Submission No 30

CHILD PROTECTION AND SOCIAL SERVICES SYSTEM

Organisation: Life Without Barriers

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To: The NSW Parliament's Committee on Children and Young People
Via email: childrenyoungpeople@parliament.nsw.gov.au
Date: 11th December 2020

Feedback: Responding to the NSW Inquiry into the child protection and social services system

Thank you for the opportunity to provide feedback to the NSW Inquiry into the child protection and social service system.

Life Without Barriers (LWB) is a charitable organisation supporting close to 23,000 people in over 400 communities across Australia. We provide people with the services and assistance they need to achieve their goals and maximise opportunities to participate as fully in society as they wish. We partner with Elders, communities, government and the sector to ensure positive long-term change for the people we work with. We support people with disability, children, young people, families, people with mental health needs, refugees and people who are homeless.

Life Without Barriers was established close to thirty years ago by a determined group of community members with a clear vision – to partner with people to improve lives for the better. Our foundational purpose carries us forward today as one of the largest national providers of social services in Australia. We support almost 5000 children and young people across our services and have close to 3000 foster and kinships carers as part of our community.

We are operating under the following vision statement:

> *"We are dedicated to providing children, young people and families with the right services at the right time to prevent, intervene early, and break the cycle of disadvantage, so that we can change their life trajectories and support them to thrive".*

Executive Summary:

2020 has been historic in many ways. Before recovering from catastrophic bushfires, we were plunged into a worldwide pandemic which exposed so many people to significant risk. There is no doubt, people will need charitable organisations more than ever before. What will require a different approach, however, is that we must collaborate more, we

must co-design solutions with greater intensity and commitment, and we must continue to challenge the status quo. This is the only way we can realise a society where there truly is greater equity of opportunity for all people.

Life Without Barriers is strongly committed to a public health approach that supports some of the most vulnerable and at-risk children in our community. Whilst we know there will remain a number of children who may need more intense child protection services, fundamentally, we need to shift our focus and energy on activities that have the most significant long-term impact.

We do not want to dismantle the system; we want to contribute to the solution of reducing the number of children and young people entering the care system. We want to influence systemic barriers for the people we support, including to revitalise education and enhance learning outcomes for children and young people in out of home care. The opportunity exists to learn from COVID-19. As a provider of children, youth and family services across Australian states and territories, we are well positioned to share our learnings as collaborative partners in COVID recovery.

Life Without Barriers has a wealth of experience in evidence-informed approaches and our geographic footprint allows us to focus on place-based interventions that build the capability of communities and support people across their lifespan. This integrated approach to support, ensures we can build interventions that follow individuals and adapt to their changing needs.

Human Rights / Public Health Approach

There is considerable agreement from research, reports and Inquiries[1] that to protect children from abuse and neglect, we need a system that provides early and diversionary support for parents' problems. Drug and alcohol issues, poverty, mental health problems and family violence are the four major issues leading to poor outcomes for families and their children.

A diversionary system would reduce the current cycle of reporting-investigation-assessment- minimal treatment -closure that is not serving families well, is inefficient in helping parents manage their individual needs, and means children are abused or neglected before they receive the support they need to flourish. An early diversionary system would essentially support parents in their parenting role where possible, and where this was not possible, establish strong safety nets in the extended family and community to maintain child safety and promote well-being.

The NSW (and Australian) child protection and social services system needs a refocused public health approach with a focus on all children rather than a concentration of resources in tertiary intervention. A public heath approach has worked for road safety, smoking, AIDS

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[1] Tune, 2016; National Framework; ARACY

and in 2020 we have seen how quickly such a model, in the context of COVID-19, can create universal change in the public's attitudes and behaviours, and more importantly, how rapid responses in a public health context can have a dramatic impact in a short time.

To have the best chance of getting generational change we need a holistic approach to early support for parents, children and families. This approach needs to be focused across every member of society, as a universal intervention to reduce and prevent the number of matters entering the child protection tertiary system. In relieving pressure at this end, it allows increasingly focused investments at more secondary and primary points to continue to divert parents and children from the child protection system.

COVID-19 is a unique example that has shown us the impact of a public health approach. If we applied this lens to the child protection system, we have an opportunity to change the existing trajectory of our systems and re-prioritise our resources to get better bang for buck - and create generational change.

