

**Submission
No 25**

CHILD PROTECTION AND SOCIAL SERVICES SYSTEM

Organisation: Karitane

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Karitane Response to the inquiry into the Child Protection and Social Services system

Karitane would like to thank the Hon Matthew Mason-Cox MLC, the Committee on Children and Young People and the NSW Government for the opportunity to respond to the Inquiry into the Child Protection and Social Services system.

Karitane is an affiliated health organisation under the joint governance of the Karitane Board and the South West Sydney Local Health District (SWSLHD), and is a registered charity and not-for profit entity.

Established in 1923, Karitane receives a combination of NSW government (Health & Dept. of Communities & Justice), federal government and own source revenue streams to support comprehensive child and family services for some of the most vulnerable families across NSW.

Karitane is recognised as a respected and trusted service leader in child and family health, perinatal infant mental health, parenting and targeted early intervention services. We are well placed to respond to peak inquiries and have a wide stakeholder engagement circle across Australasia. We have particular expertise in the issues impacting families accessing parent support services, families with multiples risk factors and vulnerabilities, as well as issues facing service providers, workforce and parenting support services. Karitane would welcome the opportunity to discuss these issues in more depth with the Committee.

Our services take a strengths-based, capacity-building approach to care. Evidence shows working in partnership with families achieves better outcomes by acknowledging the strengths and expertise of families. The partnership approach helps families feel respected, and supports effective delivery to diverse families. Karitane are the lead providers and educators of the Family Partnership Model of Care in NSW which builds the interpersonal skills required to help families facilitate change in their own lives. This approach improves short and long-term outcomes for Aboriginal and CALD families accessing services.

Karitane delivers high quality, comprehensive, evidence-based parenting services for families with children aged 0-8 years of age. Karitane uses evidence-based programs and collects clear empirical data to demonstrate the efficacy of programs. We have rigorous academic portfolio and strong affiliation with University partners such as Western Sydney University, UNSW, and relationships with Local Health Districts, PHNs and NGOs across NSW.

Karitane is also recognised as a lead provider of comprehensive education and training to healthcare professionals, non-government organisations and corporate partners across Australia.

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Summary of Recommendations

Recommendation 1

There is a need to develop and implement a whole of government approach with better coordinated funding for the integrated provision of parenting support services, child protection & social services. There is a further requirement for a clearer delineation between the programs and services that are funded by the NSW Ministry of Health and those funded by the NSW Department of Communities and Justice and Commonwealth DSS funding - ensuring that service providers are not bounced between agencies when seeking government support. Complementary and collaborative service & strategic planning between government departments is required.

Recommendation 2

Review funding allocation to Child & Family Health & NGO service providers across NSW proportionate to local demographics, level of vulnerability and expertise of service providers that demonstrate delivery of robust academic, evidence-based interventions and outcomes.

Recommendation 3

Services should focus on making sure families receive response and treatment, rather than referral and closure. This would involve **a multisystem approach** through a proposed integrated care hub. This would include a comprehensive, integrated, and seamless system that promotes wellbeing and development; identifies vulnerability early; facilitates access to effective early intervention; and uses a holistic approach to supporting children and their families.

Recommendation 4

Insist on efficacy and outcome measures from all service providers to demonstrate outcomes for families in their care.

Recommendation 5

Support the investment required for organisations to improve IT/Data collection portals and Business Intelligence systems to record activity and outcome measures and to meet accountability reporting capability.

Recommendation 6

Consider better coordination and allocation of approved service providers in certain geographical regions and ensures there is structured collaboration between agencies to improve the coordination of service delivery to prevent service overlap and reduce underservice.

Recommendation 7

Ensure all parenting support services are high quality and evidence based, delivered by appropriately trained professionals.

