

**Submission
No 14**

CHILD PROTECTION AND SOCIAL SERVICES SYSTEM

Organisation: Australian Association of Social Workers

Date Received: 11 December 2020

Submission to the Inquiry into child protection and social services system

Committee on Children and Young
People

DECEMBER 2020



AASW

.....
Australian Association
of Social Workers

Enquiries regarding this submission can be directed to:

Jack Whitney
President, AASW NSW Branch

[REDACTED]

Jane Berkley
Service Coordinator, AASW NSW Branch

[REDACTED]

[REDACTED]

Charles Chu
AASW Social Policy & Advocacy Officer

[REDACTED]

[REDACTED]

The Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the professional body representing more than 12,000 social workers throughout Australia. We set the benchmark for professional education and practice in social work, and advocate on matters of human rights, discrimination, and matters that influence people's quality of life.

The social work profession

Social work is a tertiary qualified profession recognised internationally that pursues social justice and human rights. Social workers aim to enhance the quality of life of every member of society and empower them to develop their full potential. Principles of social justice, human rights, collective responsibility and respect for diversity are central to the profession, and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledges. Professional social workers consider the relationship between biological, psychological, social and cultural factors and how they influence a person's health, wellbeing and development. Social workers work with individuals, families, groups and communities. They maintain a dual focus on improving human wellbeing; and identifying and addressing any external issues (known as systemic or structural issues) that detract from wellbeing, such as inequality, injustice and discrimination.

Social work, child well-being and protection

Social workers strive to promote the best interest of children and consider the wellbeing and protection of children within the broader social and political context, demonstrating their unwavering commitment to the Convention on the Rights of the Child (CRC), particularly Principle 9 which states that 'The child shall be protected against all forms of neglect, cruelty and exploitation'.

Social workers are employed in a broad range of areas relating to the health and well-being of children and families, including hospitals, school welfare and family support services. Social workers are found in organisations who work with vulnerable children and families including the full spectrum

of child protection services: Family Support and Preservation, Statutory Child Protection and Out of Home Care. They also work in Aboriginal Community-Controlled Organisations (ACCOs), and in roles undertaking program management, service design and evaluation, research and social policy development within different levels of government and non-government services.

The AASW endorses the principle in the CRC that “the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.” For most children, this is the family into which they were born. Nevertheless, the AASW accepts that there are circumstances in which the family into which a child was born is not able to provide such an environment.

Responding to, and working in partnership with children, young people and families requires an understanding of the inter-related nature of child wellbeing, abuse and neglect with complex issues. These include poverty, domestic violence, drug and alcohol misuse, disability, colonisation and the ongoing impacts of the Stolen Generation, homelessness, education, health, mental health, intergenerational abuse, neglect, and systemic abuse. No other professional discipline is so immersed in the areas of knowledge that are essential for quality relationship-based child protection practice. Social workers offer a unique and valuable contribution in providing appropriate and targeted child-centred services as well as facilitating referral pathways that ensure the linking of services, access and equity. As a result, social workers are recognised throughout the world as the core professional group in child protection policy, management and practice.

In preparation for this submission, the AASW consulted widely with members in NSW. Their input combines into the message that the child protection system and family support services in NSW need a fundamental re-alignment so that they embody the values and approach of the social work profession, and will lead to better outcomes for vulnerable children, young people and their families.

The Stolen Generation, child protection, and reconciliation

Over the past two decades, a range of public inquiries has highlighted the experiences of victims/survivors suffering in child welfare institutions. Accounts of the Stolen Generations, Forgotten Australians, and of mothers who relinquished their children through forced adoptions, make for harrowing reading. These Inquiry reports leave little doubt about the lack of care that governments and social welfare institutions have shown for the vulnerable children, young people, and parents who came to the attention of health and welfare authorities, including Aboriginal and Torres Strait Islander people.

The AASW wants to recognise the coercive and the forced adoption practices of Aboriginal and Torres Strait Islander children for most of the 20th century which caused mass removals of Aboriginal and Torres Strait Islander children from their families and the forced separations of children, families and communities over generations. The AASW’s Acknowledgement Statement to Aboriginal and Torres Strait Islander People highlights the role of non-Aboriginal social workers in contributing to the mass child removal within in Aboriginal and Torres Strait Islander communities. We recognise the fact that social workers were agents and enactors of forced adoption practices

that were antithetical to the values and ethics of the social work profession in terms of respect for persons, human rights, social justice and self-determination.

AASW members recognise the urgent need for the NSW government to strengthen their partnership with Aboriginal and/or Torres Strait Islander peoples. Aboriginal and/or Torres Strait Islander children are 9.5 times more likely to be removed from their family than non-Indigenous children. Aboriginal and Torres Strait Islander children make up 38 per cent of the children and young people in out of home care in NSW, despite comprising a mere 5 per cent of the state's youth population. There is a roadmap for change designed by Aboriginal people through the Family is Culture Review. The Government should work with Aboriginal controlled organisations and child protection experts to work through the Family is Culture roadmap that keeps children and young people connected to country, to family and to culture. Furthermore, Aboriginal and/or Torres Strait Islander panels within districts are mostly chaired by Anglo-Australian Directors of Department of Communities and Justice (DCJ) rather than Aboriginal and/or Torres Strait Islander experts. There is also very little follow up on the recommendations made at these panels. We refer the NSW government to the Family Matters Report 2020 for further recommendations to improve this situation.

Our submission

We welcome the opportunity to provide our comments for the NSW government. In this submission, we will provide comment under all terms of references.

Summary of Recommendations

- **That the NSW government legislate a registration scheme for the social work profession in the state.**
- That the NSW government fund a state-wide wellbeing program in schools in which every school with a student population of over 500 employs, at a minimum, one qualified social worker.
- That the NSW government upgrade and strengthen the current Student Support Officer role to enable social workers to provide evidence-based and robust interventions to vulnerable students and their families.
- That the NSW government's mandatory reporting and screening mechanisms incorporate recognition that the effects of harm can be cumulative.
- That the NSW government provide additional training for teaching staff on the mandatory reporting implications of the cumulative nature of harm.
- That the NSW government strengthen social work roles in assessing children's needs in the early childhood system.