This is not only good for our society at large but also makes economic sense. The following table (Table 1) briefly demonstrates the alignment of a public health approach to a child protection system.

	Covid-19	**Child Protection system examples**
Universal support	A population wide campaign around hand hygiene, social distancing, wearing masks, debunking myths supported by state and national health experts and a coordinated national council.	Continue with universal parenting support and societal expectations but focus on a major ongoing campaign explaining that raising children free from significant stressors (especially around addictions, violence and mental illness) is critical for parenting our next generation. Prioritise children's experience of violence-free environments in their first 1000 days and identify at risk children. Use the evidence available from Parenting Research Centre[2] /Frameworks on how to support parents in a strengths based way.
Secondary support/ prevention	Intervention was streamed – every concern was tested and supported in the community and quarantining occurred as required. Emergency Department and hospitalisation was for those who required it. Focused resources were mobilised rapidly in	Use of expertise (lived experience and content expertise) to ensure non-stigmatising early identification of vulnerable children through Health and other non-child protection outlets such as preschool and childcare. That is, children whose parents have addictions, mental health issues or other vulnerabilities are seen to require whole-family long-term interventions to enable them to thrive and stay safely at home.

[2] https://www.parentingrc.org.au/publications/perceptions/

	“outbreak” areas to contain and manage risk. The crisis response (where conducted early) stemmed the potential size of the cluster. Aboriginal health agencies and others were seen as capable and best placed to protect their communities.	Aboriginal agencies engaged with their families and investment in at risk communities and populations to track the numbers of people impacted. For example, if certain communities have a higher % of risk, then associated resources at a higher and targeted % should follow. The rapid response needed on priority concerns, targets the resources to rapidly reduce the risk.
Identifying at risk groups	With at risk groups such as older people, nursing homes, clusters and strategies were specifically developed to keep them safe and manage risk.	Use community-based supports to ensure that at-risk families are given quick access to essential services in a rapid response as early in the system as possible to prevent escalation. Daily measurement that targets specific goals in a timely manner. Priority groups to be given a key worker for first 1000 days to focus on child development milestones, housing stability and treating mental health conditions and addictions and building support networks. Where mothers identify family violence has occurred, these families are quickly supported to reduce long-lasting impact of exposure to violence for children, especially with housing, support to transition to new environments and reduce stress for the mother.
Tertiary support	Partnerships across the expert community - sharing learnings of what was working and research heavily supported. Decision making based on Ministerial/Expert/ Department and Community alignment. At the same time, ICU beds were acquired and response planning for those requiring this intervention intensified.	The system would ensure a blame-free environment where content and lived experience experts would work closely with government to identify how resources should be targeted, good quality housing, health, early education and care to enable families to stay together at the most crucial point pre-removal. We could reduce the silos of ‘child protection’ and the adult treatment services and have them address the issues that help parents with addictions and mental health conditions more successfully parent, with the support of their families, key workers, and agencies.

Less than two percent of children have a care experience, yet there are some "clusters" that are well known in this system where the numbers are rising - particularly in the over-representation of Aboriginal and Torres Strait Islander children, families impacted by addiction (particularly the drug Ice) and certain communities where the percentage is out of kilter with national averages. If we focused on a COVID style 10-year campaign to divert at-risk children with excellent supports and services, we could significantly reduce the number and need, and enhance the safety net to reduce further growth in the tertiary end of the system.

Previous Reviews and Reforms

The Tune Review was well received in 2015. However, several of the recommendations were not fully implemented, such as the implementation of family inclusion, family group conferencing and finding kin. It identified that lasting change needs an understanding of the systemic drivers and cultural overlay which still eludes us today. We believe part of the failings of Their Futures Matter, lie in the governance structure which impacted the entire reform, with more detail outlined in the Audit Office 2020 report.

If a Public Health approach is used, then a crisis response to whole of government reforms needs to be placed in the central agency, Premier and Cabinet, in partnership with child protection, education, justice and health to drive change at the highest levels of Government. The historical approach to house matters related to at risk and vulnerable children, young people and families in the most junior of Ministerial portfolios continues to place these issues low in the overall priorities in Government. This lack of holistic Government priority when compared to other reforms, limits the capacity to direct budgets across other Departments such as health, mental health, drug & alcohol and early education.

