

**Submission
No 35**

CHILD PROTECTION AND SOCIAL SERVICES SYSTEM

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NSW Government Submission Inquiry into the child protection and social services system

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Acronyms

AbSec	NSW Aboriginal Child, Family and Community Care State Secretariat
ACFC	Aboriginal Child and Family Centre
CCMARC	Central Coast Multi-Agency Response Centre
CSC	Community Services Centre
DCJ	Department of Communities and Justice
FCS	Family Connect and Support
FFT-CW	Functional Family Therapy – Child Welfare
FCS	Family Connect and Support
FRS	Family Referral Service
JIRT	Joint Investigation Response Team
JCPRP	Joint Child Protection Response Program
LHD	Local Health District
MST-CAN	Multi-systemic Therapy for Child Abuse and Neglect
MRG	Mandatory Reporter’s Guide
NDIS	The National Disability Insurance Scheme
OOHC	Out-of-home care
OSP	Office of the Senior Practitioner
ROSH	Risk of significant harm
SARA	Safety and Risk Assessment
SCRPT	Screening and Response Priority Tool
SDM	Structured Decision Making

Introduction

In November 2015, the NSW Government commissioned an independent review of the out-of-home-care (OOHC) system (also known as ‘the Tune Review’). The review found that the system was failing to improve long-term outcomes for children or arrest cycles of abuse and neglect, and highlighted an urgent need for new outcomes-focused and evidence-based responses.

Following the launch of the Their Futures Matter (TFM) reform in 2016, NSW has made significant progress in investing in earlier responses to children at risk.

The Tune Review projected that even if its recommendations were fully implemented, that the numbers of children in OOHC would continue to rise, with 2500 more children in care within four years¹. In fact, the number of children has fallen – not risen – during that time².

Just prior to the start of the TFM reform, NSW had the fourth highest rate of children coming into care in Australia. Now NSW has the lowest, and the second lowest for Aboriginal children.

This reform plays a key role in continuing the urgent and necessary work to improve social outcomes for vulnerable children, young people and families. A range of TFM reform initiatives have been detailed throughout the report.

Child protection - a shared responsibility

In NSW, the child protection system consists of much more than the Department of Communities and Justice (DCJ). Child protection work is undertaken by a range of government and non-government agencies, independently and in partnership with DCJ. The departments of NSW Health, Education, and NSW Police all have an important role in supporting the safety and wellbeing of vulnerable children, young people and families.

Equally, non-government organisations are an important part of the system and provide a range of targeted and preventative services to children, young people and their families aimed at minimising the risk of abuse and neglect as well as supporting those children and young people who have already been harmed.

The range of often-chronic factors that vulnerable families experience are complex, and the demand for services is increasing. One of the most significant challenges is sufficiently resourcing flexible prevention and early intervention services, and addressing the pressure on government systems to meet the rising service demand from families in crisis.

¹ Independent review of out of home care in NSW, Final report – David Tune AO PSM (p 26)

² There were 16,160 children in out of home care as at 30 June 2020

A range of reforms are currently being implemented across government to address these demands and trial new approaches.

Submission structure

The submission provides information on existing work, policy directions and recent evidence relevant to the terms of reference of the Committee on Children and Young People's Inquiry into the Child Protection and Social Services System. The submission is divided into seven sections as follows:

- *Section one* provides context and an overview of how the system notifies, investigates and assesses reports of children and young people at risk of harm. This section also covers how the system operates in relation to Aboriginal children and young people.
- *Section two* outlines Premier's Priorities and whole of government efforts to make systems work better for vulnerable families.
- *Section three* outlines prevention and earlier intervention efforts across government to prevent risk of harm to children and young people.
- *Section four* covers examples of how families with children reported at risk of significant harm are assisted to remain safely together at home.
- *Section five* looks at transition points that are key in altering life trajectories for vulnerable cohorts.
- *Section six* describes efforts made to ensure services continue to be delivered during the COVID-19 pandemic.
- *Section seven* outlines government resourcing of child protection interventions.

1 How the statutory system works to protect children

The wellbeing and protection of children and young people in NSW is primarily the responsibility of parents, families and communities. Government and non-government organisations have a significant role to play in ensuring access to necessary universal and targeted supports to promote wellbeing and minimise risk. While DCJ is the statutory child protection authority in NSW and has responsibility for protecting children and young people from risk of significant harm, significant work has been undertaken across government to support an integrated early intervention and child protection system.

1.1 Reporting

A child protection response begins when a report or notification is made to the **Child Protection Helpline (the Helpline)** that a child or young person may be at risk of harm. These reports can be made by anyone, but most often are made by 'mandatory reporters'. Since March 2018, mandatory reporters have been able to report child protection concerns via online reporting on the ChildStory reporter website, and obtain status updates about the progress of their report. More information regarding systems for mandatory reporters is outlined in section 1.4.

The Helpline is a 24/7 service that provides intake and assessment of information from community members and mandatory reporters, where a child in NSW is, or may be, at **"risk of significant harm" (ROSH)**.

By law (*Children and Young Persons (Care and Protection) Act 1998 s23*), risk of significant harm to a child or young person can include:

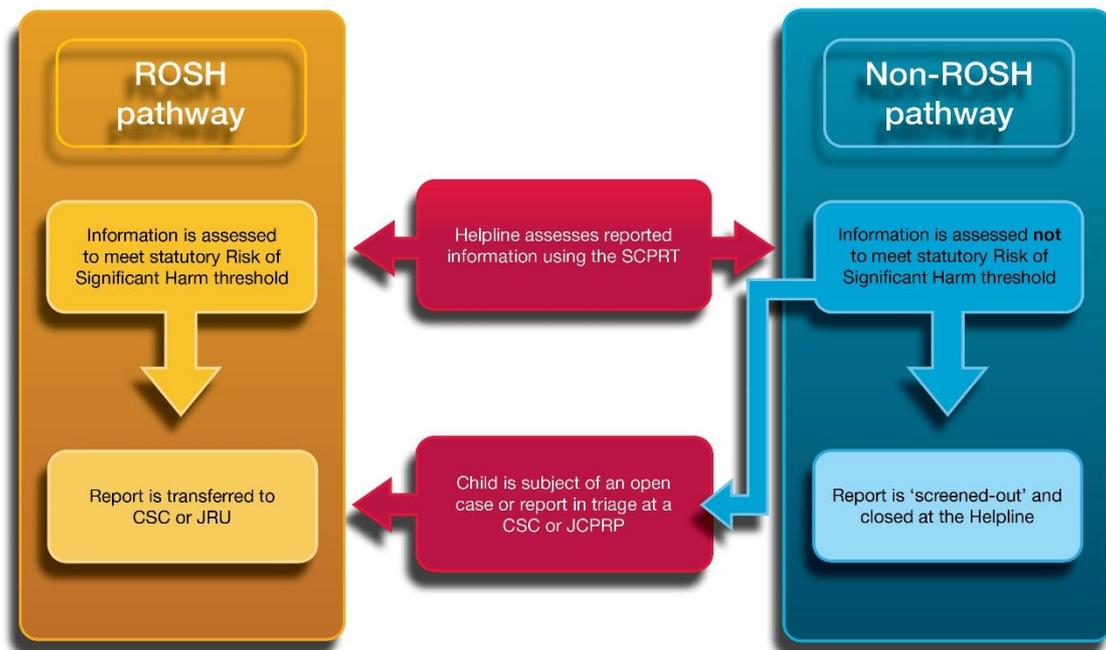
- physical abuse
- sexual abuse
- psychological harm
- problematic or harmful sexual behaviour
- carer concerns regarding mental health, substance abuse or domestic/family violence
- the child is a danger to themselves or others
- neglect of basic needs, education, health needs or inadequate supervision
- concerns regarding an unborn child.

Helpline caseworkers assess the notification using a structured decision making tool (see section 1.1.1) to decide whether the child is at ROSH, as defined by legislation (noted above). If not, the case is closed. Over half the reports received by the Helpline do not meet the ROSH threshold, however, early intervention services may still work with these families to prevent issues escalating to needing a statutory response.

