

**Submission
No 7**

CHILD PROTECTION AND SOCIAL SERVICES SYSTEM

Organisation: Southern Youth and Family Services

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About Southern Youth and Family Services (SYFS)

Southern Youth and Family Services (SYFS) is a medium-sized community based organisation that has developed over the past four decades in the Illawarra, Shoalhaven and Southern NSW.

SYFS has the principal purpose of relieving the poverty, misfortune and distress of children and young people who are disadvantaged, and their families. This includes children and young people who are homeless or at risk of homelessness, abused and/or neglected, placed in the care of the State, and involved with the criminal justice system.

SYFS is the largest provider who work with this cohort in these areas. In 2019/2020 SYFS provided 3,192 children and young people with a full range of services targeted to their individual needs and 11,569 instances of one-off or short term support. We assisted 388 families with a full range of support and a further 1,559 one-off or short-term support. Approximately 25% of all SYFS clients were Aboriginal and 15% were from Cultural and Linguistically Diverse (CALD) backgrounds.

SYFS currently manages more than 50 different services, through 9 different funding programs, across a range of different State and Federal Government Departments. The organisation is composed of six program areas:

- Accommodation and Housing Services
- Out of Home Care Services
- Youth Outreach Support Services
- Family Support Services
- Youth Health Services
- Youth Employment, Education and Training Services

SYFS has integrated its programs to deliver a comprehensive “wrap around” model which values the developmental / cultural needs of children and young people and the importance of therapeutic interventions. In many ways SYFS can be seen as a local site which embodies the whole of Government approach that the Their Future Matters are seeking to achieve.

Our submission is from the perspective of a medium-sized community service embedded within a number of regional communities in NSW.

Terms of Reference

1. How vulnerable children and families are identified and how current system interacts with them including any potential improvements, particularly at important transition points in their lives.

Currently vulnerable children, young people and families are identified through community members/services and mandatory reporters and screened through Child Well-being Units as at risk of significant Harm (ROSH), and referred to the Child Protection Helpline. The Child Protection Helpline further assess and then refer to the local Department of Communities and Justice (DCJ) office, which allocates or does not allocate a case, often according to capacity to respond rather than assessed risk, resulting in many children/young people not getting any response due to competing priorities. In our experience this means that priority is given to at risk younger children, particularly those under the age of five years, and that reports regarding at risk adolescents and teenagers are rarely responded to. SYFS services are consistently frustrated by making numerous mandatory reports each week, knowing that they will not receive any response for older at risk children. Adolescence is a significant transition point in children's lives yet the current system is failing to protect these young people. If the risk of significant harm is confirmed and the case allocated the response is usually risk-averse eg. pursuing matters in the Children's Court rather than working directly with the family, or risk is shifted by referring the family to non-government organisations and services for intervention to achieve restoration, reconciliation or permanent placement outcomes.

In those situations where a child/young person does not meet the risk of significant harm threshold the child/young person and family are referred to the Family Referral Service. These families are referred to services for support, where available, are held by the Family Referral Service until support services have capacity, or do not receive any support or intervention as there is no support capacity within the early intervention system. While the reform of the Child Protection Access System, and the introduction of the new Family Connect and Support Program in December is yet to commence, it appears that this is unlikely to substantially change from how the current Family Referral Services have operated. The Families Connect and Support Program has some additional ability to "hold" families and some brokerage funding to purchase services. However, without additional services to "purchase" there is unlikely to be any increased ability for families not meeting the significant risk threshold to receive any supports or interventions that may avoid them further declining until such time as the risk of significant harm threshold is met.

Last year 77,026 children assessed by DCJ to be at risk of significant harm were not followed up. Over the last four years the number of these ignored children has increased by 41 percent. The capacity and effectiveness of the current system is under resourced to respond appropriately to children and young people at risk of significant harm. Those children and young people in family situations that do not meet the significant threshold, but without assistance and support, are likely to deteriorate to the point where the children and young people are at significant risk.

2. The respective roles, responsibilities, including points of intersection of health, education, police, justice and social services in the current system and the optimum evidence based prevention and early intervention response that the current system should provide to improve life outcomes

There needs to be meaningful interaction between services with a shared understanding of each other's business and how they interact to provide greater service to vulnerable children/young people and families. The definition of what prevention and early intervention means needs to be agreed on and universal. Currently it is inconsistent and means different things to different people/sectors. In health, for example, it usually means early in the development of a child, the early years, whereas in child protection it means any time before a child/young person and family meets the risk of significant harm threshold. Prevention and early intervention, in the community sector, means universal and much earlier intervention into a range of problems.

It is our experience that effective early intervention, as well as primary and secondary prevention programs, are better provided by the non-government sector which has a good track record of building trust and providing tailored service responses to the needs of children, young people and families. However, funding needs to be targeted and expanded to allow services to meet the ongoing needs of vulnerable families, both now and into the future.

