

**Submission
No 24**

CHILD PROTECTION AND SOCIAL SERVICES SYSTEM

Organisation: Domestic Violence NSW

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Domestic Violence NSW

December 2020

**Submission to the Parliament of New South Wales
Committee on Children and Young People inquiry
into child protection and the social services sector**

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About Domestic Violence NSW

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Domestic Violence NSW (DVNSW) is the **peak body for specialist domestic and family violence services in NSW**. We have over 80 member organisations across NSW.

We work to improve policy, legislative and program responses to domestic and family violence and to eliminate domestic and family violence through advocacy, partnerships and promotion of good practice.

Our members represent the diversity of specialist services working in NSW to support women, families and communities impacted by domestic and family violence. They are non-government organisations, some entirely government funded, others supported through philanthropic donations or partnerships with industry or the corporate sector.

Our member organisations include: crisis and refuge services, transitional accommodation and community housing providers, family support services, Aboriginal controlled organisations and specialist CALD organisations, specialist homelessness service providers, men's behaviour change programs and networks, community organisations working with high risk communities, specialist women's legal support services, women and children's support services, and Safe at Home programs.

Members	Eastlakes Family Support Service Inc Central Tablelands and Blue Mountains Community Legal Centre Hawkesbury Area Women's & Kids Services Collective Highlands Community Centres Incorporated Housing Plus Illawarra Women's Health Centre Immigrant Women's Speakout Assn of NSW Indian (Sub-Cont) Crisis & Support Agency Jenny's Place Kempsey Families Inc Liberty Domestic and Family Violence Specialist Services Linking Communities Network Ltd Lisa Harnum Foundation Lithgow Community Projects Lokahi Foundation Lucy's Project
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Macarthur Women's DVCAS
Manly Warringah Womens Resource Centre
Mary's House
Mission Australia
Molongo Support Services/ Louisa Domestic Violence Services
Mount Druitt Family Violence Service
Moving Forward DFV Case Management Services Inc
Muslim Women Association
No to Violence
Northern Rivers WDVCS
Nova for Women
Open Support (previously Sisters of Charity Outreach)
Orana Support Service Incorporated
Parramatta Holroyd Family Support
Parramatta Mission (SHS Packages)
Peninsula Lighthouse
Pop In Inc
Prosper (Project Australia)
Rape & Domestic Violence Services Australia
SAHSSI Inc
Samaritans
South East Women & Children's Services Inc (SEWACS)
South West Sydney Legal Centre
Staying Home Leaving Violence (Broken Hill)
Sydney Women's Counselling Centre
The Deli Women & Children's Centre
The Equanimity Project (Australia) Ltd
The Marmalade Foundation t/a Lou's Place
The Northern Centre
The Salvation Army
Third Sector Australia t/a Momentum Collective
Tumut Regional Family Services
WAGEC
Warrina D&FV Specialist Service Co-op Ltd
West Connect Domestic Violence Services
Women Up North Housing Inc
Women's Community Shelters
YWCA Australia
Mudgin- Gal

We work in close partnership with the DVNSW Aboriginal and Torres Strait Islander women's steering committee and acknowledge their expertise and advocacy.

We acknowledge the work and practice wisdom of specialist women's services and domestic and family violence practitioners that underpin the recommendations in this submission. We thank the specialist services that have developed best practice over decades of working with women and children and whom shared their expertise with us. We also pay tribute to those who have experienced domestic or family violence and to our advocates, colleagues and partners in government and non-government agencies.

Executive summary

Change will only occur once it is recognised that children are people too.

[DFV frontline worker]

This submission has been prepared by Domestic Violence NSW (DVNSW) in response to the Parliament of NSW Committee on Children and Young People's 2020 inquiry into child protection and the social services sector. The submission broadly addresses the Terms of Reference for the inquiry.

DVNSW is the peak body for specialist domestic and family violence services in NSW, representing over 80 member organisations across NSW.

In preparation of our submission, DVNSW interviewed key stakeholders and conducted a survey of its member organisations, seeking input into what is and isn't working to protect vulnerable children and their families from the perspective of the domestic and family violence service sector. As part of this process, several case studies were collected to highlight key areas of the system that need to be addressed. They make for unsettling reading as to the negative and long-term impacts of an underfunded and culturally inappropriate system.

In addition, DVNSW reviewed the recommendations of the many inquiries and reports into the NSW child protection system since 2009.

DVNSW seeks that the NSW Government:

- 1) **Invest adequately into the social services sector to ensure the Premier's Priorities to protect our most vulnerable children are met by 2023**, especially the priorities to decrease the proportion of children and young people re-reported at risk of significant harm; increase permanency for children in out-of-home care; and reduce the number of domestic violence reoffenders.
- 2) **Prioritise and implement the recommendations of the numerous prior reports and inquiries into child protection that remain outstanding, in consultation with professionals in the sector**, in particular DVNSW highlights the recommendations of the *Family is Culture: Independent Review into Aboriginal and Torres Strait Islander Children and Young People in Out-of-Home Care in New South Wales (2019)*.
- 3) Place an immediate priority on **addressing the devastating impact of the child protection system on the Aboriginal and Torres Strait Islander community**.
- 4) **Increase funding to the specialist domestic and family violence sector** to ensure that vulnerable children and their families receive immediate, specialist and effective support.

Part I of the submission outlines the NSW Government's need to adequately address the Premier's Priorities directly related to child protection and domestic violence. We only have

three years left to meet these commitments, therefore, the NSW Government has a substantial amount of work to do.

In Part II, the submission outlines in detail some of the key recommendations still outstanding from the numerous, and detailed, reports and inquiries into the child protection and social services sector in NSW. Vulnerable children and their families, and the already overstretched and underfunded non-government sector, do not need another report with another set of recommendations that sits on a shelf gathering dust. What is required is thorough and well resourced, accountable and consultative implementation of the many recommendations produced to date.

In Part III, we advocate for the need to address the devastating impact of the current child protection system on the Aboriginal and Torres Strait Islander community. At a minimum, the NSW Government should be working closely with the breadth of the Aboriginal and Torres Strait Islander community, and key Aboriginal and Torres Strait Islander organisations, to implement the recommendations of the report, *Family is Culture: Independent Review into Aboriginal and Torres Strait Islander Children and Young People in Out-of-Home Care in New South Wales (2019)*.

In Part IV, we address the need to fund the specialist domestic and family violence sector so it can continue to respond effectively to vulnerable children and their families.

In Part V, we take a detailed look at the DVNSW Member Survey responses of our member organisations, including key stakeholder interviews. We have heard directly from our members on what is working for the specialist domestic and family violence sector, and what needs to change.

In Part VI, we provide a series of de-identified case studies. These are real client stories provided by our membership organisations. They provide a stark, lived experience of those impacted by the NSW child protection system, and highlight the urgency of a comprehensive approach by the NSW Government to system reform.

We would like to thank the DVNSW members, frontline workers and organisations who gave their time and expertise to our interviews and participated in our survey. We would especially like to recognise those who provided their stories for our case studies – we hope your words will be the catalyst for positive and meaningful change.

Recommendations

1. That the NSW Government **significantly invest into the social services sector to ensure the Premier's Priorities to protect our most vulnerable children are adequately met by 2023:**
 - a. Protecting our most vulnerable children by decreasing the proportion of children and young people re-reported at risk of significant harm by 20% by 2023.
 - b. Increasing permanency for children in out-of-home care by doubling the number of children in safe and permanent homes by 2023 for children in, or at risk of entering, out-of-home care.
 - c. Reducing the number of domestic violence reoffenders by 25% by 2023.
 - d. Reducing street homelessness across NSW by 50% by 2025.
 - e. Reducing the rate of suicide deaths in NSW by 20% by 2023.

2. That the NSW Government **fund, prioritise and implement the recommendations of the numerous prior reports and inquiries into child protection that remain outstanding**, including (but not limited to):
 - a. *Family is Culture: Independent Review into Aboriginal and Torres Strait Islander Children and Young People in Out-of-Home Care in New South Wales (2019)*, Professor Megan Davis
 - b. *NSW Government response to the Royal Commission into Institutional Responses to Child Sexual Abuse (2018)*
 - c. *New South Wales Parliament, Legislative Council, General Purpose Standing Committee No. 2, Child Protection report (March 2017)*, Chair: Hon. Greg Donnelly MLC
 - d. *Independent Review of Out of Home Care in New South Wales, Final Report (2015)*, David Tune AO PSM
 - e. *New South Wales Auditor-General's Report, Performance Audit, Transferring out-of-home care to non-government organisations, Department of Family and Community Services (2015)*
 - f. *Review of the NSW Child Protection System: Are things improving? (2014)* NSW Ombudsman¹
 - g. *Keep Them Safe? (2011)* NSW Ombudsman
 - h. *Keep Them Safe: A shared approach to child wellbeing 2009-2014 (2009)*, NSW Government
 - i. *Report of the Special Commission of Inquiry into Child Protection Services in NSW (2008)*, The Hon James Wood AO QC
 - j. *Breaking the silence : creating the future : addressing child sexual assault in Aboriginal communities in NSW (2006)*, NSW Department of the Attorney General

3. That the Committee of Children and Young People **track and report on all outstanding recommendations from former reports and inquiries into the child protection system in NSW** (listed above), to ensure the ongoing accountability of the NSW Government.

¹ NSW Ombudsman (2014), *Review of the NSW Child Protection System: Are things improving? A Special Report to Parliament under s.31 of the Ombudsman Act 1974*, http://www.ombo.nsw.gov.au/_data/assets/pdf_file/0004/15691/Review-of-the-NSW-child-protection-system-Are-things-improving-SRP-April-2014.pdf

4. That the NSW Government place an immediate priority on **addressing the devastating impact of the child protection system on the Aboriginal and Torres Strait Islander community**, including:
 - a. **Funding and implementing the 125 recommendations of the report, *Family is Culture***, in a consultative manner in partnership with Aboriginal and Torres Strait Islander communities.
 - b. **Investing in culturally appropriate responses** which are developed in consultation with Aboriginal and Torres Strait Islander families, and include initiatives run by and for Aboriginal and Torres Strait Islander communities.
 - c. **Ensuring guidelines and protocols regarding Aboriginal and Torres Strait Islander children are followed by caseworkers**, including the Aboriginal Child Placement Principle which in the experience of DVNSW members, is not the case.
 - d. **Funding primary prevention initiatives in NSW** which align with *Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children (2018)*, Our Watch.

5. That the NSW Government recognise the impact of domestic and family violence on vulnerable children and families, and **increase the funding of the specialist domestic and family violence sector** to ensure that vulnerable children and their families receive immediate, specialist and effective support, including:
 - a. **increase funding to services and organisations that meet the minimum requirements of a quality domestic and family violence specialist service** (as outlined in the *Good Practice Guidelines for the Domestic and Family Violence Sector in NSW*), to ensure a sustainable, well-resourced sector that can provide quality support for women and their children;
 - b. **funding specialist DFV children's workers**, including specialist children's workers in all family refuges; and
 - c. **funding early intervention programs and practices** across the State to match demand.