Helpline demand continues to rise. In 2019-20 the Helpline assessed 112,517 children at ROSH compared to 105,772 children in 2018-19, which is a 6.4 per cent increase. This follows on from an increase of 6.5 per cent from 2016-17 to 2017-18, with a growth over the past five years exceeding 50 per cent. Ongoing improvements to mandatory reporter training by all government agencies, and a greater awareness of child abuse generally, are, in part, driving the rise in Helpline reports.

If a statutory response is required, the Helpline report is then transferred to a DCJ **Community Service Centre (CSC)**, which will be the closest office to the family’s home, where caseworkers conduct a further assessment and then determine action to be taken (more detail is provided in section 1.3).

The ROSH pathway is outlined in the flowchart below.



A more detailed response pathway is provided at the Appendix.

1.2 Structured decision-making

Structured decision making (SDM) tools are used by DCJ and other agencies at different points in the child protection system. These tools – developed by actuarial scientists - help ensure the consistency of Helpline reports, increase reliability of decisions, target resources to families at highest risk, and to use data to better inform policy and practice. These are listed below.

The Mandatory Reporter Guide (**MRG**) assists mandatory reporters to decide whether to report their concerns about the possible abuse or neglect of a child to the Helpline or what other action may be appropriate.

The Screening and Response Priority tool (**SCRPT**) is used by Helpline caseworkers to help assess whether reported concerns meet the ROSH threshold.

Safety and Risk Assessments (**SARA**) are used by DCJ caseworkers to determine what action should be taken to protect a child who has been the subject of a ROSH report. It is made up of a safety assessment tool, a family risk assessment tool, and a family risk reassessment tool.

1.3 Investigating and assessing reports

Community Service Centres (CSCs) are the local office that provide statutory child protection and OOHC services to children and young people who have been assessed at ROSH and who are case managed by DCJ.

At the CSC, a ROSH report is first 'triaged' to determine whether the matter requires allocation to a caseworker for a field response, or referral to a non-government family preservation service. At this stage, caseworkers can exchange information with other agencies who have had contact with the family to develop an understanding of the safety concerns or undertake an interagency case discussion help to facilitate collaboration and sharing of expertise amongst the agencies and services involved with the family.

Section 1.7 notes the number of children seen by DCJ has steadily increased. The September 2020 caseworker dashboard reported that 31 per cent of children at ROSH were seen by a caseworker during 2019-20. However, the percentage of children seen remains fairly consistent due to the increase in numbers of ROSH reports and ROSH re-reports. Working in partnership with the NGO sector and with other agencies is even more critical to enable a coordinated and responsive service to be provided to at risk children and families.

If the ROSH report is allocated for a DCJ field response the immediate safety of the child/ren is assessed. The caseworkers will also try to determine both the strengths and the challenges facing the family, to identify what supports and tools the parents may require to strengthen their support systems and parenting skills.

The outcome of the initial safety assessment can be 'safe' (if no dangers are identified), 'safe with plan' (if the dangers identified can be mitigated by safety interventions) or 'unsafe' (if the dangers identified cannot be mitigated by safety interventions). If the child who is the subject of the ROSH report is unborn, a High Risk Birth Alert can be created or prenatal casework may commence.

A risk assessment examines the likelihood that the child will be abused or neglected in the next 12–18 months. If the risk level is high or very high, the child may be considered "in need of care and protection" under the law (*Children and Young Persons (Care and Protection) Act 1998, s71*), and DCJ will either refer the family to a funded service provider and/or develop a case plan and commence casework with the family to reduce risks and increase safety.

Following legislative amendments introduced under the *Children and Young Persons (Care and Protection) Amendment Act 2019*, the DCJ response prioritises a concerted effort towards family preservation to enable the child to remain safely at home, wherever possible. However, if the risk assessment shows there is an unacceptable risk to the child's immediate safety, the child may be removed into OOH. Specialist assessments and additional supports are offered for families where disability is a factor, and when the child is Aboriginal, Aboriginal caseworkers or community members must be included in the development of a case plan.

Caseworkers use the **ChildStory** shared information technology system for child wellbeing and protection as the single online point of day-to-day record keeping. Mandatory reporters, family, carers, non-government service providers, and cross-agency practitioners can also view and add to the records for any children they are working with.

1.4 Other intake pathways

Additional intake and referral pathways assist mandatory reporters:

Child Wellbeing Units (CWUs) within the departments of Police, Health and Education help mandatory reporters in police, healthcare and school settings identify the appropriate children and young people to report to the Helpline, and to divert reports below ROSH from being reported to the Helpline, by providing services within their own agency or referring to other organisations. CWUs also provide advice to reporters from their respective agencies including, where appropriate, requesting information from DCJ.

WebCOPS, the police operating system, has incorporated the MRG enabling a police officer responding to an event to complete a "Child at Risk" incident that appraises if the child is at ROSH or at Immediate Risk of Significant Harm (IROSH). In these instances an electronic report to ChildStory is generated and the Child Protection Helpline applies further SDM tools to determine if it needs a DCJ response. If it is determined by the Child Protection Helpline that the report does not meet ROSH, the report is sent to the NSW Police CWU to review and action where required. All reports deemed not to be a risk of significant harm (Non-ROSH) by WebCOPS are electronically transferred directly to the NSW Police CWU for review and action. Officers always have the option to ring the Child Protection Helpline if the risk is immediate, or if the MRG has appraised the event as a Non-ROSH and they want to escalate it using their professional judgement.

Family Referral Services (FRS) are currently managed by NSW Health and conduct needs assessments and link vulnerable children, young people and their families to a range of support services in their local area. The core role of the FRS is to provide services to children, young people and families who do not meet the statutory threshold for child protection intervention to prevent escalation and risk. From 1 January 2021, the FRS will transfer to DCJ as a

new service called **Family Connect and Support (FCS)**. FCS builds upon the key features and strengths of the FRS model as an early intervention service, and also introduces new service features such as comprehensive assessment, short-term case planning and coordination, Family Group Conferencing, and increased outreach into universal settings.

1.5 Joint Child Protection Response Program

The **Joint Child Protection Response Program (JCPRP)** has been operating since 1997 (formerly the Joint Investigation Response Team, or JIRT) and brings together the expertise of DCJ, Police and NSW Health to the management of criminal child abuse in 22 JCPR units around NSW.

When a Helpline or Police report may require a specialist criminal investigation, a statutory child protection assessment, as well as a health service response due to concerns around sexual abuse, serious physical abuse and/or serious neglect, the matter will be assessed against JCPRP criteria and transferred to the Joint Referral Unit (JRU) for a decision about program entry. The JRU is a centralised tri-agency intake unit established in September 2008.

1.6 Child Abuse and Sex Crimes Squad

NSW Police has established the **Child Abuse and Sex Crimes Squad** to ensure provision of a specialist response to support Police Area Commands across NSW. This includes the investigation of sexual abuse, serious physical abuse and serious neglect of children. The Child Abuse and Sex Crimes Squad are the policing component of the JCPRP.

1.7 DCJ caseworkers

DCJ caseworkers and caseworker specialists are at the forefront of efforts to keep vulnerable children safe. DCJ continues to drive improvements in caseworker recruitment and support to enable caseworkers to be more productive and to work with children and young people and their families more effectively.

As of September 2020, DCJ employed 2,357 caseworkers - the highest number of caseworker positions to date. The average caseworker vacancy rate is also at zero per cent, down from the two per cent seen in the December 2019 and March 2020 quarters. This is a significant change, given the annual caseworker vacancy rate decreased from 13 per cent in 2009-10 down to one per cent in 2019-20.

Caseworkers are also seeing a record number of these children. In 2019-20, 35,241 children at ROSH (or 31 per cent of children at ROSH) were seen by a caseworker. This is an increase of 13.9 per cent or 4,292 more children, when compared to the previous 12-month period.