The approach we are taking is akin to putting your fingers in the dyke as the tsunami is about to crash over the top of the wall. The scale of the wicked problems we face must be tackled with collaborative partnerships between Government, Non-Government, business, communities and families, to avoid having review after review where the actions don't create the change everyone knows is essential.

Evidence Informed

The complexity of COVID-19 has shown evidence-*informed* rather than evidence-based is the most appropriate approach to managing crisis in a public health context. Various experts across the country utilised the best available evidence at hand to respond to emerging issues, but rapidly adjusted these responses as new data and situations presented.

The ability to pivot and respond quickly is fundamental to achieve change and allows the opportunity for a range of resources to be accessed (if and when needed). Life Without Barriers uses the evidence-based Children and Residential Experiences (CARE) model, implemented in partnership with Cornell University in New York, as our overarching model

for practice in everything we do with children and families. CARE is not a manualised approach. Instead it has 6 principles, well grounded in evidence, that then inform all our work including our choices of other tools and strategies to support children and families. By beginning with what we believe – the CARE principles can wrap-around evidence-informed supports with a bolt on/off approach - similar to a professional toolbelt. We are mindful of the efficacy of some manualised evidence-based models, but also that it is evolving practice and we might come up with something new and better to support families. As such, our system must be responsive to new data and change quickly to maximise the chances of success. Furthermore, the first 1000 days of a child's life are so crucial that they need to be prioritised, and vulnerable parents, families and communities need to divert to early support as soon as possible.

At Life Without Barriers, we use evidence in an applied way. As well as CARE we work with agencies such as the Centre for Evidence and Implementation. Implementation science provides a framework for the best approach by making sense of the evidence, then effectively implementing evidence into practice, trialing, testing and evaluating.

Organisations have an important role in creating the evidence base in a proactive way, not just reacting. At Life Without Barriers, our approach is to revitalise our role in the next stage of the out of home care system. Like the coordination of the development of the COVID-19 vaccine and the world wide coalition of energy and investment to find a solution, we support the role of government in partnership with the non-government sector and academics, in the development of the evidence base to provide a suite of services adaptable to the varying needs of vulnerable and at risk children, young people and families.

Localised *and* online

Investment in localised place-based prevention or secondary services throughout NSW has not occurred in a systematic way. This reduces the efficacy of the whole system. It also limits the ability of local services to learn from each other, to form strong local pathways, collective impact programs, innovative local research and diversionary frameworks to actively plan and work together in the goal of helping troubled family's better parent and children thrive[3].

For example, in eight areas there are Family Connect Centres, in a different group of seven towns there are Aboriginal Child Care Centres, in nine different towns there are drug and alcohol whole-family-teams, and separate from all of these are the sixteen Brighter Futures services, separate again from intensive MST-CAN services. These disparate services often mean that services get accomplished at assessing and referring, rather than sharing how well they are all building the network and intel that is helping families at a localised level to build a strong safety net for children.

[3] The inspiring work of Justice Reinvest in Bourke took many years. Local agencies and individuals had to work together because these skills and approaches are not at all embedded in our approach to vulnerable families. It also required centralised permission and support to share data on the local community with the community.

This lack of focus on localised planning for universal and secondary support, further reduces the capacity for whole communities to focus on the early years where fundamental support can last a lifetime (as we know from the extensive work of Nobel prize winning economist Professor James Heckman).

We would suggest that the NGO and government services should be prioritised to ensure that the diversionary and support pathways are clear locally and have the resources they need. These diversionary services would be joined-up and would not operate individually but would be delivered in conjunction with local content and context expertise. The NGO, health, early childhood, mental health services would be required to meet the needs of the local population – face to face, online or a blend – with key workers being accountable for the ongoing relationship and support.

Just as DCJ maintains scrutiny for casework numbers and so on, the diversionary system needs to be transparent for its staffing, turnover, case outcomes and client attrition. The development of an inventory of resources for secondary and tertiary services – especially in regional towns with growing poverty (in much the same way that COVID 'hotspots'), concentrate resources to prevent, reduce risk and treat. Place based initiatives that focus on identified disadvantaged communities, is one of the priority areas of the National Framework for Protecting Australia's Children fourth action plan. A place-based approach aligns to a public health model and the outcomes can be clearly seen in the context of COVID-19.