6. That the NSW Department of Communities and Justice (DCJ):
 - a. seek that the NSW Attorney General review the Memorandum of Understanding between the Family Court/Federal Circuit Court and DCJ to ensure protective parents who follow the instructions of our state legislative requirements are not disadvantaged in Family Law matters; and
 - b. report on the impact of COVID-19 on children in care, and what was done to mitigate the impact.

Endorsements

This submission has been endorsed by FAMS.

Domestic Violence NSW endorses the submissions of:

- Youth Action – the peak body for young people and youth services in NSW.
- FAMS – the peak body whose aim is to support the delivery of quality services by non-government, not-for-profit organisations working with vulnerable children, young people, families and communities.
- Yfoundations – the NSW peak body representing young people at-risk and experiencing homelessness, as well as the services that provide direct support to vulnerable young people.
- Women’s Safety NSW – a peak representative body for women’s specialist domestic and family violence services in NSW.

Part I – The need to achieve the Premier’s Priorities to break the cycle of disadvantage

Take the focus away from the mother and work towards holding the perpetrator accountable.

[DFV frontline worker]

Recommendation 1: That the NSW Government significantly invest in the social services sector to ensure the Premier’s Priorities to protect our most vulnerable children are met by 2023.

The NSW Premier has a key policy priority of breaking the cycle of disadvantage. Over a third of the Premier’s Priorities (five of a total fourteen) are directly relevant to the effectiveness of the NSW child protection and social services system in responding to issues faced by vulnerable children and families. Therefore, **these priorities should be reflected in the proportion of the budget attributed to child wellbeing.**

The five directly applicable Premier’s Priorities are:

Priority 5) Protecting our most vulnerable children by decreasing the proportion of children and young people re-reported at risk of significant harm by 20% by 2023.

Recent statistics indicate that reports of Risk of Significant Harm (ROSH) are increasing:

- # of ROSH reports 208,129 2018-19 up 24.3% from the previous year
- # of concern reports 361,403 up 23.1% from the previous year
- # of children seen = 30,949, up 18.1% from previous year.²

Priority 6) Increasing permanency for children in out-of-home care by doubling the number of children in safe and permanent homes by 2023 for children in, or at risk of entering, out-of-home care.

Priority 7) Reducing the number of domestic violence reoffenders by 25% by 2023.

Priority 8) Reducing street homelessness across NSW by 50% by 2025.

Priority 9) Reducing the rate of suicide deaths in NSW by 20% by 2023.

These priorities reflect how important it is that the NSW Government **increase its investment in social services to ensure quality, holistic and long-term support is provided to vulnerable children and their families.** The NSW Government still has a long way to go to ensure our most vulnerable children and families are supported and protected.

² NSW Department of Communities and Justice, *Annual Statistical Report 2018-19, 'Children and Families Thrive'* <https://public.tableau.com/profile/facs.statistics#!/vizhome/ASR2018-19/Coverpage>

Part II – The need to fund and implement the recommendations of prior reports and inquiries, in particular, *Family is Culture*

Recommendation 2: That the NSW Government fund and implement the recommendations of the numerous prior reports and inquiries into child protection that remain outstanding, including (but not limited to):

**Family is Culture: Independent Review into Aboriginal and Torres Strait Islander Children and Young People in Out-of-Home Care in New South Wales (2019)*, Professor Megan Davis

**NSW Government response to the Royal Commission into Institutional Responses to Child Sexual Abuse (2018)*

**New South Wales Parliament, Legislative Council, General Purpose Standing Committee No. 2, Child Protection report (March 2017)*, Chair: Hon. Greg Donnelly MLC

**Independent Review of Out of Home Care in New South Wales, Final Report (2015)*, David Tune AO PSM

**New South Wales Auditor-General's Report, Performance Audit, Transferring out-of-home care to non-government organisations, Department of Family and Community Services (2015)*

**Review of the NSW Child Protection System: Are things improving? (2014)* NSW Ombudsman¹

**Keep Them Safe? (2011)* NSW Ombudsman

**Keep Them Safe: A shared approach to child wellbeing 2009-2014 (2009)*, NSW Government

**Report of the Special Commission of Inquiry into Child Protection Services in NSW (2008)*, The Hon James Wood AO QC

Recommendation 3: That the Committee of Children and Young People track and report on outstanding recommendations from former reports and inquiries into the child protection system in NSW (listed above), to ensure the ongoing accountability of the NSW Government.

Recommendation 4: That the NSW Government place an immediate priority on addressing the devastating impact of the child protection system on the Aboriginal and Torres Strait Islander community, including funding and implementing the 125 recommendations of the report *Family is Culture* in a consultative manner in partnership with Aboriginal and Torres Strait Islander communities.

The child protection and social services sector is perennially scrutinised via inquiries and reports. This exhausts the capacity and goodwill of overstretched and underfunded non-government organisations that continually participate in these processes in the hope that the NSW Government will finally fulfil their obligation to fund and implement the recommendations.

DVNSW recommends that the NSW Government fund and implement the recommendations of these numerous prior reports. At a minimum, **the NSW Government should implement all 125 recommendations of the report *Family is Culture: Independent Review into Aboriginal and Torres Strait Islander Children and Young People in Out-of-Home Care in New South Wales (2019)*** in a consultative manner in partnership with Aboriginal and Torres Strait Islander communities.

Part III – The need to address the devastating impact of the child protection system on the Aboriginal and Torres Strait Islander community

Need more Aboriginal staff conducting assessments for Aboriginal families. Need to be sure that white middle class 'standards' are not set as what is safe.

[DVF frontline worker]

Recommendation 4: That the NSW Government place an immediate priority on addressing the devastating impact of the child protection system on the Aboriginal and Torres Strait Islander community, including:

- 1) Funding and implementing the 125 recommendations of the report, *Family is Culture* in a consultative manner in partnership with Aboriginal and Torres Strait Islander communities.
- 2) Investing in culturally appropriate responses, which are developed in consultation with Aboriginal and Torres Strait Islander families.
- 3) Ensuring guidelines and protocols regarding Aboriginal and Torres Strait Islander children are followed by caseworkers, including the Aboriginal Child Placement Principle.
- 4) Funding primary prevention initiatives in NSW which align with *Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children (2018)*, Our Watch.

Implementing the recommendations of the *Family is Culture* independent review

DVNSW strongly advocates that the NSW Government fund and implement the recommendations of the report *Family is Culture: Independent Review into Aboriginal and Torres Strait Islander Children and Young People in Out-of-Home Care in New South Wales (2019)*³ in a consultative manner in partnership with Aboriginal and Torres Strait Islander communities.

DVNSW and the DVNSW Aboriginal and Torres Strait Islander Women's Steering Committee believe that the *Family is Culture* report offers a very detailed summary of the issues concerning Aboriginal and Torres Strait Islander children, and makes 125 thorough recommendations to the NSW government to address them.

Children are central to every community, and their wellbeing and safety must be paramount. The children and young people we support today are the future leaders of Aboriginal and Torres Strait Islander communities, however Aboriginal leaders from the DVNSW Aboriginal and Torres Strait Islander women's steering committee were disappointed not to see a strong commitment of support within the Government's response, delivered 8 July 2020. In particular, we are concerned that no additional funding has been allocated despite the high rates of violence in

³ Independent Review of Aboriginal Children in OOHC (2019), *Family is Culture: Independent Review into Aboriginal and Torres Strait Islander Children and Young People in Out-of-Home Care in New South Wales*, <https://www.familyisculture.nsw.gov.au/?a=726329>

Aboriginal communities, the high rates of children in Out-Of-Home Care (OOHC) and the clear recommendations presented in the 2019 report.

We are concerned that without the allocation of adequate funding, NSW will be unable to address the concerning issues raised in this report, similarly to the funding vacuum in 2006 when *Breaking the Silence: Creating the Future: Addressing Child Sexual Assault in Aboriginal Communities in NSW (Breaking the Silence)* was released. *Breaking the Silence* was also released without any funding attached, and the issue of child sexual assault in Aboriginal communities remains a concerning and all too prevalent issue today.

Additionally, we are concerned about the lack of transparency in the current response. We believe there should be more explicit mechanisms for reporting as well as for co-design and consultation within the community.

Regarding the Aboriginal Knowledge Circle, we believe that there could be room for additional expertise in the area of domestic and family violence and that members of the DVNSW Aboriginal and Torres Strait Islander Women's Steering Committee would be eligible candidates, bringing a wealth of knowledge from across the sector to the group. Further, we are concerned that the Aboriginal Knowledge Circle were chosen directly rather than advertised, and are not representative of the whole NSW community. We are also apprehensive about the pressure laid upon these representatives to consult and represent all Aboriginal and Torres Strait Islander communities across NSW.

We strongly need an action focused approach to address violence in communities, and inter-generational trauma, which are primary drivers of the high levels of Aboriginal and Torres Strait Islander children and young people in OOHC. NSW requires a strong, well-resourced primary prevention response to domestic and family violence in order to address the root causes of children experiencing trauma and high levels of children in OOHC.

DVNSW, and the DVNSW Aboriginal and Torre Strait Islander Women's Steering Committee, seek the commitment of the NSW Government to fund and implement the 125 recommendations of the *Family is Culture* report. We also urge the NSW Government to take a transparent approach that encourages co-design and consultation, and reports openly and frequently on progress.

Jacquie's Story*

Jacquie* is now 18 years of age, and receiving support from an Aboriginal specialist service linked to the DVNSW Aboriginal and Torres Strait Islander women's Steering Committee. Jacquie shared with DVNSW her experience of 16 years of being in the care of the minister.

Jacquie was removed from her mother due to domestic violence perpetrated against her mum to the care of a step-father. By the age of 11, Jacquie was forced to care for her younger siblings, looking after four kids younger than her, cleaning, washing, and preparing school lunches. She has survived numerous family breakdowns. She has attended doctors due to injuries sustained at home. Jacquie has experienced homelessness and couch surfing from a young age, despite frequently asking for support from DCJ and other organisations to find housing.

"Growing up in DCJ system, I grew up thinking I wasn't loved and DCJ painted the picture that my mother never wanted to be in the picture." At one stage, Jacquie self-placed back with her

mother and had to flee from DCJ on foot when they threatened remove her again. “I didn’t know why I couldn’t be with mum. They deemed her unsafe.”

Jacquie feels that DCJ abused their authority, and has had to watch as they continue to do so with her siblings who are still facing what she calls “the terrible cycle of DCJ”. She experienced a revolving door of caseworkers adding to the instability in her life.

Despite guidelines around Aboriginal children, Jacquie was not informed about her culture and not once partnered with an Aboriginal caseworker throughout 16 years. “If it wasn’t for my community and the organisations in it I wouldn’t have much idea of my identity. Not once was I advised about my culture. I find it more appropriate to have an Indigenous case worker.”

Since turning 18, Jacquie has fought for 8 months to seek an appointment with an After Care worker, but not received any support from After Care agencies. A financial plan was made without her input or consent, again contravening DCJ guidelines.

Jacquie highlighted the power imbalances in working with DCJ, saying she felt belittled and demeaned, not consulted. From Jacquie’s experience, the purpose of DCJ seems to be to break families apart rather than support them.