We believe that there is also a role for government departments to be more actively involved in early intervention. Some examples include:

- There is a need for the court/juvenile justice system to identify issues early and seek interventions when it is obvious that a young person is heading down a destructive path and ensuring that appropriate supports are put in place earlier. Some young people are detained in custody as there are no appropriate placements available to them, or they are released into homelessness and there needs to be earlier assessment, action and support in this area as well.
- The mental health system needs to be resourced to intervene earlier and to improve the after hour call out services for children and young people.
- The Police would benefit from training in welfare issues. This could reduce the number of reports to the Helpline and put less pressure on the system. A number of years ago new recruits to NSW Police would attend field placements at community services gaining a greater understanding of the support systems available, this was an excellent program that has since ceased.
- There also needs to be a focus on the children who are currently in the out of home care system with agencies working together to ensure current and future needs are met especially within the education system to ensure timely responses for children to attend an education facility and maintain them in that facility.

3. Adequacy of current interventions and responses for vulnerable children and families and their effectiveness in supporting families and avoiding children entering out of home care.

Firstly we believe the language needs to be changed from “avoiding children entering out of home care”. This terminology is affecting how statutory services/workers see family situations and creates the belief that you should refrain from bringing children into the care system at any cost. Thorough assessments need to be conducted to ensure that the protection of the child/young person is the paramount consideration, rather than keeping them from entering out of home care. It is our experience that a number of children and young people who have fled or been kicked out of home and where it is not appropriate or safe for them to return home, have not been subject to Care and Protection Orders in order to avoid them entering out of home care.

Family finding is a great initiative however; it cannot be the only thing to look at when it comes to placement and not bringing children/young people into care. Some family options may not be suitable and therefore children/young people should not be placed in vulnerable situations just to stop them entering the out of home care system. Family finding should not necessarily be about finding a family placement, it can also be used as a tool to locate family so the child/young person can, if possible maintain, a supportive and on-going relationship with family into the future.

Children and young people who do not enter the out of home care system where they can gain further support usually end up in homelessness services through crisis youth refuge placements, therefore do enter a different form, and less resourced, secure and long-term out of home care placement. SHS providers do not have parental responsibility, cannot provide the same level of casework support and are less resourced. This means those children that were identified as being at risk of significant harm but were not adequately assessed do miss out on resources in the future that can help them transition to some form of independence. Any suggestion that it is preferable for children to be homeless, in what are usually short-term services, rather than enter into a well-resourced, long-term supported out of home care placement with resourced transition plans and after-care arrangements is clearly ridiculous, however this is what is occurring. Those young people where it is not appropriate for them to live with family and who have not been placed in out of home care should be entitled to leaving care provisions and services such as after care support, Premier’s Priority Services and Transition to Independent Living Allowance (TILA).

Once children and young people are in homelessness services, they are usually left there. The risk of significant harm threshold is not appropriate with regards to unaccompanied children and young people accessing homelessness services. Assessment tends to assume that lack of accommodation is the only risk to a child/young person’s well-being, and downgrade the risk as soon as a child/young person has a roof over their head. We believe that children and young people presenting to homelessness services, especially if under the age of 16 years, are homeless by any definition and should meet the risk of significant harm threshold, regardless of whether homelessness services are able to accommodate them or not. It is only when they have no safe place to stay that they meet the threshold.

Interventions need to be targeted and have a response that meets the need of the child/young person both immediately and into the future.

4. The child protection intake and assessment referral and case management system including any changes necessary to ensure that children assessed as being at risk of significant harm receive a proactive and timely in person response from child protection staff

The last NSW reform to child protection looked to improve the intake and referral pathways, primarily into early intervention family support services, for vulnerable children, young people and families who were identified as at risk but did not meet the risk of significant harm threshold, through the Family Referral Service, soon to be replaced by a rebranded Family Connect and Support Program. Child Well Being Units were also introduced in key Government Departments to divert inappropriate child protection reports and link families identified but not meeting the threshold with supports and interventions. This was not accompanied by increased support services for those families that were to be “diverted”, and the Government Departments where the Well-being Units were established were also not provided additional resources to assist these families. Our services receive significant numbers of referrals through the Family Referral Service, and less through the Child Well-being Units, that we are unable to assist purely due to already operating at full capacity. We also get referrals through these sources where the family’s needs are much more complex than the provision of counselling and support, yet there are relatively no services, or not enough, that are able to provide the intensive therapeutic responses required. The intake and referral system’s introduced are ineffective without service system capacity to respond at the right time with the right services.

As previously mentioned, a number of our homelessness services experience with the Helpline and triage processes are that they tend to screen out children and young people who are reported by homelessness providers, based on an assumption that these services reduce, or eliminate risk for these children and young people. Similarly, highly vulnerable and at risk children/young people are referred to homelessness services and then the Department of Communities and Justice close their case upon the referral being accepted on the basis that the child/young person no longer meets the risk of significant harm because they now have accommodation.