Whilst the mental health and the youth sector have established programs and approaches to deliver services to at-risk clients online, this is not the case for many in the child and family sector. During COVID-19, a number of NGO agencies came together to further their understanding and practices in using existing online resources, in developing an online continuum of care and improving their own online service delivery. This group is still working together, and whilst the government provided initial and welcome modest support, the missed opportunity for a sector-wide and agency-wide initiative is regrettable.

Government can play a role here in leveraging off existing investments (such as Raising Children Network, Beyond Blue, Telehealth and online Smart Recovery groups) to extend service provision for very disadvantaged and vulnerable families. Further, they can bring together a range of government agencies to play a role in increasing the expectation that funded services will also utilise the online resources and services to link families into high-quality and evidence-informed services, available online to improve outcomes for adults, families and children.

Education

A focus on the education system to report on goals for children in OOHC is aligned to Gonski's recommendation around extra tuition and/or other support for children in the care system. Fundamentally the results and achievements for children in OOHC need to be at

least the same as the state average. This is not the case, and a lack of investment in education for vulnerable and at-risk children puts further pressure on our systems in terms of economic and social drivers.

Aligning to a public health model of universal education outcomes ensures the expectations for all children's education are the same. Consistent with our CARE model, Life Without Barriers has invested in a national education unit to focus energy on raising the education outcomes for all children in our care to ensure a more level playing field.

We also support an approach to those families with vulnerable children being able to access free early childhood education from age two. This will create a further safety net during a high risk and formative period of development. One approach is to ensure prevention workers in schools are available to support all vulnerable children and their families who have been exposed to family violence, experienced abuse or neglect, or whose parents have an addiction or serious mental illness. As we know, the most important place for children to thrive is the children's home, but this is closely followed by education settings where children spend a significant portion of their time. Just as prevention workers are being considered for youth suicide, the thousands of children who are exposed to family violence each year are best placed to have a non-stigmatising support in the school environment in partnership with families.

Children subject to statutory intervention including entering care

There will always be children and families who require a more targeted investment. Using a public health approach to tertiary intervention will continue to increase the scrutiny and checkpoints within the system, to ensure that diversionary approaches have been exhausted. These include:

1) Matching an advocate to families where removal is a possibility. Ideally advocacy will come from those with lived experience. There is emerging evidence that peer parent and family advocacy can increase reunification and reduce stays in care, especially when accompanied by skilled legal representation[4].
2) Family Group conference convened within an appropriate timeframe. Legislative change is needed to mandate conferencing and a genuine attempt at intra family decision making prior to courts making any final orders, similar to New Zealand requirements.
3) Kin need to participate and endorse children entering unrelated foster care or residential care rather than live with either parent's extended family (once they have been screened and assessed). Either way, this should be a kin decision presented at court, not a decision based on caseworker's stated attempts to find family. It needs to be demonstrated that kin have been engaged to help decide whether their family members should live with unrelated carers.

[4] Cocks, J. (in press). Peer parent and family advocacy in child protection: A pathway to better outcomes for kids. In J. Yarnold, K. Hussey, K. Guster, & A. Davey. *Policy futures: A reform agenda*. The University of Queensland and Winston Churchill Memorial Trust.

4) Evidence to children's court that the family have been offered meaningful prevention and diversion services to meet the issues that contribute to the specific child protection concerns for their children (not non-specific 'parenting courses' or 'anger management' programs for parents who often have long-term untreated mental illness and addictions).
5) No non-related children in the same foster care placement unless signed off by the Children's Guardian as in the best interests of the child (not the carer or the agency placing child). Research has shown this leads to break-down of placements, and when it occurs, is because of lack of carers or carer's requests.

In addition, children in care should have regular screening for disabilities, and disability specialists should support children in kin/foster care to ensure diagnostic and treatment / intervention support is understood and utilised. Many children in care are not having access to the same supports as children with disabilities living at home, leading to placement breakdown and further burdens for already-disadvantaged children.