Once children are identified as being in need of care and protection, DCJ and non-government organisations (NGOs) provide a range of services designed to keep children safe with their families, outlined further in section four.

1.7.1 Training and talent acquisition initiatives

DCJ has implemented a new 17-week entry level Caseworker Development Program (CDP) to equip caseworkers with the knowledge, values and skills to work with children. In addition, DCJ continues to carry out a range of talent acquisition initiatives as part of an ongoing focus on attracting and retaining caseworkers, especially in hard to fill locations. A pilot program to train final year students in a proportion of CDP is underway. DCJ is also exploring other opportunities to enable the CDP to be provided prior to commencing work as a child protection caseworker.

1.7.2 Improving casework practice

DCJ's **Office of the Senior Practitioner (OSP)** is a specific unit dedicated to supporting practitioners in their efforts to keep children safe. The OSP developed and now implements the NSW Practice Framework, a unique model for child protection service delivery launched in September 2017 that draws on the best of national and international models and contemporary research. The **NSW Practice Framework** guides all direct work with families by articulating the principles, values, mandates, approaches and systems, and ensures practitioners place children at the centre of all decisions and relationships.

Weekly group supervision is a core component of implementing the NSW Practice Framework and the OSP delivers group supervision training for practitioners and practice leaders. All CSCs participate in group supervision with caseworkers, managers, casework specialists, psychologists, other specialist staff, and partner agencies (such as local health services), to reflect on practice and plan future casework. Group supervision is a vital way to support practice improvement, better decision-making, and ultimately, achieve better outcomes for clients.

1.8 Non-government services

Once vulnerable families with children at risk are identified, NGOs perform a key function in supporting children and their families and government agencies.

DCJ funds a number of NGOs to provide specialised and locally-based services to support vulnerable children. These include services that aim to prevent harm and improve wellbeing (outlined in section three), and also respond to work closely with families where children have been identified as being at ROSH (outlined in section four).

For example, in 2019-20 the NSW Government funded:

- 50 youth-specific specialist homelessness service providers to support young people experiencing, or at risk of, homelessness
- 111 providers to deliver family preservation programs to keep children safe in their homes and reduce the risks of abuse and neglect
- 50 providers to help keep families together through Permanency Support Program (PSP) family preservation packages.

NGOs work collaboratively across the service system to ensure access to support and assistance for children and their families throughout their journey, from early intervention to intensive support and case management.

DCJ continues to work in partnership with NGOs to deliver high quality services, informed by evidence based-practice, to keep children and families together safely.

Further information is provided in Section 7.

2 Making systems work better across government

Children at ROSH often have multiple interactions with child protection, justice, education, and health services. Disability, alcohol and other drug use, mental health concerns, disengagement from school, contact with the criminal justice system and intergenerational trauma often have bearing on child protection cases, and these families need holistic support.

The wellbeing of children and young people in NSW is a shared responsibility. Working together across agencies supports economic efficiencies by optimising resources to better target responses. It is clear that where work is undertaken in partnership to support the most vulnerable families, outcomes are improved.

2.1 Premier's Priorities

Of the 14 Premier's Priorities for NSW, several directly relate to the wellbeing of vulnerable children and families. Achieving these means that what we are doing to protect children is working to create sustainable change, and that these children are living in stable homes.

The NSW child protection system is the main driver for delivering the following two Premier's Priorities:

- *Protecting our Kids*: Decrease the proportion of children and young people re-reported at risk of significant harm (ROSH) by 20 per cent by 2023
- *Protecting our Kids*: Double the number of children in safe and permanent homes by 2023 for children in, or at risk of entering, OOHC.

However, there are other Premier's Priorities that are critical to the wellbeing of vulnerable children and families:

- *Breaking the Cycle*: Reduce the number of domestic violence reoffenders by 25 per cent by 2023.
- *Breaking the Cycle*: Reduce adult reoffending following release from prison by five per cent by 2023
- *Homelessness*: Reduce street homelessness across NSW by 50 per cent by 2025
- *Improving the Health System*: Reduce the rate of suicide deaths in NSW by 20 per cent by 2023.

2.2 Improvements in ROSH, OOHC, and children seen

Open and transparent access to data is an important part of meeting Premier's Priority targets and continuing to keep children safe. Data on response rates to ROSH reports, and related productivity and efficiency outcomes is publicly available via the DCJ caseworker dashboard and is updated quarterly.

Reducing the number of children and young people who are re-reported as being at ROSH and increasing exits from OOHC are two important ways of measuring the effectiveness of interventions to protect those most vulnerable.

2.2.1 ROSH reports and re-reports

The proportion of children and young people re-reported at ROSH within 12 months increased from 35.8 per cent in 2018-19 to 38.6 per cent in 2019-20. However, ROSH re-report rates are still below the baseline of 40.4 per cent established at 30 June 2015.

During this period, ROSH reports to the Child Protection Helpline have increased, as have the average number of reports per child which has impacted upon the re-report rate.

There were 236,527 ROSH reports in 2019-20 (an increase of 13.6 per cent compared to 2018-19).

The number of individual children and young people involved in these ROSH reports in 2019-20 was 112,517 (an increase of 6.4 per cent compared to 2018-19).

2.2.2 Children seen by a caseworker

Despite increasing demand pressures, frontline caseworkers are seeing a record number of children reported at ROSH. As at June 2020, 33,499 children at ROSH were seen by field caseworkers between 1 April 2019 and 31 March 2020. This is an increase of 10.6 per cent or 3,221 more children, when compared to the 12 month period ending 31 March 2019.

2.2.3 OOHC entries

Keeping children from entering or remaining in the OOHC system is achieved by working with vulnerable families to build and maintain lasting change so that more children have a safe, permanent home.

Significant progress has been made towards reducing OOHC entries and NSW now has the lowest rate of children coming into care in Australia.

Compared to 2015-16, there has been a 43 per cent reduction in the number of children and young people entering care in NSW in 2019-20.

Further, the number of Aboriginal children entering care in 2019-20 has reduced by 33 per cent, compared to entries in 2015-16.

2.2.4 OOHC exits

In 2019–20, 1,134 children and young people exited OOHC to permanency through restoration, guardianship or adoption. Of these, 553 children were safely restored home to their parents, 419 children were the subject of a guardianship order and 162 found permanency through open adoption.

The number of children and young people in care in NSW is the lowest it has been in the last five years, with 16,160 children in OOHC in 2019-20.

2.3 Improving outcomes for Aboriginal families

Aboriginal children are over-represented in the child protection system. As at 30 June 2020, there were 6,688 Aboriginal children and young people in OOHC. This represents 41 per cent of the total OOHC population.

While these rates are improving (from 2015-16 to 2019-20, there has been a 33 per cent reduction in Aboriginal children entering OOHC in NSW), a concerted effort is being made to reduce the number of Aboriginal children in care, and restoring children back to their families and communities where it is safe to do so.

DCJ is now implementing the Aboriginal Case Management Policy, an operational framework for working with Aboriginal families developed by AbSec in consultation with local Aboriginal communities that provides a different way of working with Aboriginal families across early intervention, child protection and OOHC and guides caseworkers on how Aboriginal communities should be involved in this work. It emphasises Aboriginal family-led decision-making and assessment, using Aboriginal community-controlled services and seeking Aboriginal consultations at key decision points (with either an Aboriginal caseworker, an Aboriginal Consultation Advisory Panel or, an external community-based group), to shape case planning and ensure the system provides culturally safe solutions to keep Aboriginal children safe and with their family and community.