- That the NSW government invest in individualised parenting sessions as an early intervention strategy.
- That the NSW government invest in a wide range of parenting programs that meet the diverse needs of fathers, parents from a non-nuclear family and/or a culturally and linguistically diverse background.
- That the NSW government invest in early intervention programs as part of perinatal services to identify vulnerable women at or before the birth of their child and wrap multiple, intensive services around these families from across the government and non-government systems.
- That the Department of Communities and Justice (DCJ) develop a standardised review process for all district agreements and quality assurance processes to ensure consistent service delivery across NSW.
- That the DCJ improve the design of DCJ family action plans and case plans so that they ensure that all Case Worker tasks are completed or reviewed regularly.
- That the NSW government increase its funding to Family Preservation programs across NSW and funding is made available to agencies that are equipped and skilled to provide such preventative services.
- That the NSW government increase its funding to accredited and evidence-based men's behavioural change programs so that they are widely available in NSW.
- That the NSW government strengthen its rehabilitation services for parents to prevent their children from entering care.
- That Corrections NSW strengthen its assessment framework to ensure that family members of a young offender are included in that young person's assessment.
- That a 'no wrong door' approach be mandated to all health services in NSW to ensure the right for a child to receive health services.
- That the DCJ provide additional professional development opportunities for caseworkers to work with the NDIS.
- That the NSW government strengthen the information sharing protocol between schools to strengthen the response for vulnerable children and families.
- That the NSW increase its funding to children and youth mental health services to increase the availability of services to which a young person can be referred.
- That the NSW government invest in long-term intervention programs to support vulnerable families.
- That the NSW government strengthen the use of family group conferencing to collaborate with immediate and extended family and significant others to develop a family plan.

- That the NSW government increase the funding to Family Preservation Services and proactively work with the Services to ensure adequate resourcing.
- That the NSW government invest in the resources required to support the case management role to ensure inter-agency, multi-disciplinary collaboration to wrap services around vulnerable children and families, and prevent their children entering statutory child protection.
- That the NSW government develop a clear governance structure that is based on the promotion of the best interest of children where the respective roles and responsibilities of government and non-government sectors are communicated and clarified to all workers in child protection and the social services system.
- That the NSW government introduce strengthened accountability measures for service providers and individual workers across the entire social services system to centre the best interest of children as their primary responsibility.
- That the NSW government allocate the resources to roll out case conferences as a required practice across the child protection and social services system.
- That the NSW government significantly increase the funding to Funded Services, in particular, for high risk families so that services matched to the families needs can be provided by the non-government services.
- That the NSW government invest in trauma-informed and specialist support in regional and remote NSW.
- That the NSW government continue to fund the Their Future Matters program and introduce the program to regional and remote NSW
- That the NSW government invest in the services available for the first 2,000 days of a child
- That NSW government review the role of caseworkers and the funding agreement with service providers to strengthen the implementation of an integrated social work approach to child protection.

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

The underutilisation of the peri-natal services in NSW

The earlier a family is identified as vulnerable and receives sufficient, appropriate and intensive services, the less likely are their children to enter the statutory child protection system. However, the potential of the existing peri-natal system in early identification has been overlooked. We refer the

NSW government to the Victoria's Cradle to Kinder program. It identified vulnerable parents even at the antenatal and immediate post natal periods and linked them into long-term, wrap-around service covering things such as parenting skills, mental health supports, safe housing and education and training pathways. A key indicator is when pregnant women were themselves taken into care or are still under the care of the system because they are under 18.

Cradle to Kinder exemplifies the ability for the social service system to identify women at or before the birth of their child and wrap multiple, diverse services across the government and non-government system. In addition, it demonstrates the importance of an investment approach to devoting resources to this period of the life course: it is not a question of the 'cost' of these services but the benefits of avoiding long term problems.

The lack of effective parenting programs in NSW

Although parenting programs are funded in NSW, AASW members believe that the current offering is too limited, too narrowly focussed on mothers, and too narrowly oriented to nuclear families. This excludes many parents who could benefit from these programs. The AASW believes that if parenting education was available as part of all antenatal classes all parents would learn strategies to avoid problems developing such as: safely settling crying babies, strategies for responding safely when one is exhausted, and self-care. For example, the current offering does not meet the needs of fathers who are either the primary carer of a child or other non-nuclear families, when fathers are equally responsible for both the provision of primary care and abuse.

In addition, parenting programs for vulnerable families continue to focus on the nuclear family and do not consider the extended family or environment into which a child will be born. As the increasing reliance on kinship care has demonstrated, there are often capable and nurturing people within the extended family and community. Working with these people either before or immediately after a child's birth will increase the level of support and encourage positive change. As children are increasingly placed into kinship care, parenting support should be provided to these carers as a matter of course. This allows Caseworkers to work with the parent/s for a longer period of time to establish what the best arrangement for the child will be.

Increased protection of vulnerable mothers would also assist in mitigating the physiological factors which affect a child's development, such as: cortisol levels, decreased nutrition and pre-natal exposure to physical and drug abuse.

Generalised parenting programs are used extensively in family restoration, where parents are not always able to associate the techniques with the requirements of their child. This is partly because the time allocated for the program is not sufficient for the families to permanently make changes to their parenting. Another issue is that the sessions take place in facilities supplied by the educators rather than in people's homes, so that the behaviours and strategies that people learn need to be transferred to a different setting if they are to be implemented effectively. Many parents find this stressful and this limits the success of this program.

There is also a need for parents to receive individualised private parenting sessions. Social workers are able to assist in developing focused psychological strategies, such as assisting with executive function strategies required for household routines, positive behaviour management strategies, trauma informed parenting education and personal stress management strategies. These are similar to the strategies offered through mental health care plans, but in this case would benefit the whole family.

There are more serious omissions in the current system. For example, in cases of shaken baby syndrome in the Children's Court, no follow up education or support is provided to avoid this happening again.

Better utilisation of the early childhood system

The AASW supports a whole-of-government approach to connect childcare services and pre-school education services with the family support and child protection system, so that vulnerable families are identified early and referred to strength-based and culturally appropriate supports/ services.