Investing in culturally appropriate responses

Sexual, domestic and family violence (SDFV) is a serious issue for Aboriginal and Torres Strait Islander peoples in Australia. Considerable evidence exists which verifies that Aboriginal and Torres Strait Islander women are far more likely to be victims of SDFV than non-Aboriginal women, and they sustain much higher rates of injury from SDFV.⁴ Aboriginal and Torres Strait Islander women are 34 times more likely to be admitted to hospital for family violence related injuries.⁵

There is a general consensus that we do not know the full extent to which Aboriginal women experience violence due to the array of barriers that lead to the underreporting of violence and reduced help seeking in Aboriginal communities. The rate of violence within Aboriginal and Torres Strait Islander families can only be understood in the context of the historical, political, social and cultural environments in which it occurs.⁶ The high rates of SDFV in Aboriginal and Torres Strait Islander communities must be seen in the context of colonisation, disadvantage, oppression, racism and marginalisation.

There are several barriers that hinder Aboriginal women’s use of mainstream services when seeking support for DFV. These include but are not limited to:

- intergenerational trauma and distrust towards non-Aboriginal people;
- fear of retaliation or alienation from kinship community;
- lack of accurate information and awareness of services;
- lack of local service with capacity to assist/expertise; and
- lack of culturally competent service providers.

⁴ AIHW, 2009; Putt, Holder & O’Leary, 2015 AIHW, 2011; Olsen, A & Lovett, R, 2016.

⁵ Our Watch, 2014

⁶ AIHW, 2009; Putt, Holder & O’Leary, 2015.

There is also often a fear of what will happen to the perpetrator if legal action is taken against them due to a variety of reasons including institutionalised racism and high levels of Black deaths in custody.

Those working within the child protection and social services system need to understand the ongoing effects of colonial policies such as invasion, protection, child removals, assimilation and forced integration of diverse communities of Aboriginal and Torres Strait Islander peoples, if they are to work respectfully with Aboriginal and Torres Strait Islander families and communities.

Many Aboriginal and Torres Strait Islander women, despite living in violent situations, will not use mainstream services or those services that do not understand their needs. This is because women feel the services do not provide a comfortable welcoming environment, nor do they offer the necessary support with the culturally appropriate healing that is required.

Best practice responses must reflect the views, involvement, ownership and diversity of Aboriginal and Torres Strait Islander people in urban, rural and remote communities. Community-driven and responsive programs are more likely to experience greater engagement from local Aboriginal people, and show respect for the rights of Aboriginal peoples to self-determination. Mainstream services should strive to support and partner with Aboriginal and Torres Strait Islander organisations in providing responses to DFV within the local community. Aboriginal services are well positioned as leaders and spaces that foster cultural resilience and healing in Aboriginal communities.

Holistic approaches to programs and services should be developed by and/or with Aboriginal and Torres Strait Islander people, should foster social and emotional well-being, and would do well to incorporate traditional and culturally appropriate healing practices. **Ideally, all services and government agencies should have Aboriginal and Torres Strait Islander workers and have strong working relationships with Aboriginal services.** In addition, services and government agencies should be careful to ensure that Aboriginal and Torres Strait Islander staff are adequately supported and mentored.

Organisations need to ensure all staff have the appropriate skills and ongoing training to work effectively with Aboriginal and Torres Strait Islander people and offer culturally competent practices and culturally-safe spaces. In this way, **cultural competency training must be mandatory and ongoing.**

Following protocols regarding Aboriginal and Torres Strait Islander children

Ensuring guidelines and protocols regarding Aboriginal and Torres Strait Islander children are followed by caseworkers, including the Aboriginal Child Placement Principle. If barriers exist, such as the number of Aboriginal case workers, pro-actively work to resolve these issues.

Funding primary prevention initiatives specific to the Aboriginal and Torres Strait Islander community

In 2018, Our Watch released *Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children*. This resource is a solutions-focused informed practice framework for the primary prevention of violence

against Aboriginal and Torres Strait Islander women. It outlines how violence against Aboriginal and Torres Strait Islander women can be prevented, describing the essential actions that are needed to address and shift the drivers of this violence. It considers not only what needs to be done but how this prevention work should be undertaken, and by whom.

It points to actions that are most appropriately undertaken by Aboriginal and Torres Strait Islander people and organisations, and actions that should be the responsibility of non-Indigenous people and organisations, and of governments. It also presents a set of principles that should guide this prevention work.

DVNSW recommends that the NSW Government fund a comprehensive primary prevention strategy that aligns with the *Changing the Picture* framework as a key step in preventing violence against Aboriginal and Torres Strait Islander women and their children.

Part IV – The need to fund the specialist domestic and family violence sector to respond effectively to vulnerable children and their families

Many Risk of Significant Harm reports are not responded to as they appear to be low, when in fact children show us the impact of domestic and family violence on their lives through their behaviours.

[DFV frontline worker]

Recommendation 5: That the NSW Government recognise the impact of domestic and family violence on vulnerable children and families, and appropriately fund the specialist domestic and family violence sector to ensure that vulnerable children and their families receive immediate and effective support, including:

Investing in the prevention of domestic and family violence alongside the crisis response, comprising funding specialist DFV children’s workers, including specialist children’s workers in all family refuges; and funding early intervention programs and practices across the State.

It is well accepted that domestic and family violence is widespread and causes significant damage to families and communities across Australia. We know that one in three women in Australia have experienced some kind of physical violence in her lifetime, one in six adult women have experienced physical or sexual violence by a current or former partner, and one in four women have experienced emotional abuse by a current or former partner.⁷ At least 89 women were killed by their current or former partner between 2008 and 2010, equating to nearly one woman every week.⁸

Domestic and family violence is the single largest driver of homelessness for women, **a common factor in many child protection notifications**, and results in a police callout on average once every two minutes across the country⁹.

The serious and widespread nature of domestic and family violence within our state places significant pressure on services responding to domestic and family violence. Victim-survivors seeking assistance require quality services from appropriately skilled workers regardless of their sexuality, gender, socio-economic status or location. **Workers require appropriate and ongoing training to ensure they are able to practice this quality work.**

The violent, threatening, abusive and/or intimidating behaviour of DFV has a range of serious consequences for families and communities.¹⁰ DFV causes fear, physical and/or psychological

⁷ Our Watch, 2016

⁸ Australian Bureau of Statistics, 2012; ANROWS, 2015.

⁹ Australian Institute of Health and Welfare, 2012

¹⁰ Australian Bureau of Statistics, 2012

harm. For example, psychological abuse may include making threats regarding custody of children.

DFV also has significant social, economic and health costs to victims-survivors and the community. The costs of DFV to the community is high and includes direct and indirect costs, macro-economic costs and social costs. The combined health, administration and social welfare costs of violence against women in Australia is conservatively estimated to be \$22 billion a year, with projections suggesting that if no further action is taken to prevent violence against women, costs will accumulate to \$323.4 billion over a thirty year period from 2014-15 to 2044-45.¹¹

Underrepresentation within national prevalence estimates of Aboriginal and Torres Strait Islander women, pregnant women, women with disability and women who are homeless may add a further \$4 billion to the cost of violence against women and their children in Australia each year. It is also estimated that the second generational impacts from violence against women and their children is estimated to cost the Australian economy \$333 million per annum.¹²

The links between domestic and family violence, children's wellbeing and child protection is well known and the need for improved integration across these service systems is now widely acknowledged. Refuge workers and DVNSW's predecessor the NSW Women's Refuge Movement, were among the first in NSW to recognise the impact of DFV on children and recognise children as clients' in their own right, and to advocate for improved legislative, policy and practice responses to children impacted by DFV.

It is now widely accepted that infants, children and adolescents who witness or experience DFV can experience significant lifelong impacts, including psychological and behavioural issues, child abuse, health issues and other effects on wellbeing and development.¹³ Exposure to violence may include experiences of physical injury as a result of assault or as an indirect consequence of an assault against their mother. Children who are exposed to violence in the family context experience significant trauma and are at high risk of suffering psychological and emotional trauma.¹⁴ However, this **trauma can be significantly reduced when appropriate supports and responses are put in place.**¹⁵

Young people from homes where DFV is present are also more likely to be homeless.¹⁶ A study conducted by Mission Australia¹⁷ on the cost of youth homelessness found that in NSW, more than half (56%) of the homeless youth surveyed had to leave home on at least one occasion because of violence between parents or guardians. Of those who ran away from home for that reason, the median age of their first experience leaving home was **ten**.¹⁸

¹¹ KPMG, 2016

¹² KPMG, 2016

¹³ KPMG, 2016

¹⁴ Bee, 2000; Laing, 2000

¹⁵ Hooker., L., Kaspiew., R. & Taft., A., 2015.

¹⁶ DSS, 2008; Bailey et al, 2016.

¹⁷ Bailey et al, 2016.

¹⁸ It should be noted that factors such as family violence make homelessness more likely at a particular point in time, but do not necessarily mean they are more likely to be homeless in the future (ie in adulthood).

The stresses associated with violence in the home may make usual young person risk-taking and escape behaviours worse and they may begin to participate in DFV themselves.¹⁹ Violence against mothers in childhood is highly associated with ongoing depression in adolescent girls.²⁰ Young people may present at youth refuges or youth specific services who have been impacted by DFV. It is vital that these services have a thorough understanding of the complexities of DFV, undertake the appropriate risk assessments to ensure safety for that young person, and work closely with DFV specialist services.

DFV can significantly impact the relationship between mother and their child/ren. This relationship, and the mothers parenting capacity, may be adversely impacted by perpetrator tactics used to disrupt the relationship, and contribute to the health impacts of DFV experienced by both mothers and children.²¹ **System and practice responses should be focussed on improving the safety of both children and the mother including the provision of interventions that seek to strengthen the relationship between mothers and their children and enhance parenting capacity that can assist children in the recovery from trauma.**

Funding the specialist domestic and family violence sector

The specialist domestic and family violence sector understands child protection, however, child protection organisations often do not always understand domestic and family violence.

Specialist domestic and family violence services:

- Provide positive support relationships with women and families so that children's safety is discussed in a supportive way.
- Recognise children as clients in their own right.
- At a minimum, have organisational policies, procedures and practices that adopt a Child Safe approach as articulated by the Office of the Children's Guardian.
- Work with children as victim-survivors in their own right wherever possible, including individual case, risk and safety planning, support for children and young people's trauma and trained, specialist workers to support children.
- Have links with other agencies that can support the wellbeing and continued development of the child/ren if the service is unable to provide this support while working with the parent/guardian/carer.
- Have a comprehensive understanding of the way DFV affects and impacts children, and is able to present this information clearly to the parent and child if appropriate.

In consultation with the sector, Domestic Violence NSW developed the [*Good Practice Guidelines for the Domestic and Family Violence Sector in NSW*](#). The Guidelines provide a framework to support the delivery of high quality, consistent responses to victim-survivors across the domestic and family violence sector in NSW. The Guidelines define what makes working with victim-survivors of domestic and family violence different to working with other clients, and provides generalist services with information around what it means to have a domestic and family violence specialisation.