The system needs to be focused on what is significant harm and not just the age of the child, age is just one factor. There appears to be a belief in the Department of Communities and Justice that children around the ages of 13 to 15 years are less vulnerable than other younger children. Children/young people aged 13, 14, 15 and 16 years old receive poor or no intervention from the child protection system. This has been noted in the recent Ombudsman’s Report which also indicates that there has been no movement on previous recommendations as to this cohort by the Department since their last report. This is contrary to DCJ’s own data where ROSH reports are in fact the highest for 12 – 15 year olds. These children are often not seen by any service, as they do not attend school, health appointments etc. they can be more vulnerable, they often become homeless, and end up attending or being referred to SHS services. This is a serious intake and assessment problem that needs to be rectified.

5. The availability of early intervention services across NSW including the effectiveness of pilot programs commissioned under their futures matter program, and
6. The adequacy of funding for prevention and early intervention services

Numerous reviews of the child protection and out of home care system have highlighted the NSW Government's underfunding of early intervention services. For example:

- NSW Standing Committee on Social Issues 2002
- Wood 2008
- NSW Ombudsman 2011
- Tune 2015

While financial commitments have increased over this time, they have been largely focused on funding services focused on the “pointy end” of the child protection spectrum, just prior to, if not at the risk of significant harm threshold. Many of these “early intervention” programs also have closed referral systems. For example, the “early intervention” programs such as Brighter Futures, Safe Care and Youth Hope only allow 10% of referrals to come from community organisations that relate to families who are at risk of escalating into the child protection system. A number of so called family “early intervention” programs that have been implemented have been expensive models that have been imported from overseas rather than resourcing flexible good practice models currently working within the Australian context. There have been mixed results as to their efficacy in Australia, particularly for the Indigenous population. These funds could have been better utilised, with good results, to increase the early intervention capacity of the current system. Funds dedicated to early intervention still pale in comparison to those spent on child protection and out of home care.

Funding for early intervention services needs to be increased, there are more referrals now for early intervention services. The recent Targeted Early Intervention (TEI) Reform did not commit increased funding to the early intervention system. Services are stretched to capacity with the limited funding they have. From the perspective of an organisation that does currently provide a range of TEI services, the issue is the capacity of the early intervention system to provide supports for the increasing number of at risk families who are identified as not meeting the threshold. Capacity issues are two-fold, the lack of family support services on the ground to respond to at risk families and, the lack of an appropriate continuum of support services to respond to differential levels of family need.

We have heard at meetings with DCJ that they are expecting more with less, this does not work and cannot work. To provide a strong service that meets the family's needs it needs to be funded adequately and there needs to be a long-term commitment to this funding to enable services to provide timely lasting assistance to the community.

As research would identify, early intervention programs in most cases are effective as long as the referral to these services meet the criteria of early intervention. The problem occurs where referrals are made that are not early intervention, where there is significant child protection history and either numerous attempts have been made to assist the family with little effect, or very few attempts have been made with cases closed off without response under competing priorities. No matter how many referrals are made to early intervention services, they must meet the early intervention definition; the Department of Communities and Justice cannot change guidelines/definitions just to meet their own reporting needs/requirements.

7. Any recent reviews and inquiries

The recent Homelessness Youth Assistance Program (HYAP) Review highlights a number of issues identified in our submission. HYAP is branded as an early intervention strategy to prevent homelessness and entry into the child protection system. The Review indicated that outcomes achieved for those identified early were positive, and that the Program was providing effective early intervention responses. However, most service providers were trying to provide services to children and young people with a cycle of child protection involvement that was well underway by the time the child/young person reached the HYAP service. Outcomes for this group of children/young people was not as positive and a significant number ended up in homelessness services. Many providers indicated that interventions and supports, if provided earlier would have prevented issues from escalating to this point. However, the report indicated that few, if any, services had been made available to these children/young people despite being well known within the child protection system.

The NSW child protection system has been the subject of multiple inquiries, reports and reviews for over 20 years. Collectively, these reports have made 286 recommendations aimed at strengthening the child protection outcomes for children and families in NSW. Recommendations that have been implemented tend to be tactical and specific such as legislative amendments and those focused on processes and procedures. Those that have not been implemented tend to be those that involve large budget implications and/or that involve significant systemic change. We believe that significant additional investment is needed in order to fund effective preventative and early intervention action, to support children and families identified as at risk of significant harm, slow the rate of people needing to enter out of home care, and save the NSW Government money in the long-term.

8. Any other related matters

While there is a demonstrated need for increased resourcing of the early intervention sector, this cannot be at the expense of crisis response. It needs to be recognised that there will continue, and always will, be the need for crisis response in a child protection system.

While services need to be adequately resourced. There is also a need to fund the Equal Remuneration Orders (ERO) and provide for adequate levels of indexation. A number of services, such as the Premier's Priority and Homelessness Youth Assistance Program, as new Programs, have not included provision for ERO pay increases over the life of their program, services have been also subjected to low levels of indexation. This reduces service capacity over time and ability to adequately provide support services. This needs to be recognised.