Our members nominate the transition to school as a key risk point for vulnerable children. It is also a strategic opportunity for an effective and comprehensive response to the child and to the underlying needs of their family. A full psycho-social assessment of the strengths and weaknesses in a child's situation and environment, is a service which could be undertaken by a qualified social worker.

A missed opportunity for schools to identify vulnerable families

Schools have an important role as a service that has contact with every child, in 40% of cases school staff were the first to identify emotional or behavioural problems in young people. Therefore, the AASW agree that schools present a key opportunity for early identification. Currently, the NSW government utilises the 'Wellbeing framework for schools' as a toolkit to provide an overarching strategy to assess student wellbeing in public schools. We agree that the successful implementation of this framework would require the recruitment of qualified professionals to work with students and the school communities. However, our members suggest that there is a need for improvement in the education system's capacity to identify and protect vulnerable children. AASW members find that teachers alone cannot identify indicators that a child is at risk or how to respond when a child discloses abuse or family violence. Currently, the DCJ run a mandatory training package for all educators in schools, including a NSW Mandatory Reporters Guide that walks the person through the information they have received and will be directed to report to DCJ or to make referrals or continue working with the child. Unfortunately, our members suggest that teachers are generally not informed of the application of the assessment tools and often the situation has deteriorated when a referral to child protection is made.

The AASW recognises that the mandatory reporters guide does not make full use of the professional judgement of school staff members. Social workers who work with teachers told us that teachers actually identify elevated levels of risk associated with a child and their family, but there was never a single incident that met the threshold for a referral to child protection, unless a

significant event occurred, such as a death or a drug raid at the home. Teachers who have significant experience should be able to report that they have concerns, and it is their professional judgement that this family requires assistance, or at least provide the opportunity to meet with a child protection or early intervention service for a review.

The AASW recommends every school have access to specialist well-being team with expertise in identifying and responding to vulnerable children. This includes having the skills to make changes in the school's culture and procedures to create an environment that nurtures well-being. We refer the NSW government to the Productivity Commission's recommendation that each school over a student population of 500 should have at the minimum of one social worker to undertake this significant role.¹ It is to ensure that teaching staff can collaborate with the community services and child protection sectors. Currently, the Student Support Officer is a new role that has been rolled out across NSW public schools. We would like to see it strengthened and upgraded to reflect the scope of a school social work role. While the AASW welcomes the NSW government's budget commitment to additional mental health practitioners including social workers in schools, and believes it is critical that they are employed in a capacity that enables them to use the full extent of their knowledge and skills, in providing evidence-based and robust interventions to vulnerable students and their families.

Recommendation

- That the NSW government fund a state-wide wellbeing program in schools in which every school with a student population of over 500 employs, at a minimum, one qualified social worker.
- That the NSW government upgrade and strengthen the current Student Support Officer role to enable social workers to provide evidence-based and robust interventions to vulnerable students and their families.
- That the NSW government's mandatory reporting and screening mechanisms incorporate recognition that the effects of harm can be cumulative.
- That the NSW government provide additional training for teaching staff on the mandatory reporting implications of the cumulative nature of harm.
- That the NSW government strengthen social work roles in assessing children's needs in the early childhood system.
- That the NSW government invest in individualised parenting sessions as an early intervention strategy.
- That the NSW government invest in a wide range of parenting programs that meet the diverse needs of fathers, parents from a non-nuclear family and/or a culturally and linguistically diverse background.

¹ Australian Productivity Commission 2019, "Draft Report : Mental Health", accessed 29th Oct 2020, <https://www.pc.gov.au/inquiries/completed/mental-health/draft/mental-health-draft-volume2.pdf>

- That the NSW government invest in early intervention programs as part of perinatal services to identify vulnerable women at or before the birth of their child and wrap multiple, intensive services around these families from across the government and non-government systems.

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 responses that the current system should provide to improve life outcomes

To ensure that every child experience the safe appropriate development from a family that loves and protects them, every section of the entire service system needs to acknowledge their role in the protection of children. Recognition of our shared social responsibility for vulnerable children, i.e. the protection of children is the primary role of the education system, police and justice system and the health system. Every service provider who has an interaction with a child in the case of their paid employment has the primary role of ensuring a child is safe, prior to the execution of their family dispute, health, or education services. Social workers alone cannot implement a wholistic framework, the system needs to be taught their **primary** role is the protection of children, they are the wholistic framework. Statutory Child Protection Caseworkers provide services to a child in the most extreme circumstances, where legal intervention is the most appropriate response.

By contrast, AASW members also find that Department of Communities and Justice, other departments and non-government services often work in isolation from each other.

The need for a strengthened inter-agency approach to early identification

AASW members are concerned that different approaches to a child's wellbeing, protocols for information sharing and lines of accountability have caused communication breakdowns between child protection workers and other professionals within the DCJ. Our members told us that there has been a lack of uniformity between Customer Service Centres (CSCs) and districts within DCJ. For example, some CSCs may have Out-of-home-care (OOHC) and child protection teams while other CSCs have generalist Caseworkers (CWs). CSCs in the city may have additional supports such as CW support while regional/rural CSCs do not.

In addition, DCJ and NSW Housing, despite being in the same department, do not have a formal avenue to in which to escalate a child protection housing concern. DCJ offices often use the main line and complete standard forms, but letters requesting priority are not prioritised over requests from other services. There is no formal avenue to demonstrate why housing is required to maintain safety for a child, though if a CSC staff member has a relationship with a manager at NSW Housing, they are often able to work together to find an immediate solution. An example being, NSW Housing will have a house available in three days, with the CSC agreeing to pay for three nights hotel accommodation. Families in insecure housing can be referred for child protection concerns due to

their housing insecurity, but there are limited opportunities for co-operation within the department to get them secure housing let alone other health services or parenting support.

Individual workers are not mandated to obtain information from schools, police officers and early childhood services and there's inconsistencies in the way CWs respond to Risk of Significant Harm (ROSH) reports. For example, one CSC may have a practice where services, the reporter and the family is contacted prior to a response (including contacting the parent to say DCJ has received a report) and in other CSCs CWs may have unannounced visits to the home.