Other examples of government-wide efforts to improve our work with Aboriginal families and communities include:

- signing a new **National Agreement on Closing the Gap** that includes targets to reduce the overrepresentation of Aboriginal and Torres Strait Islander children in the child protection system and OOHC by 45 per cent, and a significant and sustained reduction in violence and abuse against Aboriginal and Torres Strait Islander women and children towards zero
- implementing **OCHRE**, the NSW Government plan for Aboriginal affairs, which includes initiatives that focus on economic and social opportunity by: responding to intergenerational trauma; empowering Aboriginal communities to make decisions that impact on their lives through local decision-making; strengthening Aboriginal identity and

culture through Aboriginal Language and Culture Nests; creating pathways through school to employment through Opportunity Hubs; and promoting engagement in schooling through Connected Communities, with an independent evaluation demonstrating that the Connected Communities initiative has shown positive outcomes for students in their early years in terms of NAPLAN results and school readiness

- establishing the **Aboriginal Knowledge Circle** in August 2020 that provides independent advice to the Minister, and local Aboriginal advisory groups across NSW to ensure greater participation and self-determination for Aboriginal people and communities in relation to the child protection system
- funding nine **Aboriginal Child and Family Centres** to provide culturally safe, integrated health and early childhood services children, women, families and communities
- the **NSW Aboriginal Child, Youth and Family Strategy** is a DCJ prevention and early intervention strategy that funds Aboriginal supported playgroups, parenting programs, Aboriginal family work and community capacity building for Aboriginal families with children 0-5
- development and implementation of the **Cultural Capability Framework**, which includes DCJ-wide roll out of cultural training including for Executive and senior leaders
- redesigning **training for new child protection caseworkers** including how to work better with Aboriginal families, a module developed in partnership with AbSec
- supporting **Aboriginal-led, evidence-based programs** that are embedded in local communities such as the Nabu Demonstration Project and ID Know Yourself which provides mentoring and intensive support to Aboriginal children, young people and families
- **Aboriginal Maternal and Infant Health Services** is a continuity-of-care model where midwives and Aboriginal Health Workers collaborate to provide a high-quality maternity service that is culturally safe, women-centred, based on primary healthcare principles and provided in partnership with Aboriginal people.
- **Building Strong Foundations for Aboriginal Children, Families and Communities** are free, culturally safe and appropriate early childhood health services for Aboriginal children from birth to school entry age and their families, that are provided by teams of Aboriginal health workers and child and family health nurses, alongside allied health therapists and social workers in some locations.

Outlining a different way of working with Aboriginal communities, children and young people, these enablers ensure there is a cultural lens applied across DCJ's work with Aboriginal children and young people and their families.

2.3.1 Family is Culture Review

The NSW Government commissioned Professor Megan Davis to chair an independent review of Aboriginal and Torres Strait Islander Children and Young People who entered OOHC in NSW in 2015-16. Her report, 'Family is Culture' was released publicly on 7 November 2019.

The NSW Government carefully considered the recommendations made in report and released its response on 8 July 2020.

The response makes a clear commitment to building a culturally capable service system that keeps children safe and connected to culture.

A new Aboriginal Deputy Children's Guardian in the Office of the Children's Guardian has been established, the former CEO of SNAICC Richard Weston will take on this role starting in 2021. An Aboriginal Knowledge Circle has also been established to provide independent advice to the Minister for Families, Communities and Disability Services.

A progress report was released on 25 November 2020 that outlines progress to date in responding to the 125 systemic recommendations of the Family is Culture report. Implementation of responses will be led through a partnership approach with stakeholders and Aboriginal communities to ensure Aboriginal voices inform development and design.

These changes will increase the voice of Aboriginal people in child protection and strengthen accountability.

2.4 A cross-government investment approach

NSW is using an unprecedented evidence-based approach to build a smarter cross-government human services system via an investment approach to improve long-term social outcomes for our most vulnerable populations and generate the greatest social return into the future.

2.4.1 Forecasting Future Outcomes: Insights Report

Particular cohorts of children need particular kinds of support from child protection, health, education, and justice systems.

DCJ's 2018 report Forecasting Future Outcomes (also called the 'Insights Report'), provides an actuarial model of future outcomes and costs of providing key government services to the most vulnerable children and young people in NSW and offers a new 'investment approach' to building a service system that prevents harm, intervenes early and focuses on those with the greatest need.

These are ground-breaking insights into the social characteristics of six of the most vulnerable groups of children and young people in NSW, and this crucial evidence will enable vulnerable groups to be prioritised through the implementation of coordinated, wrap-around and evidence-based supports.

2.4.2 Human Services Dataset

The **NSW Human Services Data Set** is the largest human services multiagency data set ever produced in Australia. Linked data from more than 10 million people over nearly 30 years was collated from DCJ, Education, Health, Police, Finance, Customer Service, and Innovation data sets.

By using shared cross-agency data to assess some of the common, individual-level attributes of the children, and using that intelligence to build a cohort-level view of current services usage and unmet need, more targeted, cross-agency early intervention supports can be developed.

The Human Services Data Set has been used to develop a **Family Investment Model**, to estimate future human services usage (and costs to government), alongside likely social outcomes for vulnerable children and young people of NSW. For these families, future human services costs to the NSW Government are highly concentrated.

The Government has established an **evidence bank** to build evidence of what works, establish benchmarks for evidence quality and investment approaches to social policy and progressively catalogue the costs and benefits of different policy interventions.

The Data Set has been used to examine the historical effect of changes in economic conditions on human services indicators such as rate of ROSH reports, the proportion of children with parents appearing in court, the proportion of children with parents involved in domestic violence, and the proportion of children with parents accessing mental health services.

2.5 Innovating via local partnerships

A core focus of the TFM reform is enabling greater system collaboration between local services and earlier intervention to better respond to the causes and symptoms of poverty and disadvantage and optimise resource-use across government.

Local partnerships innovate how agencies work together on the ground to reform service pathways and commission models of care that protect and support children, young people and families at risk. These models are changing the way that systems respond to vulnerable families by connecting government and non-government responses and wrapping services around families.

2.5.1 Western Sydney Service Delivery Reform

Building on the TFM reform, Brighter Beginnings, and other whole-of-government initiatives to help the vulnerable earlier, NSW has initiated a transformation of the way the service system responds to vulnerable children and families, through a local level response to help communities.

Western Sydney Service Delivery Reform was established in 2017 and uses a regional multi-agency approach to leverage existing resources to ensure vulnerable children are identified, and families are linked to community-based services and are empowered to support their children's healthy development.

Agencies work in partnership to deliver the right local services at the right time to children and their families. Central contact points for those with health needs, multi-disciplinary family meetings for pregnant mothers, multi-agency support for vulnerable primary school students to transition successfully to high school, are offered to streamline the way families navigate the service system.

Each of these initiatives, through interagency case management and advocacy, have improved referral pathways and access to services, providing continuity of care to vulnerable children and young people, their parents and families.

2.5.2 The Western Sydney Kids Early Years (KEYS) Network

The KEYS network will commence at a first demonstration site to test local community investment and decision-making in Western Sydney in response to recent audit office recommendations. The demonstration site will test better cross-agency commissioning by leveraging existing resources to ensure vulnerable children are identified, and families are linked to community-based services and are empowered to support their children's healthy development.

The project has strategic and operational structures in place to help agencies work together, comprised of executive staff and regional managers from each member organisation to ensure effective implementation, propose new models of care, strengthen networks, and monitor outcomes.

2.5.3 Local collaborative service responses

DCJ districts are experimenting with local service responses to ROSH reports that work across agencies to provide more coordinated support to vulnerable families at earlier points in their contact with the child protection system.

Central Coast Multi-Agency Response Centre (CCMARC) is located in Wyong on the Central Coast and is operated by DCJ, NSW Health, Education and FRS caseworkers as the first multi-agency centre of its kind where staff can provide integrated advice, support and action for vulnerable children. The service aims to identify and apply improved wrap-around services to children at risk of harm through a multi-agency collaborative approach, thereby

ensuring that children are receiving the appropriate response in a timely and connected way.

Collaborative Support Pathways Pilot is located in South Western Sydney district, and provides a matched service to support every child and young person reported at ROSH, and track any impacts these services have had on their safety and wellbeing via analysis of child level data, ROSH re-reports, OOHC entry rates and system escalation and de-escalation trends. The aim of the pilot is to improve information sharing across agencies and services, and better visibility of what has happened for children and young people at ROSH, and improve the ability of early intervention services to engage families in their programs.

