thom developed and teaches Intensive In-Home Family Support, presenting a "Child and Youth Care Approach to Working with Families". He also teaches the Residential Care Techniques course through Continuing Education. Initially, as a child and youth care worker, Thom worked in an emergency placement program for adolescents. He has also been the Director of a community-based family counselling program, and taught Child & Youth Care and family work at the University of Victoria. Thom was the Director of Treatment for one of Canada's largest child and youth care agencies in Montreal.

Thom has a private consultation and training practice, Transform Action, and is the Senior Editor of *Relational Child and Youth Care Practice*. He is co-founder and editor of CYC-Net, an international discussion list, and CYC-Online, an electronic journal for Child and Youth Care professionals. Travelling nationally and internationally, Thom provides consultation and training for agencies and organizations that work with troubled youth and families. His primary professional interests include a focus on meaning making and interpretation, effective interventions with youth and families, making residential programs work and effective program design. He has written books including *A Child and Youth Care Approach to Working with Families* and *A Guide to Developing Effective CYC Practice with Families*. Thom's response to our request for comments was:

OOHC Over the Next 40 Years?

There will always be a need! We started, centuries, even millenniums ago, with kin and tribe looking after other people's children – and from there we grew to massive institutions. The focus then was inclusion, acceptance and developmental nurturing. But we lost that for a long time. Gradually, however, we have moved to smaller group, and individual care, situations – in the western world anyway – although I recognise that in other corners of the world, the large group placement environment still exists. The evolution of OOHC seems to parallel economic development and finances.

What Needs to be Our Priority?

Family Inclusion and Engagement: For too long, and still, families of young people have been "set off to the side" in OOHC, often considered as a part of the problem, rather

than a part of the solution. Families have the right to be fully engaged in the treatment of the young person – perhaps more importantly, with their respected inclusion, family members contribute to the efficacy of treatment of the young person. In the future, there should be no treatment without family inclusion.

A Clear Focus Regarding Goals in OOHC

Why are children placed in OOHC? What is the goal of such placement – surely "safety" by itself is not enough. All programs need to develop clear interventions, specialised by the individual young person. Each young person needs a specialised intervention plan focussed on her developmental needs – and not one developed and put in a drawer – but rather one which is daily alive in the interactions between helper and young person and family.

Training of Staff in Intervention Effectiveness

Many – too many – staff in OOHC really do not have the training to do what they are expected to do. Training of staff in "making moments meaningful" – how to use this moment to help us reach the goals we have agreed on, is essential. Otherwise, there are too many wasted moments. If we are not efficient in our interventions, young people and families dwell in unnecessary pain.

A Focus on Relational Safety and Relational Intervention

Too much of our work is focused on authority and control. A focus of our work needs to be on developing "relational safety" (a must for traumatised young people). Relational safety focuses on making this moment, with this child, a moment of interpersonal safety; and from this moment others may develop.

Development of a Range of Specific Options Which Focus on the Needs of the Child and a Program's Ability to Meet Such Needs, Whether in the Group or Singular Context

I believe we have been "too content for too long". We need to develop systems whereby we can "match this child to this program". We are too focussed on "the available bed" and placing young people wherever there is a place available. This is a silly system.

Constant Review of Programs Against New, and Developing, Information and Methodologies

We evaluate little – we do little to ensure that "this program, with this child is making a real difference. And when we do have a currently effective program, we often fail to compare it to evolving knowledge, preferring to keep things as they are".

Back in Australia, Juliette Borenstein, a PhD candidate in Social Work and Social Policy at La Trobe University in Melbourne, is undertaking research in the area of kinship care. She also holds an LLB and BSc (Psych) from Monash University, and has practised as a social worker in the child and family welfare field for over 20 years, the last 10 years in kinship care. She was involved in piloting a kinship assessment and support program in the North West Metropolitan region of Melbourne. Juliette starts her responses with the question: Where are we now?