This is also dependant on the experience of the worker in gathering information from different sources to better understand the family's situation as this will allow a greater opportunity to advocate for services on behalf of the family. This will also allow for family preservation work to occur thus reducing the risk of the child/ren coming into the child protection system.

AASW members agree that the information sharing practice within the DCJ is relationship-based and the information of a client does not get transferred over once the caseworker departs their positions, undermining the consistency of services. We recommend that the DCJ family action plans and case plans need to be better constructed to ensure all CW tasks are completed or reviewed regularly and are shared among services that are working with the children and the family. The document can then act as the 'transition' between CWs and hold the department accountable to deliver services to the identified families. AASW recognises the need for DCJ to provide copies of the Family Action Plans and Case Plans to all agencies working with the families, as this will assist in support provided and all agencies are working towards a common goal. When agencies have hit a road block or consultation is required agencies need to always ask for a Group Supervision session or interagency conference, so that work that has been done to date can be discussed, strategies put in place to get over the road blocks and make joint decision on where to next.

Improved connections between schools and community services

Schools should have greater access to child and adolescent mental health services. Early detection and intervention need to occur before children and young people must be scheduled to hospital to be able to get a service. In some districts, referrals to child and adolescent mental health services can only be made by DCJ and only the most severe cases will be referred. Children who are pre-diagnosis can be referred for counselling and assistance as with adequate support and being taught positive coping mechanisms whilst their brain is developing, minimising self-medication (drugs and alcohol) or risk-taking behaviours. For high school children, the role of Headspace, a mental health service for youth and adolescent needs to be better utilised.

In addition, our members observe that information sharing protocols are not strictly implemented between schools. As many vulnerable families are highly mobile and move to a new house frequently, it is likely that the documentation regarding a vulnerable child and their families are not shared across schools. This often weakens the effectiveness of interventions as a child must be re-assessed when they enter a new school. Although there has a memorandum of understanding (MOU) developed between the DCJ and Department of Education, accessing information is

dependent on the schools to exercise their rights to the exchange of information via Ch16a and s248 of the *Children and Young Persons (Care and Protection) Act 1998* (NSW). To avoid the lack of consistency for information sharing between schools, the AASW recommends the NSW government strengthen its mandate to share information between schools and agencies working with the vulnerable children and their families.

Improved connections between Child Protection & health services

The right of every child to receive the health services they need, and AASW calls for a 'no wrong door' approach to health services and that it should be mandated among all government funded children's services. In reality the experience of AASW members is that NSW health services are difficult to navigate due to the large differences in eligibility criteria between local health districts, which results in referrals being rejected. This is particularly concerning when children and young people have multiple issues. The AASW heard examples of health services refusing to see a child in the child protection system because of their acute mental health symptoms while child and adolescent mental health services refused to see them because the mental health symptoms were trauma related. A No-wrong Door approach means that once health issues have been identified, they should take responsibility to ensure those children and families are matched with the appropriate health service. The training of social workers in wrapping multifaceted care around a highly vulnerable child or young person makes them qualified to be part of ensuring that NSW Health meets its duty of care in this regard.

Child Protection & the National Disability Insurance Scheme (NDIS)

Many vulnerable families are also receiving services from the NDIS. AASW members suggest that many vulnerable families they work with struggle to understand what they can receive for their NDIS money, what funding they can apply for through NDIS and so do the caseworkers in DCJ. Further, the current system disincentivizes social workers from wholistic support of families with a member with a disability because NDIS has compartmentalized and put a price on supposedly distinct services. This fosters a transactional approach between case workers and client; it is not a mechanism for delivering wrap-around support for that family. Therefore, it is important for social workers to be well equipped and educated on the NDIS system, so that they can easily advocate on a client's behalf with good pre-planning and creating strong working relationships with Support Co-ordinators.

Child protection & youth justice

Given the evidence of the high number of youth justice residents who have come from out of home care backgrounds, it is vital that youth justice provide opportunities for young people to recover from the effects of the disruption and trauma they have experienced. AASW members are concerned about the trend in Youth Justice where the system has reduced the amount of rehabilitative input

over the last three decades, and social workers have been cut from therapeutic counsellor roles to make way for a smaller number of psychologist positions.

Youth Justice services continue to work with the young person without completing a thorough assessment of the family in which they are residing. Ignoring knowledge of child development and pathologizing young people is causing long term harm to those young people and is not even reducing crime. Social workers are crucial to encourage a decriminalising of trauma, racial and cultural inequity and oppressive practice, disability.

If the influences on the offender, familial, societal and economic, are not addressed, minimal change will occur. Individual psychological therapy, which is being prioritised, does not effect this change.

Child protection and adult mental health and drug and alcohol services

In many instances the issues in the child's family which led to intervention, had been related to unmet need on the part of the parent, due to addiction, mental health or previous trauma. While intervention may have reduced the risk to the children, the parent's need continues. In our current system, all support for the parents cease, at the point of removal: an event which increases their own vulnerability. Even if restoration is not possible, providing social work support to parents at this point may increase the potential for early restoration, or increase the child's experience of time with their family. Whilst the focus is on children, the change in the relationship with their parents is a critical moment, where children and parents need to be appropriately supported for long term positive relationship to be developed or maintained. Securing assistance for the parent will make re-unification more likely and more successful. This is critical to a child's identity development as per the NSW Child Safe Standards for Permanent Care November 2015.²

Recommendations

- That the Department of Communities and Justice (DCJ) develop a standardised review process for all district agreements and quality assurance processes to ensure consistent service delivery across NSW.
- That the DCJ improve the design of DCJ family action plans and case plans so that they ensure that all Case Worker tasks are completed or reviewed regularly.
- That the NSW government increase its funding to Family Preservation programs across NSW and funding is made available to agencies that are equipped and skilled to provide such preventative services.
- That the NSW government increase its funding to accredited and evidence-based men's behavioural change programs so that they are widely available in NSW.