The Northern NSW Streamlined Response Pilot provides improved assessment of Helpline reports and more targeted access to supports and services for children and young people. The pilot team undertakes triage functions for reports relating to Ballina, Tweed Heads and Clarence Valley CSCs enabling them to divert their triaging resources into seeing more children and families, and providing opportunities for the Helpline to work collaboratively with CWUs and refer non-ROSH families for earlier intervention services. The pilot has shown that improved triage can provide more accurate assessments and thereby reduce the amount of ROSH matters sent to the district by around 20 per cent. The pilot has also reduced the rate of re-reports as all reports (whether ROSH or non-ROSH) receive a response wherever possible.

3 Improving child wellbeing and preventing harm to children

We know that intervening early is more effective than a crisis response. In many cases, working with families early can stop risk factors escalating into problems.

Effective early intervention supports better outcomes in education, physical and mental health, and reduces chances of substance use, welfare dependence and involvement in the criminal justice system. It also has associated cost-benefits for government and the community.

A wide range of prevention and earlier intervention initiatives are already available in NSW, and are designed to help children, young people and families with varying levels of vulnerability and need. Initiatives range from universal programs providing basic support to families, through to intensive, integrated, multi-component programs for families dealing with complex issues.

Examples of some NSW initiatives are outlined below.

3.1 Brighter Beginnings: the first 2000 days of life

What happens in the first five years of life has lifelong consequences for a child's health and wellbeing. These first years provide an opportunity for early identification of risk factors or vulnerabilities that may have an impact on longer-term health, development and wellbeing. By identifying these factors early, and working supportively with parents, vulnerabilities can be addressed and managed to mitigate their potential impact.

To ensure that all children get a healthy start to life, the NSW Government has launched Brighter Beginnings: the first 2000 days of life, an initiative to guide service delivery priorities to ensure that all children have the best possible start in life.

Launched on 30 October 2020, this whole-of-government initiative aims to:

- provide families with the information they need, when they need it to make their decisions
- improve universal health, education and family services
- target support and services for families with additional needs.

Under the Brighter Beginnings initiative, Education is working with DCJ to deliver the **Supporting Families into Early Childhood Education Project** which will provide a place-based service model, in identified local government areas, aimed at reducing the non-fee barriers to early childhood education faced by families experiencing complex vulnerability and disadvantage. The

project will commission third party providers to deliver non-fee supports to families with children aged 3-6 years, who are experiencing complex vulnerability and disadvantage and are at risk of entering the child protection system. The project will also provide capacity building supports for early childhood education services involved in the project.

3.2 Thriving Families

Thriving Families commenced in November 2018 in Western Sydney that provides targeted and strengths-based, wraparound services to meet the needs of vulnerable young parents (aged 25 years and under), and their children (0-5 years). These include pregnancy and post-pregnancy support meetings and outreach services provided by a dedicated, multidisciplinary youth health team.

3.3 Targeted Early Intervention

From July 2020, DCJ recommissioned its Targeted Early Intervention (TEI) services to provide a soft entry point and early part of a continuum of supports to vulnerable children and families.

Families are able to self-refer into any of the approximately 550 TEI services across NSW, which provide a diverse range of supports, from community strengthening activities to focused support services for vulnerable children, young people and families who do not satisfy the ROSH threshold for statutory child protection intervention. TEI services then identify families needing more support and feed referrals into the more intensive family preservation and child protection services.

The new TEI program is also now focused on collecting outcomes data on individual services and the program as a whole. As the evidence base grows, DCJ will adapt service delivery to reflect what works.

3.4 The Wellbeing Health and In-reach Nurse Coordinator program

This is a partnership between NSW Health and Education that funds nurse coordinators to work with primary and secondary schools in regional and rural NSW to identify and triage the health needs of vulnerable school students, and their families, and coordinate appropriate assessments and referral to services.

3.5 Rise-Up programs

Police Citizens Youth Clubs (PCYC) and police work together to support youth through a suite of eight structured programs that are part of the Police Commissioner's RISEUP strategy. The programs engage children and young people, foster positive relationships with the police and encourage

engagement with training, education and employment opportunities. The programs target the re-engagement of youth who have become disconnected or disengaged from education, family networks and their community, by providing skills development and employment pathways.

For example, 'Fit for Work' provides opportunities for participants to develop a resume, job seeking and interview skills. 'Fit for Life' provides opportunities for participants to get physically and mentally fit. 'Fit Together' is a program developed with the local community to prevent and reduce reoffending, as well as encourage positive relationships between local police and the community. Fit Together, which is targeted at youth aged 10-17 years, aims to instil confidence, increase self-esteem and help youth reach their full potential. There is a strong focus in all the programs on local solutions to local issues.

4 More intensive services including those for children already at risk of significant harm

It is vital to keep children together with their families where it is safe and possible to do so. However, some families experience a combination of complex trauma, social isolation, and financial struggle that puts children's safety and wellbeing at risk.

Targeted programs are a means to strengthen families and prevent escalation across the child protection system and reduce risk by helping families develop key skills to ensure they can safely care for their children, and respond to their children's emotional, health and developmental needs.

By building lasting change before a child is removed into care, we can change the life trajectory of children at ROSH, enabling them to grow up in safe and stable homes.

4.1 Family preservation programs

Each year services are delivered to more than 20,000 children and young people are, over a third of whom are Aboriginal children, through a range of evidence-based and evidence-informed family preservation programs.

4.1.1 Multi-systemic Therapy for Child Abuse and Neglect (MST-CAN) and Functional Family Therapy – Child Welfare (FFT-CW)

In 2017, the TFM reform commenced two new flagship evidence-based therapeutic programs designed to keep families together: Functional Family Therapy through Child Welfare (FFT-CW) and Multisystemic Therapy for Child Abuse and Neglect (MST-CAN).

MST-CAN provides home-based intensive treatment service for families where there has been physical abuse and/or neglect of a child aged 6-17 and includes a range of specific clinical treatments to address trauma, mental health and drug and alcohol use. FFT-CW is a home-based, a short-term treatment strategy that aims to change behaviour patterns, introduce positivity and parenting strategies, and improve communication and supportiveness.

These programs are the first in NSW to deliver in-home therapeutic treatment to address the trauma that is prevalent in children reported at ROSH, and provide intensive family support to mitigate risks of abuse and neglect and promote behaviour change. FFT-CW is also the first to focus on domestic violence perpetrators.

As at June 2020, 2,874 families (239 in MST-CAN and 2,635 in FFT-CW) have been accepted into the programs since the programs commenced in August 2017. Of these families, 787 are Aboriginal.

There are currently six MST-CAN teams in six locations across NSW and six service providers delivering 18 FFT-CW teams in 11 priority locations across NSW

Early results of the draft evaluation data, due to be released, show that entries to OOHC are substantially lower for families who have successfully completed programs than for comparison groups. Although the programs are in the early stages of their life cycle, the completion rates across both MST-CAN and FFT-CW are positive. Lower re-report rates than control groups for families who successfully completed other programs. However, additional time and program outcomes data are needed to verify these results and the extent to which they are sustained, as well as to determine long-term benefits.

The 2020-21 NSW Budget has allocated continued funding for these trials until 2024.

4.1.2 Other family preservation programs

MST-CAN and FFT-CW complement the range of other DCJ family preservation programs being delivered by the NGO sector:

- **Nabu Demonstration Project:** a First Nations early intervention and intensive family support pilot program for Aboriginal families in the Illawarra, Shoalhaven and Southern NSW.
- **Youth Hope:** a service specifically for young people aged nine to 15 years who are at ROSH or at risk of escalation into the OOHC system.
- **Intensive Family Based Services:** high-level intervention provided specifically to Aboriginal families with children at risk of entering the OOHC system where restoration to family is being explored or breakdown of the foster/kinship placement is a concern
- **Intensive Family Preservation Services:** intensive crisis intervention for families experiencing complex issues for children and young people at high risk of removal from their families
- **Brighter Futures:** the largest family preservation service that improves child safety and wellbeing for vulnerable families with children aged up to nine years, including the **SafeCare trial** – providing evidence-based behavioural skills training for parents with children who are at risk of, or have been reported for, maltreatment – in eight sites across NSW, and the **Voices and Choices trial** – providing four key service provision elements to test a new innovative model of support for vulnerable families at three NSW sites.