The recent Senate Committee report provides a snapshot of the current state of OOHC nationally. It documents the increasing number of children coming into care, and the significantly poorer outcomes for these children. It makes clear that the state and territory child-protection systems are making little progress in improving these outcomes. A succession of recent inquiries into child sex abuse and more general aspects of OOHC have also documented the failure of current systems to ensure the safety and wellbeing of our society's children. Evidence suggests that the state is not a good parent.

Child protection services are failing to adapt to changes from inside and outside the system: Despite the fact that kinship care is now the predominant and fastest growing form of OOHC, and has been shown to promote positive outcomes, most resources are directed to residential care. Kinship carers, who are more likely to be subject to structural disadvantage, receive less support than foster carers. Our current child-protection system has not worked out how to best enable kin to support their own. We don't properly identify and engage with family when a child is found to be unable to live with their parents, and then we don't adequately support kinship carers financially or practically, to provide care. There is currently great ambiguity and uncertainty about the position of kinship care in the welfare system, and we don't have an effective model of engagement with families caring for kin.

The state and territory systems have also been slow to adopt the public health approach promoted by the National Framework for Protecting Australia's Children, despite widespread acceptance of the social and economic drivers of child abuse and neglect. These systems have not relinquished their crisis-driven child-protection models, with most resources directed towards OOHC, rather than universal or specialised preventative services.

If there is no change of direction for our child-protection services, the intractable issues of the OOHC care system will persist, and the outcomes for children in care will continue to be poor.

What Should be the Priorities?

The National Framework for Protecting Australia's Children has begun the necessary work of changing the paradigm

for child protection in Australia. The challenge is how this changed focus can be operationalised in each state and territory. The Senate report, consistent with the National Framework, proposed an approach which builds the capacity of families and communities. The priorities this suggests are:

1. To shift the focus from a child protection to a public health model, with more resources directed at primary and secondary, rather than tertiary interventions, and a change of practice approach to family and community capacity building. An example of a universalist model is the Scottish care system, which aims to promote, support and safeguard the wellbeing of all children. It enlists health and education professionals to monitor a child's progress and, if support is required, it is detected early and a plan is coordinated in partnership with the family.
2. To consider other local and international models focused on early intervention and capacity building. The Senate Committee report documented examples of Australian respite and "shared care" programs, which provide support for families and build capacity. The report also highlighted the New Zealand practice of Family Group Conferences, which has been nominally, but not actually, incorporated into Australian practice. In the USA, "Family Finding" programs which involve systematic and effective search efforts for family members at the point of notification, have almost eliminated the need for foster and residential care in one state. "Navigator" programs in several USA states are building the capacity of kinship families, and communities, by assessing the needs of families, connecting them to resources and supports, and proactively developing needed services in the community.
3. To develop a specialised model of engagement for kinship families, which prescribes the distinctive roles, processes and standards appropriate for kinship care, and needed to support the family, and to maintain the safety and wellbeing of the children in their care. Research is currently underway in Victoria to develop a framework for practice in statutory kinship care based on the views of carers and workers.

Also here in Australia, Sandie de Wolf, AM, the CEO of Berry Street since 1994, shares similar concerns to those expressed above. Sandie has a long and distinguished career in child and family services, having worked both government and the non-government sectors undertaking practice, policy and leadership roles since the 1970s. Established in 1877, Berry Street is the largest independent child and family services organisation in Victoria and worked with nearly 20,000 people last year. Sandie commences her deliberations with the comment: "When thinking about priorities for OOHC in the next 40 years, it's useful to consider the drivers of child abuse and neglect in the sector. Will these be the same or different?" Sandie believes that "Substance abuse will continue, but probably with an even more diverse range of substances". She goes on to say:

It's hard to see how mental health issues will significantly improve, especially given the strong link with substance abuse. If we do the work needed on gender equality and implement effective, respectful relationship programs in schools, family violence could potentially decrease. Given the increased role of technology and social media, child pornography and sexual exploitation are likely to grow. This is a problem for the whole community, but the children in OOHC are especially vulnerable.