² NSW Office of the children guardian 2015, 'NSW Child Safe Standards for Permanent Care - November 2015', accessed 8th December 2020, https://www.kidsguardian.nsw.gov.au/ArticleDocuments/449/ChildSafeStandards_PermanentCare.pdf.aspx?Embed=Y

- That the NSW government strengthen its rehabilitation services for parents to prevent their children from entering care.
- That Correction NSW strengthen its assessment framework to ensure that family members of a young offender are included in that young person's assessment.
- That a 'no wrong door' approach be mandated to all health services in NSW to ensure the right for a child to receive health services.
- That the DCJ provide addition professional development opportunities for caseworkers to work with the NDIS.
- That the NSW government strengthen the information sharing protocol between schools to strength the response for vulnerable children and families
- That the NSW increase its funding to children and youth mental health services to increase the availability of services to which a young person can be referred.

The 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

A shortage of intensive and long-term intervention services for vulnerable children and families

AASW members report that the current problem-based services model only allows for or pays for short term interventions. Many families in the child protection system have long-standing complex needs and they are allocated long term cases which they must complete within approximately. 3 months.

Our members also report that that there are too many instances where the shortage of intensive support services resulted in referrals that are inappropriate or underestimate the extent of a family's needs. They provided the example of a complex family with high levels of domestic violence in which some of the children displayed sexualised behaviours towards the others, who were self harming. Despite justified and significant concerns for the children's safety, the family was referred to a three month, early-intervention family counselling service. This was inadequate to guarantee the children's safety or address the challenges faced by this family and only served as a band-aid solution to their vulnerabilities.

A shortage of professional staff for services delivery at DCJ and other services

AASW members also report that there is a shortage and lack of suitably qualified staff to work with families experiencing multiple complex needs. This includes staff in the DCJ and NGO sector who may be contracted to provide intensive family-based services but do not have tertiary qualifications

in social work or other human services disciplines, nor experience that is relevant to the needs of families.

In DCJ, social work is identified as one of the preferred qualifications for a case worker role, although the position description for a caseworker does not reflect the full scope of a qualified social worker's knowledge or competencies. One of the most serious issues faced within the sector is that many casework staff do not have social work qualifications.

There is also a question of the scope of the Caseworker role. The position description does not include work that would ensure change with the family. The current system engages other professionals and services to do this, and each service is referred to do a small part of the whole intervention. Rather than dissecting a potentially holistic intervention into discrete pieces, means that the holistic social work perspective is lost which dilutes the combined biological, psychological, social, and cultural influences on a child's life.

The DCJ employs psychologists to assist children and young people but, the low numbers of these staff mean that they work only with a small proportion of the children who need them. Social workers are one of the professions that can be doing this therapeutic work; but this is not identified at DCJ at present. Regardless of the profession which conducts this work, the outcomes will be influenced by the structure of the staff teams. Because these professionals currently work independently of the other staff who are working with a family, it is difficult for their work with children to be aligned with the goals that the team have set for that family.

Underfunding of Family Group Conferencing and Family Preservation Services (FPS)

AASW members consider FPS as an effective primary intervention strategy that needs adequate funding to ensure the adequate support provided for vulnerable families. The services are designed for families who have come to the attention of statutory child protection but where the assessment has determined that, with help, the family can stay together and the child does not need to be removed and enter the child protection system. It is funded through packages provided by DCJ and are designed and implemented by Funded Services (non-government sector). Our members suggest that there are not enough packages for the families who need them, and the amount of funding allocated in each package is too low. In addition, this area provides work for senior social workers who have work and life experience and have a good network that they can tap into when working with the families.

Family Group Conferencing should be utilised more readily as this brings extended families, significant others and services together to develop a Family Plan that they will all follow to either look at families remaining together or applying for restoration back to birth families or been able to identify other family members of significant others that could take on the care of the children long-term or short-term giving the parents an opportunity to address their own trauma. This also allows scaffolding of supports to be built around the family and participants committing to specific roles, such as helping to pick up the children from school twice a week, providing respite every Saturday

for 3 hours, calling every morning at 7am to make sure that everyone is up and getting ready for school, etc.

In New Zealand, a Family Group Conference is required within ten days of a child being removed. This can become a blueprint for the NSW government to strengthen the use of Family Group conference.

The relationship between out of home care and education

There should be good information sharing and collaboration between the out of home care system, and schools. The disruption and trauma experienced by children and young people in the out of home care system makes school challenging for them but also makes it important that protocols exist to share information, support their continued attendance and ensure educational success for these young people. There needs to be monitoring of their outcomes and accountability mechanisms. Given the connections between educational attainment on positive life outcomes, these should be included as part of the KPIs for OOHC agencies. (E.g. days of school attendance per term, participation in school activities, measures related to school reports.)

The AASW recognise the need for the Department of Communities and Justice for holistic, multi-facetted individualised supports that can only be created by actively involving multiple service organisation and that schools should be part of this team.

Recommendations

- That the NSW government invest in long-term intervention programs to support vulnerable families.
- That the NSW government strengthen the use of family group conferencing to collaborate with immediate and extended family and significant others to develop a family plan.
- That the NSW government increase the funding to Family Preservation Services and proactively work with the Services to ensure adequate resourcing.

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

Mandatory Reporting and Intake

The current Risk of Significant Harm (ROSH) reporting system is unable to adequately capture the full extent of the risk that many vulnerable children are facing. It is oriented towards single incidents and does not acknowledge that the harm inflicted on a child can accumulate over multiple small

incidents, each of which may appear to not meet the threshold for a report. This limits the scope for professionals to exercise and communicate their professional judgement. In the case of qualified social workers, their professional judgement is exactly what is called for in such a situation. The qualifications and experience required before graduation are oriented towards ensuring that social workers comprehensively assess the complexities of a family's multiple needs, and their long-term implications of the development of a child. Enabling assessments to incorporate accumulated harm and ensuring that those assessments are conducted by appropriately qualified professionals are key steps in minimising children's exposure to harm.

The AASW believes that the NSW government should develop a streamlined process to ensure the reporting of cumulative harm across all segments of the NSW social services systems, in particular, maternity units, emergency departments, police offices, and schools. This should be implemented in combination with sufficient training for staff to respond to reports of cumulative harm inflicted upon a child.

Although the principle of collaborative child protection work is positive, it is very difficult to implement this principle effectively, because of the difficulties of appropriately obtaining and sharing necessary information. Current difficulties in communication at all points of intersection means that children can be interviewed 2 or 3 times by the separate agencies within the Joint Child Protection Response Program (JCPRP), because they did not communicate important information with each other during the investigation process.