¹⁹ Howard, 1995; McInnes, 1995

²⁰ Boldy et al, 2002.

²¹ Hooker., L., Kaspiew., R. & Taft., A., 2015

Domestic Violence NSW recommends that the NSW Government increase funding to services and organisations that meet the minimum requirements of a quality domestic and family violence specialist service (as outlined in the *Good Practice Guidelines*), to ensure a sustainable, well-resourced sector that can provide quality support for women and their children.

Part V – Domestic Violence NSW member survey findings – hearing from frontline workers

To formulate this submission, Domestic Violence NSW surveyed its membership to hear directly from frontline workers, and indirectly the experiences of their clients.

Respondents

There were 17 individual responses from frontline workers in domestic and family violence specialist services.

The service types included:

- Aboriginal controlled women’s services
- Specialist Homeless Services, including crisis accommodation, shelters and refuges
- Domestic and family violence specialist services
- Staying Home Leaving Violence
- Women’s Domestic Violence Court Advocacy Services
- Women’s centres
- Counselling services
- Women’s health service
- Education services
- A Sector Development service

How vulnerable children and families are identified

100% of DVNSW members thought the identification of vulnerable children and families could be improved.

Domestic Violence NSW members reported the following *concerns* with how vulnerable children and their families are currently identified:

- We are waiting until women and children are (often) irretrievably harmed before interventions are available. Identification for those interventions that are available are prescriptive and administered in fragmented and managerial methods that do not take into account the circumstances of the individual and the family unit.
- Vulnerable children and their families are often seen as collateral within the system.
- Family Law Courts have a poor understanding of domestic violence.
- Not enough funding for therapeutic support services.
- Refuges are not appropriate for so many children.
- Limited resources mean that vulnerable children/families don't receive support until situations escalate, even if they meet the threshold for Risk of Significant Harm (ROSH).
- Victim blaming in Child Protection (FACS) and other services who receive referrals from FACS. These services don't have a clear understanding of domestic violence, and therefore don't recognise victim blaming and coercive control.
- Unless a parent is linked in with a service, the children go under the radar.
- DCJ do not listen to Domestic and Family Violence Specialist Services when they raise urgent concerns.

- Lack of resources, counsellors, and trauma specialists available to work with the growing number of women and children who have experienced extreme DFV and are living with trauma / complex trauma.
- It is difficult to assess the extent of the impact of DFV on children.
- Having enough time with vulnerable children for them to really open up about their trauma and history of violence, while not having to repeat their story over and over.
- There is limited early intervention.
- Linkages to drug and alcohol services and mental health services are rarely effective. Intensive support is often only 2 hours per week - needs to be more supportive.
- Family court is not able to protect children and their mothers from DFV perpetrators.
- Identifications of vulnerable children without adequate support is not useful.
- Teachers need to be specifically trained in the field of child protection.
- High risk families seem to be getting the support needed however the medium to low risk families are often neglected by the system. This allows for these families to deteriorate when early intervention may have kept them stable.
- When police are called out they rarely include the children on the ADVO, which impacts the Risk of Significant Harm (ROSH) made to FACS.
- The length of time it takes for the FACS Helpline to answer a call to someone making a report is often a deterrent. A report to the Helpline will often be screened out thus missing out on an opportunity to engage and assess risk. Those assessing risk often minimise or don't understand the impact / harm DFV has on children e.g. they were in another room so were not impacted.
- Privacy now tends to supersede safety and a lot of critical information is not being shared for fear of breaching privacy. The Local Coordination Points (LCP) appear to be reluctant to share information under chapter 16a.
- The Childstory reporter tool often does not capture the risk a child may be facing.
- Policy that criminalises the family and therefore creates even further vulnerability.

Domestic Violence NSW members outlined the following *improvements* to how vulnerable children and families are identified:

- Police and magistrates taking violence against women seriously and doing their jobs without victim blaming and shaming.
- Trained workers who are able to work one-on-one with children to identify risks; similarly to JIRT.
- Increased resourcing for the child protection system so that a greater number of families assessed as at ROSH are responded to.
- Collaborative practice with the DV specialists - in a respectful way, acknowledging that DV specialists may have a critical information particularly regarding risks to children.
- More collaboration and quicker response times.
- DFVSS need a formal way to partner with DCJ on a shared assessment looking at DFV and child protection risk. We should be able to make recommendations for urgent investigation.
- A Safety Action Meetings (SAM) process for vulnerable children would be a way forward, where DCJ are held accountable for taking action.

- Child support staff to work in refuges to support the complex needs of child victims of DFV.
- Well qualified and experienced caseworkers to assess each case from an objective but trauma informed viewpoint.
- Education of staff.
- Children should not be removed from their mothers due to DFV from fathers.
- Better understanding of the dynamic of DFV, especially non-physical violence.
- Extra funding to services to support families, for example funding for respite and places in preschools and childcare, funding for transport to school, funding for bus passes or taxis if there are inadequate buses.
- Teacher knowledge and clear pathways to act.
- More funding for support services.
- Greater understanding of the impact of DFV on children.
- Police automatically adding children to protection orders.
- Move towards collaboration - sharing information to help make informed risk assessments.
- More support to frontline services that are child focused and therapeutic in their support of each family system inclusive of both parents in a way that is equitable.

How the system interacts with vulnerable children and families

Domestic Violence NSW members raised several *concerns* regarding how the system interacts with vulnerable children and their families:

- Prioritising "rights" of abusive parents over the rights of the child. Failing to support protective parents and guardians with adequate resources and networks.
- Poorly trained staff with bias and lack of accountability.
- It's not responsive, just reactive - it waits until things are at crisis rather than supporting on an early intervention level.
- Children are removed, put into care, and then restored, but insufficient work is done with parents to prepare them for restoration, and there is inadequate support and monitoring post restoration
- Some services don't collaborate. Some services make judgements based on minimal information. Some services make the Mum (victim) feel she is to blame and this further disengages her with the service provider. Some services such as Health make judgements and then will do referrals to FACS without collaborating with DV specialists - particularly with Aboriginal women.
- Response time
- DCJ not listening to DFV services, explaining things away by saying it's trauma when there are also concerns about mental health or drug use.
- Whilst the system states children are clients in their own right, there is little to no support for women and children who are impacted by DFV e.g. access to therapists, counsellors, in-house support through child care workers. Children have become nobody's problem other than mum's.
- The system terrifies parents that their children will be taken away from them.

- Timeliness of contact after a report is made. Some families are never contacted after a report is made. If a service is making a report it should be taken more seriously as we are working with the clients.
- The system is out of balance - while protecting children is of course important we have to have greater focus on the family system. What is happening with mum and dad and why, and how is that being addressed. When children are removed from their family services must exist to support mothers rather than just stop working with mothers at this very stressful time.
- The system is often punitive rather than supportive.
- DCJ workers do not have time to do their jobs.
- Overcrowded (school) curriculum and political interference.
- Families still view the system as the 'big stick'. It is often the mother who has to answer to the protection of the children. Fathers often do not take any responsibility for their children's safety and wellbeing.
- FACS tend not to get involved until the risk has reached the threshold where removal is being considered.
- If families are linked in with the voluntary sector e.g. Youth Hope, Barnardos, etc, if the family disengages or the risk decreases then the matter is closed. These families then fall through the cracks until another significant incident occurs. There needs to be a more collaborative approach and more effective communication between services who appear more concerned about breaching privacy.
- Child removal seems to be very slow, numerous excuses, staffing issues, children removed from risk and placed at risk.
- Intersecting judgements of perception of events. E.g. Poverty, inequity vs neglect.

Lydia's* story

Lydia* was married with three children, aged 1, 3 and 5 in 2013. She became concerned as the children were exhibiting sexualized behaviour and she didn't feel things were right for a number of years. Lydia's oldest child had problems at school this year, couldn't sleep at night and had terrible nightmares. Reports of sexual abuse were eventually made to Lydia, to the older child's counsellor, to the family doctor and to the children's grandparents. It became clear that the children had been exposed to sexual abuse from the father, which was substantiated by DCJ in NSW.

Lydia wanted to leave the relationship but was worried due to concerns that the father would get 50/50 access and that the children would not be safe in that arrangement, although she and the children were not safe living with the father. Lydia received advice from DCJ that she must report as there would otherwise be nothing to stand on when the matter went to family court. ROSH reports were made by the children's GP and paediatrician and by Lydia.

DCJ wanted the Joint Investigation Response Team (JIRT) to interview the children before the father returned from an interstate work trip. JIRT were advised not to act on reports as there was no ADVO. A week after he returned interstate, Lydia went to police to report the sexual abuse. She was advised there was enough evidence to interview the children however they never got back to her. Police advised Lydia not get an ADVO as they didn't want to alter the

perpetrator's behavior as he was being investigated. The children eventually made disclosures with JIRT but they didn't have enough evidence to take it to criminal level. They also made disclosures to FACS staff members on three occasions, to the court appointed single expert and to their psychologist.

At family court, the single expert witness didn't believe Lydia or the children, and recommended that the children live with the father full time, saying that there was no substantiations (although there were) and that Lydia had a fixed belief system that the abuse had happened and had mental health issues. The court fell into line with the expert's recommendations.

From 2018 the children were placed full time with the father despite a substantiated risk of child sexual abuse and psychological and physical abuse and Lydia was given limited contact although she was previously the primary carer. Since the placement with the father, Lydia has only had 19 hours with the children, supervised.

Domestic Violence NSW members suggested the following *improvements* to how the system interacts with vulnerable children and their families:

- Listen to the children and what they are saying while providing adequate protection, support and assistance to protective parents and guardians.
- Have **trained** workers interacting with the family.
- Greater availability of specialised Police - who understand DV and can interact with children. Social Workers and Police working together.
- Increased funding and support for families when children are removed and restored.
- Collaborative practice intertwined with a much better understanding of the complexity of DV.
- Quicker response time and more involvement - i.e. safety checks.
- Have a way for children to directly relay their concerns about their family in DFV situations.
- Child support workers in refuges, greater affordable access to child and family trauma counsellors (long term). Transitional housing, affordable long term housing.
- The emphasis needs to be on psycho education and support for parents not removing children.
- Fast and confidential contact with the protective parent to ensure there is no added safety risk from perpetrator by knowing that you have contacted them.
- Restoration must be the priority. Children should be cared for by their family not by strangers. The Aboriginal Placement Principle should be implemented while it reality it is ignored.
- Work better with other services engaged with the family. That is listen and work collaboratively.
- More respite and transport for at risk families.
- Specific professional learning programs for teachers i.e. *Breaking the Silence*.
- Improved reputation. Not the 'big stick' but a service that supports and achieves positive outcomes for these families.
- Police need to automatically add children to protection orders. Focus should be on perpetrator accountability not what mother is doing to protect children. Workers need

to have better understanding of the impact of DV of families and the reasons why victims tend to have no option but to stay in abusive relationships.

- Intensive work from DCJ with families with ROSH - families are being left to collapse.
- Child focused. A child needs to be identified as having the right to their own case manager (if that's the path) and have services equipped to resource their workforce to do so.