4.2 Family Group Conferencing

In February 2019 a number of legislative amendments now require DCJ to offer alternative dispute resolution (ADR) processes before seeking care orders from the Children's Court. These aim to ensure that families are supported to stay together, where possible.

Family Group Conferencing (FGC) is the preferred method of ADR, which seeks to enhance partnerships between families and agencies in decision-making for at risk children and young people. Families are provided private time independent of professionals, within a conference, to develop their own solutions.

In 2019-20, 908 families were referred to FGC and 698 conferences were convened to empower families to keep their children safe. 331 of the 698 families (47 per cent) who participated in the conferences were Aboriginal. This is an increase of 13 per cent from 2018-19 (when 801 families were referred to FGC and 552 conferences were convened). An outcomes evaluation of the program is now underway.

4.3 Whole Family Teams

Whole Family Teams (WFT) delivers specialist in-home and community-based health interventions for children and families with complex mental health and drug and alcohol issues, where one or more children have a substantiated ROSH report. WFTs aim to keep children living in a safe environment with their parents.

A longitudinal study in 2019 indicated that the model delivered meaningful benefits for vulnerable families and was an effective intervention for their presenting complex issues: including clinically significant improvements in the parents' mental health, improved parental drug and alcohol outcomes, and significant improvements in family functioning (including parenting, family relationships and child wellbeing). Completion of the program also led to significant improvements in child safety with a substantial reduction in the number of children being re-reported.

Specialist clinicians provide tertiary level, therapeutic interventions for mental health and substance use, as well as training and counselling in the development of parenting skills, where required. The program is delivered in seven sites across NSW.

4.4 Supporting children with problematic and harmful sexual behaviours and/or who are victims of sexual abuse

The NSW Government provides a number of therapeutic and support services for children and young people with problematic and harmful and sexual

behaviours and/or who are victims of sexual abuse. Details about these programs are provided below. This includes additional services in response to the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse.

4.4.1 New Street Services

New Street Services provide therapeutic health services for children and young people aged 10-17 who have engaged in harmful sexual behaviours towards others, and their families and caregivers. New Street works with the young person to assist them to understand, acknowledge, take responsibility for and cease the harmful sexual behaviour.

NSW Health is undertaking a major state-wide expansion of New Street with services now located in every rural LHD and two services across the six metro Sydney LHDs. This service structure addresses the geographical challenges to service provision and previously limited access to specialists for children and young people needing therapeutic treatment in rural NSW.

New Street brings together all of the relevant agencies and elements of a child's eco-system in delivering responses targeting the child's needs while ensuring safety for the child and others. The model works with the whole family unit, and engages with other agencies and community services to sustain and support interventions, and deliver culturally-safe services with an Aboriginal clinician at every site.

4.4.2 Safe Wayz Program

NSW Health is developing a program model for children and young people under the age of criminal responsibility with problematic and harmful sexual behaviours and their families. The program will apply a public health model with interventions occurring across the continuum of prevention, early support and specialist/tertiary interventions. The model will support inter-agency collaboration and sector capacity building, and will be delivered by a range of health services.

4.4.3 Child Sexual Offence Evidence Program

In April 2019 the NSW Police transitioned the Child Sexual Offence Evidence Program in the Newcastle District Court and Sydney District Court (Downing Centre) from a pilot to a permanent program. Program expansion is currently under consideration. The program includes a number of initiatives aimed at reducing the stress and trauma of child victims and witnesses of child sexual offences when engaging with the criminal justice system. It includes the expansion of the use of pre-recorded evidence of children to now include their initial police interview, cross examination and any re-examination, enabling the child complainant or witness to not encounter the accused person or attend court. It also includes the use of witness intermediaries (accredited professionals from five primary disciplines; speech pathology, social work,

psychology, teaching and occupational therapy) to assess the communication needs of child victims and witnesses prior to the police forensically recorded child interview and prior to the pre-recording of evidence at court and inform police and the court of the best ways to communicate with the child giving evidence. The witness intermediary also attends court during the pre-recorded hearing to provide independent and impartial advice.

4.4.4 Violence, Abuse and Neglect (VAN) services

NSW Health's violence, abuse and neglect (VAN) services play a critical role in assisting interagency partners to promote safety and justice outcomes for victims and the community. These VAN services include but are not limited to three Child Protection Units providing a specialist and paediatric response for children and young people, specialist Sexual Assault Services in each Local Health District, Child Protection Counselling Services, and the Aboriginal Family Wellbeing and Violence Prevention Workforce.

NSW Health is redesigning the VAN to enhance the capacity of the public health system to provide 24-hour, trauma-informed and trauma-specific integrated psychosocial, medical and forensic responses to sexual assault, domestic and family violence, and child physical abuse and neglect as well as improving service responses to children and young people displaying problematic or harmful sexual behaviour.

The program aims to minimise the impact of trauma, support patient recovery, and promote long-term health and wellbeing. It will also assist interagency partners to promote safety and justice outcomes for victims and the community.

NSW Health is also implementing initiatives to improve access to Sexual Assault Services and VAN services for Aboriginal communities. A significant expansion of the VAN Aboriginal workforce is also being undertaken.

NSW Health is also developing a Sexual Assault and New Street Services Access Strategy for People with Disability. The co-design approach seeks to elevate the voices of people with disability and develop co-design capacity and skills with NSW Health.

4.5 Child Protection Counselling Services

Child Protection Counselling Services are trauma-specific health services responding to violence, abuse and neglect that support children and young people to recover from physical or emotional abuse, neglect and/or exposure to domestic and family violence, and support them to achieve safety, security and permanency through family preservation, restoration or placement sustainability.

Services are in all LHDs across NSW and work in collaboration with other NSW Health violence, abuse and neglect services such as Sexual Assault Services, JCPRP, Whole Family Teams, and New Street Services.

5 Intervening at key transition points

The continuum of education and health services offers many opportunities to identify children and young people at risk and assist vulnerable parents/carers to access appropriate supports to provide safe and nurturing environments for their children.

Working at the frontline of the public health and education systems, health workers and teachers are uniquely placed to identify and respond to family risk factors for child abuse and neglect early in a child's early life in order to reduce risks and improve health outcomes.

5.1 Babies and infants

5.1.1 Health services for pregnant women and babies

Brighter Beginnings: the first 2000 days of life initiative (outlined in Section Three) includes a range of specialist services for pregnant women, babies and their families that address the mother's mental health needs, parenting capacity, and the parent-infant relationship.

These programs include:

- **Perinatal and Infant Mental Health Services:** in-reach and at-home support for women who experience severe or complex perinatal mental illness.
- **Mums and Kids Matter:** a tailored, recovery-focused mental health and psychosocial support to women with complex perinatal mental health needs.
- **Substance Use in Pregnancy and Parenting Services:** multi-disciplinary in-community, in-patient support to pregnant women and mothers of babies up to two years to improve health and social outcomes.
- **SAFE START:** psychosocial assessment and depression screening for all women expecting or caring for an infant, and referral to health and allied health supports.
- **Sustaining NSW Families:** a nurse-led health home visiting service working with families from pregnancy up to the child's second birthday to support and provide referral for mothers with babies experiencing mild anxiety and/or mild depression.
- **Aboriginal Maternal and Infant Health Service:** Aboriginal health workers and midwives providing continuous, high-quality antenatal and postnatal care from early pregnancy until after birth within communities.

- **Building Strong Foundations for Aboriginal Children Families and Communities programs:** child and family health nurses and Aboriginal health workers providing continuity of care to Aboriginal families with children from birth to school entry age.