Child Protection workers and NGO workers often differ on what is 'high risk' and child protection workers are working daily with a higher level of risk immediacy. Police often remove children (as is their statutory right) which bypasses the intake system. If police remove a child, the CSC has to allocate regardless of their capacity and they have not conducted an assessment.

People who are culturally and linguistically diverse experience particular difficulties with the current practices. Although they might be in contact with culturally specific welfare services, those services are not incorporated into the assessment and intake work: There is no inter-agency meetings; no one is speaking together with the family in the room (including the extended family); not working with the family unit. There needs to be a greater understanding of cultures, traditions and customs.

When working with CALD families, either training is required for the professionals, or they need to be using bi-lingual workers and interpreters (with the exact language and dialect). Workers need to understand how traditions and customs are implemented by CALD families in Australia and they need the skills to have difficult conversations about Australian laws. The AASW believes that the family services and child protection systems should adopt a broader and a holistic approach to the child's wellbeing which considers their connections across multiple cultures.

Assessment

Social workers' approach is necessary to ensure the best outcomes for children because social workers assess the person in their whole environment, taking into account all aspects of a family's situation including the systemic and structural ones. Even after a family is identified as vulnerable,

the subsequent assessment should be broad and holistic. Social workers often identify strengths within an extended family later in the process of statutory intervention - for example, as part of assessments of relatives for kinship care, restoration, family group conferences. These could have assisted the family earlier, but by this time are used for narrower purposes.

In assessing a family, social workers know that it is important to help them identify what they want and how they want to get there; and to assist them by building on their strengths. This can mean recognising that help seeking on the part of a parent is a strength and should be rewarded and acknowledged as such. If the statutory service removes the children without this important step, it has effectively punished that parent. Cultural awareness is an important element when making this assessment. A member provided the example an Aboriginal man reporting his own children to 'welfare' in order to secure assistance with his parenting. This action was not viewed as sufficiently positive by a caseworker yet can be seen to be highly protective when considering his history as a member of the Stolen Generation. The parent took that action knowing that there was a risk that his children would be removed from their community and extended family, so it should be acknowledged as a significant appeal for assistance which should have elicited a commensurate response.

Case Planning

Although vulnerable families usually have case plans, members' experience is that insufficient support is given to implement the case plans, and the services involved are not always aware of the extent of the family's vulnerabilities. Many families experience multiple complex needs which require a holistic, coherent tailored response rather than discrete, separate interventions. Members are clear that, in these instances the case planning and care management skills of social workers are necessary to ensure the best outcomes for the child and their family.

Social workers should be used to create a care plan across the various stakeholders; instead many currently run in a siloed way, whereas they could bring these elements together.

Case management conferences allow agencies to voice what is working well for the families, where greater help is required, what referrals are needed, what the next steps are for the families. This also allows for joint decision making as risks are shared between everyone that is working with the child and family.

A case management approach to identify issues and what to do is valuable. Social workers have a unique perspective on how to put elements into a strategy— what intervention is the most appropriate and suitable for each situation

Currently, Case Conferences are not used as often as they should be, limiting the opportunity for collaboration and diluting the effectiveness of interventions. At their most effective, the combined perspectives of all professionals in a case conference can influence the long-term outcomes of the statutory intervention.

Social workers who worked for Funded Services (non-government services) knew more about the family and how they are progressing, so through the collaborative case planning we were able to influence the service plan to aim for restoration of the family and avoid long-term care.

Central to these conferences is a set of protocols for sharing information. Some social workers recognise that although information sharing is built into the legislation, so the legal framework exists, it has a weak mandate.

To remain relevant and effective, case plans need to contain review mechanisms in recognition of the fact that the capacities of parents change as do the needs of young people as they mature. Currently children are considered only once for either permanent restoration or to be maintained in out of home care. There is no review, despite care plans and case plans having mechanisms to be reviewed annually, where family circumstances and child vulnerabilities are reviewed. As children age and are less vulnerable to their parents, they are not being reviewed for increases in visitations/ family time. Examples are that it would be safe for a thirteen-year-old to attend a movie with their mother who has mental health concerns, or a father who is recovering from addiction attending weekend soccer matches, in a public place with the child's carers present. The current system would not allow either of these to occur.

Another problem with the current system is that the boundaries of service areas of different government departments do not align and that non-government services in different areas have differing eligibility criteria. This creates problems when families move as they change areas for some services but not others. Combined with the poor information sharing practices and inability to collaborate, many children and families are unable to access local services once they move or continue with the services that have been accessing due to having a new address.

Referrals from the child protection system

Because statutory child protection functions as an assessment service without providing any services, on its own it does not meet the needs of vulnerable families who need assistance to improve the care for their children and avoid further contact with child protection. For this reason, greater funding is required for Funded Services (non-government services) to provide, for example, early intervention services, Family Support Services, Parenting Programs, Family Preservation and Housing Programs. These services play an important role because they can also make referrals to specialist programs such as Rehabilitation or Mental Health Programs.

Members in services such as these in the non-government sector find that: *“referrals sent from child protection do not always contain enough information to enable workers to construct a holistic response. The referrals appear designed to meet departmental compliance requirements meaning that families need to tell their story all over again. This can exacerbate their feelings of guilt and shame.”*

Instead, referrals from government to the non-government sector need to be child-centric, holistic and strength-based. It is important that an experienced social worker makes these referrals so that services are targeted, streamlined, and that they include awareness of the way that complex needs

interact. For example, social workers understand that families who are refugees need culturally appropriate and trauma informed services that also acknowledge their courage and resilience.,

Collaboration between the DCJ and non-government sector:

There are advantages and disadvantages of the current arrangements whereby non-government services are providing support to vulnerable children and young people in a way that distinguishes them from the operations of the statutory child protection system. On the one hand this differentiation can be helpful to families, particularly those with cultural or other dimensions of diversity, or experiences of trauma.

Non-government is more flexible and enables social workers to perform their work with families more proactively. Workers can be more creative with their approach and can work with the family, the extended family and significant others to come with reasonable solutions to their situation

On the other hand, this can create more confusion and requires a significant investment of resources; and members are worried that that sector does not have the capacity or funding to support the high-risk families that are referred to them.