Domestic Violence NSW members raised the following issues with how SAMs (Safety Action Meetings) and YAMS (Youth Safety Action Meetings) are working well or could be improved:

The majority of respondents stated that Safety Action Meetings improve the safety of children (10 out of 17). Three respondents were unsure, and four respondents stated they did not. Feedback as follows:

- Often tick-a-box with little follow-up. It is overly dependent on the worker present at the meeting.
- Because everyone generally works together with a common purpose. For those that say it doesn't usually don't attend SAM's and are basing their opinion on ill-informed judgements or a bad experience from someone. Some service providers will have a negative take on a SAM but have not bothered to advocate with those SAM stakeholders for their client either. The key positive in this is everyone recognises the victim (usually female) and her children and work together. This has never worked this well in my experience over 25 years.
- Collaboration is good - however follow ups on allocations need to be quicker.
- One focused on under 10's. Implement a children's advocate in each location to talk directly about their experiences so the focus isn't only on the parents.
- SAMs work with the mother, they include children on AVOs, but that is where their support begins and ends. SHS services are left to attend to the high needs of child victims of DFV. SAMs need to have a component focused on the needs of child to assist us to move forward in an early intervention approach.
- It is always good to work as a multidisciplinary team, but it is difficult to address and take action quickly if an offence occurs.
- Greater focus on non-physical safety. Emotional and psychological safety of children and their mother is not valued as important as physical safety.
- I do not know about YAMs, but SAMs are very important.
- Information sharing help see the complete picture. All services required to support the family in the one place.
- Rather than wait two weeks for a SAM to share information or refer to support service there should be an automatic referral to DV specialist service who can offer immediate/timely support to vulnerable families. Having to wait two weeks to have a support service provide support options simply reinforces for women that no one cares and nothing can be done. They should also be willing to use chapter 16a as a means of sharing vital information that can assist in a more comprehensive risk assessment.
- I think the ability to report the violence without consent for the high scoring DVSA's is powerful.

- **Identify and recognise that young people without a primary carer are separate from a child in a family seeking support or experiencing violence. Address those issues safely, sensitively and separately.**

The roles and responsibilities of health, education, police, justice and social services

Domestic Violence members raised the following concerns with how health, education, police, justice and social services intersect in the current system:

- They don't engage and collaborate.
- Little communication and consistency in care - a family can be missed and slip through the cracks merely from no communication.
- Inadequate communication between DCJ, health and education services.
- Health - make judgements and refer women to services without informing the woman that she has the right to say no. This is particularly evident with Aboriginal women and an Aboriginal team where all they do is FACS reports without talking to the DV specialists. There is little recognition of trauma and little understanding of DV. Education- in my experience at a SAM they are very supportive. Police - anyone can have a negative experience with Police, but there are also a lot that have a positive experience. Workers need to work better with Police instead of just talking about negative. It's about collaborative practice. Justice- some Magistrates are not as good as others with DV. Some perpetrators get minimal sentences with DV after many attendances at court. Social Services - they need to work collaboratively and recognise the benefits of same.
- Response times are slow, and the above services need to link in more with the not-for-profit.
- Government departments not listening to our assessments, concerns and recommendations. No accountability or transparency on their actions (or lack of).
- Children have become invisible since the refuge reform. DCJ acknowledge but are not decision makers in the long term needs of children who are victims of DFV, backing out once the family is engaged with refuge. Police, health are first responders and as with DCJ leave support to refuges.
- Unfortunately the system has limited understanding of mental health issues that affect parents in their ability to keep children safe and that if the mental health is addressed and managed the children may be safer.
- The justice system (namely police/ court) relies on the officer or magistrate that hears the case, as to how the perpetrator will be prosecuted. Severely violent perpetrators are getting released straight back to victims time and time again. Education system- teachers and principals need more awareness and education around DFV and how it presents for children and how to approach it and the behaviours that occur. So as to not put a child at risk of harm from the teacher calling home about his bad behaviour, rather addressing the DFV and then the behaviour will follow. Safety has to be priority for children, and it currently is not.
- They work poorly together. People have given up. Clients are confused and need an advocate to help them navigate the system.

- It has improved over the years, but it is still fundamentally not trauma-informed therefore can be very reductionist interactions.
- Inconsistent.
- Sector politics is an issue.
- Intersecting much better since SAMs inception. All workers involved in SAMs get to know each other better, relationships between services are strengthened.
- With the current system children and families continue to slip through the cracks. Lack of communication. Poor understanding of supports available. Reluctance to put children on protection orders, Reluctance to make reports. Fear that they are breaching privacy. All of these issues will continue to increase the risk to children and families.
- Lack of communication.
- **We forget to include animal welfare organisations.**
- Police need more awareness training and Health need more resources to refer and incorporate the no wrong door policy in their practices.

Domestic Violence NSW members suggested the following *improvements* to how health, education, police, justice and social services intersect in the current system:

- Police and judicial accountability for actions, decision making and misuses of power.
- A shared 'flagged' system and awareness of all the supports that exist.
- DCJ approve and fund services for children in care much faster; we have observed significant delays between a child being assessed as needing treatment (e.g. OT) or support at school (e.g. autism class) and the recommendations being implemented.
- Want to work collaboratively - not just tick a box. Sometimes this is done well - but not consistently.
- Work more collaboratively and be inclusive of the NGO sector.
- Implement children's advocates to look at high risk situations through the child's lens.
- Change will only occur once it is recognised that children are people too. That they have voices and have the right to support and care. Change will occur when children have their own case plan as opposed to being associated with another person's case plan. Only then can we truly measure the needs of children and the failings of the system in terms of early intervention regarding DFV and the impact on children. We currently have a 4 year old with us who is a perpetrator of violence towards his sister and mother. He believes that violence and abuse is how he gets his needs met and that it is expected of him.
- Greater understanding of mental health and its impact on children.
- **More mandatory DFV education and awareness programs for all services.**
- That they were all working together to support the family and do what it takes for keeping families together or restoration.
- They should have more training around the dynamics of DFV. There should be a dedicated DFV court. The criminal system by its very nature is bias against victims
- Better strengths-based and consistent approach, need more funding for these roles so they have the capacity to think well about individual case responses.
- Unified under one umbrella.
- Police personnel need more training. Differing responses to families occur too often
- Improved collaborative working and sharing of information.

- As an NGO I find us doing a lot of the legwork supporting families but we're often not included in meetings and communication with government organisations.
- More collaboration with regards to having a connecting community engager that perhaps works across multiple disciplines funded in the public sector but highly skilled and look at that geographically and strategically with a trauma informed lens. And also hand over legal authority to the police to recognise animal abuse as a prime indicator of domestic abuse.

Current interventions and responses, and their effectiveness in avoiding children entering out of home care

Domestic Violence NSW members suggested the following is working to support families to avoid children entering out of home care:

- Early and Targeted Intervention. Supporting families from day one and making sure Mandatory Reporting consistently occurs.
- Early intervention case management services (e.g. Brighter Futures) do great work; however, their capacity is limited.
- Good services that understand the complexity of DFV and work with other services to further support the mum and children.
- Early intervention works, targeting children of victims in refuge, schools, preschools, listening to children, recognising trauma behaviour, assessing their needs, responding to their needs.
- Safety plans and agreements are good at guiding parents to develop good parenting habits.
- Support services having a voice in the case of children in care.
- Proper support of the mother.
- Direct link with NSW Department of Education.
- There seems to be a better outcome of placing children with other family members wherever possible in the first instance. If lengthier out of home care is needed this is still the best response if possible.
- Early intervention, victims being believed and given the tools to help them leave abusive relationships e.g. children on protection orders.
- **Family Law Court having better understanding of the dynamics and impact of DFV.**
- Lack of response from DCJ means kids staying with their biological families longer, even though at risk.
- SHS has undergone five years of Trauma Informed Care training and is starting to see the benefit for families to be child focused.

Domestic Violence NSW members suggested the following changes are needed to support families to avoid children entering out of home care:

- Funding income support and social welfare and services to keep people out of poverty and desperation is a bloody good start.
- **No longer supporting perpetrators to remain in the family - acknowledging that SHARED care plans do not work with DFV.**
- Greater funding to expand the number of families that can be supported via Brighter Futures.

- Health need to stop doing referrals to FACS before consulting with the other support services. In one week we had three children removed - just because of Health reports to FACS. In these instances they should have spoken to the other support services and this wouldn't have happened.
- **Intensive support is required. Not a one off.**
- Convening conferences earlier, before crisis point, more intensive support for the management of complex needs of parents.
- Early intervention in schools, health industries, SHS services. Rapid holistic wrap around response to victims of DFV as a whole.
- Greater support for parents with mental health issues or addictions issues, more community support, less isolation in parenting, less pressure financially.
- Better communication and liaison between OOHC providers and support services working with parents/carers.
- Better supports for mums, better understanding of DFV, services that work with whole families as a system, working with extended family as respite and support when needed, being sure as a community we have services for people with AOD and mental illness
- Trauma informed care; integrated counselling and casework.
- DV perpetrators, physical and non-physical violence, need to be made more accountable.
- More support to keep children and young people engaged in general community and less disruptive intervention.
- Perpetrator programs.
- Live in support or residential programs for families.
- More money, better training, more collaborative working.
- Compulsory engagement with DCJ and consequences for not meeting goals set to provide safety for children.
- Child focused programs and fit for purpose.
- Longer term DFV accommodation options.

The child protection intake, assessment, referral and case management system

The majority of Domestic Violence NSW members reported that they did not think that children assessed as being at risk of significant harm currently receive a proactive and timely in-person response from child protection staff (N=12/15).

Domestic Violence NSW members suggested the following changes to improve the child protection, intake, assessment, referral and case management system:

- Much better support of staff through training, staffing levels and supervision.
- I think it's done appropriately.
- Increased funding for assessment and case management. Review of child protection services to ensure that the staff hired are qualified and suitably trained. Review child protection services with the aim of reducing turnover.
- More FACS staff. More funding to child protection services. More recognition of the importance of collaborative practice. This service has a very positive relationship with our local FACS office. All FACS offices should do the same and not work in a silo.

- Response time needs to improve and case management needs to be more frequent - safety planning requires better guidelines, i.e. a teenager (son) that is residing in the home and part of the family make-up should not be the safety person.
- Embed a way for local escalation points to the district office.
- Conversations need to take place. Many Risk of Significant Harm reports are not responded to as they appear to be low scale need, when in fact children show us the impact of domestic and family violence on their lives through their behaviours. Refuges need support to support the needs of these children, their voice matters. Example mum dealing drugs (Ice) child found playing with a bag of Ice that was on the floor. DCJ notified, ROSH report, Police report. Mum given Start Safely, has to do urinalysis. Child still playing with bags of Ice.
- If caseworkers were not rotated at such speed then the case management process could be smoother and more streamlined and faster. Also the caseworkers need to be more highly qualified and experienced and ideally parents themselves. When a young person who is still living at home with their parents come to assess the risk of a family they have no life experience to draw from and jump to conclusions, or unrealistic expectations.
- **Need more Aboriginal staff conducting assessments for Aboriginal families.** Need to be sure that white middle class 'standards' are not set as what is safe.
- Better funding of services and better training.
- More workers, better funding for intervention at the at risk phase.
- More child protection workers to manage the load and investigations.
- Greater understanding of the cumulative harm for children who live through DV. Better understanding of the challenges faced by mothers to keep their children and themselves safe. **Taking the focus away from the mother and working towards holding the perpetrator accountable.** Providing more support options to families.
- More staff at DCJ, less cultural red tape (e.g. couldn't remove children in a timely way at ROSH because there was sorry business with a grandfather passing in the family). Longer to remove Aboriginal children = these children's human rights to safety and their basic needs are not being upheld!
- I haven't spoken to a child protection worker in some time but I do think the triage team work hard we just need more training in all disciplines about recognising red flags.