Priorities for Action

We need to be planning at the community, family and individual level. We know disadvantage is increasingly concentrated in some locations. Investing in building strong communities should be seen as the essential foundation. There are also particular communities (e.g., asylum seekers and refugees) who need tailored programs to deal with their trauma. We also know that intervening early, and early in life, is most effective. We need to ensure the right supports are there for vulnerable pregnant women and parents and that children harmed by abuse and/or neglect get the help they need to recover.

Foster care is in a very perilous state in Victoria and likely to disappear as a viable option within the next five years. We need a professionalised foster-care system where foster carers are celebrated, acknowledged as professionals, reimbursed appropriately and have qualifications and experience commensurate with the complexity of their role. We also need to ensure that young people are properly prepared and well supported to leave care.

Finally, we need to reduce the over-representation of Aboriginal children and young people and transfer authority and resources to Aboriginal Community Controlled Organisations.

It is difficult to free oneself from the impacts of daily events and challenges that confront practitioners, children, young people, their families and their carers in order to envisage a changed future. We strive to imagine how things could be, but also to keep our feet firmly on the ground – to be realistic – and, given the daily frustrations, it is hard to find the energy to "dream", let alone write about our ideals. However, Michelle Van Doorn, CEO Delegate, at OzChild, who has worked in child and family welfare for some 25 years, in direct practice and senior management roles, has teamed up with Gaye Mitchell, the OzChild Research and Practice Enhancement Manager to provide a vision for us. Michelle has extensive experience in child protection and OOHC services and has a particular interest in developing OOHC services that ensure safety, development and wellbeing of all children and young people in OOHC. Gaye has also worked in child and family welfare for more than 35 years, in direct practice, program and practice development and research roles. She is an honorary research fellow at the

University of Melbourne and a major focus of her work is understanding and prevention of intergenerational involvement in the child welfare system.

"OzChild – A Vision for the Future

OzChild is a child and family welfare organization in state of Victoria in Australia. It provides a range of services from disability services, especially to those under 18 years of age, family support services, kinship care and foster-care services. Its services are located in metropolitan, regional and rural areas of the state, with the majority in the southern area of Melbourne, the capital city of Victoria. OzChild provides kinship care for 138 children in the child-protection system at any one time, and also provides information and support to a further 131 statutory and non-statutory kinship care families annually. OzChild's Home-Based Care program provides for 163 foster care children. OzChild, through its predecessor organisations has a long history as a child and family welfare agency in Victoria, providing services since the 1850s.

OzChild presents here its hopes for OOHC services in 40 years' time, with its recommendations about what is needed to realise these hopes. These are informed by OzChild's long history in early intervention and prevention, as well as in OOHC services, by direct practice, program development and implementation, and research – both its own and that of the field generally.

We hope that in 40 years' time the rate of child placement in OOHC per 1000 children will have fallen considerably. This will have been achieved through a number of means. First and foremost will be social policy at national and state level using knowledge developed over the last many years to ensure that macro socio-economic policies create a context that supports child, individual and family development and wellbeing. These will include at least the following: reduction of poverty; provision of meaningful employment or alternative means of constructive contribution to society and individual and family financial security for all including adequate social security structures; affordable housing for all members of society; strong universal education, health and mental health services across the life span; and a society which promotes and encourages individual and family lives and communities imbued with strong senses of purpose, meaning and belonging focussed on the development of individual capability and the common good (Mitchell & Campbell, 2011; Sen, 2001; Spencer & Baldwin, 2005; Tierney, 1976). Strong and concerted efforts in these areas, combined with increasing knowledge of major social problems such as substance abuse and family violence will see substantial reduction in these problems and their effects on individual and family functioning over the next 40 years. This will occur through tackling root causes, as well as through a systemic and integrated approach to identify, intervene and treat those still affected.

We also need to develop a polity committed to creativity, innovation and problem solving to tackle emerging problems, sometimes of a global scale, such as global people movement as a result of climate change, war and famine. Responding to and solving these problems will require both skilful international diplomacy and compassionate national policy and action.