“My experience is very few services will accept a family who is high risk, particularly if there has been violence.”

“NGO’s are also not funded for the time that it takes to establish collaborative relationships with the services who also support the vulnerable families with complex needs who are referred to them.”

The shortage of professionals in the government and non-government sector in regional NSW means that children who need specialist, trauma informed support within the context of other family support services are not receiving these services. As their level of distress or challenging behaviours increase, formal and informal carers are turning to other services which are not as effective for their needs. Some are referred by GP’s through Better Access for individual mental health support which does nothing to address the underlying issues related to the original family situation which led to them being removed, or the trauma of that removal. This effectively converts private practitioners into an element’ of the CP system. This is not conducive to the best outcomes for that child or young person because there is no organisational support or accountability for that professional nor are they connected to the family support system.

With combined casework comes shared responsibility, highlighting the importance of accurate record keeping. Members had differing perspectives on the quality of current practice;

“Caseworkers (CW) are unaware of the legislative requirements of record keeping and there’s little supervision within CSCs to address this even though Record Keeping, LSW, Case Planning, Leaving Care Plans, Family Time Reports are so important in a child’s life as this will answer a lot of their questions when they access their files.”

“CWs I speak to state the paperwork and record keeping is becoming so onerous that they can not see families. Smart phones have been great in enabling greater communication, but each piece of communication has to be logged into the system, ie every text message, every phone call. The result is, every time you communicate with a family it occurs twice, once when you communicate, and once when you record it, same for manager conversations, same for education calls, emails, etc. CWs have the same number of cases, are logging everything twice.”

The most important issue identified by members with respect to the current referral and case management system was the need for a shared understanding of the location of ultimate accountability for the child's safety and protection. This is paramount in a complex and multifaceted system. Members' input suggests that although many workers are dedicated to achieving the best outcomes for the children, the current accountability mechanisms need to be strengthened and tightened.

“In my experience NGO's are regularly monitored by the OCG and the governance within their own organisations. I have worked for 5 different organisations in multiple parts of the system, and all the agencies I worked for were highly regulated and held workers accountable for the work they were delivering. There were differences in how cases were managed due to the level of experience of staff and Management, but the best interest of the child and family was the absolute focus.”

“Caseworkers hold up to 10 families at a time, they are usually in crisis. Caseworkers have to find another caseworker, who has a separate 10 families, to visit their clients, which limits the work they can do. Caseworkers will ask for things such as skip bins to assist families clean out a home, they are willing to put on boots and gloves to do the work, yet services are funded to do this work. Referring to the community sector is to provide families with support.”

“The situation was better when there was the Department of Family and Community Services which contained statutory child protection, because the department had an interest in monitoring the progression of the family within the system and ensuring that they experienced optimal outcomes. Now that families are referred to the community sector, there are weaker mechanisms for monitoring the outcomes for families.”

“Caseworkers rarely work directly in the home with a family, (and) most of the change is made by non-government organisations (NGOs). When service providers can not be found to take a matter, such as (when) the matter is in crisis, there is a violent perpetrator, the parent has not attended detox yet, or they say the 'risk is too high', the caseworker is accountable for maintaining safety. These are the most vulnerable families who leave a caseworker with no other option than to remove a child as they are exhausted navigating a system that is run on availability and funding contracts. Yet, when a family is unsafe, (and) a service provider is not found, it is the caseworker who is being performance reviewed. For a child to be safe, there needs to be a system that the caseworker can navigate. It needs to be clear and available to

each caseworker in a district, not just those who have worked with a service before. Every funded service in the district needs to be available to every caseworker.”

Recommendations

- That the NSW government invest in the resources required to support the case management role to ensure inter-agency, multi-disciplinary collaboration to wrap services around vulnerable children and families, and prevent their children entering statutory child protection.
- That the NSW government develop a clear governance structure that is based on the promotion of the best interest of children where the respective roles and responsibilities of government and non-government sectors are communicated and clarified to all workers in child protection and the social services system.
- That the NSW government introduce strengthened accountability measures for service providers and individual workers across the entire social services system to centre the best interest of children as their **primary responsibility**.
- That the NSW government allocate the resources to roll out case conferences as a required practice across the child protection and social services system.
- That the NSW government significantly increase the funding to Funded Services, in particular, for high risk families so that services matched to the families needs can be provided by the non-government services.
- That the NSW government invest in trauma-informed and specialist support in regional and remote NSW.

The availability of early intervention services across NSW including the effectiveness of pilot programs commissioned under Their Futures Matter program;

AASW members agree that *Their Futures Matter* is a good program but not available in all regional and rural locations. While the focus of the *Their Futures Matter* on wrap around support and early intervention is key, it needs to be before 2,000 days have passed. Our members suggest that this is often not the case. In the first 2,000 days, the physical, cognitive, social and emotional development of the child can have lifelong impacts. Therefore, the Government must continue and extend this program to invest in and support the first 2,000 days of vulnerable children as an early intervention strategy.

Recommendations

- That the NSW government continue to fund the *Their Future Matters* program and introduce the program to regional and remote NSW

- That the NSW government invest in the services available for the first 2,000 days of a child

The adequacy of funding for prevention and early intervention services

The discussion for an earlier term of reference demonstrate the AASW members' conclusion that the prevention and early intervention aspects of the current system are chronically underfunded.

Any recent reviews and inquiries

Interaction with the Family Court

In the AASW submission to the 2019 Review of the Family Law system, the intersection between the family court and the child protection system, was nominated as one of the most concerning examples of the failure of our multiple agencies to protect vulnerable children. Despite their name, Child Liaison Officers do not appear to be qualified or trained to ask the questions that would identify family violence or child abuse, and this information is almost never obtained from the child. In other words, they cannot ensure that children are safe and protected from abuse and do not operate in the child's best interests. Indeed, some members have questioned whether these staff understand what the best interests of the child actually are.