Prevention and early intervention

Domestic Violence NSW members like the following about prevention and early intervention services:

- The ability for individuals and families to short circuit the cycles they are trying to break/avoid when they have the support they need.
- They can be transformative for families - however it is dependent on the service.
- If the intervention takes place early it can minimize the risks.
- The low case load of workers- they can really focus on families and spent time with them.
- Assist parents with parenting by offering parenting courses to all new parents.
- That we are keeping more children safe and out of OOHC, keeping families united.
- They exist - should be able to refer oneself or a community agency can refer not only referral from DCJ.

- If they are working well, they can prevent or help stop DFV and the impacts on victims.
- **Primary prevention is essential.**
- It hopefully provides a timely response to struggling families and stops the progression of fully entering the system. Keeps children safe.
- They are timely but there needs to be an option of families disengage just closing is not an answer.
- Supporting families to become stronger and safer is everyone's business in a community, when parents are willing to engage.
- The whole of family response, separated or not and even to some degree the outcome for the worker to prevent moral injury to get in their early so to speak. Not be reactive but responsive and purposeful.

Domestic Violence NSW members reported the types of prevention and early intervention services they want their organisations to have access to:

- **Programs for staff and clients around DFV**, financial management, life skills, AOD and harm minimisation, detox/rehab, access to counselling, early education.
- We have a Targeted Earlier Intervention (TEI) program within our service, but I think further funding for specialised therapeutic services needs to occur.
- Long-term intensive case management, who coordinate and share information with all parts of the system.
- Any that involve working with mum as well - in an open and transparent way.
- More outreach support services - for DFV and homelessness.
- Trauma centres of a residential nature with a housing component (not women's refuges) for clients experiencing addiction.
- Child support workers in refuge. Trauma counsellors for children via Medicare. Family trauma counsellors via Medicare.
- Early parenting courses. Courses for parents living with mental health conditions or addiction.
- Any intensive support that understands mental illness and AOD issues.
- Services that support the family physically and emotionally and build capacity in them.
- Brighter Futures and funding for Specialist Homelessness Services to be able to provide supports for example **funding for child workers in refuges and Specialist Homelessness Services.**
- Funding for respites and better support to have children in day care.
- Professional learning for teachers and student workshops.
- Live in family support/residential programs.
Brokerage to help fund support to families.
- Train the trainer type of support.

Domestic Violence NSW members raised the following concerns regarding the availability, accessibility and effectiveness of early intervention services:

- Need for availability in regional, rural and remote areas.
- Often there can be waitlists - this is not responsive to the needs of families in crisis.
- Insufficient funding, not enough places for families.

- Their capacity to understand domestic violence and working collaboratively with DFV specialist services.
- Client capacity - is always maximized.
- More services required, or more funding to employ additional staff to cover the demand.
- We do not have services that can respond to clients with complex issues such as mental health, addiction, child protection risk, too many services offer referrals only (including DCJ) without a capacity for follow up.
- It's not accessible or available until it is in the extreme e.g. 60 ROSH Reports, this diminishes the effectiveness. The system is reactive as opposed to proactive.
- Parents are so busy trying to make ends meet that they may not have the time to attend courses or the babysitting available.
- We are in a rural area and there are not many services available to us or our clients without travel.
- **There are not enough, they are too short term, they are hard to get into, they are not culturally safe.**
- **For as good and needed reforms are, it's a worry to see so much tick box stuff emerging. Triage is not good enough.**
- Inconsistent and poorly funded.
- Political interference.
- Just not enough of them.
- They are time limited. If families disengage the matter is closed and the child needs to wait until there is another incident.
- There is no compulsory engagement. Voluntary programs like Brighter Futures only suit certain demographics. There are families being almost set up to fail and children left in serious neglect by a failure to act on ROSH.
- **Early intervention has become a housing response rather than a child focused response after the GSHS** and I would like it to return to the purity of what it is so we can implement funding for workforce development.

100% of respondents believe child protection prevention and early intervention services need more funding.

Domestic Violence NSW members referred to the following evidence based prevention and early intervention responses that the NSW Government should be made aware of:

- 123 Magic. Engaging adolescents
- Our service previously provided a parents and children's group for SHS clients - no longer have capacity for this.
- NSW DoE Breaking the Silence whole-of-schools program.
- Safer in the Home - The Salvation Army.
- Path of Hope - Rotary WA.
- Lucy's Project - Animals and people experiencing DFV with a child focused lens.
- Every Specialist Homelessness Service incorporating child focused programs with individual case managers for each child including pregnant mothers.

None of the Domestic Violence NSW member services surveyed had any involvement with the pilot program commissioned under the Their Futures Matter program. Though one member noted that if they had been involved, they would be able to provide critical data as to the effectiveness of early intervention.

Additional issues raised in the survey and key stakeholder interviews

The following are specific matters related to child protection and the domestic violence sector Domestic Violence NSW members would like to bring to the Committee's attention, and additional issues that would like to see addressed:

- The utter failure of police and magistrates to recognise, assess and prosecute coercive control and DFV generally.
- Health in our area do ROSH reports of clients who have experienced DFV that are ill-informed and impact on the mother. This is particularly so for Aboriginal women. They do not work well with DFV specialist services generally.
- Lack of affordable housing and continued care.
- How addiction and mental health issues impact, but the impact on children is under estimated.
- **Children's voices are not heard, children's needs are not being met.**
- Unfair rulings in courts for DFV matters. Repeat offenders with serious assaults being let off and not jailed and then reoffending. Police response for DFV is often not good enough, making victims feel like they are not being heard or taken seriously.
- **Children are still being removed from their mothers because of DFV of their fathers. There needs to be DFV services that support mothers, and their children to recover from DFV.**
- The sector is not funded to assist clients to keep children supported enough to maintain well in school and extra curricula and perpetrators are working the system through family law and Services Australia Centrelink when they should be classified as unsafe.
- **It seems imperative that fathers are held responsible for their children's safety and wellbeing.**
- **Unless those making decisions are prepared to realistically fund DFV specialist services and early intervention programmes, families will continue to be at risk.**
- Children are not being removed quickly enough, it is really distressing knowing the circumstances some families are in and DCJ seems ineffective,
- Family Law system: consider the child we need to include the child as a human in their own right and allow mindful, legal and child protection decisions to be diverse, inclusive and intersect across all populations of families.
- We need funding to source the local infrastructure to build these programs and create considered positions that support the child and the family.
- Services - both Government and NGO - need to work collaboratively and not in silos. Sometimes the mother and children are forgotten in the bigger picture.
- **Early intervention is the key component of changing the future in terms of the number of victims of DFV.**
- **Over representation of Aboriginal children in this system is deplorable. Urgent changes are needed to address this broken system. Implementing the recommendations in the *Family is Culture* report is a start.** There should be funding made available for services

to advocate for restoration - rare for a mum to be able to do it alone. Funding needed for services like Always Mum at Lou's Place

- More education to police about the impact of DFV on families and the need to automatically add children to protection orders.
- More support for carers so there is adequate homes for children to live safely in.
- That the NSW Government **address the underlying issues of poverty, homelessness and intergenerational violence** by investing in:
 - a. Increased welfare allowance, keeping JobKeeper increases
 - b. DVNSW Housing Policy 2020- increase social housing stock in NSW by 5,000 houses per year.
- Additional police training to ensure that children are included on protection orders.
- Concerns raised by DFV specialist services should be given additional weighting to ROSH reports by community members and non-specialist workforces.
- Additional funding so that more families assessed at ROSH level can be responded to.
- Additional facilities for women in prison to be able to parent. (There are currently eight cottages, each housing up to five women in NSW, yet around 60% of the NSW women's population have dependent children, or over 600.²²
- Ensure that plans to address previous inquiries are implemented from the ground up. From workers' perspectives this is not happening and processes which may be good on paper are not being followed in process.
- Create an annual, independent audit process to ensure accountability of child protection services.
- Invest in a new, culturally safe body replacing DCJ to respond to Aboriginal children at risk of significant harm. In the perspective of Aboriginal Steering Committee members, **the DCJ system is too broken to be fixed, and needs to be replaced with another system.**
- Thorough training for all DCJ staff in culturally responsive approaches.
- **Address staff shortages, particularly in regional and rural areas.**²³
- Increase funding so that DCJ can respond to more than 35% of ROSH reports (current).
- Consistency across the CSC's not all are practice frameworks sites. This was rolled out more than 12 months ago, but still not everyone has received training.
- Increased systems efficiency- **lots** of time wasted.
- Review of SARA (safety and risk- strong focus on the primary carer, usually the mum, and when DV may be the only danger scoring the risk assessment may come back as moderate which means they close the case.
- The definitions for DFV need revising.
- **DCJ risk assessments mother blame and don't assess risk accurately.**
- Don't view impacts of DFV as impacts, but pathologises women (e.g. drug use or mental health).

²² Rushton, G. (2018), *'The Number Of Mothers Imprisoned In NSW Is On The Rise'*, BuzzFeedNews, Posted on 12 Sep 2018, <https://www.buzzfeed.com/ginarushton/nsw-female-prisoners-mothers-dependent-children>

²³ Craig, H. (2020), *'New England child-protection worker vacancy rate state's highest, leaving at-risk kids in danger'*, ABCNews, Posted on 1 Dec 2020, <https://www.abc.net.au/news/2020-12-01/new-england-caseworker-shortage-hits-state-high/12937404>

- Usually don't work with the dad who isn't a household member so not even part of our risk assessment.
- DCJ sometime assesses people being in a refuge as an automatic protective factor. Most of the times, this is true, but when it's more complex, DFV workers need to be able to have their concerns heard. Basically, if the risk hasn't decreased with the intensive support of a refuge, the ROSH assessment should put a lot of weight on this. So your point of DFV specialist reports having higher weighing is a good one. It's also about the need to have collaborative assessments with us, rather that referring us back to child story for episodic incidences as it makes it hard for us to articulate cumulative harm.

Advocating for better outcomes in Family Law matters

Recommendation:

- * Review the current Federal Family Court/Federal Circuit Court process of managing Risk of Significant Harm reports in Family Law matters, to ensure protective parents who follow state child protection requirements are not disadvantaged in Family Court proceedings.
- * That the NSW Attorney General review the Memorandum of Understanding between Family Court/Federal Circuit Court and DCJ to ensure protective parents who follow the instructions of our state legislative requirements are not disadvantaged in Family Law matters.