Recommendations

The evidence and experiences of COVID-19 provides a compelling case for fundamental systems change in the child protection and social service system. We have seen first-hand how a targeted public health approach has changed the trajectory of a crisis. The same approach is needed for vulnerable children, young people, families and communities in the child protection and social service system. To this end, Life Without Barriers is of the view that the priority for Ministers, government and non-government agencies should not be further reform of the statewide reporting and investigation systems. In fact, we believe that the *Family is Culture* report is an excellent foundation to structure the system reform required and we support their recommendations.

It is difficult to see how the reporting and investigation system is serving the children who are being reported, their parents, the practitioners and teachers who report children, or those statutory workers who decide who will or won't receive a home-visit investigation.

Instead, our recommendations are focused on reforming the universal and secondary services to meet the needs of very vulnerable parents and their children. Our existing models are not working and in the context of COVID-19 recovery, if we do not identify a fundamental gear shift, then the long term economic and social impact on our community will be staggering.

We would recommend the following initiatives:

1. Establishment of a whole-of-Government research, community sector and lived experience task force to create a child protection and social service system public health roadmap to reform. This taskforce would include learning from existing public health campaigns, considering the resources and expert agreement on where to target campaigns, services and interventions over the next ten years. This approach needs to be tripartition and be beyond traditional government cycles.

2. Ongoing focus on the first 1000 days – priority given to new parents in terms of housing and health support, including mental health and drug and alcohol, and introduction of a key worker for up to 16 hours / week.
3. Supporting and implementing the National Framework for Protecting Australia's Children, which includes this first 1000-day commitment.
4. A comprehensive commitment to funding the educational needs of children who are in, or have been in, care needs to be made, followed by a pledge to those who have left care but will have sporadic or episodic need for assistance throughout their lifetime.
5. The NSW Education Department must engage at a systemic level that sees all policy settings clearly articulate children/young people with OOHC experience or Child Protection concerns, are prioritised. Reporting on these anonymised NAPLAN results against the education outcomes of extremely vulnerable children will provide strong data to identify the impact of any investment and further target resources to at-risk populations. This OOHC Education dashboard would highlight strengths and challenges across communities and then harness resources to respond to the need. For example:
    a. The use of exclusion and/or alternative techniques needs agreed protocols that outline the goals, circumstances and timelines for returning to school. Funding for all OOHC settings should explicitly include educational resources and personnel. Ongoing measurement of these indicators will drive behaviour and operational change.

Resources:

1. A balanced distribution of funds and resources for Aboriginal services to align to the percentage of over-representation of children in the care system. If over 30% of children in OOHC are Aboriginal, then 30% of the resources should also go to ACCOs. This would ensure more appropriate responses to the Family Matters targets and achieving sustainable change.
2. Additional support for mental health and drug and alcohol services (rather than in tertiary interventions, particularly in regional and remote locations).
3. Strategies to raise people out of poverty using a COVID-19 equivalent of JobSeeker to divert people from the statutory systems. For example, the amount of funds spent on supporting children once in the care system, if diverted to families, could prevent entry into the system in the first place.

Processes:

1. Kin and family finding as part of any court process before children are moved to foster care.
2. Approaches to intervention to always include peer-led and supported services.

Transition from care:

1. Support for the Home Stretch campaign and support for young people be extended beyond 18 years by choice and within a child-centred leaving care plan.

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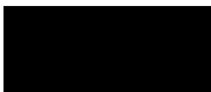
2. Post care support should be sustained over the long term to reduce intergenerational association with the OOHC system – ie that there is a life-long commitment to all state care recipients. For instance it could be that all children in OOHC receive a “gold card” that gives them free access to childcare, priority housing, supported post-school education and access to medical services like dentistry.

Thank you for the opportunity to contribute to this inquiry. The challenges facing our community are broad and as we enter a COVID-19 recovery period, the pressure on resources will be significant. Now more than ever, we need fundamental shifts in thinking that can target resources to ensure the best chance of success into the future.

On behalf of the Life Without Barriers Board and Executive, we welcome the opportunity to work with Government, our sector partners, academics and the communities, to design an approach that positions NSW as the best State for children and families into 2030 and beyond.

If you require any further information about Life Without Barriers, please feel free to contact me on

Regards,



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