5.2 Early Childhood Education and Care and primary school years

Families from low socio-economic backgrounds generally underutilise early childhood education for a range of reasons, including: transport, availability, affordability, a feeling of exclusion, or parents not understanding its value to their child's development.

However, the evidence shows that participating in early childhood education improves the school readiness of children, which in turn can improve academic performance, school completion rates, employment prospects and longer-term health outcomes.

The following initiatives provide specific support to this cohort:

- **Start Strong:** a universal needs-based funding model aimed at making 600 hours of preschool participation (15 hours per week) in the two years before school more affordable, with priority given to children aged three years and above from low income and Aboriginal families, and children with disability and additional needs
- **Disability and Inclusion program:** which provides funding and support for children with disability and additional learning needs to enable their access to and participation in early childhood education on the same basis as their peers
- **Getting on Track in Time (Got It!):** a school-based early intervention mental health program for children aged 5-8 who display early social, emotional or behavioural concerns. Health and Education partner to offer screening at Kindergarten to Year 2, professional development for school staff, parent education, and targeted programs for children with conduct disorders.
- **NDIS Early Childhood Early Intervention approach:** supports children aged 0-6 who have a developmental delay or disability and provide tailored support for a child's individual needs and circumstances by connecting families with appropriate local support services, providing short-term early intervention, and helping families to request access to the National Disability Insurance Scheme (NDIS) for longer-term early childhood intervention supports. If a child becomes an NDIS participant, staff will work with the family to develop an NDIS plan.

5.3 Young People

Vulnerabilities may emerge for many young people as it is a time of rapid physical, sexual, social and emotional change. Given the complex nature of disadvantage, vulnerable young people may be in need of multiple services. A range of newly developed programs are innovating how government systems work with vulnerable young people and their families via the health, education and youth justice systems.

Health initiatives aimed at young people are outlined below:

- **Specialist Youth Health Services:** a range of flexible supports to vulnerable young people offered in youth friendly environments, including holistic health assessments, early intervention, multidisciplinary primary care, counselling, and case management.
- **Child and Adolescent Mental Health Service:** provides assessment, education and treatment services for a range of mental health problems experienced by children and adolescents.
- **NSW School–Link:** provides a direct link between schools and local child and youth mental health services. This includes Project Air for Schools that assists schools to effectively identify, support and refer students with severe and complex mental health concerns including self-harm.
- **Youth Aware of Mental Health:** is a face-to-face in-school universal mental health and suicide prevention program in partnership with the Black Dog Institute. The program has been delivered to over 14,500 Year 9 and 10 students in 92 public high schools since 2017.
- **Mental Health First Aid Training:** NSW Health has committed to funding 20 key police Youth Officers in Mental Health First Aid Instructor training. This training will increase awareness of mental health issues in young people and will assist Youth Officers with helping young people develop strategies to improve their mental health.
- **Specialist Adolescent Addiction Medicine support:** specialists at three children’s hospitals help to build the capacity of other clinicians in the management of young people who present to acute care settings in need of alcohol and other drug support.
- **Alcohol and other drug treatment services for young people:** NSW Health provides a range of multidisciplinary treatment and support services for young people at risk of harm from substance use.
- **Kids Helpline NSW:** expanded operations on 20 April 2020 to respond to an additional 18,000 contacts from children and young people

across NSW each year seeking help for mental health and emotional wellbeing.

Young people who experience homelessness and contact with the justice system are supported by specific targeted interventions to improve their life chances. These include:

- **A Place To Go:** commenced in November 2018 and aims to improve supports and deliver a more coordinated response for 10-17 year olds entering and exiting the youth justice system, with a focus on young people in remand and delivers a coordinated and multiagency service response to support a young person to change their life trajectory.
- **Broadmeadow Children's Court Pilot:** commenced in July 2019 and is a multi-disciplinary court-based team (Justice, Health Police, Education and NGOs) offering alternative service pathways for children and young people to prevent young people from having repeated contact with the youth justice system and support them to reach their potential.
- **The Homeless Youth Assistance Program:** delivers a targeted and holistic response to help unaccompanied children and young people aged 12-15 who are experiencing or at risk of experiencing homelessness with the aim of reconnecting children with their family or transitioning them to longer-term supported accommodation.
- **Short-Term Remand Steering Committee:** The NSW Police Force is currently working with a number of stakeholders including the Children's Court, Aboriginal Legal Service, Youth Justice and Legal Aid to develop and implement training and protocols designed to reduce the numbers of children and young people in short-term remand (up to 24 hours) and increase diversions from the criminal justice system for this group.
- **Education Court Liaison Officers:** are Education-funded staff based within the Children's Court buildings to help young people, who are disengaged from education and before the court, return to return to their existing school, a new school, TAFE or other educational program. Liaison Officers works closely with schools, vocational education and training providers and other education providers.
- **Youth Action Meetings (YAMS):** a monthly interagency and collaborative process with NSW Police Force and other government and non-government agencies to share information on vulnerable children and young people (under 16A of the Child Protection Act), identify risks, develop action plans to deliver a coordinated response to young people aged 10-17 at risk of re-offending or re-victimisation. Chaired by the NSW Police Force and supported by a YAMS Coordinator, YAMS forums mobilise key local government and non-

government service providers to develop action plans to increase young people's safety and well-being and decrease re-offending and re-victimisation risks. There are currently two pilot programs operating in Campbelltown and Coffs Harbour with plans to extend the program across NSW.

- **Missing Persons Pilot:** The NSW Police Force Missing Persons Unit will provide data to Youth Action Meeting (YAM) coordinators regarding children and young people with repeated 'missing persons' reports. These children will be discussed at the police risk assessment meeting prior to a YAM and will either be directly engaged in an action plan or referred to the YAM for interagency support.
- **Youth Referral Pathways:** Youth Case Managers will attend Children's Court sessions to offer support, advice and engagement in RISEUP programs.
- **Suspension Program:** Working with PCYC and NSW Education, the NSW Police Force will offer support for a suspension program, located at local PCYC clubs by offering Rise Up, Fit for Life programs and breakfast at applicable locations.
- **Pre-Release Program:** The NSW Police Force will engage young people currently serving custodial sentences by sending a local Youth Officer prior to their release (6-8 weeks before release) to offer support and engagement with suitable RISEUP programs.

5.4 Domestic and Family Violence

Domestic and Family Violence (DFV) is a form of child abuse. Service providers need to support both adult victims (usually women) and any children living with DFV. Parents who are also victims are supported to live safe from domestic violence without the need for statutory intervention or removal of children from their care, where possible.

Key DFV services provided in NSW include:

- **NSW Domestic Violence Line:** a 24-hour hotline providing crisis information and support.
- **Men's behaviour change programs:** that enable perpetrators to recognise and change their use of violence.
- **Safer Pathway:** began in 2014 as the first consistent, coordinated way of providing services for victims of domestic and family violence in NSW. Police, justice, health, education, child protection agencies and victim services work together to reduce threats to adults and children victims of domestic violence. Services are swiftly and efficiently wrapped around the victim in a coordinated way to ensure that support is available to prevent and reduce further violence.

- **Domestic Violence Routine Screening:** is an early identification program that screens women accessing maternity, child and family health services, for women aged over 16 years accessing mental health and or alcohol and other drug services, and provides information about relevant services that can help victims. NSW Health is also undertaking a pilot of Domestic Violence Screening and Response in Emergency Departments.
- **Aboriginal Family Wellbeing & Violence Prevention Workforce:** are a team of subject matter experts in Aboriginal family violence in NSW. They play a critical role in in providing culturally-safe responses to violence, abuse and neglect, and are actively engaged in forging close connections with local Aboriginal families and communities.

6 How the system is responding to COVID-19

The NSW Government's priority in responding to the pandemic has been to adapt the way we work in order to continue supporting our clients. Government agencies have implemented a range of measures to meet the changing needs of vulnerable people in NSW.