It is suggested that:

1. A review of the effectiveness of the Magellan protocol be conducted to ensure the safety of children;
2. Children who witness or are direct victims of abuse are protected in Family Law Proceedings;
3. Ensure the voices of children are properly recognised in Family Law proceedings in line with United Nations Rights of the Child so that disclosures of abuse are fully investigated by authorities to ensure safety. This includes those who are identified as a Risk of Significant Harm are not given parental responsibility.
4. An agreement with the Federal Family Court/Federal Circuit Court to stay proceedings if there is a Risk of Significant Harm determined by Child Protection Authorities until a safety clearance is provided by a child protection Authority.

Our membership have seen inconsistencies with the way the Federal jurisdiction of family law has been in opposition to state child protection processes. Our state requirements guide parents to manage risk, to be protective when there is domestic violence and children are to have a voice.²⁴

Parents are reporting that when directed by child protection to keep the children safe they are seen as oppositional to a relationship within the Family Law jurisdiction. Orders can be made that can see children have no contact with a protective parent for many months, to restore a relationship that has been affected by family violence, in favour of the abuser.

It has been observed that state protection concerns and risk reports can be set aside by family law case management processes. Children who experience trauma by abuse are placed in the hands of those who abused them and are not kept safe. It has been reported that independent

²⁴ <https://www.facs.nsw.gov.au/providers/children-families/child-protection-services/practice-framework>

children’s lawyers are failing to place Risk of Significant Harm reports before the court (see Syms v Syms, and more publicly, the matter of the Edward’s family).

In the Edwards matter the Family Court failed to fully appreciate the evidence of domestic violence in the Notice of Risk. Lawyer Debbie Morton said of the AVO at a coronial inquest in 2016, “I knew it was relevant but it was historical”. Historic domestic violence appears not to be evaluated from a trauma-informed lens, and is inconsistent with child safety practices.

It is also argued that the Magellan protocol applied in Family Court proceedings where there are claims of child sex abuse is failing to incorporate risk notices and ROSH reports (see Syms v Syms). In this matter, two notices of Significant Harm were produced identifying the father as a risk, yet he obtained full custody and the mother was deemed to be fixated.

Priority appears to be given to a co-parenting agenda rather than a safety agenda. Children who are in therapy can be ordered by a Family Court/ Federal Circuit Court judge to cease therapy in opposition to the advice from a treating GP.

The collision between State and Federal jurisdictions to protect children see children placed in the care of those identified as a risk by child protection.

Centring child safety during natural disasters, such as the COVID-19 pandemic

Recommendation: That the NSW Department of Communities and Justice report on the impact on children of COVID-19, and what was done to mitigate the impact.

DVNSW would like to note that there has been widespread concern amongst our members at the risks to child safety during natural disasters such as the COVID-19 pandemic. There has been widespread concern that during the COVID-19 pandemic, it has been more difficult to physically sight children, and therefore to assess risk.

“Despite extensive efforts to support children, for example, dropping off activities, providing information about online activities, referring children to counselling and keeping the children ‘in view’ when talking with women, the lack of direct contact with children during the COVID lockdown period created a service gap from the perspective of many of the staff.” (p.16)²⁵

Amongst the specialist DFV sector, strategies were developed to centre child safety, and we note from the DCJ website these were also developed by DCJ. Future insights and data are necessary to shine a light on the issues for children during this time, and how they could be prevented in light of another natural disaster, or a future lock-down.

“Look, every time we talk with mum, we always ask them, “How’s the kids going? How are you going? How’s everything going?” Because it’s not just her and the kids, it’s everything else going on around her as well. So, I think for children it makes it a little bit difficult for staff because if there are child protection concerns or any concerns around the children, it’s hard when you can’t see them.” DV West specialist worker (p.16)²⁶

²⁵ Laing, L. 2020, ‘A different way of doing it.’ *Providing domestic violence services during COVID*. DV West, <https://www.dvwest.org.au/wp-content/uploads/2020/11/DV-West-Report-Digital.pdf>

²⁶ *ibid*

Part VI – Case studies: real stories from the specialist domestic and family violence sector

Note: *all names have been changed and case studies de-identified

Stella*

Stella* is an Australia Muslim woman. She has a cognitive impairment. She came to the attention of DCJ due to having a child in OOHC interstate. Stella moved to NSW and begun a relationship with a man who is an asylum seeker. Stella was supporting both herself and her partner financially in Australia when they became pregnant. A DVNSW member women’s service supported Stella to prepare adequately for the child’s birth including tidying and cleaning the home, making the necessary arrangements and provisions for a newborn. The women’s service also spoke with the father to connect him with support for parenting. It is not common for fathers of their cultural background to be involved in parenting. The newborn child was able to remain in the care of the couple. In 2020, the relationship broke down due to domestic violence perpetrated by the father against Stella. The father made threats that Stella could not leave otherwise he would take the care of the child. Eventually, the father ended up leaving with the child. There was a period where Stella did not know where her child was. Due to Stella’s cognitive impairment, she is now only allowed supervised visits. However, Stella has the capacity such that if she was supported adequately by parenting support services, she could care for her child.

This case demonstrates the shortcomings of the system to adequately work with and support people of different cultural backgrounds, with cognitive impairments and in situations where there is DV. Stella could have been supported to leave DV safely and keep the child in her care, instead of the care of a perpetrator of violence.

Eva*

Eva* arrived at a regional NSW refuge in December 2019 pregnant, with three children under the age of 8 years old. Eva was Aboriginal, she had a background of repeat homelessness and DFV relationships and “not engaging” with services. Eva was at the refuge for 6 months as she couldn’t be housed in that time, there was no evidence that Eva could maintain a tenancy.

During Eva’s time at the refuge she was only paying a minimal amount of rent yet she ran out of food every week, asking for loans and vouchers.

The refuge involved another housing provider who agreed that if there was a case plan in place, they could house Eva. When Eva was housed- child protection and the housing service both disengaged, gave her the keys, made some doctors’ appointments she didn’t attend and left her with no support. She was not eligible for a lower level support such as Brighter Future as she had an open case with DCJ, yet she was considered lower risk by DCJ and not afforded the support she required.

After a few months, the housing provider weren't looking favourably at the tenancy. There were a number of mandatory reports made by refuge staff including that one of Eva's kids had been found sleeping in a bin and that the whole family had had horrendous lice with scabbing and infections. Refuge staff had had feedback that her report had hit ROSH, and the DCJ caseworker said that there were three other reports that were not acted on because of Sorry business in the family.

The weekly lack of food continued, with Eva continuing to request food from child protection and the refuge. The child protection worker observed to refuge staff that the 2 year old had looked 'starved' and was not responding adequately- not moving or playing but sitting very still for a prolonged period. This was not acted on in a long term manner- Eva was bought some groceries and sent home.

The father of the youngest child moved in to the property and Eva was experiencing DV from him. A lot of people were coming and going from the house and there was drug usage. About 10 months into the tenancy, there was a violent incident involving the father where the police attended and the children were all removed.

The two youngest children were placed with a young cousin who was also in transitional housing with a young child. Shortly afterwards they were moved again as she was not coping. The baby and second youngest were then placed with an Aunty.

The oldest two were driven 100km away to a remote community where an Aunt had offered to take them, however upon finding there was no appropriate accommodation, the children were placed separately in foster care.

Multiple unsavoury people in the house, lack of medical treatment, aboriginal status a factor in the inaction, a disadvantage to these kids' human rights, don't know how to approach it.

The refuge staff who submitted this case study advised that the matter was extremely distressing and caused vicarious trauma due to the inaction of DCJ staff to offer support to Eva, or to recognise significant risk of harm and act to protect the children in a timely fashion. They were concerned that Eva's children's wellbeing was continually overlooked by DCJ staff. They expressed concerned that Eva's Aboriginality was used as an excuse to delay addressing the safety of children. Once housing was found, protective factors were not supported to help Eva maintain safety in her tenancy. When the removal happened it was traumatic, with yet another young mother becoming unsupported, and family not being adequately provided for to enable them to care for the children. The children were split up and it is unknown if the older two are together or have been placed with Aboriginal carers.

Sam and Ethan*

A DVNSW regional women's refuge received an Aboriginal mum called Sam, and her son Ethan. The family were fleeing danger and it was disclosed that she was escaping her partner and father of her child due to domestic and family violence, alongside Islamic extremists.

Sam disclosed that her risk levels were high. The refuge contacted the AFP, however they were unable to give information about Sam's situation. The refuge used 13a and 16a to speak with

NSW and QLD police about Sam, who also declined to provide much information beyond “historical DFV”. This resulted in the refuge being unable to assess the level of risk posed to the client and staff.

The refuge noticed in the first week of Sam’s stay, she displayed symptoms consistent with psychosis. This included frequent disclosures of threats against her from people in high power, reporting sightings of people outside the refuge that were not visible to others or on CCTV and concerns people were following her. Refuge staff supported Sam to access a GP for a mental health assessment who assessed her as experiencing trauma, and prescribed sleeping pills.

The refuge staff noticed concerns with the parenting relationship between Sam and Ethan. He was aged 4, still in nappies full time, non-verbal, not eating solids, taking an adult dose of laxatives and presenting what appeared to be some developmental delays. Staff also noted limited attachment, affection or attention from Sam to Ethan. Ethan craved attention from workers and did not go to his mother for comfort or to meet his needs. Staff also noted that Ethan on one occasion had unexplained bruising on him that workers discovered when changing his nappy (which Sam had been inattentive to doing). The refuge quickly noted that the child needed to be the primary focus, and urgent support was required to keep him safe.

The refuge had assessed serious child protection and mental health concerns for the family. Refuge staff spoke with mental health services, who conducted a telephone review with the client. Mental Health services said that the symptoms were consistent with the experience of trauma and declined to attend for further assessment.

Child protection (DCJ) also advised that they believed that the mother was fleeing terrorism (as was her disclosure to them) and that this would explain her reduced parental capacity. They took the position that refuge staff could not be certain that there was no threat as the AFP did not deny the claims. The refuge urged DCJ to step up their involvement due to medical concerns, neglect and emotional/physical abuse, but the case worker provided feedback that the refuge was not being trauma informed.

Sam’s presentation was becoming worse over time. Some weeks later, after daily advocacy, the refuge was able to speak with a GP from the Aboriginal Medical Service about their concerns. On the advice of refuge staff, the GP contacted Sam’s previous treating GP (in South Australia) who alerted them to Sam’s experience of schizophrenia, and to concerns that she would be at risk to herself and her child if she entered psychosis to the level that was being described. Her previous treating GP advised that Sam possibly required urgent psychiatrist review and admission.

This information was passed to DCJ who repeated their position that the client was experiencing trauma and fleeing DFV. The refuge asked them to be onsite during the psychiatric assessment that was going to take place and to consider contacting family for an emergency kinship placement, but this was declined.

The GP was able to facilitate an assessment with a psychiatrist from the Aboriginal Medical Service onsite at the refuge and the client was scheduled and transported by ambulance to the acute mental health ward. When the refuge contacted the child protection team, they said that they were surprised Sam had been scheduled as they felt she was presenting and doing very well. This was in direct contrast to the information the refuge had provided to them in many

reports and consultations. Ethan was transported to his aunty and was placed in her care whilst mum recovered.