Second, universal services to support family life will have whole-hearted ideological support from all political parties in informed democracies, and will be adequately funded. These will include, at the very least, transport systems; sporting, recreational and cultural facilities and amenities; physical and mental health services; maternal and infant health and welfare services; childcare; preschool, primary, secondary and tertiary education and training.

Third, family support and family preservation services will be available to all families where there is risk to child development and wellbeing, with intensive services provided for as long as families need, to all families who, with help and support, can ensure the growth, safety and development of their children. These services will be culturally sensitive and aware for Aboriginal families and for families from Culturally and Linguistically Diverse (CALD) backgrounds. The workforce in family support and family preservation services and in all OOHC services will be recognised for their highly skilled, complex and sophisticated work, and some will be members of the same cultural backgrounds as their clients. They will spend at least 80% of their time with children, families and carers, having been relieved of many data entry and compliance burdens through increased respect for professional roles, reduced bureaucracy and red-tape, emphasis on achieving outcomes, and improved databases and information technology systems.

These three means will guarantee that all families who, with help, can safeguard the growth, safety and development of their children will retain the care of their children. The field will have developed further expertise in accurately assessing, in a timely way, whether families can ensure this safety and development while the child remains in the home. If they can't, children will be removed before cumulative harm from repeated abuse and trauma occurs.

Services to families will not cease on the removal of children into OOHC. Family Services will continue with families to guarantee that children are always reunified with their parents, if their growth, safety and development can be ensured, with at least as much funding being available for birth families, as would be available if the child remained in care. Birth families would continue to be supported, even if the case plan were for permanent placement, to make sure that any ongoing relationship between the child and their parent(s) was as constructive as possible.

All parts of the system would see promotion of partnership between parent, child, carer, service providing agencies, the court and child protection, as essential and in the best interests of the child.

The OOHC system, for the much reduced number of children in it, would look different from its current state. While there are some elements of the following in the current system, in 40 years' time we would hope that these elements would be standard for all children and young people in care.

Family-like and therapeutic care would be minimum standards for all children in OOHC, with kinship care as the placement of choice, subject to high-quality and rigorous assessment. Foster and kinship care would be funded at higher levels. Kinship carers and children in kinship care would receive the same levels of funding as children in foster care. Kinship and foster carers and the children for whom they care would be able to access all support, assessment and therapeutic intervention required to support the placement. Foster carers would be therapeutically trained and well-supported and kinship carers would be supported to receive additional education in caring for children who had experienced trauma. Where there was no likelihood of children returning to their birth families, permanency would be decided in a timely way, with due regard to the age and stage of the child. All children and young people who were not going to return to their birth family would have an alternative family who would see them as "their" children, and always part of their family. All young people in care and their carers would be supported until the young person left home, and within the normative expectations of the community. Primarily, all young people in OOHC would be empowered through a range of means to participate in shaping their care and their future, from a foundation of belonging and identity. They could stay with their carers as long as their peers did (many Australian young people live with their families until 23–25 years of age). There would also be options of being supported to live independently in an age appropriate manner. Young people would have access to educational scholarships to enable university or other higher education or training participation.

A very small number of children may still enter the OOHC system and be unable to be cared for in a kinship or foster-care family. These may include children in larger sibling groups, children with disabilities, or children with multiple, serious and complex needs. In these cases, there must be a range of individually tailored residential possibilities, including professional foster care, placement of only one child per carer, short-term residential settings which remain as family-like as possible but where intensive, professional and highly expert programs address significant behavioural, emotional, health or mental health needs. Responses to children's needs would be able to be responsive and flexible. Some promising possibilities already available to us include the Lighthouse Model of Care (Barton, Gonzalez, & Tomlinson, 2011) OzChild's "Let's stay together" program (OzChild 2014–15), residential care based on the Sanctuary Model (Esaki et al., 2013), and several programs outlined in (Shlonsky et al., 2013). These programs would be informed by practice wisdom and knowledge, and by practice and research evidence, within a system that encouraged the search for new methods of care and intervention to further improve outcomes for this group of children.