Child protection, health, education workers and funded service providers have all adapted how they work to ensure continuity of service amid the threat of COVID-19. In some cases, this means leveraging communications technology and telehealth options for ongoing contact with families, as well as continuing face-to-face visits with families where safe to do so.

DCJ is monitoring key data to determine the impact of COVID-19 on children and families, and continues to respond to NSW Government Public Health Orders. All decisions regarding returning to a combination of face-to-face and virtual field visits following the easing of restrictions are being made on a case-by-case basis, considering the safety and best interest of children, carers and families. DCJ has developed up to date guidance on crisis and recovery management for a range of service types and contexts, in consultation with peak bodies. Work has also been undertaken with NSW Health on modelling key impacts to the carer population to support contingency planning if care arrangements needed to be changed for children.

DCJ introduced a COVID-19 Emergency Action Payment for OOHC service providers to assist with the costs associated with taking emergency action in response to the virus.

DCJ, Education, NSW Health and funded service providers worked together to identify and support vulnerable children at home – including children in care and children who have an open child protection case.

An additional \$10 million in March 2020 and a further \$9 million in the 2020-21 Budget has been allocated for increased demand for food and emergency relief by allocating through the NSW Charities Fund (Food and Emergency Relief) to ensure vulnerable and isolated individuals and families could receive critical support and food assistance.

The NSW Government allocated \$80 million in early 2020 to strengthen mental health services improve access, maximise tele-health services and enhance community mental health services in response to the COVID-19 pandemic.

Fee-free preschool has been provided to parents with young children in 2020, and up to \$120 million has been allocated for the extension of free preschool program through to the end of 2021. The Government also committed up to \$82 million to make time-limited payments to support 260 council childcare

centres who were not eligible for the Australian Government's JobKeeper payments in 6 April - 19 July 2020.

The 2020-21 NSW Budget has allocated an additional \$27.2 million to assist people experiencing or at risk of homelessness access services and stay in the private rental market where possible during the COVID-19 pandemic.

Intensive tutoring over the 2021 school year is being provided in all NSW Government and some non-government schools to support students in making up lost learning time as a result of COVID-19 impacts and shutdowns in early 2020.

To support school leavers enter the workforce for the first time, NSW has committed almost \$160 million to match Commonwealth JobTrainer funding and offer more than 100,000 training places to help job seekers retrain or upskill, and support young people leaving school to enter the workforce for the first time.

An additional \$3.1 million in 2020-21 will boost frontline support services for those at risk of domestic violence.

7 Resourcing the system

7.1 NSW budget for keeping children safe

The NSW Government funds agencies to support citizens of NSW, including children and families. Specific funding to support children and families at risk of being in contact or in contact with the child protection system is outlined below. This does not represent all the funding that is provided to agencies to support vulnerable children and families, with significant resources embedded into the service delivery system.

7.1.1 DCJ resourcing

NSW significantly invests in targeted early intervention, family preservation, statutory child protection, OOHC and DFV services delivered by DCJ and the Office of the Children's Guardian targeted early intervention, with \$2.6 billion (\$2.5 billion recurrent expenses and \$21.9 million capital expenditure) to protect and support our most vulnerable children, young people and families. Of this:

- \$1.4 billion is directed towards OOHC (services related to restoration, general foster care, kinship care, residential care, guardianships and open adoptions)
- \$160.5 million is allocated to DFV (services related to early intervention, victim support and perpetrator interventions)
- \$41.4 million (up to \$171.9 million over four years) to continue family preservation trials MST-CAN and FFT-CW
- In 2020-21, funding for specialist homelessness services is \$291.8 million. This includes \$10.7 million for the Homeless Youth Assistance Program (HYAP).

7.1.2 Health resourcing

In 2020-21, funding for a range of early intervention and child safety response services included:

- \$83.7 million to support vulnerable children and young people and their families
- \$8.8 million for their contribution to the JCPRP
- \$19 million for ongoing Health responses to the Royal Commission into Institutional Responses to Child Sexual Abuse
- \$46.8 million (over four years) to create 100 new Wellbeing Health and In-reach Nurse Coordinator positions in primary and secondary schools in the 2020-21 state budget

- \$305 million for dedicated alcohol and other drug services, including targeted services for vulnerable families
- \$33.7 million to implement key anti-suicide initiatives
- \$28 million for Aboriginal community controlled health care services
- \$80 million (in 2019-20 to 2020-21) to strengthen mental health services in response to the COVID-19 pandemic

7.1.3 Education resourcing

In 2020-2021, funding for early childhood education initiatives to provide the best start in life for young children is at over \$667 million. This includes targeted programs to support Aboriginal children and investment in Start Strong, and COVID-19 Free Preschool funding program.

\$33.4 million in 2020-21 has been allocated for Education initiatives that support vulnerable children and young people. This expenditure includes:

- \$26.3 million for Student Support Officers
- \$2.2 million for Child Wellbeing Field Assessment Officers
- \$926,000 for School Counselling and Telepsychology Rural and Remote Schools
- \$636,128 for Getting On Track In Time! (Got It!)
- \$716,971 for Education Court Liaison Officers
- \$2.5 million for Youth Aware of Mental Health (YAM)

7.2 Key government agencies and their role in keeping children safe

7.2.1 Communities and Justice

On 1 July 2019, the NSW Government merged the Family and Communities and Justice Clusters to create the new Stronger Communities Cluster.

This merger is enabling greater collaboration between social services and earlier intervention to respond to the causes and symptoms of poverty and disadvantage.

DCJ is the statutory protection agency in NSW, but provides services spanning a range of areas that respond to vulnerability and disadvantage across multiple domains: prevention and early intervention, statutory child protection, OOHC, youth justice, housing, disability inclusion, homelessness, domestic violence, and justice. Families and children receiving family support services often require assistance from a variety of areas to reduce vulnerability and enable children to remain living safely with their families.

7.2.2 Police

The NSW Police play a key role in the care and protection of children. Police officers identify, report and investigate child abuse and neglect and initiate legal proceedings for child abuse and neglect offences. They are also mandatory reporters.

NSW Police has established the Child Abuse and Sex Crimes Squad to ensure provision of a specialist response to sexual abuse, serious physical abuse and serious neglect of children. The Child Abuse and Sex Crimes Squad are the policing component of the JCPR.

7.2.3 Health

NSW Health provides a range of universal, targeted and specialist health services. These services offer opportunities for Health workers to identify and respond to children and young people at risk and support vulnerable parents/carers to provide safe and nurturing environments for their children. Health service areas that are particularly relevant for child protection and wellbeing include: Maternal, Child and Family Health, Youth Health, Mental Health, Alcohol and Other Drugs, and Violence, Abuse and Neglect Services.

NSW Health's role in the JCPRP is to provide forensic medical and therapeutic services for children, young people, families and carers.

7.2.4 Education

The early childhood, primary and secondary education systems are a vital part of child protection. School staff and teachers are mandatory reporters, and education policy and practice seeks to mitigate educational disadvantages arising from the child's gender or from geographic, economic, social, cultural, lingual or other causes. Key support staff including Networked Specialist Facilitators, Learning and Wellbeing Coordinators and Child Wellbeing Field Officers identify, track and support students with additional vulnerabilities to ensure there is an integrated and coordinated response to their needs. New Student Support Officers will be in every NSW public high school by 2023 to provide targeted strengths-based supports for students requiring personalised assistance. Student Support Officers work collaboratively with the school counselling service and wellbeing teams in schools as well as other agencies to support students.

7.2.5 Aboriginal Affairs

As a NSW Government agency, Aboriginal Affairs, within the Department of Premier and Cabinet, works alongside Aboriginal people and communities to make sure their voices are heard and interests represented. Aboriginal Affairs promotes the interests of Aboriginal communities, policy practitioners and service providers to advance the dialogue in NSW about trauma and healing and to influence the development of child protection responses that are

informed by evidence of good practice and the real-life experiences of Aboriginal people.

Appendix 1

Journey Mapping: Child Protection System



Communities & Justice