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

Response:

- Children and families in NSW are experiencing high levels of need for a variety of early intervention and tertiary supports and the current child protection system is not set up to respond optimally. Families are *processed* in ways which delay support and treatment. Despite a plethora of good services in NSW, the service system has been poor at engaging families most in need of support. To address this, there is a system transformation requirement for the ways of assessing and responding to families' needs, including through 'warm referrals' and improving relationships between service providers to ensure that families get the services they are referred to.
- A placed based approach would benefit vulnerable children and families where joint planning between services occurs to address vulnerabilities and develop a more coordinated response. All services working collaboratively would gain a more comprehensive understanding of trauma and how it can affect important transitional points, for example starting school and that trauma can occur at different life stages.
- Child welfare services and non-government agencies are traditionally responsive to the identification of vulnerable children and families. Many more universal services such as maternity, child & family health, early childhood development services and schools are now engaging with families where identification, prevention, early intervention and support is provided.
- Preventative and collaborative work between services is key and necessary to support the family and decrease the risk of the child reaching the point of significant harm. All children must have the opportunity for the best possible start in life in the First 2000 days. For this to occur there is a need for improved cross collaboration between services rather than working in silos.
- A framework for a partnership approach to working with families could be developed by these services and implemented at important transition points that include planning, support, and referral pathways including linkages to other services for both short term and long term intervention so that best outcomes are achieved for the child and family.
- Health professionals & service providers require a comprehensive understanding of trauma and how it can affect important transitional points, for example starting school and must recognise that trauma can occur at different life stages.
- There is a need for more focus on ensuring that supports are appropriate for the age of the child. Preventative and collaborative work between services is key and necessary to support the family and decrease the risk of the child reaching the threshold of significant harm.
- Many Early Intervention programs are targeted to children aged 7 years and under. There is a gap in services for primary school aged children including adolescents.

- Short term intervention and support is not beneficial and can be alarming to the family where there is often reactivation of intervention required. Strategies can be developed where a framework exists for families to include planning, support, and referral pathways & linkages to other services. This is an alternate strategy to the current process where child protection services engage to support the child and family to identify and eliminate risks but then rapidly exit services.
 - Families may present to services feeling vulnerable and overwhelmed. Early intervention can help to minimise these presentations and decrease statutory services becoming involved only when the risk of harm is greatly significant.
 - There is an identified need for further intervention between the two points of early intervention and high end risk of significant harm. Services need to work in partnership and base models on family inclusiveness with quality focused interventions for this “missing middle”. This involves staff training to address both surface issues and long term issues including intergenerational trauma.
 - An increase in resources is necessary to achieve support from pre conception engagement where family conferencing, planning and education is ongoing through pregnancy and into the post-natal period.
- 2. The respective roles, responsibilities, including points of intersection, of health, education, police, justice and social services in the current system and the optimum evidence based prevention and early intervention responses that the current system should provide to improve life outcomes.**
- There is a gap in communication between service providers and a requirement to increase the frequency and attendance at Interagency and SAM (Safety Action Meetings) where service providers discuss how to best triage, allocate and support families
 - There is a requirement for a formal Care Coordinator or Care Navigator type role to support the coordination of the family between the various service providers. Families report often feeling overwhelmed, over or under servicing due to lack of coordination in a complicated and confusing ecosystem of service providers.
 - Services need to increase family inclusion and transparency by increasing the families’ opportunity to participate in Family Alliance meetings where the principle of building a strong and effective team around the family results in more effective planning in the first 2000 days resulting in better outcomes for the child.
 - Many agencies are focussed on supporting children who are identified as high risk. Long term planning is recommended as a strategy. Further collaboration on long term planning for families between non-government organisations, Health and Education would improve the response to prevention and early intervention.

- There is a high turnover of staff within the current system resulting in limited consistency of support to families. This affects continuity of care. A robust workforce model for staff training, supporting attraction and retention of staff for the sector is required.
- Teams need to be more goal orientated and set realistic timeframes to meet the needs of families requiring long term support.