There are some clear messages for the future of the OOHC sector in the comments we have brought together in this paper; and some major shifts required in attitude and thinking about our responses to children and families who cope less well in contemporary social environments for periods in their lives. As David Green, a former director in government services and an academic, suggested to me recently, we need to protect the experience of a *good childhood* as well as protect individual children in individual contexts. Just as we accept public health standards for children and adults and the principle of compulsory education, for example, we now need to think seriously about very fundamental issues which undermine a good childhood and weaken families. In particular, exposure to rampant marketing of "unhealthy" products and food that infiltrate daily life, the constant experience of media which distorts relationships and sexualises children's lives, and the forces which foster violence and addictive behaviours. So much of OOHC is now framed not only by the individual trauma and hurt experienced by the children, but by the daily impact of forces which have redefined the experience of childhood as constant stimulation and consumption. Policy change and social attitudes are not easy to address, and the opposition of markets to the nanny state is virulent, but if we could develop long-term visions of the social policies that promote a good childhood, safely and wellbeing, and the concomitant service system, we might be able to draw some of the strands together for a more coherent approach to the protection of children.

A second theme that came out of the comments, concerns the knowledge and expertise that is readily available in this sector worldwide. We need to be proud of what we have achieved over 40 years of struggle, pressures, changes in social relationships and technology. We have a strong and sure sense of what is needed by the children, young people and families with whom we work, and we have research and practice-based expertise to put it into practice. What we have done less well is managing the politics and social/media responses to the more extreme cases that create public comment and, at times, a "moral panic". There is no ideal OOHC "world" that the media and many in society propose – and such perspectives often come from those with little or no hands on experience of the sector, the families and the nature of the situations that present. There will always be people who are stressed, whose health is compromised or who have disabilities that underpin violent or dangerous behaviours, and there will always be those who prey on the vulnerable. There will also always be the disasters and associated traumas of human and environmental origins that affect families and kids. We need to have a readiness to respond to this range of demands, to bring our knowledge to bear, to find ways of educating and explaining that is not perceived as white-washing or avoidance. It is difficult in the contemporary contract milieu to speak out

without fear of losing funding and associated jobs, but if we don't speak out about the work that is needed in this sector then we will constantly face playing catch-up after deleterious incidents in which our attention and actions were found wanting.

The idea that OOHC staff need to be more highly trained is a further issue. This is not to detract from the knowledge and expertise that we do have, but we are not recruiting, employing and training enough people in the sector to be sure of providing quality care. We need to find new ways of attracting carers and OOHC staff who see their roles as a commitment and a vocation, who see the development of knowledge and expertise as vital to their caring roles and relationships with children and families and understand the long-term processes of both continuity and change. And we need to educate our communities to ensure that parenting and caring, particularly of those who cope less well with the stresses and challenges of life, is something worthy of high regard – a role that has its own knowledge and expertise and demands recompense at a level that reflects its professionalism and commitment.

A further key aspect of OOHC indicated by the comments we received is the range of options and flexibility in arrangements that is required to meet the very diverse needs of those who use OOHC and related support services. The nature of the care options is limited, partly by funding, but also by a lack of creativity, imagination and willingness to support alternative approaches on the part of those responsible for program development and funding. We need to cease encouraging politicians and bureaucrats to believe that putting eggs into particular baskets will resolve the problems and propose, instead, the idea of a "package" of specific care needs for each family, and their children or young folk.

It has been a long journey getting to where we are now in OOHC, but we have an extensive distance ahead of us too, if the care and support we deliver is to meet the quality required. As we review and debate the many concerns about the nature of the care delivered in the past and the issues that remain with us, we need to muster every ounce of energy, practice wisdom and research evidence to come up with different thinking and action to meet new and emerging demands. Perhaps, this Issue of *Children Australia* will be something of a catalyst to move us all forward in this challenging endeavour.

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