Feedback from the mental health ward was that the client was the 'most unwell' client that they have ever treated in their ward. Sam had a six-week acute admission and then was transferred to a long-term mental health rehabilitation setting.

Ethan commenced eating solids, was toilet training and speaking full sentences within weeks of staying with his aunty.

The refuge staff felt frustrated that their assessments were not listened to. They advocated repeatedly for the safety and wellbeing of the child and observed serious concerns on a day-to-day level. "We felt the child was becoming invisible and that our concerns for his welfare and medical needs were not being heard, as if we shouldn't have higher expectations and standards for his rights to be safe, grow healthy and thrive."

"We expressed that our capacity to observe the family over a long period of time (and in their daily life) should be seen as strong evidence for further investigation for child protection. We repeatedly felt shut down and our assessment minimised by the services we reached out to support the child."

"We felt extremely distressed that it took so long for the child to receive the care he needed. We noted to the other services that we understood that the mother had experienced trauma, but that she also had other medical needs that were not being treated. We attempted to articulate that as experts in DFV, we recognised the trauma, but this alone did not mean that there wasn't more going on for her. We also felt that the mum was excluded from the medical care that she needed to be safe, healthy and a good mum as we were not listened to, and her situation not properly assessed."

Lydia*

Lydia* was married with three children, aged 1, 3 and 5 in 2013. She became concerned as the children were exhibiting sexualized behaviour and she didn't feel things were right for a number of years. Lydia's oldest child had problems at school this year, couldn't sleep at night and had terrible nightmares. Reports of sexual abuse were eventually made to Lydia, to the older child's counsellor, to the family doctor and to the children's grandparents. It became clear that the children had been exposed to sexual abuse from the father, which was substantiated by DCJ child protection in NSW.

Lydia wanted to leave the relationship but was worried due to concerns that the father would get 50/50 access and that the children would not be safe in that arrangement, although she and the children were not safe living with the father. Lydia received advice from child protection that she must report as there would otherwise be nothing to stand on when the matter went to family court. ROSH reports were made by the children's GP and paediatrician and by Lydia.

Child protection wanted the Joint Investigation Response Team (JIRT) to interview the children before the father returned from an interstate work trip. JIRT were advised not to act on reports as there was no ADVO. A week after he returned interstate, Lydia went to police to report the sexual abuse. She was advised there was enough evidence to interview the children however

they never got back to her. Police advised Lydia not get an ADVO as they didn't want to alter the perpetrator's behavior as he was being investigated. The children eventually made disclosures with JIRT but they didn't have enough evidence to take it to criminal level. They also made disclosures to FACS staff members on three occasions, to the court appointed single expert and to their psychologist.

At family court, the single expert witness didn't believe Lydia or the children, and recommended that the children live with the father full time, saying that there was no substantiations (although there were) and that Lydia had a fixed belief system that the abuse had happened and had mental health issues. The court fell into line with her recommendations. From 2018 the children were placed full time with the father despite a substantiated risk child sexual abuse and psychological and physical abuse and Lydia was given limited contact although she was previously the primary carer.

Jones and Carey families*

The Women and Children's Refuge were supporting three families during the COVID-19 lockdown period in April 2020. These families were a mother with one child, aged 5 with complex needs (The "Jones" Family) a mother with four children, aged 2, 7, 8 and 15 (The "Cary" Family) and an Auntie (a young Aboriginal woman) who has the care of her niece and nephew aged 18 months and 5 years (The "Smith" Family). All had an experience of fleeing violence, and long-term exposure to trauma.

Early on in their stay a relationship developed between the mothers of the Jones and Cary family. This eventually led to the mothers consuming drugs on the refuge premises (which was against the service agreement with them). Prior to this, refuge staff were unaware of any previous drug use by the clients.

One night, a critical event occurred at the refuge where the 15-year-old child of the Cary family contacted the on-call worker at 11pm in a distressed state saying that their mother had found a severed head in the backyard. On arrival at the refuge with police, it became evident that this was a result of a psychosis or hallucination. This was confirmed by a review of the CCTV footage which clearly shows the mothers appearing to react to something that was not there. Both mothers remained highly agitated and repeated claims of seeing a head, saying that they were victims of conspiracies and that the refuge staff were involved in drug trafficking (by way of explaining the presence of drug paraphernalia found on site). Their affect appeared impacted by drug use, evidenced by their eyes and speech. Police briefly attended but left once it was determined that there were no body parts onsite.

Aunty Smith

The resident who was not directly involved (Aunty of the Smith Family) advised she and her family had spent the day locked in their room frightened of the situation outside, but conscious that there was issues. She said she felt she could not contact on call for support for fear of retribution from the other families. They were placed into temporary accommodation for the week to give the refuge space to understand and assess what had occurred with the other two residents and the impact of this on the children. Aunty Smith was supported into a tenancy, but she expressed that it was one of the most traumatic events she had ever experienced.

Cary and Jones children

All of the other children onsite were of the belief that there were body parts at the refuge, they were terrified and scared. They interpreted this as a threat to their lives and that the police did not care about them as they were not taking it seriously. The children asked refuge staff to install more locks and cameras, which was done, as they identified that this would make them feel safer. The workers spent most of the day with the children to debrief and support them. Brighter Futures case workers were called to also come and spend time with them.

In the aftermath of the event, the refuge focused on advocating for the safety of the children. Mandatory reports were made for the safety and wellbeing of the children of the Jones and Cary family, with follow up by the operations manager and SAM coordinator to the local office for an urgent allocation.

The Jones Family

DCJ workers attended the refuge and requested that the mother of the Jones family take her child for a medical review due to her allegations of him being drugged by the mother's ex-partner. A verbal agreement was made to do this; however, the mother did not progress it. The mother fled to another town due to concerns of child protection involvement if she stayed. She attempted to access another refuge, however, was placed in TA. DCJ are still working with the Jones family.

The Cary Family

In respect to concerns regarding the Cary children, DCJ initially determined that the mother was experiencing trauma and having denied drug use, did not require allocation. DCJ advised that their assessment was that the mother had likely suffered a "trauma induced psychotic break". Refuge case workers advocated for the children, stressing that despite the origins of the psychosis (be it trauma, drugs or mental health concerns), the children were unsafe and had been traumatised by their experience.

The next night, NSW Police contacted the on-call refuge worker and advised that the mother of the Cary family had asked her ex-partner (and perpetrator of violence) to attend the refuge to take the children away from her. They were aware of this as the ex-partner attended the police station for advice on what to do as he had a no contact order on his AVO. He then left the police station after the officer consulted with his sergeant. The officer he spoke with had been on duty the night prior and had attended the refuge so was aware of the complex situation. The refuge re-contacted NSW police to request assistance due to concerns that the perpetrator had been given the address of the refuge by his ex-partner. NSW Police agreed to attend.

On entry to the refuge, our workers noted that the mother of the Cary family was speaking to her children in a frightening tone, explaining that they needed to leave as they were not safe at the refuge as the workers had told their father of the whereabouts and that he was 'coming to get them'. The children had their back-packs on, were exceptionally frightened and confused.

Shortly after, and before police attended, the ex-partner announced himself at the refuge driveway and called to the children. The Cary mother started walking towards him, away from the children, when she saw refuge workers onsite. Our workers witnessed his presence and noted that he asked the children to come to him. The children crumbled in fear and sobbed at the sight of their father. The mother then became aggressive towards refuge staff, which resulted in the workers retreating behind a locked door, leaving the children outside, essentially alone. The police arrived and took command of the situation.

By the time the situation deescalated, it was 2am in the morning. The children were awake, distressed and confused. The mother refused to stay at the refuge any longer. Due to the hour and regional location, alternate accommodation could not be found so police transported the family to the station to sleep in the Victims Support Room for the night. Immediately (i.e., 3am), the refuge contacted DCJ to make additional reports. Brokerage was used to rent a large family room for the week to enable DCJ to complete their assessment.

NSW police gave refuge staff feedback the following day that the Cary mother had been in daily contact with her ex-partner for a couple of months, and they had information that they had been meeting up and had resumed their relationship with each other. They had also received creditable information about her ongoing use of drugs.

In the middle of the night a few days after the above events, the mother fled interstate with the children. DCJ were unable to find the family.

The father, who had been referred to a Men's Behaviour Change Program sometime earlier, was influenced not to follow the family. The MBCP case worker stressed his need to be a better father and that chasing her would cause harm to the children. He was supported to find accommodation and employment over the following month. This intervention proved pivotal to prioritising the needs and safety of the children after the mother disengaged from supports.

Eventually, he pursued his Family Law legal options and was able to locate the family due to a subpoena of Centrelink records. A Family Court order then awarded him 100% custody of the children. The children were recovered from their mother by police from school unexpectedly and transported to their father. This recovery was described to us as 'very traumatic'. Given the reaction of the children during their last interaction with their father, refuge staff hold ongoing concerns for their adjustment to this situation.

The Cary, Jones and Smith family situation highlights the complex and extreme trauma that children suffer as they navigate the complexities of their parent's world. They are not only bystanders to their parent's experiences- they travel on their own road, and their trauma is complex and individual to them. The children of all three families in this case study were placed in exceptional danger and the psychological risk to them is high. The refuge staff we feel saddened by the legacy that they will live with based on these events, and the others that they have experienced before, and possibly into their future. The refuge staff are also disappointed with DCJ's inability to recognise the harm to the children and to act in a timely fashion.

Appendix I – Domestic Violence NSW member survey questions

How vulnerable children and families are identified

- Do you think the identification of vulnerable children and families could be improved?
- What is your main concern with how vulnerable children and their families are currently identified?
- What single improvement needs to be made to the identification of vulnerable children and their families?

How the system interacts with vulnerable children and families

- What concerns do you have regarding how the system interacts with vulnerable children and their families?
- Name one improvement that needs to be made to how the system interacts with vulnerable children and their families.
- Do you think SAMs (Safety Action Meetings) or YAMS (Youth Safety Action Meetings) are improving the safety of children?
- How are SAMs and YAMS working well or could be improved?

The roles and responsibilities of health, education, police, justice and social services

- What is your main concern with how health, education, police, justice and social services intersect in the current system?
- What one change would you make to how health, education, police, justice and social services intersect in the current system?

Current interventions and responses, and their effectiveness in avoiding children entering out of home care

- What is working to support families to avoid children entering out of home care?
- What needs to change to support families to avoid children entering out of home care?

The child protection intake, assessment, referral and case management system

- Do you think that children assessed as being at risk of significant harm currently receive a proactive and timely in-person response from child protection staff?
- What needs to change to improve the child protection, intake, assessment, referral and case management system?

Prevention and early intervention

- What do you like about prevention and early intervention services?
- What types of prevention and early intervention services would your organisation like to have access to?
- What concerns do you have with the availability, accessibility or effectiveness of early intervention services?
- Do you believe child protection prevention and early intervention services need: more funding/less funding/the funding balance is about right?
- Do you know of any evidence based prevention and early intervention responses that the NSW Government should be made aware of?
- Has your service had any involvement with a pilot program commissioned under the Their Futures Matter program?