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

- Intensive family-based services working with family are insufficient, with service providers often having multiple touchpoints but support not being provided continuously – often dealing with “acute/emergency/ad hoc issues” but not staying beside the family beyond the critical intervention.
- Workforce capacity is challenging with a lack of resources and insufficient training opportunities provided to workers in services. An example is the need to provide all staff with education and awareness in trauma informed care for families. Placing expectations on inexperienced workers without further training and support can result in increased out of home care rates for children
- Lack of experience in staff may contribute to workers following a very rigid, structured approach that doesn’t consider a holistic approach to the family’s needs.
- A higher number of indigenous children have enter out of home care. There is a need for services to work with and gain support from elders in the indigenous communities to determine cultural differences and co-design interventions that are culturally suitable, helpful & acceptable. Cultural competency programs increase staff capacity to lead diverse teams, build respectful relationships and understand cultural protocols and differences for families.
- Service providers should have a Reconciliation Action Plan, emphasising culturally safe services; availability of support for people experiencing multiple disadvantage; developing and retaining a strong Aboriginal workforce; and maintaining commitment to closing the gap in Aboriginal health
- Workers need to understand “parental norms” in culturally linguistic and diverse (CALD) groups and other populations. Increased focus in this space can prevent children from entering out of home care. Workers can find the use of interpreters challenging and resource intensive and there is increased risk that the case is closed prematurely if this is the case.

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

- Every family needs support in place or a response where ROSH (risk of significant harm) is identified. The pending Family Connect & Support Service changes in NSW will strive to enhance assessment and referral processes.

- The introduction of the Child Wellbeing Units has been an improved and positive approach.
- Families need to be supported to understand what to expect from service providers and how to navigate the service system. They require a simple explanation as to what the steps are from assessment onwards. Family inclusiveness is imperative along with the consistency of having one case worker to support the whole family from referral to when the case has been closed. This results in a more streamlined approach and decreases the chance of lost information and poor communication including handover.
- Outsourcing of funding from non-government organisations can make the support for families disjointed with no one predominately “holding” the family. There is a high level of reliance on other services, seen as a protective factor, that can delay further assessment and engagement as the service knows the family are “safe” at this time.
- There needs to be significant improvement in feedback to referring clinicians and organisations who often spend a great deal of time “chasing” agencies. Follow-up from child protection agencies with services engaged with families is currently low and there is over reliance on other services for children with significantly high risk of harm.
- Some agencies aren’t trained or in the space to eliminate risk of harm where the family can often be “bounced around” and a “band aid approach” exists with limited follow up care.
- There is an expectation on targets being met based on the funding agreements, however this is not in alignment with the need for trauma informed care and intergenerational trauma work needed for families.

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

- There is an identified need for an expansion of current community referral pathways for early intervention work.
- A gap exists for early intervention in primary school aged children. The longer the intervention is left, the poorer the outcome for the child and family.
- Effectiveness of pilot programs needs to be evaluated to evaluate the current service provision and plan for development including further support and training for workers in services.

6. The adequacy of funding for prevention and early intervention services

- Much of the funding is allocated into pilot projects where there is a risk that funding decreases as a result. This also affects retention issues for staff on shorter or impermanent contracts.
- Some smaller agencies and services are affected by the uneven and unequitable distribution of funds. This results in less targeted service availability for families. Services are often competitive for small amounts of funding and are challenged by sourcing other means for example: NDIS and Medicare to “prop up” current funds.
- Waitlists for many services continue to grow despite allocation of funding. For example, for mental health service provision, short term treatments are available however there is lack of medium to long term treatments that can make more of a difference to families.

7. Any recent reviews and inquiries

- Karitane recently submitted a Trauma Informed Framework response that was identified as a positive step to effectiveness and efficiency of interventions and interactions with families.

8. Any other related matter

- Consider using a father-inclusive, domestic violence-informed framework to engage men to develop meaningful child and family focused interventions. We need to develop a father-inclusive approach to support interventions with domestic violence perpetrators as parents to demonstrate change.
- Workers to understand attachment theory and how secure attachments in early childhood settings are important for children to feel safe and confident in the environment. Consistent and supportive interactions help children develop positive outcomes.
- Family focused interventions rather than individual resulting in more effective interventions and outcomes for the family as a whole unit.
- Consideration of scaling of Functional Family Therapy towards holistic inclusiveness. This short intervention program focuses on assessment and intervention addressing risk and protective factors inside and outside of the family unit. This program could be more available both geographically and through referral pathways.

Thank you for the opportunity to contribute.

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