By contrast social workers in the family court understand the need for clarity on the level of safety that the home environment has provided. They realise that it is important to request an order for a Magellan Report from DCJ. With this order, DCJ have to provide a report to the Family Court on all ROSH reports received on the family, interventions and outcomes for each report. DCJ also need to provide the Court with a recommendation on what is in the best interest of the child. Nevertheless, it is not uncommon for the social worker to have spent a lot of time constructing a report that represents the best interests of the child to not see that parent, to discover that the abusive parent (i.e. father) has been able to afford a lawyer who aggressively discredits the social worker / expert witness. Members are aware of instances where the police have subsequently been called to the homes of men who were awarded access or custody under those circumstances. In those instances, it is understandable frustrating that ultimate accountability for society's failure to protect that child is never assigned to anyone.

Even though you wouldn't expect the level of need to be evident in private practice, members are getting referrals from GP's for children whose parents have been confirmed to be abusive (to either the children or to adult partners) by child protection, but who have been ordered by the family court to spend time with that abusive parent.

In many roles in the broader social services system, our work is undervalued. Court reports are an example where the funding body under-estimates the amount of time this takes, funding them at 10 hours preparation, rather than the 40-80 that members report they need to do it adequately.

Any other related matter

Social workers, case workers and community workers: the need to re-align existing roles to an integrated social work approach to child protection

The current roles in the family support, child wellbeing, and statutory child protection systems, where many social workers are employed under, do not align with an integrated social work approach to child protection. This approach is detailed in our [scope of practice document](#). Social workers assess the family situation in a holistic manner and identify the stresses and vulnerabilities, navigate them through the complex support system, and advocate for the wellbeing of children. These skillsets are critical to the wellbeing of vulnerable children and families as the child protection system requires workers to take holistic approach to a child's environment and collaborate to build a plan to provide a wrap-around service for vulnerable families. However, task based and risk management roles, such as caseworkers, case manager, and program officers, does not enable our members to work with children and families in a holistic manner. A member describes that such fragmentation has contributed to a siloed workforce that are not consistent in service delivery.

'Caseworkers will be asked for things such as skip bins to assist families clean out a home, they are willing to put on boots and gloves to do the work, yet (non-government) services are funded to do this work. There are a lot of social workers [in DCJ], who are in roles where the principles of social work are not their core responsibility, they are contracted part of the picture.' – AASW member

Therefore, a whole-of-government effort is required to align the current workforce to an integrated social work approach by reviewing the current roles in statutory child protection and the funding agreement with service providers. This is to ensure that the roles that work with children and families directly are advertised as social work roles, filled by qualified social workers, and be remunerated as such.

We welcome the implementation a social work perspective across many new child intervention practices within DCJ. However, this perspective must be applied across the entire child protection and social services sector, including education, police, legal, health and private practitioners, in order to optimise its effectiveness.

Recommendation

- That NSW government review the role of caseworkers and the funding agreement with service providers to strengthen the implementation an integrated social work approach to child protection.

Social Work Registration scheme

The AASW recommend that the registration of the social work profession is key to ensure that the child protection workforce is qualified to undertake a holistic assessment of children and families and ensure that vulnerable children and families have access to adequate support services.

In Australia, social work is not a registered profession and it poses a risk to the safety of children. Coroner's reports into the deaths of children in care in Australia, including Mason Jet-Li and Chole Valentine, have repeatedly highlighted a systematic failure on every level in child protection. We believe that the statutory registration of social workers is necessary to achieve adequate professional standards for the social workers working in child protection system in NSW, and in doing so providing safety for those people who use child protection and the social welfare services. Social workers work with extremely vulnerable people in child protection in relation to a range of issues including mental health, family violence, child abuse, elder abuse, disability, housing, poverty, alcohol and other drugs. For children and families that need assistance, it is vital that they receive supports from highly trained and skilled professionals.

At the current time in Australia, social work is not included under the National Registration and Accreditation Scheme (NRAS) and is a self-regulating profession. This means that the AASW as a professional association, which is a voluntary body, is responsible for determining and monitoring professional standards, including upholding educational, ethical and practice standards. One of the major problems with self-regulation is that the profession is entirely dependent on voluntary individuals or organisations for upholding its standards.

A Bill is shortly to be introduced to the South Australian parliament for the statutory registration of social workers. This is a great step at the state/ territory level to address lack of regulation at the federal level. The South Australian report to *Social Work Registration Bill 2018* recommends a state-based social work registration scheme that can 'better regulate the profession and provide protection to the community'. Currently, there are more than 11,400 social workers practising in NSW, with only less than one third of them are members of the AASW, leaving two thirds of the profession outside of any clear regulatory framework. We refer the NSW government to [the report to Social Work Registration Bill 2018](#) that details how a state-based social registration scheme can operate under a state jurisdiction.

Australia is out of step internationally as in all comparable countries, such as the United Kingdom, United States, Canada and New Zealand, where social work is a registered profession.

The AASW believes that social work registration matters for:

- Public safety. Registration and title protection involve defining who is qualified to perform particular activities and in doing so, creates a mechanism for preventing people without requisite qualifications from practising and for providing sanctions for incompetent practice.
- Professional quality. This is achieved through the definition and monitoring of educational and professional practice standards. For example, the National Registration and Accreditation Scheme compels registered professionals to maintain a program of continuing professional development.
- Professional accountability and recognition. Registration incorporates mechanisms for investigation and sanctions for professional misconduct. Registration and title protection

also provide a basis for public recognition of the scope of practice in which professions are engaged.

Recommendation

- That the NSW government legislate a registration scheme for the social work profession in the state.

Conclusion

AASW members are confident that these recommendations will enable NSW child protection and family support services to protect the rights and promote the best interests of vulnerable children, young people and their families. Although the task appears significant, it is possible, and our members look forward to co-operating with the NSW government to ensure that these changes are implemented, and that the system is improved.



© Australian Association of Social Workers

Level 7, 14-20 Blackwood Street
NORTH MELBOURNE VIC 3051

PO Box 2008
ROYAL MELBOURNE HOSPITAL VIC
3050

P: 03 9320 1027
E: socialpolicy@asw.asn.au

www.aasw.asn.au

ACN 008 576 010
ABN 93 008 576 010



AASW
Australian Association
of Social Workers

www.aasw.asn.au

